Action plan

Focus area: **Individual needs are met timely, easily, and compassionately**

Olympic COMMUNITY of HEALTH

Overview of focus area

Olympic Community of Health (OCH) partners believe that all people deserve to live with dignity. This includes a coordinated system of care that is tailored and compassionate to individual needs, putting the patient at the center. Ensuring that care is not only available, but also easy to understand and navigate is necessary for individuals to achieve their full potential. A more streamlined, positive experience for the individual will result in better health outcomes and reduced cost of care.

Overview of the Olympic Action Collaboratives to date

Partners representing the full spectrum of care came together several times in 2022 under the OCH Action Collaborative initiative to create a four-year (2023-2026) regional action plan that reflects the needs and context of the Olympic region.

- primary care
- behavioral health
- hospitals
- public health
- community-based organizations
- educational settings
- Tribes

Result statement

"Each Olympic region community member feels seen, heard, and connected, and has the resources they need to be healthy."

Strategy	Actions
Advocacy & Engagement This action is to be collaboratively implemented by partners in the OCH network with communications support from OCH	Connect with, listen to, and equip community members to advocate, be good consumers of, and take control of their health through community-wide education and engagement.
Convening, Learning, & Maximizing This action will be collaboratively led by OCH with guidance and support from partners	Provide learnings, convenings, and regional collaboration opportunities to strengthen and build cultural competence and resiliency among the health-serving workforce (alignment with access focus area).
Place-Based Approaches These actions are to be collaboratively implemented by partners in the OCH network with support from OCH	Implement and support a regional, bi-directional communication and closed-loop referral system and resource directory to ensure continuity of care to meet client needs. Create a regionwide system for community-based care coordination to meet client and community needs. Expand access to resilience-building youth programs.

Indicators

OCH will coordinate with regional partners to implement focus groups and surveys among community members to identify progress and barriers. As the community-based care coordination hub takes shape, OCH and partners will have access to other data that will be used to measure progress in this area.

Populations of emphasis

While the work of OCH impacts the general population, specific action items may include further refinement and detail of specific populations of emphasis.

- People who are **elderly or aging**
- People who are unhoused or **housing insecure**
- Individuals in **isolation**
- **Tribal** members
- People in **foster care**
- People in treatment or recovery for **substance use disorder**
- People who have experienced **trauma**
- **Youth**
- People on **Medicaid and/or Medicare**, or who are **underinsured**
- Health-serving **workforce**
- People accessing **social services**
- People who use **substances**
- People with **low incomes**
- People experiencing **food insecurity**
- People who are **undocumented**
- **People of color**

What's next? OCH partners will come together in 2023 to begin implementation.
There is room for everyone in this important work. Contact OCH@olympicch.org to learn how you can get connected.

Action plan

Focus area: **Together, recovery is possible**

Olympic COMMUNITY of HEALTH

Overview of focus area

Substance use impacts far too many individuals and families across the region. Most of us have a friend, family member, neighbor, or coworker who has struggled with addiction. By prioritizing collaborative and innovative approaches to addressing substance use, partners and communities will be able to foster effective treatment and prevention strategies.

Overview of the Olympic Action Collaboratives to date

Partners representing the multi-faceted system needed to support treatment and recovery came together several times in 2022 under the OCH Action Collaborative initiative to create a four-year (2023-2026) regional action plan that reflects the needs and context of the Olympic region.

- primary care
- behavioral health
- hospitals
- public health
- community-based organizations
- educational settings
- Tribes

Result statement

"A region that has compassion for individuals impacted by substance use and supports individuals throughout their personal recovery journey."

Strategy	Actions
Convening, Learning, & Maximizing These actions will be collaboratively led by OCH with guidance and support from partners	Take action to address and reduce stigma of those community members with a substance use disorder through community-wide education, youth engagement, and through policy and systems change. Collaborate with existing prevention coalitions and efforts to support upstream efforts to prevent substance use disorder before it starts.
Place-Based Approaches These actions are to be collaboratively implemented by partners in the OCH network with support from OCH	Increase the availability of long-term and safe transitional and respite housing options for people throughout their recovery journey (alignment with housing focus area). Increase treatment options to serve clients with both mental health and substance use disorder needs. Expand harm-reduction services across the recovery spectrum including outreach and treatment. Collaborate to add additional detox and inpatient treatment beds throughout the Olympic region. Embed substance use disorder (SUD) services in mobile units and jail programs including connecting people to respite and transitional housing (alignment with housing focus area).

Indicators: OCH will measure regional progress toward the result statement by tracking these indicators. As needed, OCH will update the list of indicators as more reliable data become available. Funded partners will track performance measures related to their specific projects.

- All-cause Emergency Department visits: The rate of Medicaid beneficiaries with visits to an emergency department, including visits related to mental health and substance use disorder.
- Substance use disorder treatment penetration: The percentage of Medicaid beneficiaries, 12 years of age and older, with a substance use disorder treatment need identified within the past two years, who received at least one qualifying substance use disorder treatment during the measurement year.
- SUD Inpatient facility utilization: The number of admissions to inpatient facilities by Medicaid beneficiaries in the Olympic Region for substance- and alcohol-related disorders.
- Number of detox/withdrawal beds: The number of residential withdrawal management beds - short-term inpatient support services for clients experiencing mild to moderate withdrawal symptoms.
- Number of beds for transitional housing: The number of housing options available that assist people with substance use disorders in transitioning from homelessness to permanent housing.
- Perceived stigma scale: An 8-item self-report measure of community members' perceived stigma towards people with substance use disorders.
- Drug-related mortality rate: The number of drug and alcohol-related deaths across the region.

Populations of emphasis: While the work of OCH impacts the general population, specific action items may include further refinement and detail of specific populations of emphasis.

- People in **recovery**, including their families and friends
- People who are **incarcerated**
- People in **rural** areas
- **LatinX** community
- **Tribal** members
- People who are unhoused or **housing insecure**
- **Youth**
- Housing, health care **providers**
- **LGBTQ+** community
- People who use **substances**
- People with **disabilities**
- People with **mental illnesses**
- **Survivors** of human trafficking and/or sexual assault
- People who are **elderly or aging**
- **People of color**

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Action plan
Focus area: **Everyone housed**

Olympic COMMUNITY of HEALTH

Overview of focus area

Olympic Community of Health (OCH) partners believe that all people deserve to live with dignity. Access to long-term, affordable, quality housing is one of the most important determinants of health. Housing is a complex issue that no single sector or Tribe can tackle alone. Regional partners can strengthen their approach by collaborating on solutions catered to the unique housing needs of each community, county, and Tribe, while leaning on each other's expertise, perspective, and skills. Together, we can create positive outcomes with collaborative, innovative, upstream, place-based solutions.

Overview of the Olympic Action Collaboratives to date

Partners came together several times in 2022 under the OCH Action Collaborative initiative to create a four-year (2023-2026) regional action that reflects the needs and context of the Olympic region.

- primary care
- behavioral health
- hospitals
- public health
- community-based organizations
- educational settings
- Tribes

Result statement

"Everyone has access to safe, decent, affordable housing that meets their needs."

Strategy	Actions
Convening, Learning, & Maximizing This action will be collaboratively led by OCH with guidance and support from partners	OCH to convene regional and county-based partners to maximize efforts and increase coordination (e.g., around funding), including health-serving partners.
Place-Based Approaches These actions are to be collaboratively implemented by partners in the OCH network with support from OCH	Partner with hospitals to ensure access to appropriate respite, supportive, transitional, or long-term housing for those transitioning out of care. In collaboration with health-serving providers, expand wraparound and support services to keep people housed and meet the needs of the next level of care including medical and behavioral health needs, case management, and to address social needs (alignment with access focus area). Collaborate with substance use disorder (SUD) treatment partners to increase the availability of long-term, transitional, and respite housing options for people in treatment and recovery for SUD (alignment with SUD focus area).

Indicators: OCH will measure regional progress toward the result statement by tracking these indicators. As needed, OCH will update the list of indicators as more reliable data become available. Funded partners will track performance measures related to their specific projects.

- **All-cause Emergency Department visits:** The rate of *Medicaid* beneficiaries with visits to an emergency department, including visits related to mental health and substance use disorder.
- **Total housing units:** The number of housing units for each year since the most recent decennial census.
- **Vacant housing units:** The number of housing units that are vacant at the time of the census.
- **Housing Affordability Index:** The ability of a middle-income family to carry the mortgage payments on a median price home.
- **Renter Households below 30% AMI:** The number and percentage of households with income below 30% American Median Income.
- **Point-In-Time Homelessness:** An annual count of all persons staying in temporary housing programs and places not meant for human habitation.

Populations of emphasis: While the work of OCH impacts the general population, specific action items may include further refinement and detail of specific populations of emphasis.

- People who are unhoused or **housing insecure**
- People who are **elderly or aging** with emphasis on those in most need
- People receiving **Medicaid, Medicare**, or who are **underinsured**
- People with **disabilities**
- Health-serving **workforce**
- **Tribal** members
- **People of color**

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Action plan

Focus area: **Access to the full spectrum of care**

Olympic COMMUNITY of HEALTH

Overview of focus area

Olympic Community of Health (OCH) partners hold a common vision for a region of healthy people, thriving communities. Assuring access to the full spectrum of care - physical, behavioral, dental, specialty, and social services – is one way OCH is working to achieve that vision. Access to care encompasses **coverage** which facilitates entry into the health care system; having needed **services**, especially those recommended for screening and prevention; the ability to access care **timely** and efficiently; and a capable, qualified, culturally competent health care **workforce**. An equitable system reduces barriers including language, transportation, and internet access.

Overview of the Olympic Action Collaboratives to date

Partners representing the full spectrum of care came together several times in 2022 under the OCH Action Collaborative initiative to create a four-year (2023-2026) regional action plan that reflects the needs and context of the Olympic region.

- primary care
- behavioral health
- hospitals
- public health
- community-based organizations
- educational settings
- Tribes

Result statement

"Access to the right care and services at the right time and place."

Strategy	Actions
Advocacy & Engagement This action to be led by the OCH Board of Directors as the governing body of OCH	Collectively advocate to community members and elected officials to improve access to the full spectrum of care in all settings (e.g. speakers bureau, annual meetings to discuss needs and progress, testimonials, targeted outreach at different levels of government).
Place-Based Approaches These actions are to be collaboratively implemented by partners in the OCH network with support from OCH	Improve community and clinical linkages (mobile integrated health, collaborative partnerships, etc.) to meet client needs and prevent readmittance (alignment with individual needs focus area). Establish regionwide systems and collaborate with youth-serving organizations and schools to provide timely and appropriate care and resources for youth experiencing mental health illness and/or crisis. Identify and implement creative workforce approaches (e.g., improved recruitment tools, job sharing, career pathways, engagement strategies) to address the health-serving workforce crisis. Partner with schools and colleges to create pathways to address local workforce shortages.

Indicators: OCH will measure regional progress toward the result statement by tracking these indicators. As needed, OCH will update the list of indicators as more reliable data become available. Funded partners will track performance measures related to their specific projects.

- All-cause Emergency Department visits: The rate of *Medicaid* beneficiaries with visits to an emergency department, including visits related to mental health and substance use disorder.
- Child and adolescent well-care visits: The percentage of *Medicaid* beneficiaries, 3 - 21 years of age, who had at least one comprehensive well-care visit during the measurement year.
- Utilization of dental services: The percentage of *Medicaid* beneficiaries of all ages who received preventative or restorative dental services in the measurement year.
- Uninsured rate: The percentage of individuals without health insurance.
- Delayed medical care due to cost: The percentage of individuals who with unmet healthcare needs due to cost.
- Depression: The percentage of *students* who report feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities in the past year.
- Someone in the community to talk to: The percentage of *students* who report having an adult in their neighborhood or community they can talk to about something important.
- Physician Supply: The number and characteristics of physician supply based on monthly Network Access Reports that health insurance carriers file to the Washington State Office of the Insurance Commissioner matched with the National Provider Identifier registry from the federal Centers for Medicare and Medicaid Services and the health professional license database for the Washington State Department of Health.

Populations of emphasis: While the work of OCH impacts the general population, specific action items may include further refinement and detail of specific populations of emphasis.

- People receiving **Medicaid, Medicare**, or who are **underinsured**
- People who are **pregnant, postpartum,** and/or actively **parenting**
- People with **unmet behavioral health needs** (mental health and SUD)
- People with **lower incomes**
- **Youth**
- Health-serving **workforce**
- People who are unhoused or **housing insecure**
- People living in **rural communities**
- People who are **not accessing care** or avoiding care
- **Tribal** members
- People who are **elderly or aging**
- **People of color**

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