Olympic Community of Health
Agenda (Action items are in red)

Board of Directors Meeting
November 14, 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, land acknowledgement, housekeeping	Welcome	Heidi Anderson	
2	1:15	Consent agenda	Action	Heidi Anderson	1. BOD Minutes from October 10, 2022 2. November Executive Director Report
3	1:20	Public Comments (2-minute max)	Information	Heidi Anderson	
4	1:25	Public Health Sector representatives	Action	Celeste Schoenthaler	3. SBAR Public Health Sector
5	1:30	Cross-ACH Association	Action	Celeste Schoenthaler	4. SBAR Cross ACH Association 5. Association Overview
6	2:00	2022 OCH Network Analysis	Action	Miranda Burger & Amy Brandt	6. SBAR Network Analysis 7. Highlights report
7	2:40	2023 Priorities	Action	Celeste Schoenthaler	8. SBAR 2023 Priorities 9. 2023 Priorities
11	2:55	Good of the Order – Board member and public comments (2-minute max)	Information	Heidi Anderson	
13	3:00	Next meeting & Adjourn **December 12** Location: 7 Cedars Hotel & Casino Lunch provided prior to the meeting, and everyone is welcome at a post-meeting social hour. Action collaborative participants are invited to join lunch and the meeting.	Information	Heidi Anderson	

Olympic COMMUNITY of HEALTH

CLALLAM • JEFFERSON • KITSAP

Board of Director's Meeting Minutes

Date: 10/10/2022	Time: 1:00 PM	Location: 7 Cedars Hotel, Jamestown S'Klallam

Chair In-Person: Michael Maxwell, *North Olympic Healthcare Network*
Members Attended In-Person: Bobby Beeman, *Olympic Medical Center*; Brent Simcosky, *Jamestown S'Klallam Tribe*; Cherish Cronmiller, *Olympic Community Action Programs*; Heidi Anderson, *Forks Community Hospital;* Jennifer Kreidler-Moss, *Peninsula Community Health Services;* Jim Novelli, *Discovery Behavioral Healthcare; Roy Walker;* Stephanie Lewis, *Salish Behavioral Health Administrative Services Organization*; Susan Buell*, YMCA of Pierce and Kitsap Counties*
Members Attended Virtually: Caitlin Safford, *Amerigroup;* G'Nell Ashley, *Reflections Counseling*; Keith Sprague, *St. Michael Medical Center*; Laura Cepoi, *Olympic Area Agency on Aging*; Stormy Howell, *Lower Elwha Klallam Tribe*
Non-Voting Members Attended In-Person: Jolene Kron, *Salish Behavioral Health Administrative Services Organization;* Laura Johnson, *United Healthcare Community Plan*
Non-Voting Members Attended Virtually: Beth Johnson, *Coordinated Care;* Derek Gulas, United Healthcare; Emily Rose, Coordinated Care; Jake Davidson, Jefferson Healthcare; Kate Ingman, *Community Health Plan of WA*; Laurel Lee, *Molina Healthcare;* Lori Kerr*, St. Michael Medical Center;* Marissa Ingalls*, Coordinated Care;* Matania Osborn*, Anthem;* Siobhan Brown*, Community Health Plan of WA*
Guests and Consultants Attended In-Person: Lori Fleming, *Jefferson County Community of Health Improvement Plan*
Guests and Consultants Attended Virtually: Dunia Faulx, *Jefferson Healthcare*
OCH Staff: Amy Brandt, Ayesha Chander, Celeste Schoenthaler, Debra Swanson, Miranda Burger

Minutes

Facilitator	Topic	Discussion/Outcome	Action/Results
Mike Maxwell	Welcome, introductions, land acknowledgement, housekeeping		
Mike Maxwell	Consent agenda	1. BOD Minutes from September 12, 2022 2. October Executive Director Report	Minutes **APPROVED** unanimously Consent Agenda **APPROVED** unanimously
Mike Maxwell	Public Comments (2-minute max)		
Celeste Schoenthaler	Alternate: Critical Access Hospital Sector	3. SBAR Jennifer Warton has resigned her position with Jefferson Healthcare. Jake will resume	Motion made for the Board of Directors to approve Jake Davidson as the alternate for the Critical Access Hospital sector

		this seat until September 2023.	through September 2023. **APPROVED** unanimously.
Stephanie Lewis	2021 IRS 990 Form	4. SBAR 5. 2021 990	Motion made for the Board of Directors to accept the 2021 IRS 990 form. **APPROVED** unanimously.
Stephanie Lewis	Q2 Financials	6. SBAR 7. Q2 Financials 8. Financial Check-Up The Projected 2023 column was based on the strategic plan. However, now with the new Care Connect program with DOH and the unknowns of the renewal waiver, things have changed. Let's not look at this until we know more. It might be helpful to put actual year to date. Yes, we are considering new ways to present this information. The projected columns get more and more out of date every day.	Motion made for the Board of Directors to accept the 2022 Q2 financial statements as presented. **APPROVED** unanimously.
Celeste Schoenthaler	Approach to planning for 2023	9. 2023 Planning The renewal waiver will not be in place in January as expected. The HCA is seeking an extension, but the ACHs will not earn additional dollars. OCH recommends we not plan for any renewal waiver perform work in 2023. Our Year 6 and MTP 1.0 work concludes at end of 2022. There will still be two more	

		P4P partner payments in 2023 and 2024 for work implemented in 2021 and 2022, respectively. We have reserve funds we can tap into. Is it safe to say we are continuing as is without adding any new programs? It won't be fully as is because we will be done with Year 6. We could offer new dollars under a new contract with work related to action plans under the strategic plan. It is a little bit of a stop and starting something new. This was expected when we created the strategic plan. The HCA has heard from OCH that this puts us in a tricky spot. This year we gathered feedback, would this be another year of no action? A major body of work would be the strategic plan implementation with funding to support the work. I think it is about making sure we stick with the strategic plan. Yes, next year we take action according to the strategic plan. Unfortunately, we will have to use some set aside dollars to do that. That is what the reserves are intended for.	

		The key piece is you cannot work any faster than the HCA. That is frustrating. We have always known this.	
Miranda Burger, VBP Action Group Members	Value Based Purchasing Action Group Report & Recommendations	10. SBAR 11. Report	Postponed
Mike Maxwell	MCO Procurement	12. Letter to HCA MCO Procurement	Postponed
Ayesha Chander & Amy Brandt	Olympic Region Workforce Report	Workforce Report Lots of great information here. There are valuable ideas across many sectors.	
Miranda	Care Connect		New Add to Agenda
Amy Brandt	Coffee Talk Video Series #4	Trauma Informed Care	New Add to Agenda
Mike Maxwell	Good of the Order – Board member and public comments (2-minute max)	NOHN was in the Seattle news for their collaboration with the school district.	
Mike Maxwell	Next meeting & Adjourn **November 14** Location: 7 Cedars Hotel & Casino Lunch provided prior to the meeting, and everyone is welcome at a post-meeting social hour.		

Monthly Executive Director report to the OCH Board of Directors – November 2022

- Hot Topics
    - The OCH team participated in a two-day **ACH/HCA Learning Symposium** in SeaTac in October. This was the first time since 2019 that all of the ACHs and HCA came together in person. Time was spent connecting, sharing successes, and discussing strategies and ideas for the renewal waiver.
    - The OCH ED participated in a series of interviews with potential cross-ACH lobbyists and **Melanie Smith was identified as the first lobbyists for ACHs**. Melanie has already jumped in to learn about the ACHs and key issues.
    - Staff continue to meet one-on-one with Medicaid Transformation partners for the **final round of site visits**. It is always helpful and productive to spend time individually with partners to learn of successes, challenges, TA and training needs, and ideas for the future. Site visits will be wrapped up before Thanksgiving.
    - All Medicaid Transformation partners for 2022 will be sent their **final report template in early November** with an early December deadline. This will be the final report due from partners to wrap up MTP 1.0.
    - OCH staff facilitated a community input meeting in Port Townsend around a proposed new **family resource center**.
    - Three OCH staff members presented in late October at **Kitsap Strong's annual resiliency summit** in Bremerton. Miranda presented about trauma-informed care, and Amy and Ayesha presented about SUD stigma.
    - OCH staff participated in a discussion with the **BH-ASO about the forthcoming opioid settlement and regional opioid network**.
    - Staff met with the new **Peninsula College** President to identify areas of opportunity to strengthen the health-serving workforce and other collaboration opportunities with the college.
- Strategic Plan Focus Areas & Action Collaboratives.
    - **Together, recovery is possible** – This collaborative met on October 18 to review the draft action plan. The group had a robust discussion about the plan. They nominated G'Nell Ashley and Brian Burwell to present the plan to the Board in December and offered insights to improve on the plan. This was the final meeting of this collaborative.
    - **Individual needs are met timely, easily, and compassionately** – This collaborative met on October 26 to review the draft action plan. The group offered helpful feedback to improve the actions and populations of emphasis. The group nominated Sue Lawlor and Andra Smith to share the plan with the Board in December. This was the final meeting of this collaborative.
    - **Access to the full spectrum of care** – This collaborative met on October 19 to review the draft action plan. They had a positive discussion about the draft actions, indicators, and populations of emphasis. They nominated Kathy Morgan and Wendy Jones to present the plan to the Board. This was the final meeting of this collaborative.

    - **Everyone housed** – This collaborative met on November 1 to review the draft action plan. They provided helpful input on the draft actions, indicators, and populations of emphasis. The group nominated Matthew Garrett to share the plan with the Board in December. This was the final meeting of this collaborative.
- Subcommittee reports/updates
    - **Executive Committee** – The executive committee met on October 25 to hear relevant updates from the Executive Director and to discuss the agenda for the November 14 Board meeting.
    - **Finance Committee** – The finance committee will meet again on December 19 to review the draft 2023 budget and quarter 3 financials.
    - **Funds Flow Workgroup** – will meet again in the summer of 2023.
    - **Visioning Taskforce**- Committee is on hold.
- Upcoming meetings and events
    - Due to the kickoff of the holiday season and other priorities, no meetings or events are scheduled between the November and December Board meetings.
    - All interested partners and Board members are encouraged to **participate on December 12 from 1-3 at the Board meeting.** The action collaboratives will be sharing their action plans with the Board and seek approval to move this work forward. Lunch will be provided prior for networking.
- Administrative & staffing updates
    - Note to the Board: There was a **slight change made to the final IRS Form 990 for 2021** that was submitted after the October Board acceptance of the form. Board hours listed in the version in October were incorrect. The form asks for this information by the week and the information listed was for the month. The form was updated to be hours by week and the form was uploaded and accepted by the IRS.

Olympic Community of Health

SBAR Public Health Sector
Presented to the Board of Directors on November 14, 2022

Situation

The current Board representatives for the Public Health sector are Gib Morrow (KPHD, primary representative) and Allison Berry (CCHHS, alternate representative). This sector is requesting to change representatives in order to improve attendance and participation on the OCH Board of Directors.

Background

Each sector seat on the Board of Directors is required to have a primary and alternate member.

Action

The Public Health sector nominates Apple Martine, Director of Jefferson County Public Health to the primary seat and Gib Morrow, Health Officer, Kitsap Public Health District to the alternate seat through the end of the current term, September 23.

Once approved, staff will ask Apple to complete new Board member paperwork and will update communication channels.

Recommended Motion

The OCH Board of Directors approves Apple Martine as the primary for the public health sector and Gib Morrow as the alternate through September 2023.

Olympic Community of Health

SBAR: Cross-ACH Statewide Association

Initially discussed with the Board in September 2022
Additional information is now available for discussion on November 14, 2022

Situation

In September, the OCH ED brought an SBAR to the Board of Directors to consider OCH participation in a statewide association of ACHs and a new contract with a cross-ACH lobbyist. A robust discussion happened resulting in the Board approving OCH to participate in the lobbyist contract, but not the association until further information could be provided. The ACHs have a bit more clarity on the association and each ACH is to determine whether they will participate by mid-November.

Of note, although the Board supported OCH involvement and funding toward a shared lobbyist, it is NOT possible to participate in the advocacy activities only. OCH will be all-in or all-out based on the decisions made by the OCH Board. The decision can be reevaluated each year.

An Association Overview document is included in the Board packet.

Background

Most WA ACHs were established as independent, non-profit organizations in 2017. An informal network of ACH coordination was established in 2018 including regular meetings of the Executive Directors/CEOs, and other ACH affinity groups (communications leads, data leads, etc.). In 2019, the ACHs released an RFP to hire a cross-ACH consultant group to provide a level of formality to the collaborative. The contract for this is held by Better Health Together (Spokane ACH) and each ACH pays a monthly fee for the contract, prorated on a tiered system largely based on the number of Medicaid beneficiaries in a region. In 2022, OCH pays approximately $1500 per month for this contract. The consultants provide facilitation and for the Executive collaborative and for the many subgroups. They also provide helpful subject matter expertise in a variety of areas.

As the ACHs have grown as independent organizations and will now be included in a second five-year 1115 waiver, there is an interest in continued evolution of the ACHs in a more formalized way. To this end, the ACHs have hired a shared lobbyist/government relations contractor and are taking steps to form a new legal entity as a statewide association of ACHs.

See the attached Association Overview document for more details.

By early 2023, participating ACHs will take steps to form a statewide association (likely a 501(c)6). The costs for 2023 are expected to be approximately $355k.

Draft Estimated 2023 Budget for the ACH Association			
Cost	*Annual Amount for all 9 ACHs*	*Estimated OCH contribution*	*Notes*
Lobbyist contract (12 months)	$60,000	Annual: $6,667 Monthly: $556	Cost to be divided by 9, each ACH pays the same amount
Artemis contract (12 months)	$220,000	Annual: $18,000 Current Monthly: $1500	Cost is currently divvied on a tiered system, largely based on the number of Medicaid lives in a region. Assume this will continue to be a tiered system
Quarterly in-person meetings of ACH Executives	$25,000	TBD (at most=$2780/year)	Assume this will be a tiered payment system
Legal/filing costs	$10,000	TBD (at most=$1,112/year)	Assume this will be a tiered payment system
Administrative costs	$40,000	TBD (at most=$3,333/year)	Assume this will be a tiered payment system
	$355,000	**At most=$32,000/year**	

Action

The deadline for determining 2023 participation in the ACH Association is mid-November. The Board should make a decision at the November 14 meeting.

There are pros and cons to participating and the ED is prepared to move forward either way.

Recommendation

The OCH Board of Directors agrees to have OCH as a participating member of the ACH Association in 2023 and approves an up to amount of $32,000 for this work in 2023.

OR

The OCH Board of Directors does not agree to have OCH as a participating member of the Association in 2023.

Accountable Communities of Health - Association Overview
DRAFT IN PROGRESS

Who we are
Washington State's Accountable Communities of Health (ACH) were formed in 2017 by the Health Care Authority (HCA) to serve as independent, regional organizations. ACHs play an integral role in Washington's Medicaid Transformation Project (MTP) and work in many ways to collaboratively improve the health of their communities. Since their formation in 2017, ACHs have evolved to be vital participants in community health transformation.

Learn more about each individual ACH:

- Better Health Together
- Cascade Pacific Action Alliance
- Elevate Health
- Greater Health Now
- HealthierHere
- North Central ACH
- North Sound ACH
- Olympic Community of Health
- SWACH

Here is a glimpse of the work ACHs are tackling:

- Support clinical and community initiatives that improve the health care delivery system including Medicaid
- Facilitate multiple response strategies to address the opioid epidemic
- Support community-based care coordination; connect people to care, resources, and services
- Implementing programs to address equity at the local and regional level
- Prepare for and respond to community disasters and emergencies
- Host convenings and learnings to foster collaboration and growth among partners
- Support workforce strategies to meet health and community needs
- Invest in communities through a variety of funding opportunities

ACH Association Purpose
The 9 ACHs are seeking to formalize their collaboration, forming an association to strengthen and leverage the partnership across the regional entities. While the ACHs will remain as

independent entities with a concentrated focus on addressing regional health needs, while the statewide association highlights and reinforces the collective efforts and potential impact statewide.

Association purpose: To collaborate across all 9 ACHs to address and improve the health and well-being of all Washingtonians through a formalized collaborative structure that collectively develops statewide approaches to our state's most complex and pressing health concerns.

Governance Structure

The Board of Directors for the Association will be made up of ACH Executives (the Executive Director or Chief Executive Officer) of each participating ACH, for a total of up to 9 Board Members. There will be a provision for electronic voting and a temporary delegate may step in if an Executive will be out for an extended time period.

Decision Making

Different discussions lend themselves to different decision-making agreements. ACHs will use:

- **Simple majority** for items such as minutes, non-policy decisions, financial related matters (outside of increasing cost/annual budget), scheduling, identifying liaisons to state agencies.
- **Greater than a simple majority** (i.e., ⅔) for bylaws amendments, board leadership positions.
- **Consensus** for all other decisions that are not to the level of needing a unanimous decision. If you are a 'no' vote, you're expected to bring an alternative proposal to the table that would bring you to at least a neutral position.
    - The group will spend time discussing consensus-based decision making to ensure shared understanding.
    - If the group cannot reach consensus, the group can move to simple majority if a decision has not been reached in an agreed upon time period, i.e. If decision needs made in 24 hours in reaction to a bill or other items in alignment with Association principles (1-2 hours for consensus than need to move to simple majority).
- **Unanimous** – Any time individual ACH names are used, direct financial implications to the ACH (increase expenditures to association), or setting association policy priorities
- As part of due diligence on decision making, the Association will reach out to **non-member ACHs** to gather information
    - The Association will also share decisions with non-member ACHs
    - Only Association members have decision making authority

Individual ACH Boards of Directors will be engaged in the work of the association through communication from their own Executive.

Membership/Dues Structure

Each ACH will contribute financially to the Association on an annual basis. Dues will contribute to:

- Government affairs/Communications Consultant
- Technical assistance/Facilitation Consultant
- Staffing for association administration
- Legal, taxes and accounting costs
- Other to be determined

For the first year of the association (2023), the total cost of the association is estimated to be: $355k.

ACHs will divide the cost based on (**note: this is still being discussed, group to make decisions on November 8, 2022**):

In Scope/Out of Scope

The work of the Association will include:

- Education among state agencies, the state legislature, and the Governor's office about the role and value add of the collective work and value of ACHs
- Alignment on statewide policy & advocacy.
- Funding and contracts that benefit all ACHs (cross-ACH contracts), this could include governmental contracts and philanthropic grants. Could also include pilot opportunities where only a few regions participate.
- The Association is an additional voice on statewide initiatives, engagement, and projects that benefit from a collective ACH response (e.g. Engagement in MTP Renewal process), however the association does not replace voices of individual regional entities.
- Continuing education and relationship building for Association members.
- Critical, connected incident response for community impact needs, disasters, and emergencies.
- Other to be determined based on issues that arise in alignment with the purpose of the Association.

The following are out of scope for the Association:

- Day-to-day work and operations of ACHs
- Independent decision making of the individual corporate entities.

Olympic Community of Health

SBAR Stronger Together, Partner Network Analysis

Situation

The current network of OCH partners was established at the beginning of Medicaid Transformation. Since then, some partners have joined the network and others have departed and partners have participated in a variety of ways (some earn funding, some solely come to convenings, etc.). While many of us have anecdotal ideas of the strength and depth of the network, OCH took steps to better quantify the network. The data gathered from a recent survey of network partners provided helpful information regarding partner engagement and future surveys will measure progress over time. Staff bring a summary of the report and recommended actions for consideration and deliberation by the Board of Directors.

Background

Since 2018, the OCH partner network has been mostly consistent; there have been few changes to the list of partners who earn funding through OCH. The OCH Board of Directors has been highly engaged throughout and consists of both contracted partners and non. Different partners have earned funding through COVID-19 funding opportunities, through youth engagement work under the Cambia SUD stigma activities, through the new Care Connect program, and most recently through the Expanding the Table funding opportunity.

In 2022, OCH set out to gather quantitative data about the partner network that could be tracked over time and inform intentional strategies to expand the network to better achieve the goals of OCH. After completing a crosswalk of available tools, OCH contracted with Vision Network Labs to conduct a partner network analysis. In July, all partner types were asked to complete a survey to answer questions about the nature of the network and their involvement in the work, as well as share who they currently partner with and the level of trust and value among partners (note that the survey tool was limited to one response per organization or Tribe).

As the first round of Medicaid Transformation comes to a close at the end of 2022, OCH is taking steps to maintain engagement with current partners and expand outreach to those partners who are key to implementing forthcoming focus area action plans. With the renewal waiver activities and dollars coming to the region in late 2023/early 2024, OCH is also thinking about partner engagement for the future.

The Stronger Together Network Analysis highlights report includes key findings and takeaways from the survey and is included in the Board packet.

Action

Based on the results of this work, staff propose the following:

- Use network analysis report to **inform partner engagement efforts and create targeted convenings** to continue building community-clinical connections (especially keeping in mind ways to support partner referral relationships and reduce duplication of efforts)
- **Leverage “core partners" in the network to serve as ambassadors** to engage with new partners
- Specify **populations of emphasis** in the strategic plan action plans for each of the OCH focus areas to **address and reduce inequities**
- Embed findings into OCH’s **online data hub (to be released in the first quarter of 2023**)

- Increase **community awareness of the work OCH does**, why a collaborative approach is beneficial to the health-serving workforce, and how to get involved
- Find opportunities to **raise awareness of various partner work, strengths, and goals** to promote further awareness, collaboration across partner type, and increased perceived value.
- Regularly share partner involvement with Board and broader network to **increase awareness of partner's contributions and work to decrease duplication of efforts**
- Embed findings and partner priorities into **annual elected official outreach**
- Support **cohesive messaging** across partner types and counties

Recommended Motion: The OCH Board of Directors accepts the network analysis report and agrees to collaborate with staff to implement the steps outlined above.

Stronger Together: *Partner Network Report*

Olympic COMMUNITY of HEALTH

Olympic Community of Health (OCH) brings together partners and representatives from a variety of sectors and Tribes in the Olympic region (Clallam, Jefferson, and Kitsap Counties, and seven Tribal Nations). We convene partners in creative and innovative ways to foster a region of healthy people, thriving communities.

We recently collaborated with **Vision Network Labs** to better understand the network of partners across the region. Together, we conducted an evaluation that visualized network relationships, provided insights about the ways different partners work together, and identified opportunities to expand the network.

Network overview

75% survey response rate!
41 total participants

55 partners

529 relationships

Figures 1 shows each partner represented in the network as a circle (node) and the lines show all relationships reported by respondents. Partners with more connections appear as larger nodes.

Figure 1

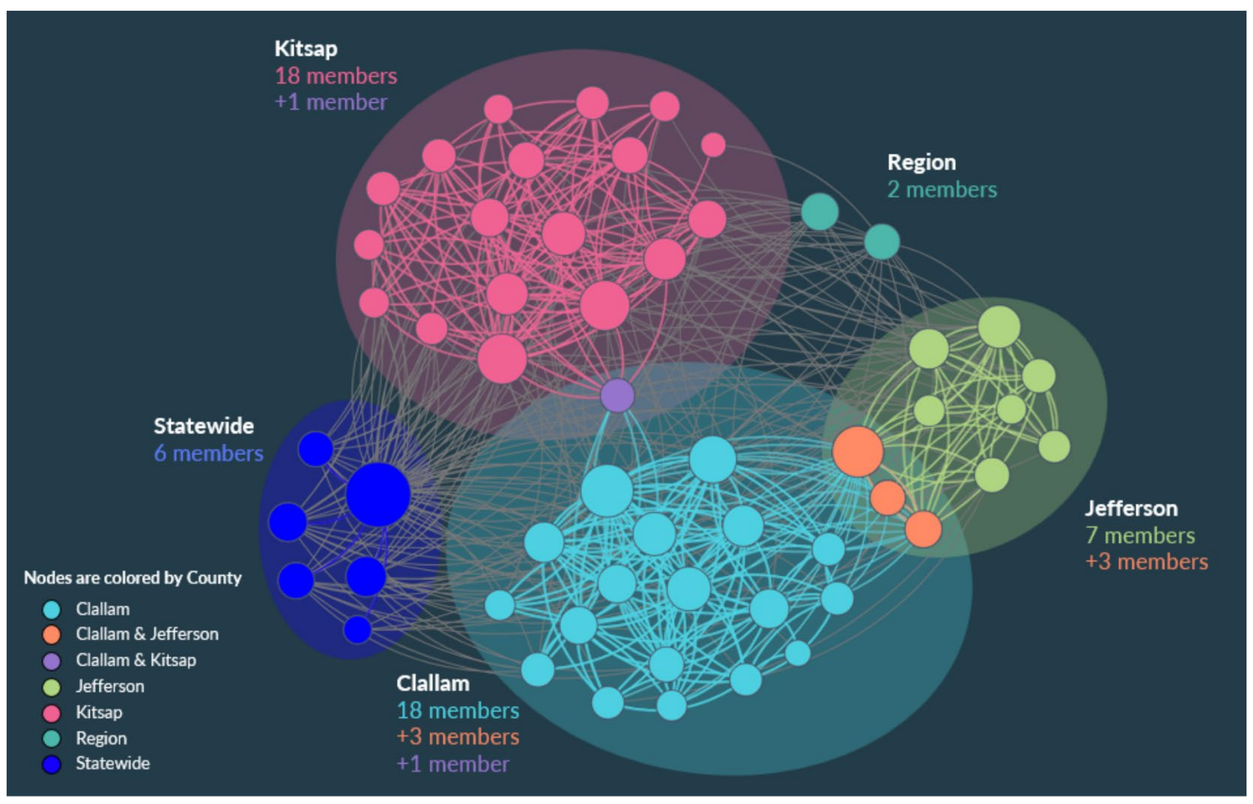
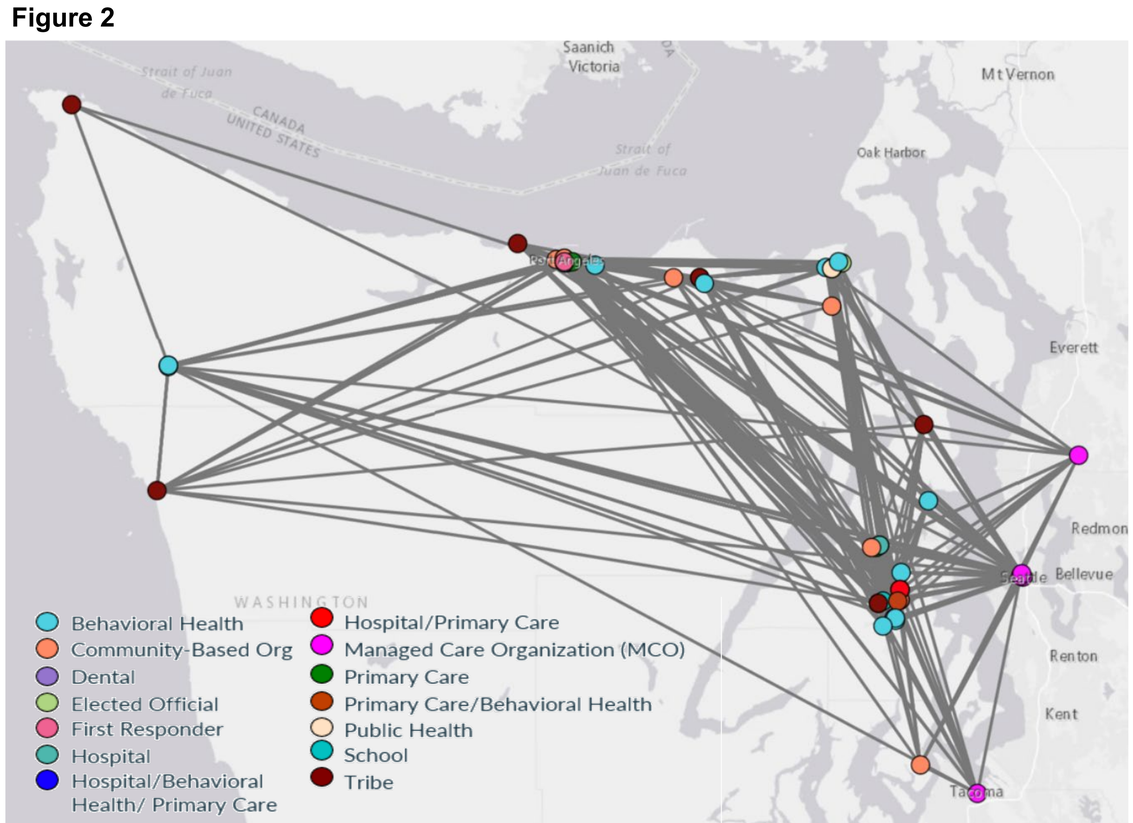


Figure 2



What this means

The overall structure of the OCH network is called a **"core-periphery structure,"** in which there is a large core of central partners with many connections, and a proportionately smaller number of "peripheral" partners with fewer connections. **Core partners and peripheral partners play equally important roles in the network.**

Strengths of core partners
- Very engaged with the mission of the network
- Have many connections which equip them well to communicate and disseminate information and resources

Strengths of peripheral partners
- Offer unique perspectives and ideas
- Represent diverse communities

Currently, the amount of core partners reflects a **distributed leadership model,** meaning multiple partners play lead roles in OCH's network.

Which means

This is a successful and sustainable network.

Out of all 529 relationships,
41% of the relationships bring together partners from different counties. Additionally, Figure 2 shows many partnerships between different types of organizations and Tribes.

Which means

There is strong cross-partner and cross-county collaboration in the OCH network.

Partner Perspectives

Partner Contributions

Partners ranked the following as their most important contributions to improving health across the Olympic region.

Building **community connections**

Improving systems, policies, and practices with your organization or Tribe

Participating in and contributing to **learning and convenings**

Shared Activities

Partners reported participating in the following shared activities within the OCH network:

6 out 10

Exchange general **information/ resources**

4 out 10

Send and receive **referrals**

2 out 10

Work on **advocacy or policy efforts** together

Future Priorities

Partners ranked the following as the most important activities and outcomes that the network should prioritize in the future.

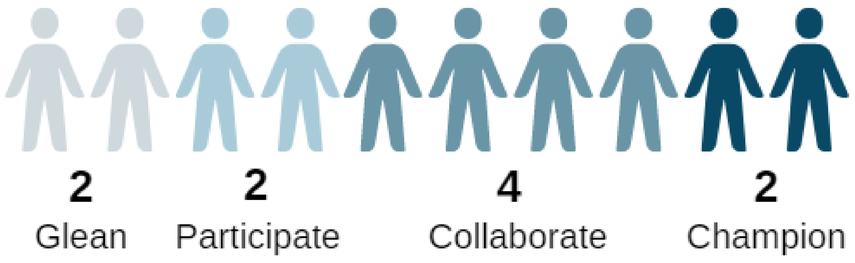
#1 Developing **innovative solutions** to shared problems

#2 Increased cross-partner **collaboration**

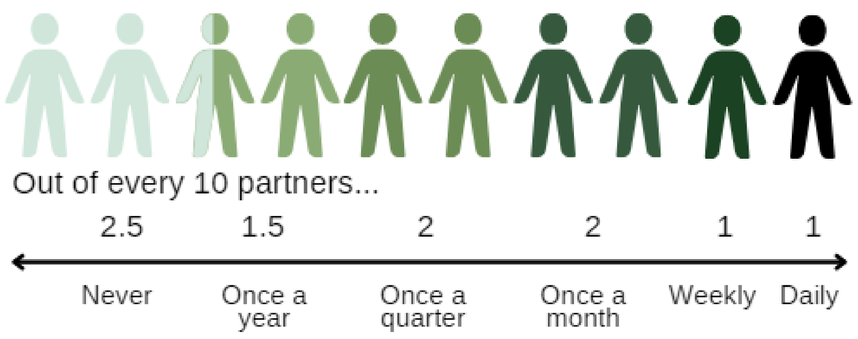
#3 Improved services for **populations of emphasis**

Levels of Engagement

How engaged are partners? Out of every 10...

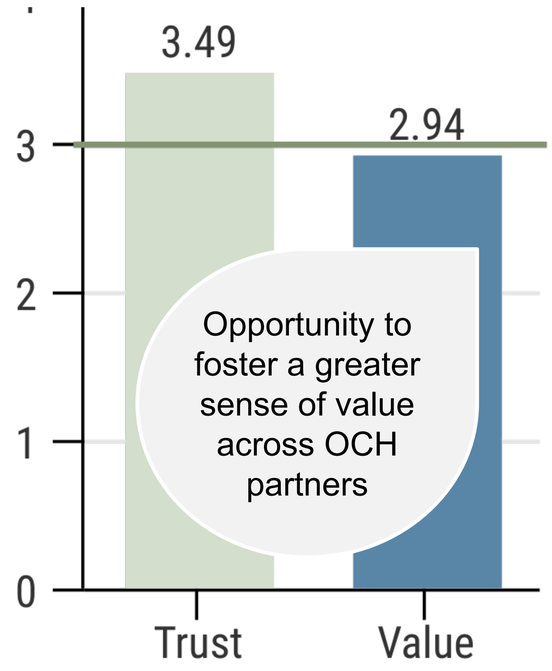


The frequency in which partners interact with one another on OCH-related projects correlates with various engagement levels-- the more engaged a partner is, the more frequently they interact.



Trust and Value

Average perceptions of value and trust among partner relationships. Scores over 3 are considered the most positive. Perceptions of value and trust are critical to building a network.

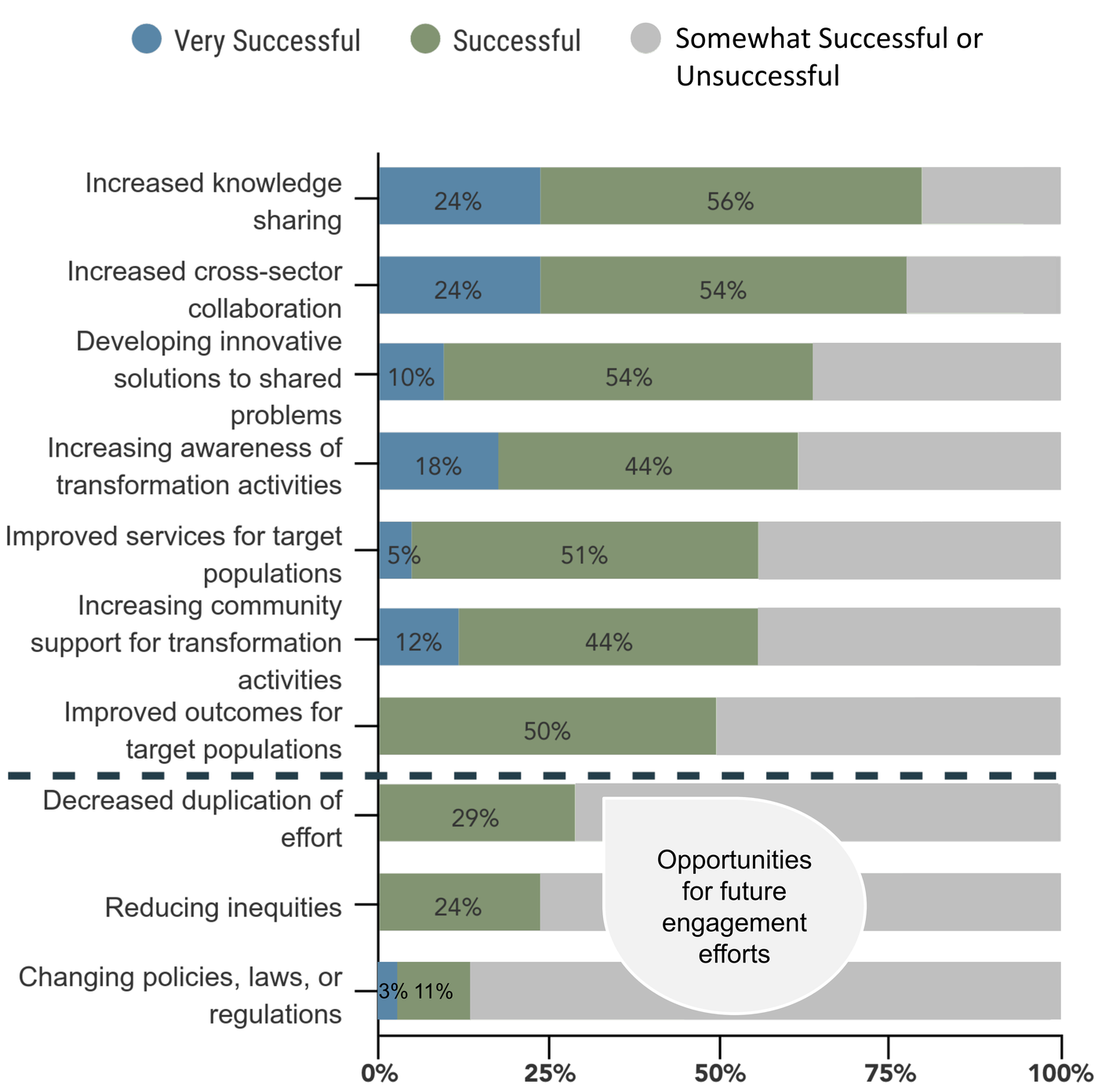


Trust in network relationships facilitates effective information exchange and decision-making and reduces competition among members.

Understanding the perceived **value** of network relationships is important in leveraging the different ways in which members contribute to the network.

Network Success

Partners were asked, "Since 2017, how successful has the network of OCH partners been at facilitating or achieving the following activities and outcomes?"



Moving to Action

Opportunities

Focus partner engagement efforts on partner-identified future priorities:

- Developing innovative solutions to shared problems
- Increased cross-partner collaboration (including but not limited to clinics, hospitals, faith-based organizations, community resources, food banks, law enforcement, local government, and schools)
- Improved services for populations of emphasis

Improve success rate of the following activities:

- Decreased duplication of effort
- Reduced inequities
- Changing policies, laws, or regulations

Prioritize activities that align with partner relationships:

- Exchange general information and resources
- Send and receive referrals
- Work on advocacy or policy efforts together

Foster a greater sense of value across OCH partners

Share OCH accomplishments with community, increase community awareness

Next Steps

Learning, convening, and maximizing	• Use network report to inform partner engagement efforts and create targeted convenings to continue building community-clinical connections (especially keeping in mind ways to support partner referral relationships and reduce duplication of efforts) • Leverage “core partners" in the network to serve as ambassadors to engage with new partners • Specify populations of emphasis in the strategic plan action plans for each of the OCH focus areas to address and reduce inequities
Data sharing and transparency	• Embed findings into OCH’s online data hub (to be released in 2023)
Communication	• Increase community awareness of the work OCH does, why a collaborative approach is beneficial to improving health outcomes, and how to get involved • Find opportunities to raise awareness of various partner work, strengths, and goals to promote further awareness, collaboration across partner types, and increased perceived value • Regularly share partner involvement with Board and broader network to increase awareness of partner contributions and work to decrease duplication of efforts
Advocacy and engagement	• Embed findings and partner priorities into annual elected official outreach • Support cohesive messaging across partner-types and counties

Olympic Community of Health

SBAR 2023 Priorities
Presented to the Board of Directors November 14, 2022

Situation

Annually, the OCH Board of Directors reviews and approves a summary of priorities and commitments for the coming year. Once approved, staff create a detailed, internal work plan. Staff will also base the 2023 budget on the set of priorities which will go to Finance Committee on 12/19 and to the Board on 1/9/23.

Background

The list of priorities from OCH for 2023 was developed with many considerations in mind. The largest body of proposed work is to support advancement of a set of actions that arose out of the 2022 action collaborative process. The action plans will be presented to the Board at the December meeting. Additional priorities include learnings and convenings, partner and community engagement, creating a few reports, planning for the renewal waiver and Care Connect 2.0, robust communications, and administration and governance of the organization.

All priorities align with OCHs 2022-2026 strategic plan and partner input and feedback.

Action

Staff seek a discussion and vote to approve the commitments by the Board of Directors.

Recommended Motion

The OCH Board of Directors approves the 2023 priorities as presented by staff and directs the Executive Director to oversee implementation and next steps.

Olympic COMMUNITY of HEALTH

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2023 Priorities – for discussion and approval by the OCH Board of Directors

Topic/Strategy	Brief Description
Focus Area Action Plan Implementation	• Support partners through funding and implementation of focus area action plans (Board will approve these on 12/12) • Deployment of new partnership model from strategic plan • Support from OCH for continued collaboration of actions • Data hub and partner engagement with tool aligned with action plan indicators
Learnings & Convenings	Regularly convene interested partners in a variety of learnings and convenings based on partner feedback: • Regular "care coordinator" convenings (navigators, CHWs, outreach staff, etc.) • Convenings to advance efforts around the health-serving workforce • One region-wide convening • Learnings and convenings to advance equity across the region (Tribal trainings, targeted universalism, bias trainings, etc.) • Trauma-informed care • Collaborative groups to support action plan implementation
Partner & Community Engagement	• Actions based on 11/14 Board discussion of recent network analysis survey • Deepen partner engagement to support forthcoming renewal waiver and Care Connect 2.0 (hospital engagement, Tribal engagement, CBO engagement, building the network, etc.) • Peninsula Early Childhood Coalition and other partner networks and meetings
Reports	• Medicaid Transformation Project 1.0 – closeout report • Cambia SUD Stigma – closeout report • Olympic region Mobile Integrated Health report
Plan for Renewal Waiver & Care Connect 2.0	• Coordination with DOH and HCA around forthcoming work • Coordination with regional partners to ensure new work aligns with regional priorities and OCH strategic plan • Support for the Washington Integrated Care Assessment (component of renewal waiver and small source of 2023 funding)
Care Connect 1.0 Implementation (through June 2023)	• Continued implementation of Washington Care Connect – supports for those in isolation/quarantine for COVID-19 + addition of Walk with Ease • Partnerships with Care Coordination Agencies, local food banks, household assistance vendors
Communications	• Robust communications work to advance all 2023 priorities through a variety of media, tools, and resources • Promotion of videos and reports created in 2022 • Information & transparency around forthcoming renewal waiver
Administration & Governance	• Board of Director and OCH Committee meetings • Internal operations • New sources of funding • Contracts and fiscal management ○ 2021 Pay for Performance contracts and payments ○ Closeout of expanding the table contracts ○ Action plan contracts