

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

Board of Directors
September 8, 1:00-3:00 pm | Clearwater Hotel & Casino

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

#	Time	Topic	Purpose	Lead	Attachment
1	1:00	Welcome & introductions	Welcome	Heidi Anderson	
2	1:08	Consent agenda	Action	Heidi Anderson	1. DRAFT minutes June 9 Board meeting 2. September Executive Director report 3. Board Attendance update
3	1:12	Public Comments (2-minute max)	Information	Heidi Anderson	
4	1:15	2024 Financial Audit	Action	Tom Dingus, Brent Simcosky	4. DZA Board Communication Letter 5. DZA Management Letter 6. 2024 Financial Statements
5	1:35	Q2 2025 Financials	Action	Brent Simcosky	7. SBAR 8. Financial Statements 9. Spending notes through June 10. Financial Check-Up
6	1:45	2026 Governance schedule and approach & representatives for 2026 committees	Action	Celeste Schoenthaler	11. SBAR 12. Proposed 2026 Governance plan
7	2:05	Board member elections	Action	Heidi Anderson	13. SBAR
8	2:15	HCA Rural Health Application	Discussion	Celeste Schoenthaler	14. Rural Health application information
9	2:25	Olympic Connect – Launch of dashboard reports	Discussion	Celeste Schoenthaler	15. Dashboard report for October 2024-June 2025
10	2:45	Gratitude	Celebration	Celeste Schoenthaler	
11	2:50	Good of the Order – Board member and public comments	Information	Heidi Anderson	

12	2:55	Upcoming meetings and adjourn: October 13, 1-3pm 7 Cedars (optional lunch at 12:30) November 10, 1-3pm, Zoom only (no lunch)	Information	Heidi Anderson & Celeste Schoenthaler	
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Board of Director's Meeting Minutes

Date: 06/09/2025	Time: 1:00 PM	Location: 7 Cedars Hotel, Jamestown S'Klallam
Chair In-Person: Heidi Anderson, <i>Forks Community Hospital</i> Voting Members Attended In-Person: Apple Martine, <i>Jefferson County Public Health</i>; Bobby Stone, <i>Olympic Medical Center</i>; Brent Simcosky, <i>Jamestown S'Klallam Tribe</i>; Brian Burwell, <i>Suquamish Tribe</i>; G'Nell Ashley, <i>Reflections Counseling</i>; Jody Moss; Roy Walker; Tanya MacNeil, <i>West End Outreach Services</i>; Stormy Howell, <i>Lower Elwha Klallam Tribe</i>; Susan Buell, <i>YMCA of Pierce and Kitsap Counties</i> Voting Members Attended Virtually: Amy Browning, <i>Salish Behavioral Health Administrative Services Organization</i>; Beth Johnson, <i>Coordinated Care</i>; Holly Morgan, <i>OlyCAP</i>; Jennifer Kreidler-Moss, <i>Peninsula Community Health Services</i>; Rosalie Apalisok, <i>St. Michael Medical Center</i> Non-Voting Members Attended In-Person: Non-Voting Members Attended Virtually: Anthony Ives, <i>Kitsap Community Resources</i>; Jake Davidson, <i>Jefferson Healthcare</i>; Jenny Oppelt, <i>Clallam County Health and Human Services</i> Guests and Consultants Attended In-Person: Laura Johnson, <i>United Healthcare Community Plan</i>; Nanine Nicolette, <i>OBHA</i>; Tammy Reid, <i>NOHN</i> Guests and Consultants Attended Virtually: Symetria Gongyin, <i>Coordinated Care</i> OCH Staff: Celeste Schoenthaler, Miranda Burger, Jessica Peterson, Chris Hamilton, Jen Kingfisher, Jaclyn Plant		

Minutes

Facilitator	Topic	Discussion/Outcome	Action/Results
Heidi Anderson	Welcome & Introductions		
Heidi Anderson	Consent agenda	-DRAFT minutes May 12 Board Meeting -Consent Agenda	Minutes APPROVED unanimously Consent Agenda APPROVED unanimously June ED report APPROVED unanimously

		-June Executive Director report CS- called out a couple of highlights from the ED report: - funding opportunity for the PAEG focus group RFP that is out for proposals—shared OCH used other OCH funds to include Kitsap Co. -Google online search project to drive more referrals for Olympic Connect. MB-mentioned that the partner referral contest is going on right now, encouraged Orgs & Tribes to keep sending in their referrals.	
Heidi Anderson	Public Comments (2-minute max)	Information	
Language Adaptation Taskforce	Language Adaptation Taskforce	CS-shared key insights from the recent Language Adaptation Taskforce meeting. Two slides were presented with overarching recommendations. The board discussed the recommendations. CS-confirmed no disagreement was voiced on the proposed language plan. Final direction: Edit Olympic Connect site (already completed); no changes needed for the OCH site at this time. Motion not required—Roy confirmed the changes fall within CS’s leadership discretion.	
Miranda Burger	Olympic Connect -Statewide Q1 data -Updates, challenges, digging deeper	MB- shared Olympic Connect updates via slide deck, including data on referrals, enrollment, service connections, outbound	

		referrals by HRSN category, needs successfully met, and network partner types across all 9 CCHs statewide. MB- noted OCH has grown beyond the Q1 (Jan–Mar 2025) data, and if April/May were included, the percentages for our hub would be higher. CS-emphasized that OCH’s hub Olympic Connect is doing awesome, when you consider we are the smallest and newest hub. MB-confirmed the hub continues to grow daily. Roy-cautioned against early comparisons given Olympic Connects size and newness. Jeff Co. PH-echoed that it's still early in program implementation. MB- shared with the BOD how case coordination and closed loop referrals are happening, and FCH shared about a recent referral they had made to Olympic Connect-involving a patient with complex social needs. MB- shared we are transitioning to a more effective closed loop process, which involves having the CBW reach out to the referring provider. OCH staff had been closing the loop manually prior to this recent transition, and the feedback from recipients has been really positive. MB-presented a “Problems We’re Solving” slide, emphasizing goals to reduce duplication, burnout, and disconnects between systems, especially around social	
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		needs. MB invited reflections on why this work matters to the Board and partner agencies. Nanine- underscored the importance of navigation support; many clients can't manage service lists alone. JSKT-praised the work, raised concerns about future service availability (e.g., housing), and encouraged analysis on unmet needs and root causes. P&K YMCA-asked about unstated barriers and the value proposition of Olympic Connect. MB-shared a slide on current challenges: change fatigue, limited capacity, and the importance of sustaining long-term vision among partners. Roy- emphasized addressing siloed systems through high-level data advocacy and leveraging direct care experiences for systemic reform. Some reflections noted ongoing fatigue and frustration around long-standing issues (e.g., housing), despite growth and new partnerships. JSKT- reiterated that systemic change often occurs only when current models become unsustainable. P&K YMCA-suggested learning from similar national models; CS/MB confirmed exploration of out-of-state best practices is underway. KCR-shared optimism around stronger data collection and legislative engagement; reiterated the power of collective advocacy.	
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		LEKT, PCHS, and others- praised Olympic Connect efforts, especially in providing human-centered navigation and reducing access barriers. MB- highlighted the critical work of CBWs. PCHS-described the model as truly breaking down barriers while uncovering new ones— emphasized incremental progress and front-line support needs. Nanine-closed with appreciation for Olympic Connect “no wrong door” approach.	
Heidi Anderson	- Officer Elections	SBAR FCH- summarized the proposal in the SBAR, with this we will need to find someone to replace Apple on the finance committee. It’s not a lot of time, it’s maybe 5 times per year. Holly Morgan- said she would be interested. CS- I will give you a call. CS- tremendous gratitude to Bobby, I’m going to come and find you with a gift of gratitude Bobby- happy to pass the torch on to Stormy.	SBAR, APPROVED unanimously
Celeste Schoenthaler	Prep for September Board elections	Discussion Summary of Board member seats up for September vote CS- let me know who you would like to nominate, pointed out the seats that are up. We have lots of time to do this, I will reach out to you all to remind you, and if you need help with some caucusing just let me know. We will vote for this at the retreat.	SBAR preparing for Board Elections—to inform the board which seats are coming up for election. In the past we did it by a motion, but we don’t have to this time, that was to determine a process, we will vote at the retreat in September.

		FCH- asked if OCH/CS will have all the people identified, CS- I will have all the people on a paper, looking for others to help nominate for the open positions/sectors. Jeff Co. PH- shared public health is going to caucus in July, wondering if she needs to find someone else since she will be an officer. PCHS- I think the idea with Mike's retirement is to nominate Tammy Reid, CS- yes, Mike is caucusing with Jake, just not sure for which sector.	
Celeste Schoenthaler	Prep for September Board retreat -Purpose, agenda draft -Logistics	CS- shared slides with Retreat Logistics - Date: Monday, September 8 - Time: - 9:00 AM – 12:30 PM: Retreat - 12:30 – 1:00 PM: Lunch - 1:00 – 3:00 PM: Board Meeting - Location: Clearwater Casino and Resort, Suquamish - Format: In-person only - Participants: Open to Board Members, Alternates, MCOs CS- shared slides with the proposed agenda: - Visioning for 2026 - Governance Check-in - Strategic Planning for 2027–2031 CS-noted Brent's recommendation to include financials as part of the retreat presentation. JSKT-expressed concern over the feasibility of a five-year strategic plan, given the current environment—suggesting a shorter planning horizon may be more realistic.	

		CS-acknowledged the input and confirmed OCH has funding through 2029, though is open to considering a more flexible planning approach. The board discussed engaging a broader audience for deeper engagement. The board decided this would be a separate gathering. Suquamish Tribe- shared that they conduct statewide meetings and offered to provide more information about their approach as a reference.	
Heidi Anderson	Good of the Order— Board member and public comments	Information Roy- shared he has been grateful for the space, here at 7 Cedars very comfortable. Suquamish Tribe- we will be celebrating recovery month- and I can/will share more details.	
Heidi Anderson & Celeste Schoenthaler	Upcoming meetings and adjourn: - No Board meeting in July or August (happy summer!) - September 8, 9am Board retreat, 1pm Board meeting – Clearwater Casino - September 30 – Regional Convening 10:30-2:30 – Kiana Lodge - October 13, 1-3pm 7 Cedars (optional lunch at 12:30)	Information	

Monthly Executive Director report to the OCH Board of Directors – September 2025

- Hot Topics:
 - On July 30, OCH convened the **Olympic Connect Advisory Group** to further explore Hope and what it means to adopt a hope strategic framework and measurement plan. Guest speaker, Jeff Allen from OESD 114 provided a mini-training on the science of hope and the meeting was robustly attended. The Advisory Group convenes quarterly and will meet again on October 29.
 - On August 19, OCH hosted a full-day session introducing the **Science of Hope**, a powerful research-based framework. The training was facilitated by Jeff Allen from OESD 114 and brought together 33 participants from across all three counties.
 - OCH has been hosting partner presentations to support the community-based workforce in learning more about resources and services in the community. In July, OCH featured the Division of Child Support and Pathways to Success with WorkSource.
 - OCH has selected a contractor, Advocates for Human Potential (AHP), through a competitive procurement process to carry out the **PAEG Focus Group project under OCH's Recompete project**. This contract with AHP is expected to be fully executed early September. The PAEG Focus Group project will help OCH gain valuable insights into how best to market Olympic Connect to reach and engage the PAEG population in Olympic Connect Services. The work will be conducted in all three counties, Clallam, Jefferson and Kitsap.
 - The June **Federal Grants Management Training** was valuable, with interest in more future offerings.
 - Across the state, many prisons and jails are participating in a [statewide Re-entry Initiative](#) (also funded by MTP 2.0) to support people for a successful transition and reentry into their community and help them live their healthiest life. In the Olympic region, the Kitsap County Jail and Clallam County Jail are both currently participating, and more facilities will follow. OCH staff connected with both re-entry teams to coordinate warm handoffs to Olympic Connect as individuals are released and we've begun to receive Olympic Connect referrals from both facilities.
 - OCH and 5 other ACHs have a **new contract with Uncommon Solutions to start planning for hub sustainability beyond the waiver**. Uncommon is connected to national orgs and other community care hubs across the country who have more established models.
 - The **Recompete coalition has almost finalized a MOU** that all partner will be asked to sign. The document outlines the various roles and responsibilities of coalition partners.
 - The **MCOs and all 9 ACHs have finalized a MOU** that is required by HCA and the signing process is underway. The MOU outlines norms, roles, and responsibilities for aligning community care hub care coordination with care coordination offered by MCOs.
- Subcommittee reports/updates

- **Executive Committee** – This committee met in August and early September. The group has been supporting the agenda setting for the Board retreat, agenda setting for the September board meeting, and hearing other relevant updates and providing guidance to staff.
- **Finance Committee** – This committee met in early August to review quarter 2 financials and to hear 2024 audit results.
- Upcoming meetings and events
 - September 4 from 11:00am-12:00pm for a virtual training to learn about a brand-new resource available to eligible Olympic Connect clients. The **short-term training voucher program** supports Olympic Connect clients who are seeking a good paying job by paying for eligible short-term training such as commercial driver's license, bookkeeping, automotive and welding programs, and more.
 - September 18: Housing and Essential Needs program partner presentation, virtual
 - September 30 – Regional Convening – Kiana Lodge, Sequim
 - October 1 – Olympic Connect 1 year anniversary (launched October 1, 2024)
- Administrative & staffing updates
 - The financial audit for 2024 is complete.
 - Staff are working with Peninsula College on the potential of sharing office space while Peninsula College rebuilds a presence in East Jefferson County.

Partner Engagement since last Board meeting:

- Clallam Partners
 - June 16, Port Angeles Fire Department, Port Angeles
 - June 20, North Olympic Healthcare Network, Port Angeles
 - July 3, Peninsula Behavioral Health, Port Angeles
 - July 8, Clallam County Behavioral Health Advisory Board, Port Angeles
 - July 22, Boys and Girls Club of the Olympic Peninsula, Sequim
 - July 25, North Olympic Healthcare Network, Port Angeles
 - July 28, Clallam County Jail, Port Angeles
- Jefferson Partners
 - July 9, Port Townsend Paper Mill & Recompete Partners, Port Townsend
 - Aug 12, BHAC, Virtual
 - August 28, Jefferson Healthcare, Virtual
- Partners that serve both Clallam & Jefferson
 - June 16, NODC Recompete Grantee Kick-off meeting, Forks
 - June 17, Peninsula College, Port Angeles
 - June 23, Olympic Peninsula YMCA, Sequim
 - July 16, Olympic Peninsula YMCA, Sequim
 - July 18, OlyCAP Managers Meeting, Virtual
 - July 24, Recompete, Port Angeles
 - August 5, Peninsula College, Virtual
 - August 14, First Step Family Support Center, Port Angeles
 - August 19, Recompete, Virtual

- August 20, Olympic Peninsula YMCA, Sequim
- August 25, Olympic Peninsula YMCA, Sequim
- August 27, NODC, Sequim
- Kitsap Partners
 - June 11, Virginia Mason Franciscan Health, Virtual
 - June 18, St. Anthony's Hospital, Virtual
 - June 26, St Michael Social worker staff meeting, Virtual
 - July 3, Voices of Pacific Island Nations, Bremerton
 - July 14, YMCA of Pierce and Kitsap Counties, Port Orchard
 - July 15, Peninsula Community Health Services, Bremerton
 - July 17, Kitsap ALTC/I&A, Virtual
 - July 31, Lutheran Community Services Northwest, Bremerton
 - July 31, Kitsap County Jail, Port Orchard
 - August 13, Common Spirit, Virtual
 - August 14, Peninsula Community Health Services, Virtual
 - August 26, Kitsap Public Health District, Virtual
- Full region
 - June 18, Help Me Grow WA, Virtual
 - July 21, Gathering of 6 ACHs, SeaTac
 - August 4, Peninsulas Early Childhood Coalition, Virtual
 - Aug 12, Regional CD Data Consortium, Virtual

Additionally:

Staff meet monthly with each of the 12 care coordination partners for Olympic Connect. These meetings happen via zoom and in-person and happen throughout the 3-county region.

Board of Directors Attendance (Sept 2024 - June 2025)											Total
Sectors and At-Large Seats	Name	2024 Sept	2024 Oct	2024 Nov	2025 Jan	2025 Feb	2025 Mar	2025 Apr	2025 May	2025 June	8
Critical Access Hospital	Heidi Anderson (P)			HA				HA	HA	HA	6
	Dunia Faulx (A) Jake Davidson (A)		DF	DF	DF				JD	JD	
Substance Use Disorder Treatment	G'Neil Ashley (P)	GA	GA	GA	GA	GA		GA	GA	GA	8
	Brian Burwell (A)	BB			BB	BB					
Public Hospital	Bobby Stone (P)	BS	BS	BS	BS			BS	BS	BS	8
	Jake Davidson (A) Holly Wickersham (A)	JD		JD	JD	JD		JD	HW		
Long Term Care/Area Agency on Aging/Home Health	Stacey Smith (P)				SS			SS	SS		5
	Laura Cepoi (A)	LC	LC					LC			
Community Action Program/Social Service Agency	Currently Vacant (P) Holly Morgan (P)			HM	HM	HM		HM		HM	6
	Anthony Ives (A)	AI								AI	
Behavioral Health ASO	Currently Vacant (P) Jolene Kron (P)				JK						5
	Jolene Kron (A) Amy Browning (A)	JK			AB	AB			AB	AB	
Federally Qualified Health Center	Mike Maxwell (P)	MM		MM	MM	MM		MM	MM		6
	Bergen Starke (A) Dominica Fale (A)	BS		DF	DF	DF		DF	DF		
Public Health	Apple Martine	AM	AM	AM	AM				AM	AM	8
	Jenny Oppelt				JO	JO		JO	JO	JO	
Medicaid Managed Care Organization	Erin Hafer (P) Beth Johnson (P)	EH	EH	EH	BJ	BJ		BJ		BJ	8
	Kate Jasonowicz (A) Kate Mundell (A)	KJ	KJ						KM		
Mental Health Treatment	Wendy Sisk (P) Tanya MacNeil (P)	WS	WS	TM	TM	TM		TM	TM	TM	8
	Jim Novelli (A) Monica Bernhard (A)	JN	JN		MB	MB		MB	MB		
Private not-for-profit Hospital	Keith Sprague (P) Rosie Apalisok (P)				RA	RA		RA	RA	RA	8
	Lori Kerr (A)	LK	LK	LK		LK		LK	LK		
At-Large (Community) Seat 1	Susan Buell	SB	SB	SB	SB	SB		SB	SB	SB	8
At-Large (Community) Seat 2	Roy Walker		RW	RW	RW	RW		RW	RW	RW	7
At-Large (Community) Seat 3	Jody Moss		JM	JM	JM	JM		JM		JM	6
At-Large (Medical/Clinical)	Jennifer Kreidler-Moss	JKM		JKM		JKM		JKM	JKM	JKM	6
Tribal Partners											
Makah Tribe	Libby Cope/Vacant										0
	Tracey Rascon										
Port Gamble S'Klallam Tribe	Kim Freewolf										0
Quileute Tribe	Dolores Jimerson/Jolene Winger										0
Lower Elwha Klallam Tribe	Stormy Howell	SH	SH	SH	SH	SH		SH	SH	SH	8
Jamestown S'Klallam Tribe	Brent Simcosky	BS	BS	BS	BS	BS		BS	BS	BS	8
Hoh Tribe	Britni Duncan/Darlene Hollum										0
Suquamish Tribe	Stephen Kutz/Brian Burwell	BB	SK	SK	BB	BB		SK		BB	7



Board of Directors
Olympic Community of Health
Port Townsend, Washington

We have audited the financial statements of Olympic Community of Health (the Organization) for the year ended December 31, 2024, and have issued our report thereon dated July 23, 2025. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letters to you dated November 14, 2024 and June 9, 2025. Professional standards also require that we communicate to you the following information related to our audit.

Significant Audit Matters

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the Organization are described in Note 1 to the financial statements.

We noted no transactions entered into by the Organization during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimates affecting the Organization's financial statements were:

- Investment fair value.
- Allocation of expenses between program, management and general, and fundraising.

We evaluated the key factors and assumptions used to develop these estimates in determining that they are reasonable in relation to the financial statements taken as a whole.

The financial statement disclosures are neutral, consistent, and clear.

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. Management has corrected all such misstatements. In addition, none of the misstatements detected as a result of audit procedures and corrected by management were material, either individually or in the aggregate, to the financial statements taken as a whole.

Disagreements with Management

For purposes of this letter, a disagreement with management is a disagreement on a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditors' report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated July 23, 2025.

Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the Organization's financial statements or a determination of the type of auditors' opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the Organization's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

In the audit planning process, we identify balances, transactions, and disclosures that require specific audit attention due to a combination of their inherent risks and significance to the financial statements. Management override of controls and revenue recognition receive specific audit attention in all audits. We have identified the following for specific audit attention:

- Management override of controls.
- Program revenue contains risk of improper revenue recognition.

Restriction on Use

This information is intended solely for the use of the Board of Directors and management of the Organization and is not intended to be, and should not be, used by anyone other than these specified parties.

D3A PLLC

Spokane Valley, Washington
July 23, 2025

July 25, 2025

DZA PLLC
12015 E Main Avenue
Spokane Valley, Washington 99206

This representation letter is provided in connection with your audits of the financial statements of Olympic Community of Health (the Organization) which comprise the statements of financial position as of December 31, 2024 and 2023, and the related statements of activities and cash flows for the years then ended, and the related notes to the financial statements, for the purpose of expressing an opinion as to whether the financial statements are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States (U.S. GAAP).

Certain representations in this letter are described as being limited to matters that are material. Items are considered material, regardless of size, if they involve an omission or misstatement of accounting information that, in light of surrounding circumstances, makes it probable that the judgment of a reasonable person relying on the information would be changed or influenced by the omission or misstatement. An omission or misstatement that is monetarily small in amount could be considered material as a result of qualitative factors.

We confirm, to the best of our knowledge and belief, as of July 23, 2025, the following representations made to you during your audit.

Financial Statements

1. We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated November 14, 2024, including our responsibility for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP.
2. The financial statements referred to above are fairly presented in conformity with U.S. GAAP.
3. We acknowledge our responsibility for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.
4. We acknowledge our responsibility for the design, implementation, and maintenance of internal control to prevent and detect fraud.
5. Significant assumptions we used in making accounting estimates, including those measured at fair value, are reasonable.
6. Related party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of U.S. GAAP and have been disclosed in financial statements.

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7. All events subsequent to the date of the financial statements and for which U.S. GAAP requires adjustment or disclosure have been adjusted or disclosed.
8. We are in agreement with the adjusting journal entries you have proposed, and they have been posted to the entity's accounts.
9. We are not aware of any pending or threatened litigation, claims, or assessments or unasserted claims or assessments including those related to asserted and unasserted malpractice, health insurance, workers' compensation and any other claims that are required to be accrued or disclosed in the financial statements in accordance with U.S. GAAP, and we have not consulted a lawyer concerning litigation, claims, or assessments.
10. Material concentrations have been appropriately disclosed in accordance with U.S. GAAP.
11. Guarantees, whether written or oral, under which the entity is contingently liable, have been properly recorded or disclosed in accordance with U.S. GAAP.
12. Receivables recorded in the financial statements represent valid claims against debtors for sales or other charges arising on or before the statement of financial position date and have been reduced to their estimated net realizable value.

Information Provided

13. We have provided you with:
 - a. Access to all information, of which we are aware, that is relevant to the preparation and fair presentation of the financial statements, such as records, documentation, and other matters and all audit or relevant monitoring reports, if any, received from funding sources.
 - b. Additional information that you have requested from us for the purpose of the audit.
 - c. Unrestricted access to persons within the entity from whom you determined it necessary to obtain audit evidence.
 - d. Minutes of the meetings of the governing board or summaries of actions of recent meetings for which minutes have not been prepared.
14. All material transactions have been recorded in the accounting records and are reflected in the financial statements.
15. We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
16. We have no knowledge of any fraud or suspected fraud that affects the entity, including financial reporting related to compliance with existing laws and regulations governing reimbursement from third-party payors, and involves:
 - a. Management,
 - b. Employees who have significant roles in internal control, or
 - c. Others where the fraud could have a material effect on the financial statements.
17. We have no knowledge of any allegations of fraud or suspected fraud affecting the entity's financial statements communicated by employees, former employees, grantors, regulators, or others.

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18. We have no knowledge of any instances of noncompliance or suspected noncompliance with laws and regulations whose effects should be considered when preparing financial statements.
19. We are not aware of any pending or threatened litigation, claims, or assessments or unasserted claims or assessments that are required to be accrued or disclosed in the financial statements in accordance with U.S. GAAP, and we have not consulted a lawyer concerning litigation, claims, or assessments.
20. We have disclosed to you the identity of the entity's related parties and all the related party relationships and transactions of which we are aware and have been disclosed in financial statement.
21. The entity has satisfactory title to all owned assets, and there are no liens or encumbrances on such assets nor has any asset been pledged as collateral.
22. We are responsible for compliance with the laws, regulations, and provisions of contracts and grant agreements applicable to us.
23. The Organization is an exempt organization under Section 501(c)(3) of the Internal Revenue Code. Any activities of which we are aware that would jeopardize the entity's tax-exempt status, and all activities subject to tax on unrelated business income or excise or other tax, have been disclosed to you. All required filings with tax authorities are up-to-date.
24. We have filed information returns (Form 990) on a timely basis.
25. There have been no communications from regulatory agencies concerning noncompliance with, or deficiencies in, financial reporting practices, or noncompliance or deficiencies related to existing laws and regulations governing reimbursement from third-party payors.
26. As part of your audit, you assisted with preparation of the financial statements and related notes. We acknowledge our responsibility as it relates to those nonaudit services, including that we assume all management responsibilities; oversee the services by designating an individual, preferably within senior management, who possesses suitable skill, knowledge, or experience; evaluate the adequacy and results of the services performed; and accept responsibility for the results of the services. We have reviewed, approved, and accepted responsibility for those financial statements and related notes.
27. We had less than \$750,000 in federal awards expenditures in the current year and a Uniform Guidance audit was not required for this year.

Olympic Community of Health

DocuSigned by:

Celeste Schoenthaler

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Celeste Schoenthaler, Executive Director

Signed by:

Nathanael O'Hara

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Nathanael O'Hara, Accountant

Olympic Community of Health

SBAR: Quarterly Financial Update (Q2 2025)

Presented to the OCH Finance Committee on August 4, 2025

Updated and presented to the OCH Board of Directors on September 8, 2025

Situation

The internal OCH finance team has prepared a 2025 second quarter financial statement for review and acceptance by the Finance Committee and Board of Directors.

Background

The financial statements represent the financial status of OCH through Q2 of 2025.

Please see the attachment for spending notes from the staff team.

Income is on track for the year.

Action

The staff team does not have any recommendations based on this report. 2025 continues to be a year of learning how to budget for and implement a community care hub. We are learning a lot that we can apply to the 2026 budget process. The finance committee reviewed and accepted the reports at their August meeting and recommend review and action by the Board.

Recommended Motion: The OCH Board of Directors accepts the Q2 2025 financial statements as presented.

Statement of Financial Position
Olympic Community of Health
As of June 30, 2025

Distribution account	Total
Assets	
Current Assets	
Bank Accounts	
101 Petty Cash	244
102.6 Kitsap Bank Operating #7311	380,372
107 Kltsap Bank CDARS	-
107.5 #7184	2,137,985
107.6 #9048	1,069,657
Total for 107 Kltsap Bank CDARS	3,207,642
109 KB ICS Account #3211	6,566,851
Total for Bank Accounts	10,155,109
Accounts Receivable	
121 Accounts Receivable	548,100
Total for Accounts Receivable	548,100
Other Current Assets	
141 Prepaid Expenses	6,148
Total for Other Current Assets	6,148
Total for Current Assets	10,709,356
Fixed Assets	
Other Assets	
143 Accrued Interest Receivable	1,681
148 Operating Lease Right-of-Use Asset	91,920
149 Accumulated Amortization of ROU Asset	(27,576)
Total for Other Assets	66,026
Total for Assets	\$ 10,775,382
Liabilities and Equity	
Liabilities	
Current Liabilities	
Accounts Payable	
20000 Accounts Payable	2,441
Total for Accounts Payable	2,441
Credit Cards	
Other Current Liabilities	
204 Wages Payable	57,861
205 Payroll Taxes Payable	16,479
206 Accrued Benefits Payable	26,420
206.1 Ameriflex Payable	3,625
Total for 206 Accrued Benefits Payable	30,045
207 SEP Payable	3,203
210 Operating Lease Liability - Current	15,952
Total for Other Current Liabilities	123,540
Total for Current Liabilities	125,982
Long-term Liabilities	
211 Operating Lease Liability - Noncurrent	52,404
Total for Long-term Liabilities	52,404
Total for Liabilities	178,386
Equity	
302 Unrestricted Net Assets	8,631,836
Net Income	1,965,160
Total for Equity	10,596,996
Total for Liabilities and Equity	\$ 10,775,382

Statement of Activity by Class
Olympic Community of Health
January 1-June 30, 2025

Distribution account	Partner Support	DOH	EDA	MTP 2.0	Case Management	Engagement	Hub Development	Technology	Workforce Development	Other	Regional Challenge Grant	Total
Income												
Government Grants												-
410 MTP 2.0												-
410.1 Infastructure				1,356,220								1,356,220
410.2 Case Management					1,330,866							1,330,866
Total for 410 MTP 2.0	-	-	-	1,356,220	1,330,866	-	-	-	-	-	-	2,687,086
413 DOH		681,364										681,364
Total for Government Grants	-	681,364	-	1,356,220	1,330,866	-	-	-	-	-	-	3,368,450
Services		548,100	27,282								12,500	587,882
Total for Income	-	1,229,464	27,282	1,356,220	1,330,866	-	-	-	-	-	12,500	3,956,331
Cost of Goods Sold												
Gross Profit	-	1,229,464	27,282	1,356,220	1,330,866	-	-	-	-	-	12,500	3,956,331
Expenses												
501 Partner Support												-
501.1 Meetings & Events						7,353	629		3,340			11,322
501.4 Olympic Connect onboarding and orientation									125			125
501.6 Training & Technical Assistance							1,953		13,174			15,127
Total for 501 Partner Support	-	-	-	-	-	7,353	2,583	-	16,639	-	-	26,575
504 Partner Funding												
504.11 Care Coordination Partners - Full Service and Complex					195,241	67,721	6,240	21,394	157,074			447,671
504.6 Participation and Engagement incentives						6,000						6,000
504.8 Capacity Building - Services & Community Resources		819,400										819,400
Total for 504 Partner Funding	-	819,400	-	-	195,241	73,721	6,240	21,394	157,074	-	-	1,273,071
505 Operations												
500 Personnel												
505.1 Payroll Expenses												
500.1.1 Wages												
501.101 Executive Director						24,894	64,258		930		361	90,442
501.102 Staff Salaries	2,476		36,044		14,199	22,439	102,131	16,049	55,074		2,342	250,753
Total for 500.1.1 Wages	2,476	-	36,044	-	14,199	47,333	166,389	16,049	56,003	-	2,703	341,195
500.1.2 Payroll Taxes	218		3,142		1,240	5,277	13,387	1,400	4,898		237	29,799
Total for 505.1 Payroll Expenses	2,694	-	39,186	-	15,439	52,610	179,775	17,449	60,901	-	2,940	370,994
505.2 Employee Benefits												
500.2.1 Health Insurance	390		5,463		2,141	9,191	23,166	2,396	8,524		430	51,700
500.2.2 SEP Expense	118		1,712		674	2,871	7,281	762	2,660		128	16,207
500.2.3 Other	7		68		28	119	299	29	109		5	665
Total for 505.2 Employee Benefits	515	-	7,243	-	2,844	12,181	30,746	3,187	11,293	-	563	68,572
Total for 500 Personnel	3,208	-	46,429	-	18,283	64,791	210,521	20,636	72,194	-	3,503	439,566
505.3 Operations Contracts												
504.202 HealthierHere (Connect 2 Coordinator)		75,000										75,000
504.205 Cross-ACH Agreement		37,500					1,493					38,993
504.206 Hub Communications and Marketing		21,225				112,700						133,924
504.207 HR	8		96		32	153	141	296	146		10	882
504.208 Financial Advisory Services	24		155		73	288	725	59	254		14	1,591
504.209 Data & Analytics and Evaluation					2,300		26,303					28,603
504.210 Technical Assistance to OCH Staff							13,388					13,388
504.214 Legal							7,875					7,875
504.218 External Accounting Services	45		481		180	931	1,969	188	819		47	4,660
Total for 505.3 Operations Contracts	77	133,725	733	-	2,585	114,072	51,893	543	1,218	-	71	304,917
505.4 Other Operations												
505.4.1 Internal Communications	19		263		101	450	1,070	107	384		22	2,417
505.4.2 Information Technology	123		1,036		469	2,439	4,636	525	2,030		68	11,325
505.4.3 Liability & Cyber Insurance	43		581		232	995	2,497	260	923		44	5,575
505.4.4 Miscellaneous							5,250					5,250
505.4.5 Occupancy	126		1,936		772	3,111	8,353	962	2,981		142	18,383
505.4.6 Public Relations						22,062					3,198	25,260
505.4.7 Staff Development							1,283		426			1,710
505.4.8 Supplies	36		249		119	680	1,105	117	551		19	2,876
505.4.9 Travel/Mileage	20		1,282			2,662	4,945	127	3,374		62	12,472
Total for 505.4 Other Operations	365	-	5,348	-	1,692	32,400	29,139	2,099	10,669	-	3,555	85,268
Total for 505 Operations	3,651	133,725	52,510	-	22,560	211,263	291,553	23,278	84,081	-	7,130	829,751
Total for Expenses	3,651	953,125	52,510	-	217,801	292,337	300,376	44,672	257,794	-	7,130	2,129,396
Net Operating Income	(3,651)	276,340	(25,228)	1,356,220	1,113,064	(292,337)	(300,376)	(44,672)	(257,794)	-	5,370	1,826,937
Other Income												
601 Interest Income										138,223		138,223
Total for Other Income	-	-	-	-	-	-	-	-	-	138,223	-	138,223
Other Expenses												
Net Other Income	-	-	-	-	-	-	-	-	-	138,223	-	138,223
Net Income	(3,651)	276,340	(25,228)	1,356,220	1,113,064	(292,337)	(300,376)	(44,672)	(257,794)	138,223	5,370	1,965,160

Olympic Community of Health
Budget vs. Actuals
January - June, 2025

	Actual	Budget	over/(under) Budget
Expenditures			
501 Partner Support			
501.1 Meetings & Events	11,322	15,000	(3,678)
501.2 Partner Network Analysis		2,500	(2,500)
501.4 Olympic Connect onboarding and orientation	125	5,000	(4,875)
501.6 Training & Technical Assistance	15,127	20,000	(4,873)
501.7 Short-term training for prime age employment group		50,000	(50,000)
Total 501 Partner Support	26,574	92,500	(65,926)
504 Partner Funding			
504.11 Care Coordination Partners - Full Service and Complex	447,671	1,582,500	(1,134,829)
504.12 Care Coordination Partners - Identify, Screen, Connect		33,750	(33,750)
504.6 Participation and Engagement incentives	6,000	15,000	(9,000)
504.8 Capacity Building - Services & Community Resources	819,400	1,168,000	(348,600)
504.9 Capacity Building - Workforce		62,500	(62,500)
Total 504 Partner Funding	1,273,071	2,861,750	(1,588,679)
505 Operations			
500 Personnel	439,566	550,500	(110,934)
505.3 Operations Contracts			
504.201 Blackboard		2,750	(2,750)
504.202 HealthierHere (Connect 2 Coordinator)	75,000	37,500	37,500
504.203 Pre-marketing focus groups		100,000	(100,000)
504.205 Cross-ACH Agreement	38,993	38,000	993
504.206 Hub Communications and Marketing	133,924	100,000	33,924
504.207 HR	882	2,000	(1,118)
504.208 Financial Advisory Services	1,592	5,000	(3,408)
504.209 Data & Analytics and Evaluation	28,603	130,000	(101,397)
504.210 Technical Assistance to OCH Staff	13,388	10,000	3,387
504.213 Audit		10,000	(10,000)
504.214 Legal	7,875	7,500	375
504.218 External Accounting Services	4,660	8,500	(3,840)
Total 505.3 Operations Contracts	304,917	451,250	(146,333)
505.4 Other Operations			
505.4.1 Internal Communications	2,417	4,000	(1,583)
505.4.2 Information Technology	11,325	11,000	325
505.4.3 Liability & Cyber Insurance	5,575	8,500	(2,925)
505.4.4 Miscellaneous	5,250	5,000	250
505.4.5 Occupancy	18,383	16,500	1,883
505.4.6 Public Relations	25,260	50,000	(24,740)
505.4.7 Staff Development	1,710	8,000	(6,290)
505.4.8 Supplies	2,876	1,400	1,476
505.4.9 Travel/Mileage	12,472	8,500	3,972
Total 505.4 Other Operations	85,268	112,900	(27,632)
Total 505 Operations	829,751	1,114,650	(284,899)
Total Expenditures	2,129,396	4,068,900	(1,939,504)

Olympic Community of Health
Budget vs. Actuals
January - June, 2025

	Actual	Budget (half of year)	over/(under) Budget	Staff notes
Expenditures				
501 Partner Support				
501.1 Meetings & Events	11,322	15,000	(3,678)	Several converings and trainings upcoming.
501.2 Partner Network Analysis		2,500	(2,500)	Paid invoices on this in July, ont track to be complete soon.
501.4 Olympic Connect onboarding and orientation	125	5,000	(4,875)	Monthly trainings planned for remainder of year.
501.6 Training & Technical Assistance	15,127	20,000	(4,873)	A few more trainings planned for the year.
501.7 Short-term training for prime age employment group		50,000	(50,000)	This is expected to start in August. Needed EDA approval and to establish system.
Total 501 Partner Support	26,574	92,500	(65,926)	
504 Partner Funding				
504.11 Care Coordination Partners - Full Service and Complex	447,671	1,582,500	(1,134,829)	First year of this contract, learning a lot about what partners need. Spending should uptick in second half of year, are regrouping on this for 2026.
504.12 Care Coordination Partners - Identify, Screen, Connect		33,750	(33,750)	Regrouping on this, moving to hub marketing contract.
504.6 Participation and Engagement incentives	6,000	15,000	(9,000)	A few surveys and other items planned for this for the rest of the year.
504.8 Capacity Building - Services & Community Resources	819,400	1,168,000	(348,600)	This includes projects funded by DOH and EDA dollars. EDA contracts were slow to get executed, most started 7/1/25. Can roll over to 2026.
504.9 Capacity Building - Workforce		62,500	(62,500)	Expenses incurred starting July, a few trainings planned for rest of year. A big chunk of this was cut due to DOH funding cut earlier in the year.
Total 504 Partner Funding	1,273,071	2,861,750	(1,588,679)	
505 Operations				
500 Personnel	439,566	550,500	(110,934)	Budget was written for 8.0 FTE. We now have 9.0 due to EDA grant. Are now fully staffed.
505.3 Operations Contracts				
504.201 Blackboard		2,750	(2,750)	This is paid toward the end of the year.
504.202 HealthierHere (Connect 2 Coordinator)	75,000	37,500	37,500	Paid total amount for year.
504.203 Pre-marketing focus groups		100,000	(100,000)	RFP released in May, contract expected to start September, will likely roll over to the first part of 2026.
504.205 Cross-ACH Agreement	38,993	38,000	993	On track.
504.206 Hub Communications and Marketing	133,924	100,000	33,924	Overspending due to need to get word out on Oly Connect. Shifting funds from above.
504.207 HR	882	2,000	(1,118)	Cross-ACH salary survey in progress (results in September)
504.208 Financial Advisory Services	1,592	5,000	(3,408)	Likley to underspend here.
504.209 Data & Analytics and Evaluation	28,603	130,000	(101,397)	Contract start was delayed. Should catch up on spending by Q3.
504.210 Technical Assistance to OCH Staff	13,388	10,000	3,387	This will be overspent this year. Added a new contract for additional sustainability support.
504.213 Audit		10,000	(10,000)	Invoices come in for this in the second half of the year.
504.214 Legal	7,875	7,500	375	On track.
504.218 External Accounting Services	4,660	8,500	(3,840)	Likely to underspend here.
Total 505.3 Operations Contracts	304,917	451,250	(146,333)	
505.4 Other Operations				
505.4.1 Internal Communications	2,417	4,000	(1,583)	On track.
505.4.2 Information Technology	11,325	11,000	325	Generally on track.
505.4.3 Liability & Cyber Insurance	5,575	8,500	(2,925)	Pre-paid expense.
505.4.4 Miscellaneous	5,250	5,000	250	Unexpected items get charged here.
505.4.5 Occupancy	18,383	16,500	1,883	Slightly overspent.
505.4.6 Public Relations	25,260	50,000	(24,740)	This will be spent fully by the end of the year.
505.4.7 Staff Development	1,710	8,000	(6,290)	Several activities planned, might go over on this by end of year.
505.4.8 Supplies	2,876	1,400	1,476	Additional costs due to 3 new employees and getting them set up.
505.4.9 Travel/Mileage	12,472	8,500	3,972	Expect the overspend trend to continue.
Total 505.4 Other Operations	85,268	112,900	(27,632)	
Total 505 Operations	829,751	1,114,650	(284,899)	
Total Expenditures	2,129,396	4,068,900	(1,939,504)	

Olympic Community of Health
Financial Check Up as of June 30, 2025

Source	2025-Q2			Actual	Projected	Financial Plan	Total (exc MTP-1)
	Actual	Rest of 2025	Total	2024	2025	2026-2029	2024-2029
INCOME							
HCA - Infrastructure	\$1,356,220	\$962,222	\$2,318,442	\$2,331,148	\$2,318,442	\$3,646,666	\$8,296,256
HCA - Case Management	\$1,330,866	\$1,017,165	\$2,348,031	\$665,433	\$2,348,031	\$6,654,328	\$9,667,791
DOH - adjusted	\$1,229,464	\$0	\$1,229,464	\$0	\$681,364	\$0	\$681,364
Recompete (EDA)	\$27,282	\$1,934,673	\$1,961,955	\$0	\$1,961,955	\$7,847,820	\$9,809,775
Regional Challenge (WSAC)	\$12,500	\$12,500	\$25,000	\$12,500	\$25,000	\$25,000	\$62,500
MTP-1 Earnings	\$0	\$0	\$0	\$3,176,400	\$0	\$0	\$3,176,400
Other Income	\$138,223	\$0	\$138,223	\$204,814	\$138,223	\$0	\$343,037
Total Income	\$4,094,555	\$3,926,560	\$8,021,115	\$6,390,295	\$7,473,015	\$18,173,814	\$32,037,123
EXPENSES							
Operations - Direct Expenses	\$769,569	\$1,208,703	\$1,978,272	\$153,351	\$1,978,272	\$6,410,144	\$8,541,767
Operations - Indirect Expenses	\$60,182	\$99,118	\$159,300	\$0	\$159,300	\$623,600	\$782,900
Partner Funding	\$1,273,071	\$3,803,683	\$5,076,754	\$6,140	\$5,076,754	\$14,220,772	\$19,303,666
Partner Support	\$26,575	\$161,225	\$187,800	\$1,333,250	\$187,800	\$830,000	\$2,351,050
MTP-1 Expenses	\$0	\$0	\$0	\$3,206,418	\$0	\$0	\$3,206,418
Total Expenses	\$2,129,397	\$5,272,729	\$7,402,126	\$4,699,159	\$7,402,126	\$22,084,516	\$30,979,383
BALANCES							
Beginning Financial Position	\$8,631,843		\$8,631,843	\$6,953,505	\$6,940,707	\$6,940,703	\$6,953,505
Plus: Net Income	\$1,965,158	(\$1,346,170)	\$618,989	\$1,691,136	\$70,889	(\$3,910,703)	\$1,057,740
Less: Restricted Reserve (dedicated funds)	(\$1,965,160)		(\$1,965,160)	(\$691,136)	(\$70,889)	\$0	(\$1,057,740)
Accounting Adjustments	(\$4)		(\$4)	(\$1,012,798)	(\$4)	\$0	\$0
Unrestricted Ending Balance (Board Reserve)	\$8,631,836		\$7,285,667	\$6,940,707	\$6,940,703	\$3,030,000	\$6,953,505
Projected Expenses by Program Category (all income sources)							
Program	2025-Q1			Actual	Projected	Financial Plan	Total
	Actual	Rest of 2025	Total	2024	2025	2026-2029	2024-2029
HCA - Infrastructure	\$843,926	\$1,889,494	\$2,733,420	\$1,020,884	\$2,733,420	\$2,506,707	\$6,261,010
HCA - Case Management	\$215,823	\$1,607,277	\$1,823,100	\$9,135	\$1,823,100	\$2,029,996	\$3,862,231
Department of Health (DOH)	\$953,125	\$0	\$953,125	\$0	\$646,600	\$0	\$646,600
Recompete (EDA)	\$46,431	\$1,908,275	\$1,954,706	\$0	\$1,954,706	\$1,867,206	\$3,821,912
Regional Challenge (WSAC)	\$6,702	\$18,298	\$25,000	\$0	\$25,000	\$25,000	\$50,000
Board-Directed Projects	\$3,207	\$56,793	\$60,000	\$1,492,741	\$60,000	\$0	\$1,552,741
MTP-1 Expenses	\$0	\$0	\$0	\	\$0	\$0	\$0
In-Direct Program Expenses (allocated)	\$60,182	\$99,118	\$159,300	\$0	\$159,300	\$173,000	\$332,300
Total Expenses	\$2,129,396	\$5,579,255	\$7,708,651	\$2,522,759	\$7,402,126	\$6,601,909	\$16,526,794

Olympic Community of Health

SBAR: 2026 Governance Plan & Approach

Presented to the OCH Board of Directors on September 8, 2025

Situation

Staff and the Executive Committee have been discussing the current OCH governance structure in context of the current work and priorities of OCH and the needs of the organization for 2026. A proposed plan is in the packet for discussion and action.

Background

The current governance model for OCH includes 9 board meetings per year (no meeting July, August, or December) and two long-standing committees – Executive and Finance. In alignment with the current body of work and priorities and the forthcoming work for 2026, staff and the Executive Committee are proposing a revised structure for 2026. This proposed approach will strengthen the work of the organization and will keep things moving efficiently and effectively.

Action

- Review, discuss, approve the plan for 2026.
- Determine members of the following 2026 committees:
 - Strategic Planning
 - Governance
 - Advocacy
- Once finalized, staff will:
 - Confirm with 7 Cedars
 - Determine a location for the September board retreat in Clallam (by May or June, 2026)
 - Send calendar invites for 2026 board meetings
 - Send calendar invites for 2026 executive and finance committee meetings
 - Coordinate with members for the new committees and schedule accordingly

Recommendation

The OCH Board of Directors approves the 2026 governance plan and approach and the membership for the proposed new committees.



2025 Governance Plan & Schedule (Proposed)

Board of Directors – 1:00pm-3:00 pm – 7 Cedars Hotel & Casino (Zoom option available) – Optional networking lunch from 12:30-1:00

- Monday, January 12
- Monday, March 9
- Monday, May 11
- Monday, July 13
- Monday, September 14 (Note: this is also the annual Board retreat, start time is 9am) – location is TBD in Clallam County
- Monday, November 9

Committees:

Committee	Purpose	Meeting Cadence & Schedule	In-Person or Zoom	Notes
Executive	Plan monthly board meetings, provide oversight to the Executive Director, discuss time-sensitive items between board meetings.	First Tuesday, 12-1:30pm	Zoom	OCH Officers (Current: Heidi, Susan, Brent, Stormy, Apple)
Finance	Recommend and review financial-related policies. Review annual budget prior to board vote. Review financial performance, make recommendations to staff and the board. Track financial progress.	First Monday, 11am-12noon, average is 6-8 meetings per year.	Zoom	Treasurer + FC members + OCH fiscal team. (Current: Brent, Monica, Steve, Holly, Beau (non voting))
Strategic Planning	Short-term committee (January through September 2026) to advance the process for the next strategic plan to be adopted by the board September 2026.	8 meetings total. Schedule TBD based on availability of members.	Likely zoom, maybe 1 or 2 meetings in person.	Membership to be determined at September 2025 meeting. Open to board members and alternates. Would like reps from each county and a variety of partner types. Ideally 3-4 members.
Governance	Short-term committee (February through May 2026) to review current governance model and make recommendations to the Board on any changes	4 meetings total. Schedule TBD based on availability of members.	Zoom	Membership to be determined at September 2025 meeting. Open to board members and alternates.

	to Board composition, bylaws, board-related policies, etc.			Would like reps from each county and a variety of partner types. Ideally 3-4 members.
Advocacy	New, ongoing committee to plan, discuss, and bolster advocacy efforts of OCH with city, county, state, and federal elected officials. Alignment with the Coalition of ACHs. Create plans and make recommendations to the Board.	6 meetings per year. Potentially on months when the Board does not meet. Schedule TBD based on availability of members.	Hybrid – some zoom, some in-person	Membership to be determined at September 2025 meeting. Open to board members and alternates. Would like reps from each county and a variety of partner types. Ideally 3-4 members.

Olympic Community of Health

SBAR 2025 Board Elections

Presented to the OCH Executive Committee on September 2, 2025

Updated and presented to the Board of Directors on September 8, 2025

Situation

Election of OCH Board members occurs annually, each September. Staff have connected with all of those with terms ending September 2025 and have nominations compiled for action at the September Board meeting.

Background

Director Elections: Per OCH bylaws, "Thereafter, each Director's term of office shall be for two (2) years, which shall end on the latter of the date of the annual meeting or succession of a new director. At the end of three (3) consecutive terms, each sector has the option to nominate the same Candidate or to nominate a new Candidate to represent the sector on the Board. Term of Office does not apply to Tribes."

"Candidates for Sector Board members shall be nominated by each Sector. Candidates for At-Large representatives will be nominated by the individual interested in participating on the Board. The nominations will be referred directly to the Board for approval. In the event a Sector or At-Large seat cannot nominate a representative within thirty (30) days, the Board, either directly or through a committee, will solicit, receive, and vet nominations, and recommend a representative to the Board."

"Tribes may appoint alternate representatives as desired on the Board of Directors. Tribal representation on the Board of Directors is voluntary."

Board seats with terms ending September 2025

Sector/At-Large	Current Representative(s)	Notes	Nominations
Community At-Large	Jody Moss Roy Walker Susan Buell	Susan is an officer	Jody Moss Roy Walker Susan Buell
Medical/Clinical At-Large	Jennifer Kreidler-Moss		Jennifer Kreidler-Moss
BH-ASO	Jolene Kron Amy Browning (alt)		Primary – Jolene Kron Alt – Ileea Clauson
Community Action Program/ Social Service Agencies	Holly Morgan Tony Ives (alt)		Primary – Holly Morgan Alt – Tony Ives
Critical Access Hospital	Heidi Anderson Jake Davidson (alt)	Heidi is an officer	Primary – Heidi Anderson Alt – Jake Davidson

FQHC	Mike Maxwell Dominica Fale (alt)		Primary - Tammy Reid, Alt - Dominica Fale
Long Term Care/ AAA / Home Health	Stacey Smith Laura Cepoi (alt)		Primary – Stacey Smith Alt – Laura Cepoi
Public Health	Apple Martine Jenny Oppelt (alt)	Apple is an officer	Primary – Apple Martine Alt – Jenny Oppelt
Public Hospital	Bobby Stone Holly Wickersham (alt)		Primary – Holly Wickersham Alt – Bobby Stone
SUD treatment	G’Nell Ashley Brian Burwell (alt)	Brian has been alternate for Suquamish Tribe seat. Brian now works for the Port Gamble S’Klallam Tribe, need to confirm if he will represent them.	Primary – G’Nell Ashley Alt – Brian Burwell

Action

Review, discuss, and take action on these nominations. Following the vote, staff will update the Board roster on the OCH website, will update internal contact lists, will update calendar invites, and will ask new members to complete the google form to obtain contact and other relevant information.

Recommended Motion

The OCH Board of Directors approves of these nominations for a new two-year term ending September 2027.

From: [Washington Health Care Authority](#)
To: [Celeste Schoenthaler](#)
Subject: EXTERNAL - State to apply for federal funds to help improve health care in rural WA
Date: Monday, August 18, 2025 8:06:34 AM

This email originated from outside the organization. DO NOT click links or open attachments if you do not recognize the SENDER EMAIL address and know that the content is safe.

HCA Logo (White on Transparent Background)



August 8, 2025

Can't access the links? Add "lnks.gd" to the allowlist of your content blocking software.

State to apply for federal funds to help improve health care in rural WA

Rural Health Transformation Program funding will be available under new congressional legislation

Under the One Big Beautiful Bill Act — signed into law last month — the federal government is offering \$50 billion Rural Health Transformation Program (RHTP) funding to help improve rural health care across the country. The Centers for Medicare & Medicaid Services (CMS) will oversee RHTP and provide \$10 billion annually to approved states between 2026–2030.

The Health Care Authority (HCA) and departments of Health (DOH) and Social and Health Services (DSHS) are partnering to develop our state's RHTP application.

More about the program

To receive funding, states must submit a Rural Health Transformation Plan that addresses specific components, such as improving access to care and prioritizing technologies that support specific types of care. States must also commit to using RHTP funds for certain activities.

[Learn more about the requirements](#)

We want to hear from you!

As we begin drafting the state's application, **we are seeking input** from partners, stakeholders, and other interested people. We're looking for inclusive approaches that meet the needs of Washington's rural communities, such as:

- Projects with a defined scope and implementation plan that are ready to launch soon.
- General input about community needs, regional trends, and recommendations for leveraging RHTP funds.
- Concepts or initiatives that could transform rural health care delivery, especially for primary care, maternity services, complex care, behavioral health, and more.
- Opportunities to support workforce, infrastructure, and technology in communities and rural areas.

[Here is what we're looking for](#)

Who can provide input?

We welcome responses from anyone who is interested! This includes but is not limited to:

- Tribal health organizations

- Hospitals and provider networks
- Federally qualified health centers
- Rural health clinics
- Health care providers, including specialty care
- Public health organizations
- Community-based organizations
- Rural residents, patients, and advocates

[View the full list](#)

How, when, and where to provide input

Please share your ideas, insights, considerations, concepts, and other information with us! [Visit the HCA website](#) for additional instructions and what to include in your response. **We strongly encourage early submissions**, and will review responses on a first-come, first-served basis.

You can reach us by:

- **Email:** payingforvalue@hca.wa.gov
- **Mail or drop in:**
Washington State Health Care Authority
626 8th Avenue SE
Olympia, WA 98501

Please provide your input **by 5:00 p.m. on Friday, August 29, 2025.**

We will hold a webinar later this month and send an announcement with details soon. Stay tuned!

[Visit our RHTP page](#)

About the Health Care Authority (HCA)

Functioning as both the state's largest health care purchaser and its behavioral health authority, the Washington State Health Care Authority (HCA) is a leader in ensuring Washington residents have the opportunity to be as healthy as possible.

There are three pillars of our work: Apple Health (Medicaid); the Public Employees Benefits Board

(PEBB) and School Employees Benefits Board (SEBB) programs; and behavioral health and recovery. Under these pillars, HCA purchases health care, including behavioral health treatment for more than 2.7 million Washington residents and provides behavioral health prevention, crisis, and recovery supports to all Washington residents.

Please do not reply directly to this message. For more information, [visit the HCA website](#), where you'll also find contact information.

Disclosure notice

All messages we send via GovDelivery are subject to public disclosure, as are the names and email addresses of those who sign up for email notifications.

Nondiscrimination

The Washington State Health Care Authority (HCA) complies with all applicable federal and Washington state civil rights laws and is committed to providing equal access to our services. Visit HCA's website to [view complete nondiscrimination statements](#).

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Olympic Connect Dashboard Reporting: September 2025 Board Meeting

METRICS FOR 10/01/2024 – 07/31/2025



A Service of Olympic Community of Health | A Community Care Hub of Washington

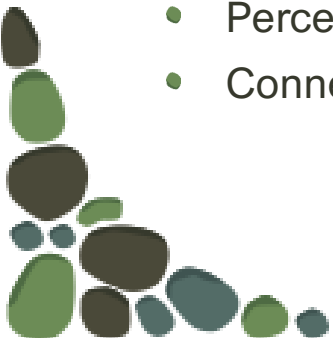


Overview of Metrics

10/01/2024 – 07/31/2025

The current report includes the following (1/2):

- “Year-to-date” = 10/01/2024 – 07/31/2025
- Enrollment
 - Overall enrollment, cumulative (year-to-date) and by month.
 - Demographics of those enrolled year-to-date.
- Incoming Referrals and Connections to Services
 - Overall numbers of incoming referrals; by month and county.
 - Time from referral to first outreach, discharge.
 - Conversion from referral to enrollment.
 - Percentage of those enrolled with an intake assessment complete.
 - Connections to services within 7 and 30 days.



The current report includes the following (2/2):

- Assessments

- Frequency of Social Needs at intake.
- Frequency of Health Needs at intake.

- Resource Referrals

- Overall resource referrals, cumulative and by month; by service category.
- Percentage of closed-loop resource referrals; by service category.

- Caseloads

- Average monthly caseload for each Care Coordination Partner; regional monthly caseload average.



Additional metrics coming soon:

- Client Satisfaction at discharge
- Client Needs Met at discharge
- Prime Age Employment Group (PAEG) data across most metrics





Enrollment

10/01/2024 – 07/31/2025

Enrolled Year-to-Date: Overview

(10/01/2024 – 07/31/2025)

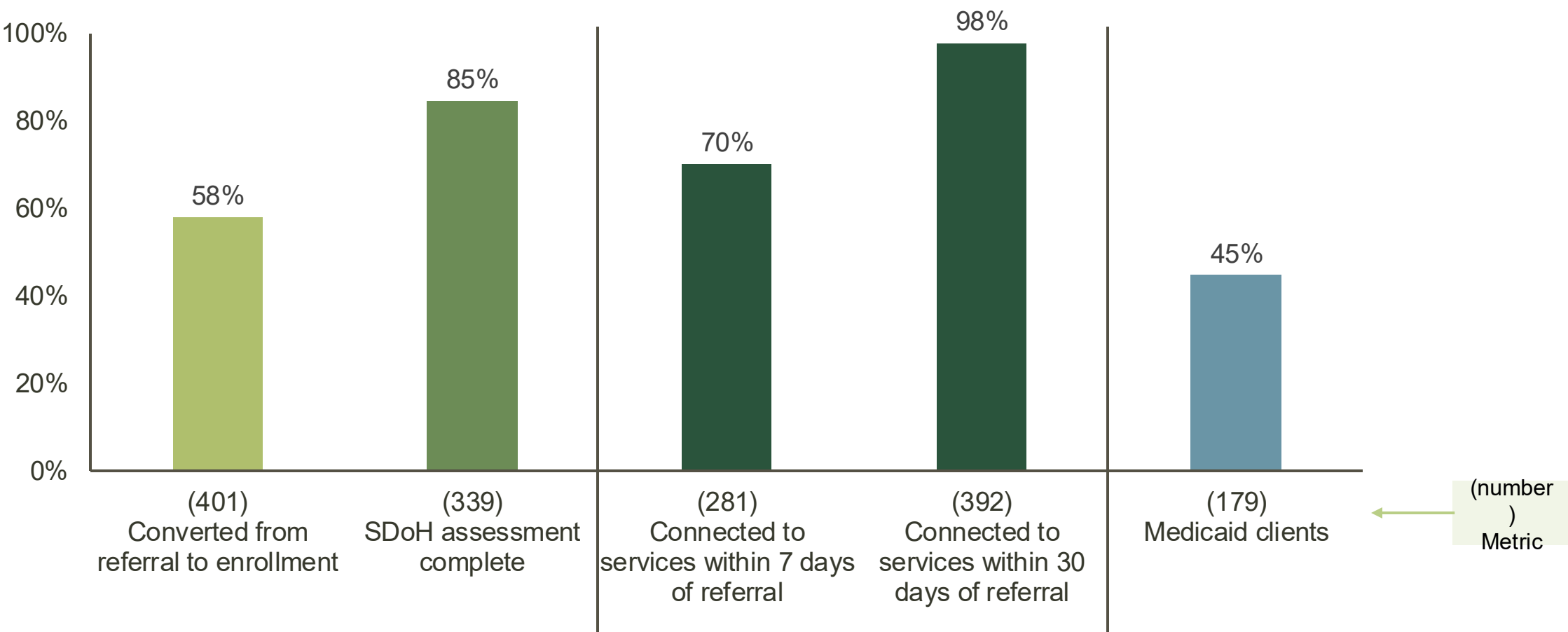
Metric	Explanation
Converted from referral to enrollment	• Of those referred, how many (what %) enrolled?
SDoH assessment complete	• Of those enrolled, how many (%) had a Social Determinants of Health (SDoH) assessment completed?
Connected to services within 7 or 30 days of referral	• Of those enrolled, how many (%) were connected to services within 7 or 30 days of their initial referral?
Medicaid clients	• Of those enrolled, how many (%) have an insurance status of Medicaid? • Note: This is based on client self-report.





Enrolled Year-to-Date: Overview

10/01/2024 - 07/31/2025 | Total Enrolled = 401 | Total Referred = 692



The number over each metric is the *numerator* of the percent (%) shown in the graph.
E.g.: 339 enrolled clients had a SDoH assessment complete, which is 85% of the 401 enrolled clients.

Incoming Referrals and Enrollment Year-to-Date

(10/01/2024 – 07/31/2025)

Metric	Explanation
Referrals	• Number of incoming referrals each month. • This metric is <i>not</i> cumulative.
Enrollments	• Number of enrollments each month. • This metric is <i>not</i> cumulative.



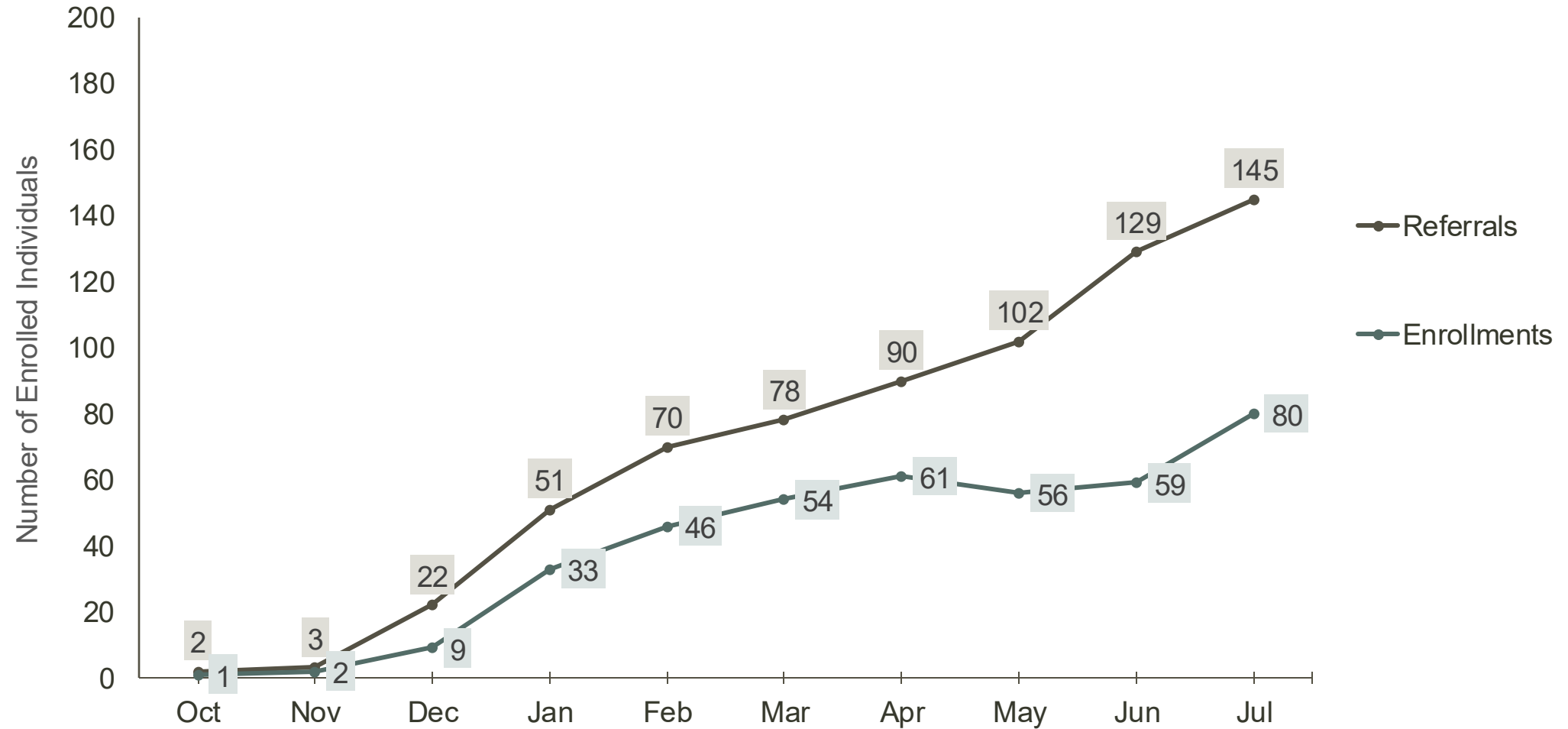


Incoming Referrals and Enrollments Year-to-Date

10/01/2024 - 07/31/2025 | Monthly (*not* cumulative)

Cumulative numbers:

- Incoming referrals = 692
- Enrollments = 401



Enrollment Year-to-Date (10/01/2024 – 07/31/2025)

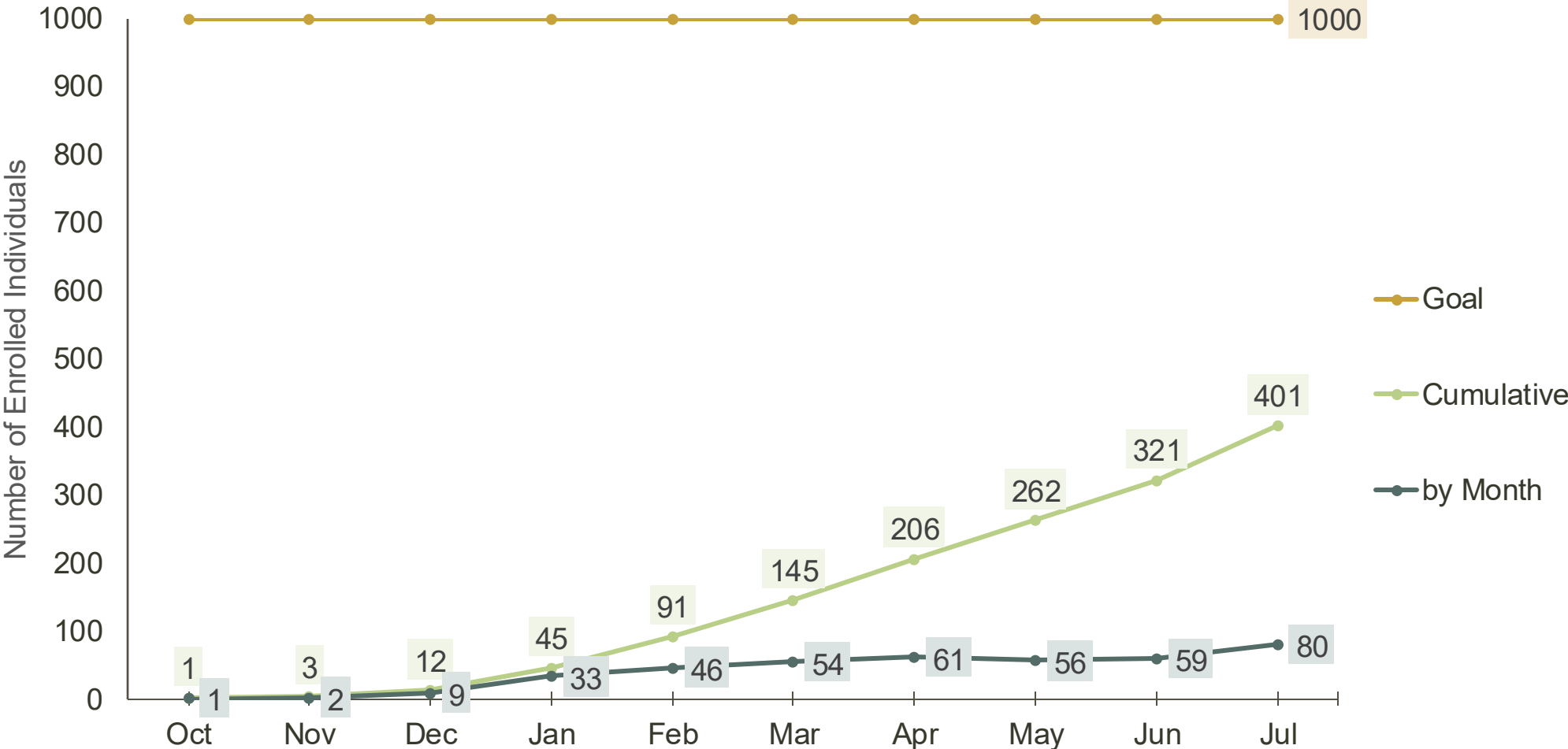
Metric	Explanation
Goal	The goal for number of enrollments for a given year (1,000).
Cumulative	The cumulative number of enrollments, 10/01/2025 – 07/31/2025.
by Month	The number of enrollments for each month (<i>not</i> cumulative).





Enrollments Year-to-Date

10/01/2024 - 07/31/2025



County Progress towards Enrollment Goals

(10/01/2024 – 07/31/2025)

Metric	Explanation
County Progress towards Enrollment Goals	- Overall enrollment by county (percent toward that county's annual goal) year-to-date. - Each county has a specific enrollment target. - The graph shows the percent (and associated number, $n = ###$) towards those enrollment goals. - The color gradient shows how close they are to enrollment goals, at a glance (e.g., Kitsap is lighter because it is only 20% of the way towards its enrollment goals).



County Progress towards Enrollment Goals

10/01/2024 - 07/31/2025 | Total Enrolled = 401

Missing / other county: $n = 3$

% to Annual Goal

100%

0%

County enrollment goals:

- Clallam = 334
- Jefferson = 238
- Kitsap = 428

Clallam County | 48%
($n = 161$)

Jefferson County | 64%
($n = 153$)

Kitsap County | 20%
($n = 84$)

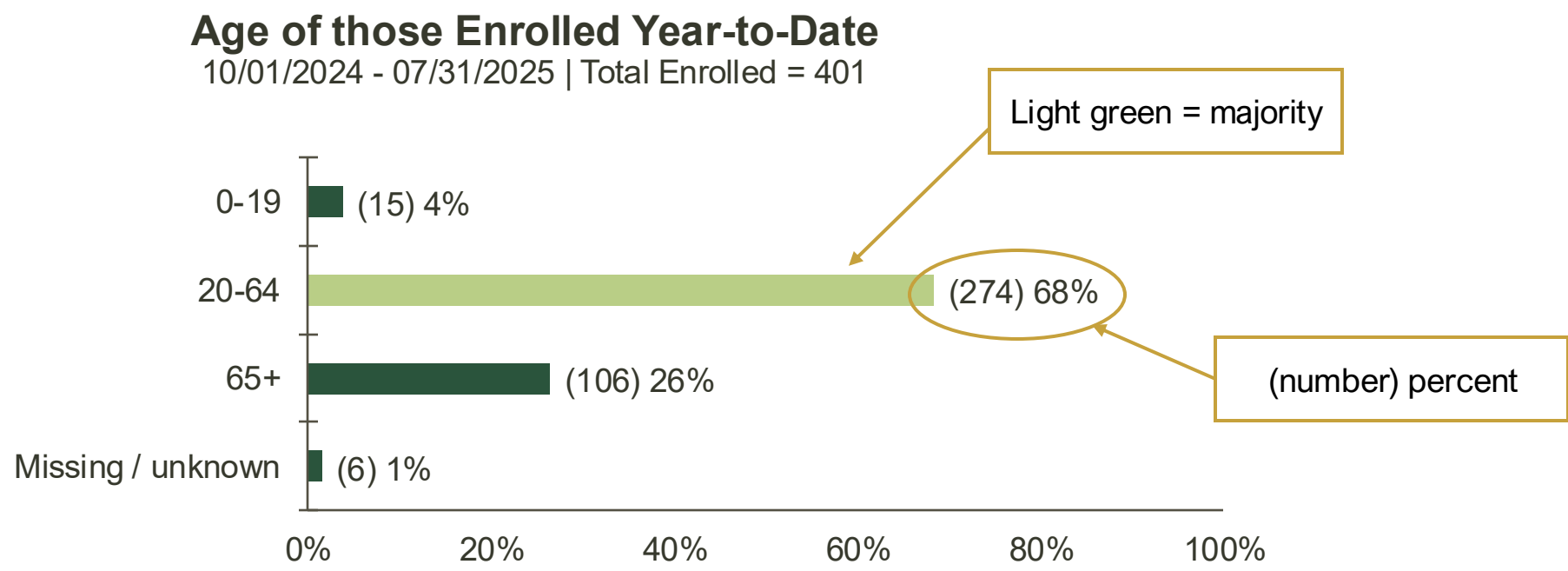
Enrollment Year-to-Date (10/01/2024 – 07/31/2025)

Metric	Explanation
Age	• Age groups of those enrolled year-to-date: 0-19, 20-64, and 65+.
Sex	• Sex of those enrolled year-to-date: Male, Female, and Unspecified.
County	• County of those enrolled year-to-date.
Insurance Status	• Insurance of those enrolled year-to-date (highlighting Medicaid, a priority population).
Race-Ethnicity	• Race/ethnicity of those enrolled year-to-date.
Language	• Language of those enrolled year-to-date.





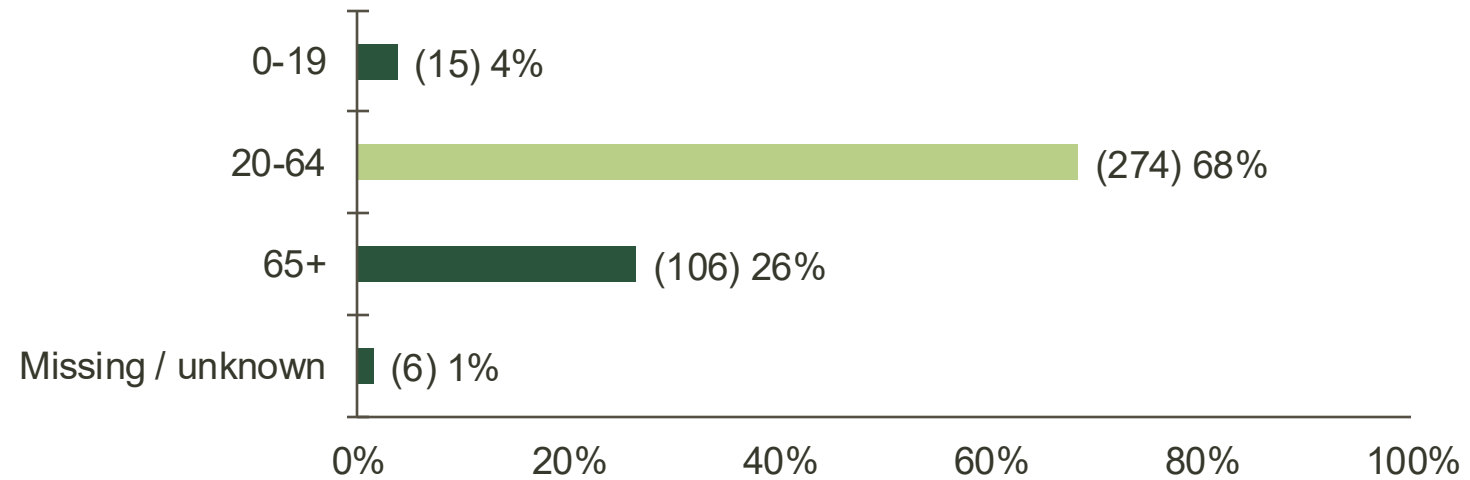
How to read Demographics graphs:





Age of those Enrolled Year-to-Date

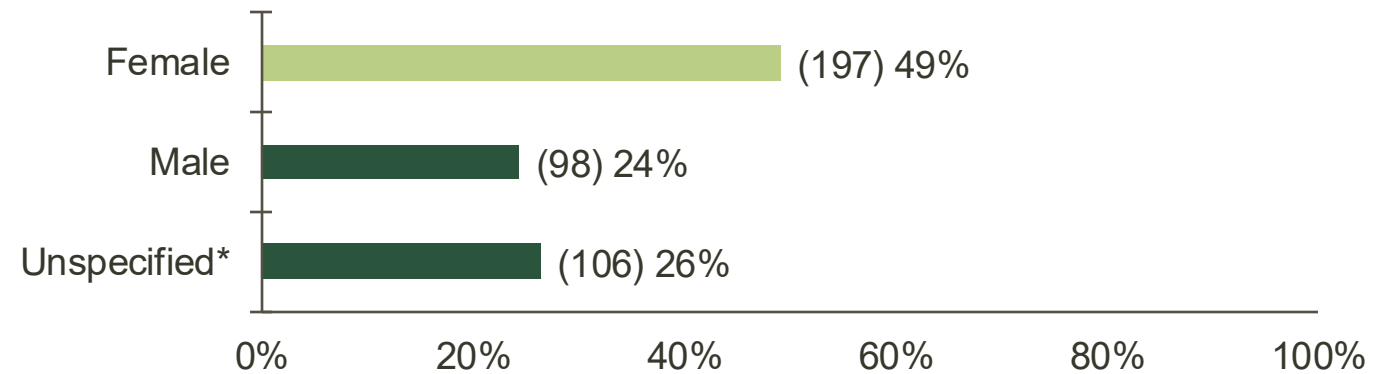
10/01/2024 - 07/31/2025 | Total Enrolled = 401





Sex of those Enrolled Year-to-Date

10/01/2024 - 07/31/2025 | Total Enrolled = 401



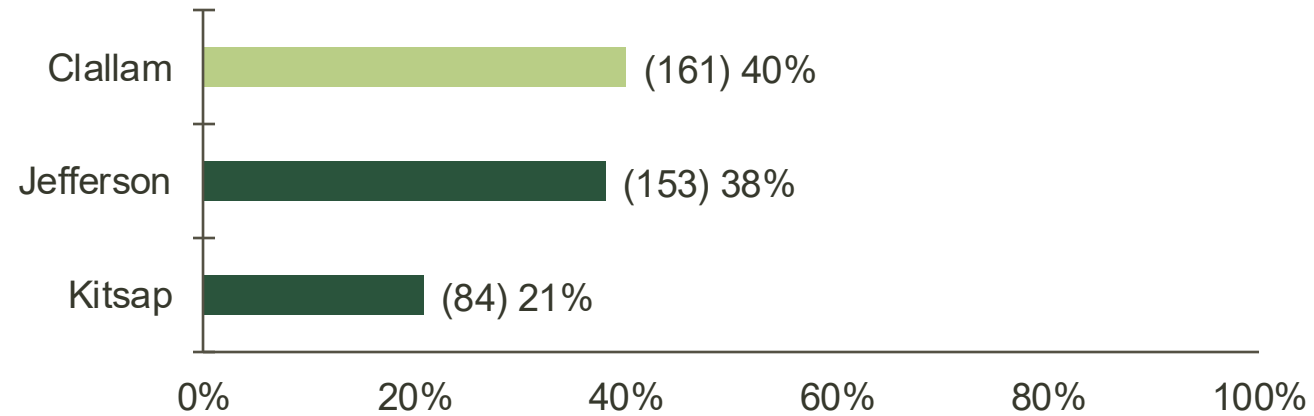
***Unspecified** includes: missing/unknown ($n = 92$), prefer not to answer ($n = 2$), and other ($n = 12$).



County of those Enrolled Year-to-Date

10/01/2024 - 07/31/2025 | Total Enrolled = 401

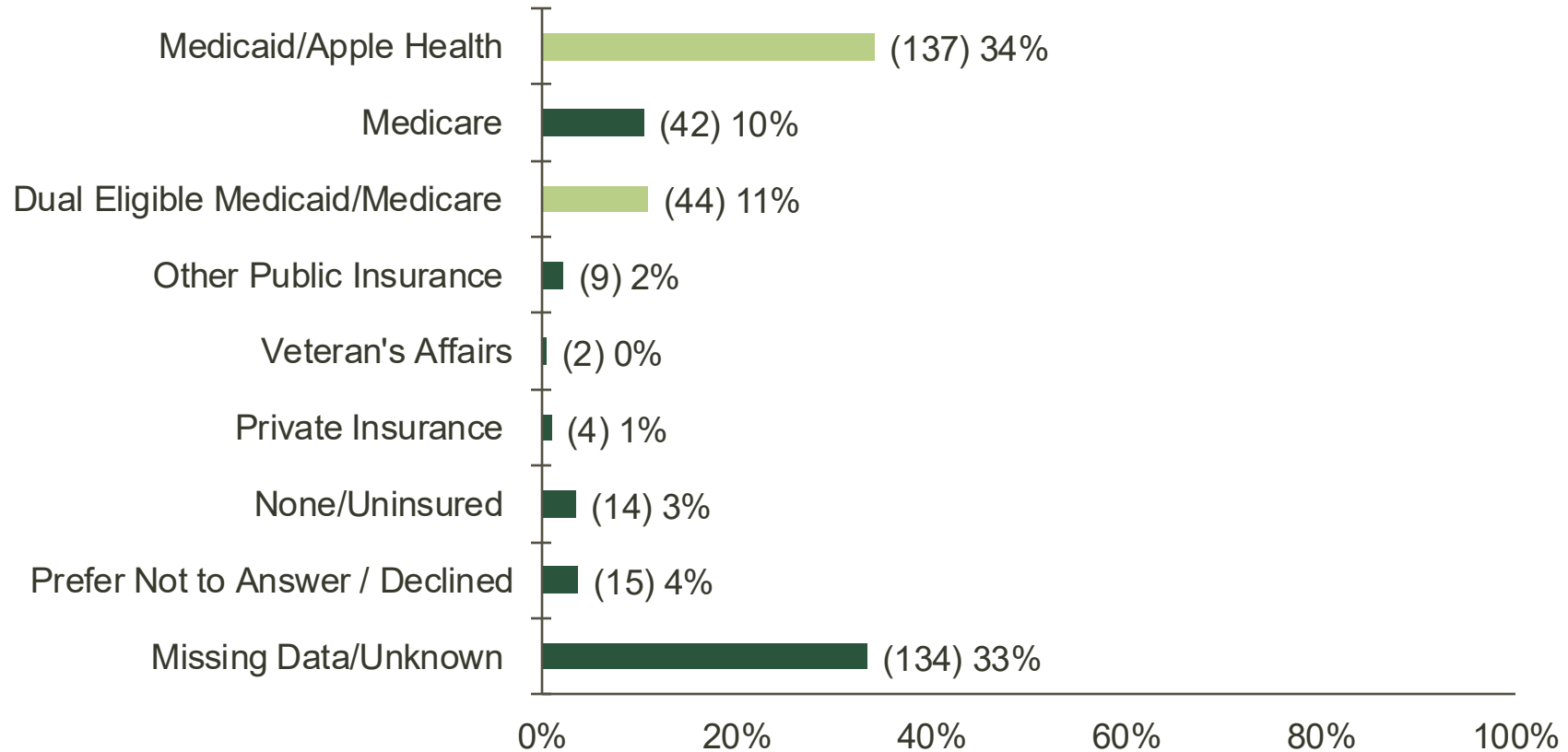
Missing / other counties: $n = 3$





Insurance Status of those Enrolled Year-to-Date

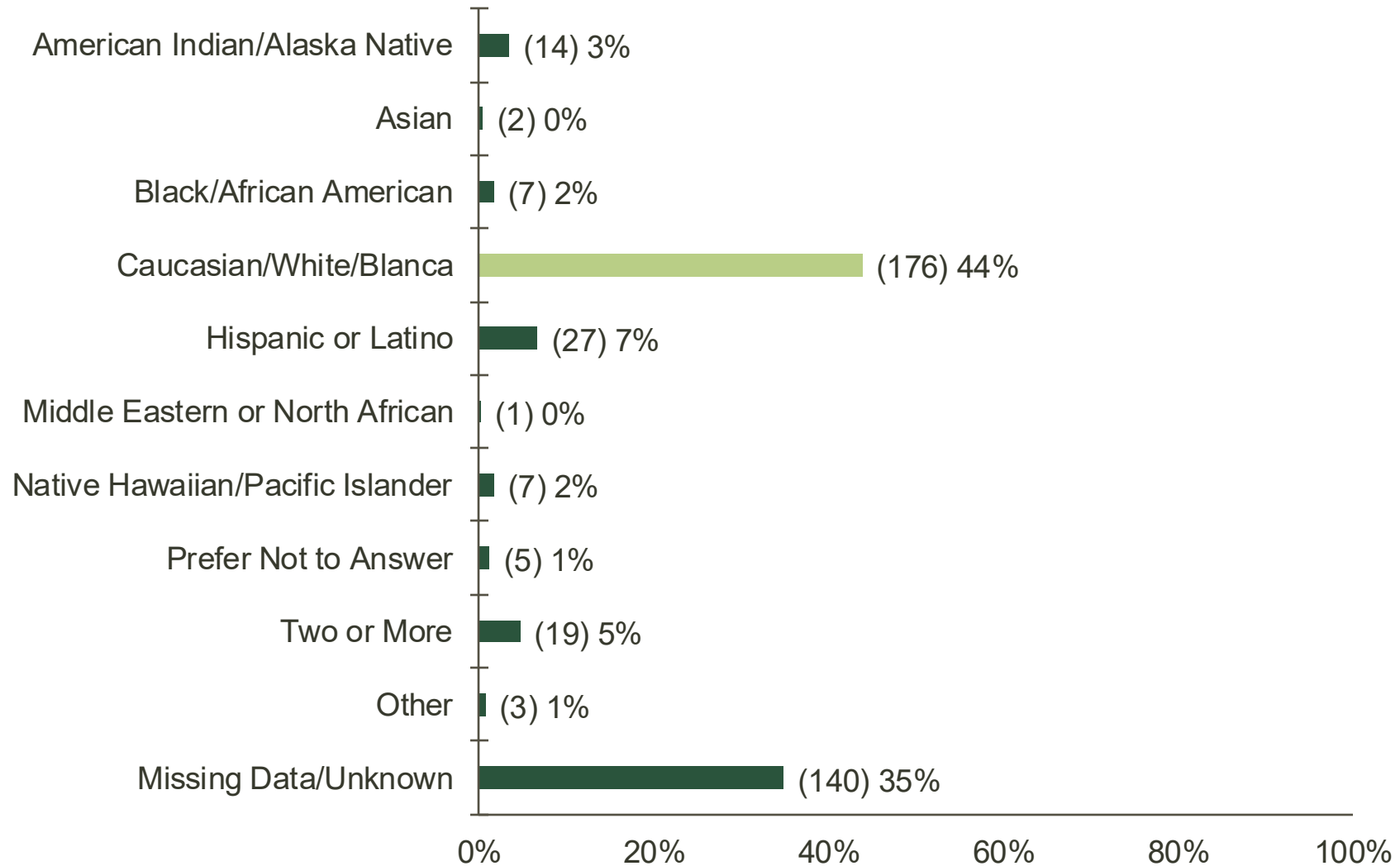
10/01/2024 - 07/31/2025 | Total Enrolled = 401





Race/Ethnicity of those Enrolled Year-to-Date

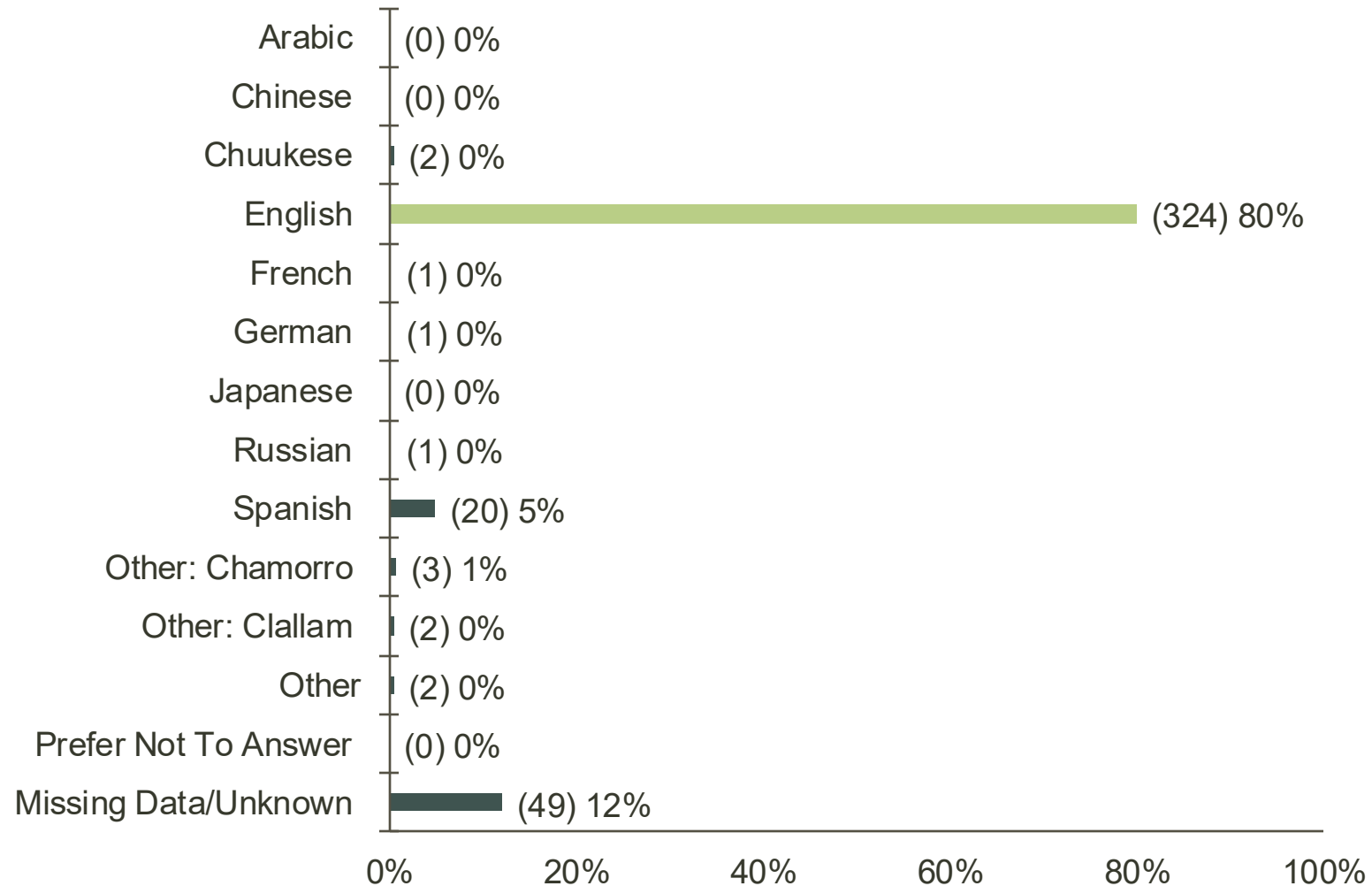
10/01/2024 - 07/31/2025 | Total Enrolled = 401





Language of those Enrolled Year-to-Date

10/01/2024 - 07/31/2025 | Total Enrolled = 401



56 (of packet)

Count adds up to 405 because 4 respondents indicated two languages.



Incoming Referrals and Connections to Services

10/01/2024 – 07/31/2025

Incoming Referrals: Progress towards Goals

(10/01/2024 – 07/31/2025)

Metric	Explanation
Target	• The goal for number of incoming referrals for a given year • Overall (for the entire region) • County (for that specific county)
Year-to-date	• The total number of incoming referrals, 10/01/2025 – 07/31/2025 • Overall (for the entire region) • County (for that specific county)

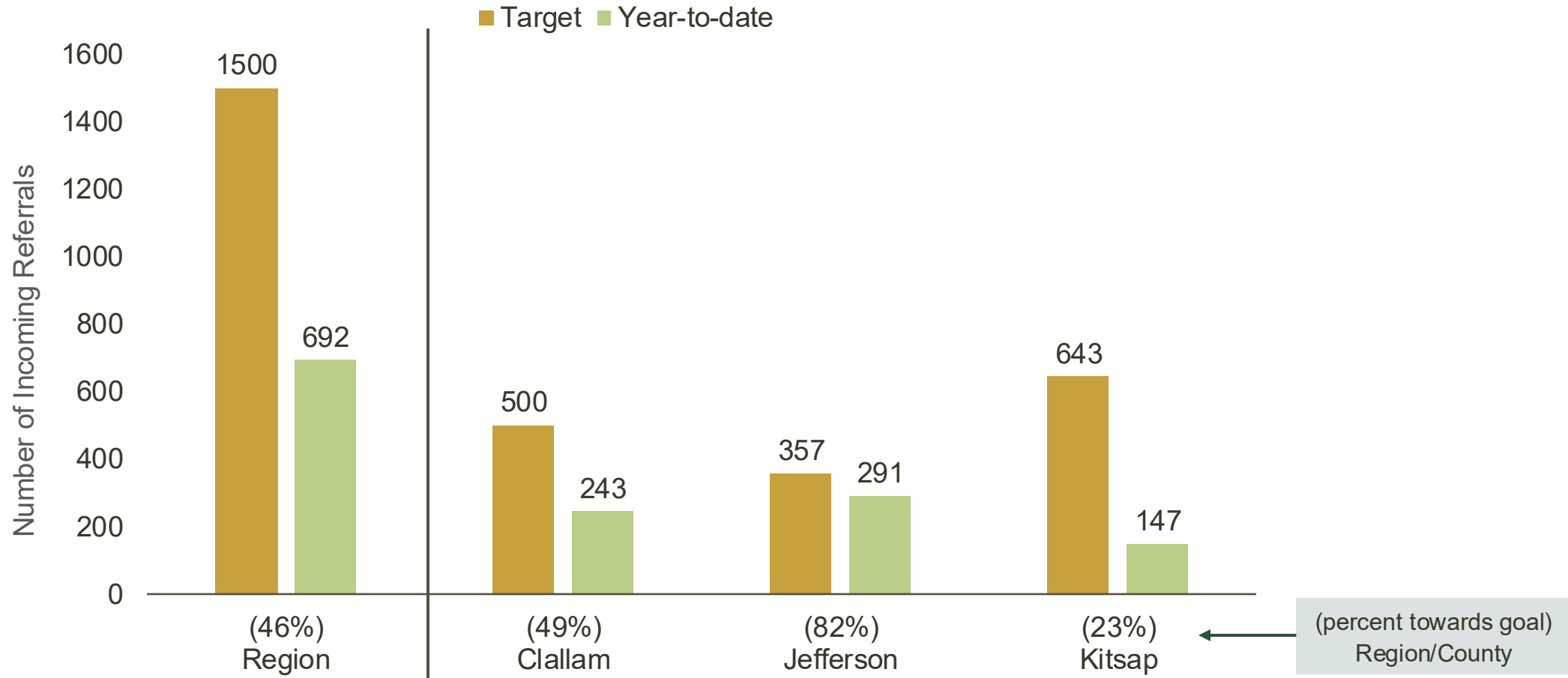




Incoming Referrals: Progress Towards Goals

10/01/24 - 07/31/2025 | Region, County

n = 11 from other counties or missing



Incoming Referrals Year-to-Date (10/01/2024 – 07/31/2025)

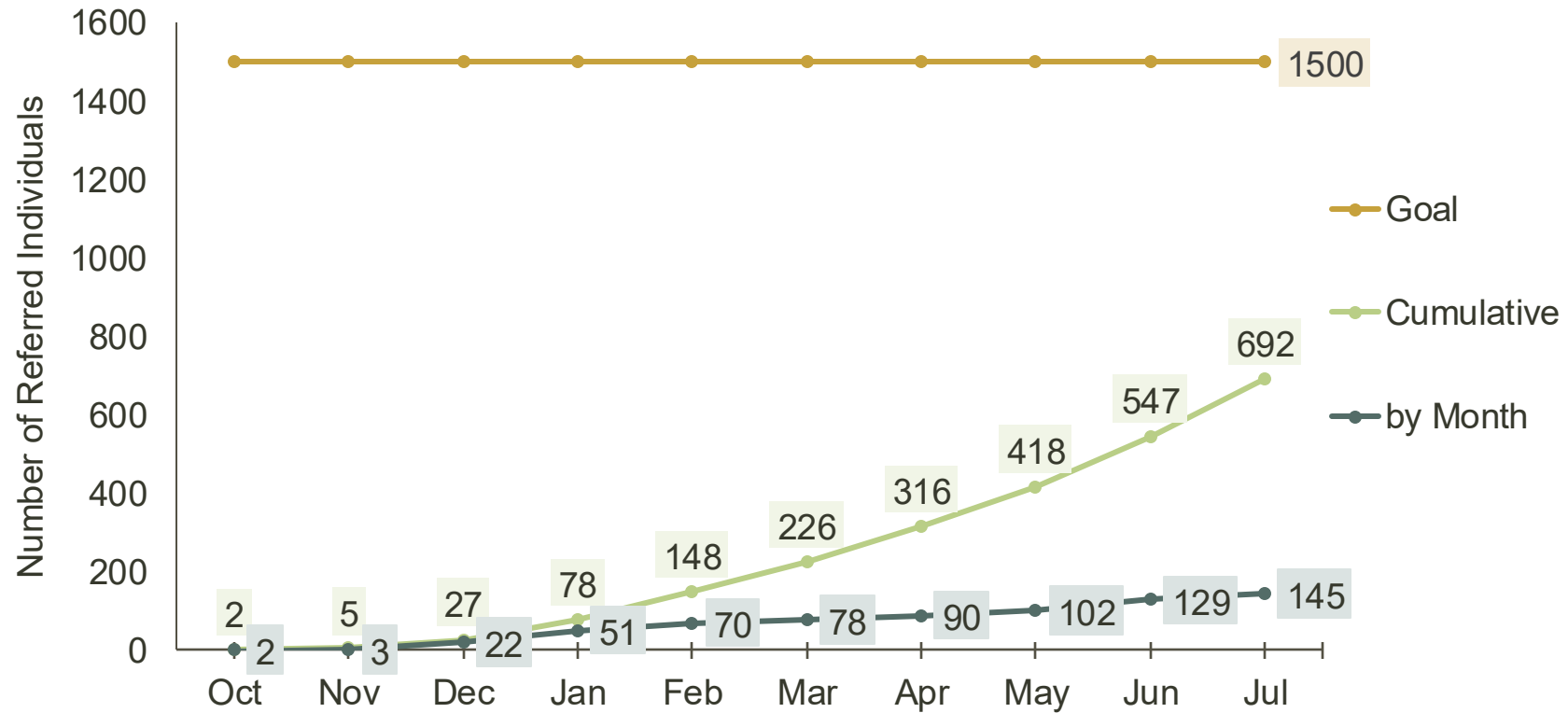
Metric	Explanation
Goal	The goal for number of incoming referrals for a given year (1,500)
Cumulative	The cumulative number of incoming referrals, 10/01/2025 – 07/31/2025
by Month	The number of incoming referrals for each month (<i>not</i> cumulative)





Incoming Referrals Year-to-Date

10/01/2024 - 07/31/2025



Incoming Referrals: County

(10/01/2024 – 07/31/2025)

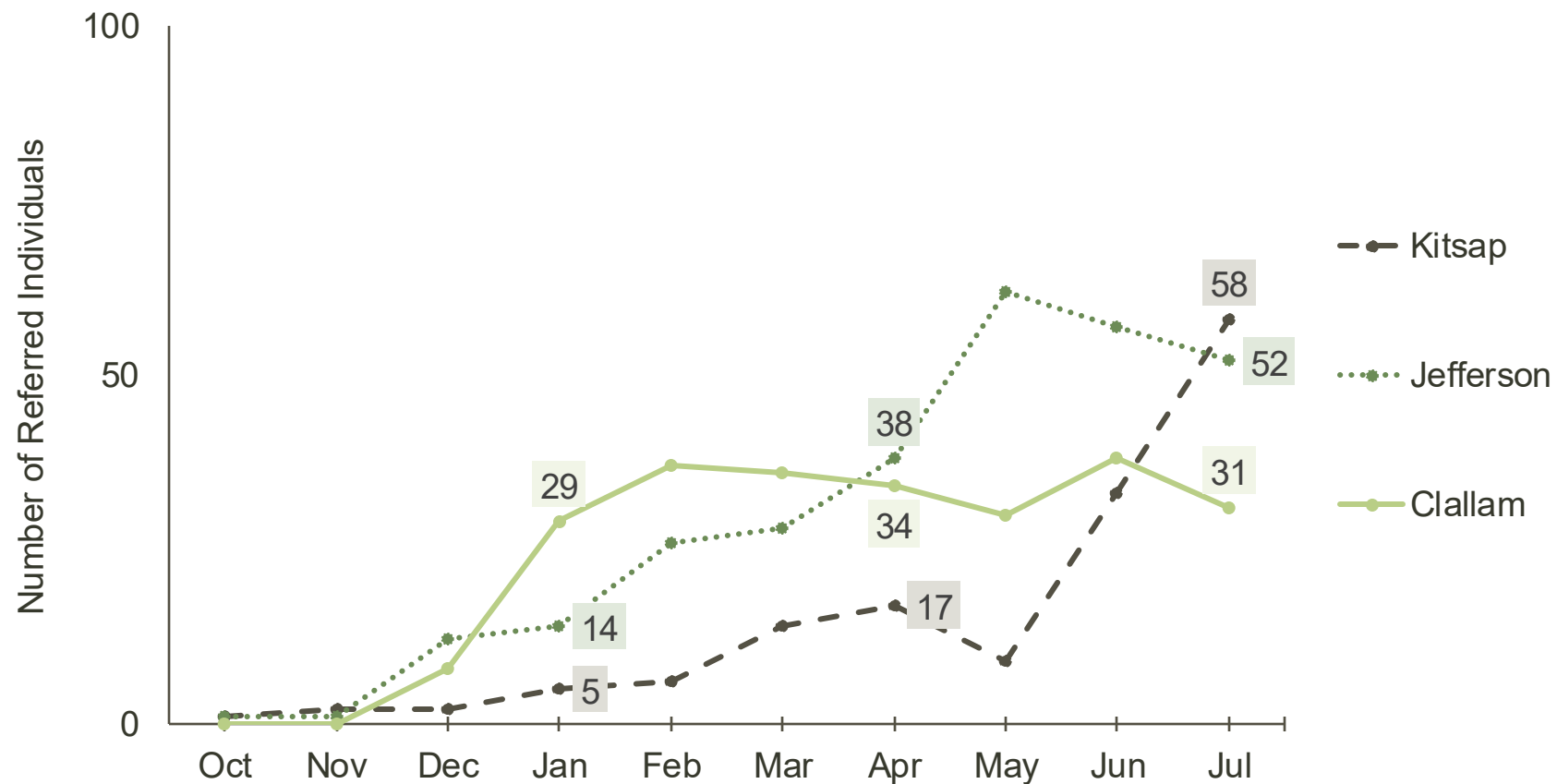
Metric	Explanation
by Month	- The monthly number of incoming referrals for each month, by county (<i>not</i> cumulative) - These are based on the county of the client referred (where they indicated they live).





Incoming Referrals: County

10/01/2024 - 07/31/2025 | Monthly



Cumulative year-to-date:

- Kitsap: 147
- Jefferson: 291
- Clallam: 243

County incoming referral goals:

- Kitsap = 643
- Jefferson = 357
- Clallam = 500

The total across all three counties adds up to 681 (instead of 692) as some referrals came into Olympic Connect for clients who live in other counties.

Incoming Referrals: County (Cumulative)

(10/01/2024 – 07/31/2025)

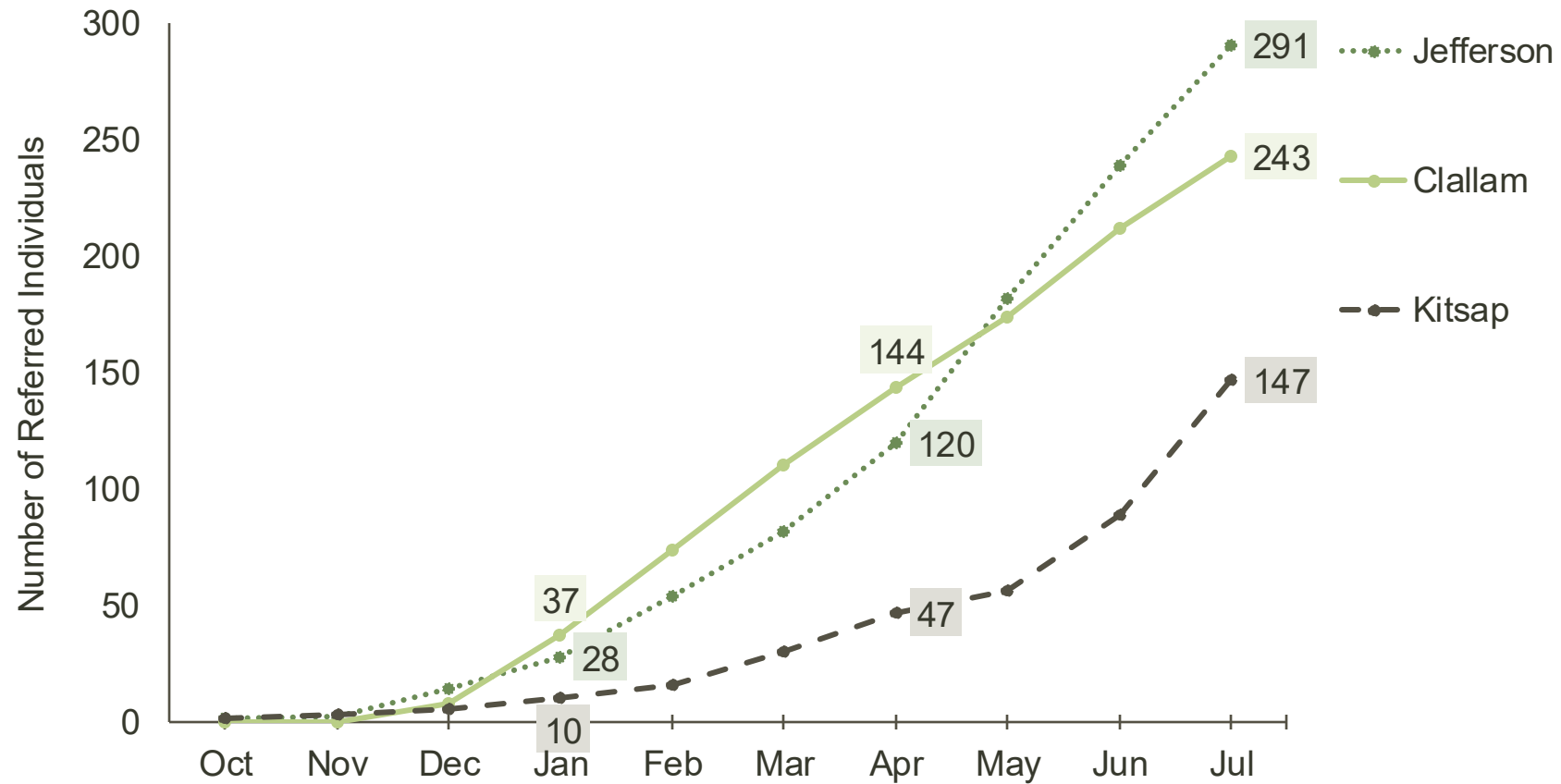
Metric	Explanation
by Month	- The monthly cumulative number of incoming referrals for each month, by county - These are based on the county of the client referred (where they indicated they live). - The cumulative numbers at the end (July) add up to 681 (instead of the total incoming referral number of 692) because a small number of clients indicated living in a different county.





Incoming Referrals: County (Cumulative)

10/01/2024 - 07/31/2025 | Monthly



County incoming referral goals:

- Jefferson = 357
- Kitsap = 643
- Clallam = 500

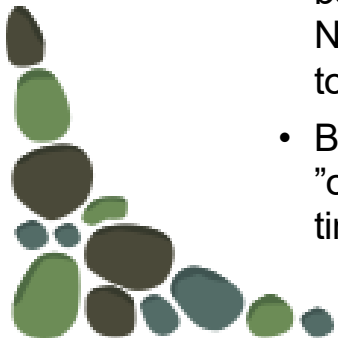
Average Time from Referral to First Outreach

(10/01/2024 – 07/31/2025)

Metric	Explanation
Overall	- The overall (year-to-date) average time from <i>referral</i> to <i>first outreach attempt</i>. Target: within 7 days.
by Month	- The monthly average time from <i>referral</i> to <i>first outreach attempt</i>. Target: within 7 days.

Note: The “Overall” average time from *referral* to *first outreach* is higher than any of the monthly averages because of how it is calculated:

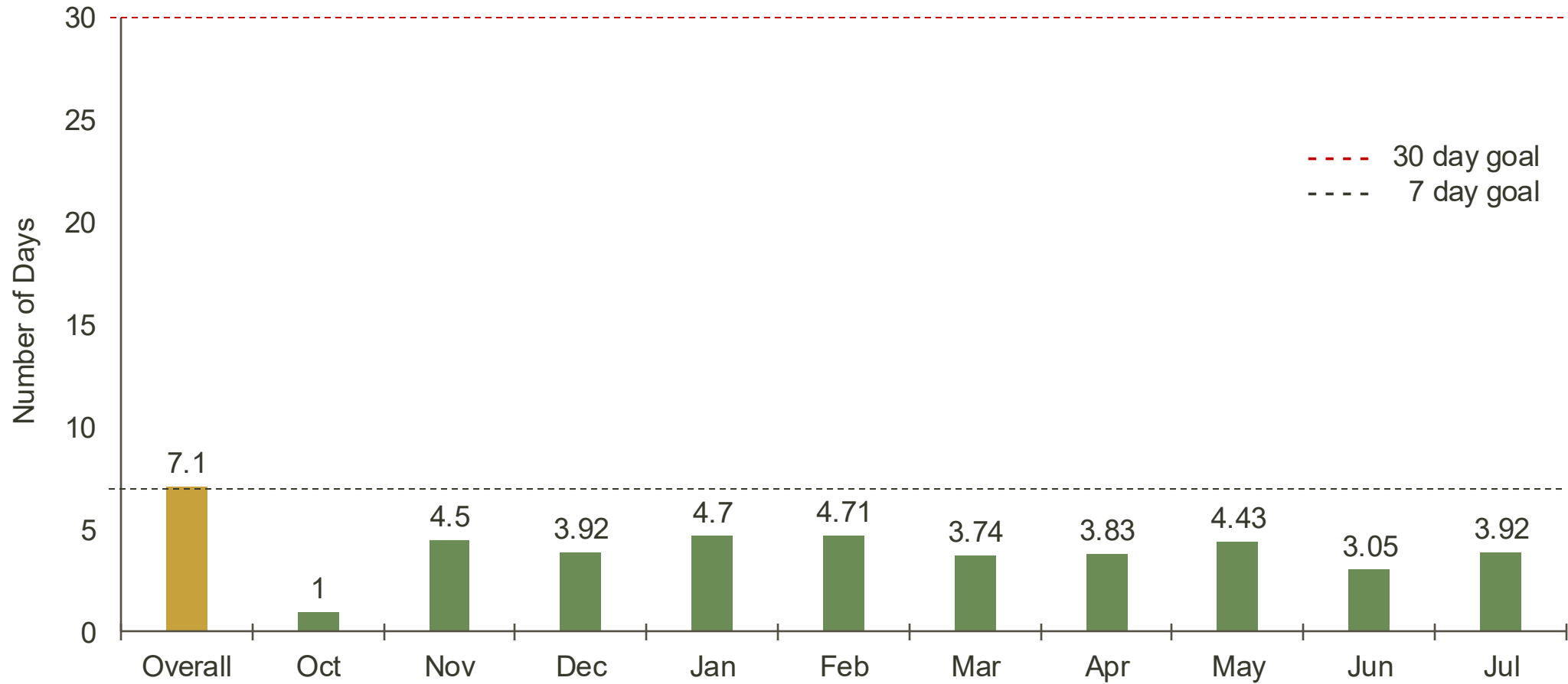
- For October, both the *referral* and the *first outreach* had to be within the month of October. That means that if someone was *referred* on October 21st and their first outreach attempt wasn’t until November 14th, the 24 days between *referral* and *first outreach* for that client are not included in the calculation for either October or November. If that was included in the monthly calculation, it would pull the average number of days from *referral* to *first outreach* up for that month.
- Because of the above, “monthly” averages of “time from *referral* to *first outreach*” may always be lower than the “overall” yearly average. It is recommended to use the “overall” yearly average to understand the true average time from *referral* to *first outreach*.





Average Time from *Referral* to *First Outreach*

10/01/2024 - 07/31/2025 | Overall, Monthly



Average Time from Referral to First Outreach: Percent within 7 Days (10/01/2024 – 07/31/2025)

Metric	Explanation
Overall	- The percentage of cases year-to-date whose average time from <i>referral</i> to <i>first outreach attempt</i> was within 7 days. Target: 90% within 7 days - The light green bars show where the target was met; dark green show where it was not met.
by Month	- The percentage of cases for that specific month whose average time from <i>referral</i> to <i>first outreach attempt</i> was within 7 days. Target: 90% within 7 days - The light green bars show where the target was met; dark green show where it was not met.

Note: The “Overall” ‘time from *referral* to *first outreach*: percent within 7 days’ is lower than any of the monthly averages because of how it is calculated:

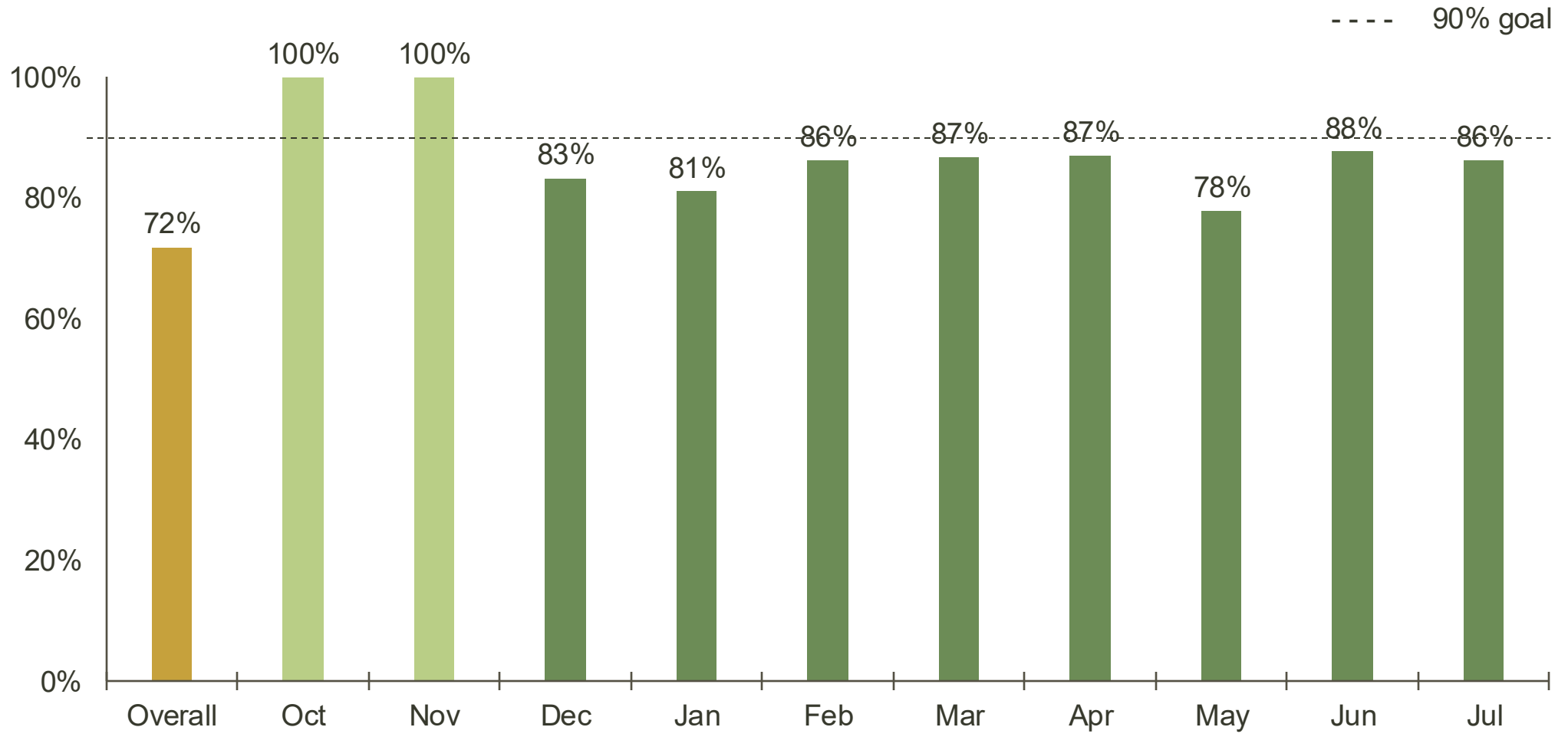
- For October, both the *referral* and the *first outreach* had to be within the month of October. That means that if someone was *referred* on October 21st and their first outreach attempt wasn’t until November 14th, that this was 24 days between *referral* and *first outreach* for that client is not included in the calculation for either October or November. If that was included in the monthly calculation, it would pull the “percentage within in 7 days” down for that month.
- Because of the above, monthly “percent within 7 days” for time from *referral* to *first outreach* may always be higher than the “overall” yearly average. It is recommended to use the “overall” yearly average to understand the true average time from *referral* to *first outreach*.





Time from *Referral* to *First Outreach*: Percent within 7 Days

10/01/2024 - 07/31/2025 | Overall, Monthly



Average Time from Referral to Discharge

(10/01/2024 – 07/31/2025)

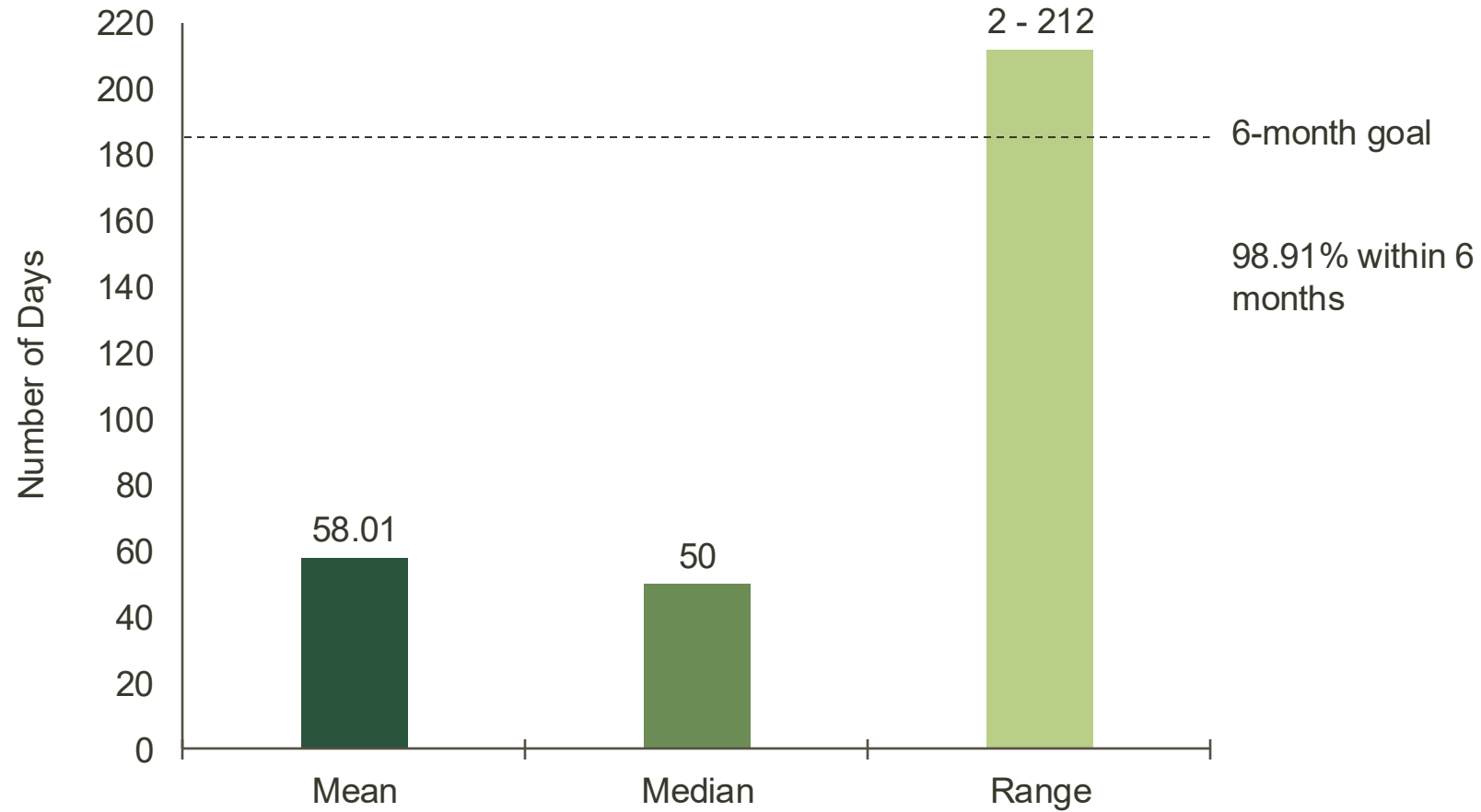
Metric	Explanation
Referral to discharge	The overall average time from initial <i>referral</i> into Olympic Connect to <i>discharge</i> from Olympic Connect.
Mean, Median, Range	Target: within 6 months





Average Time from *Referral* to *Discharge*

10/01/2024 - 07/31/2025





Assessments

10/01/2024 – 07/31/2025

Assessments (10/01/2024 – 07/31/2025)

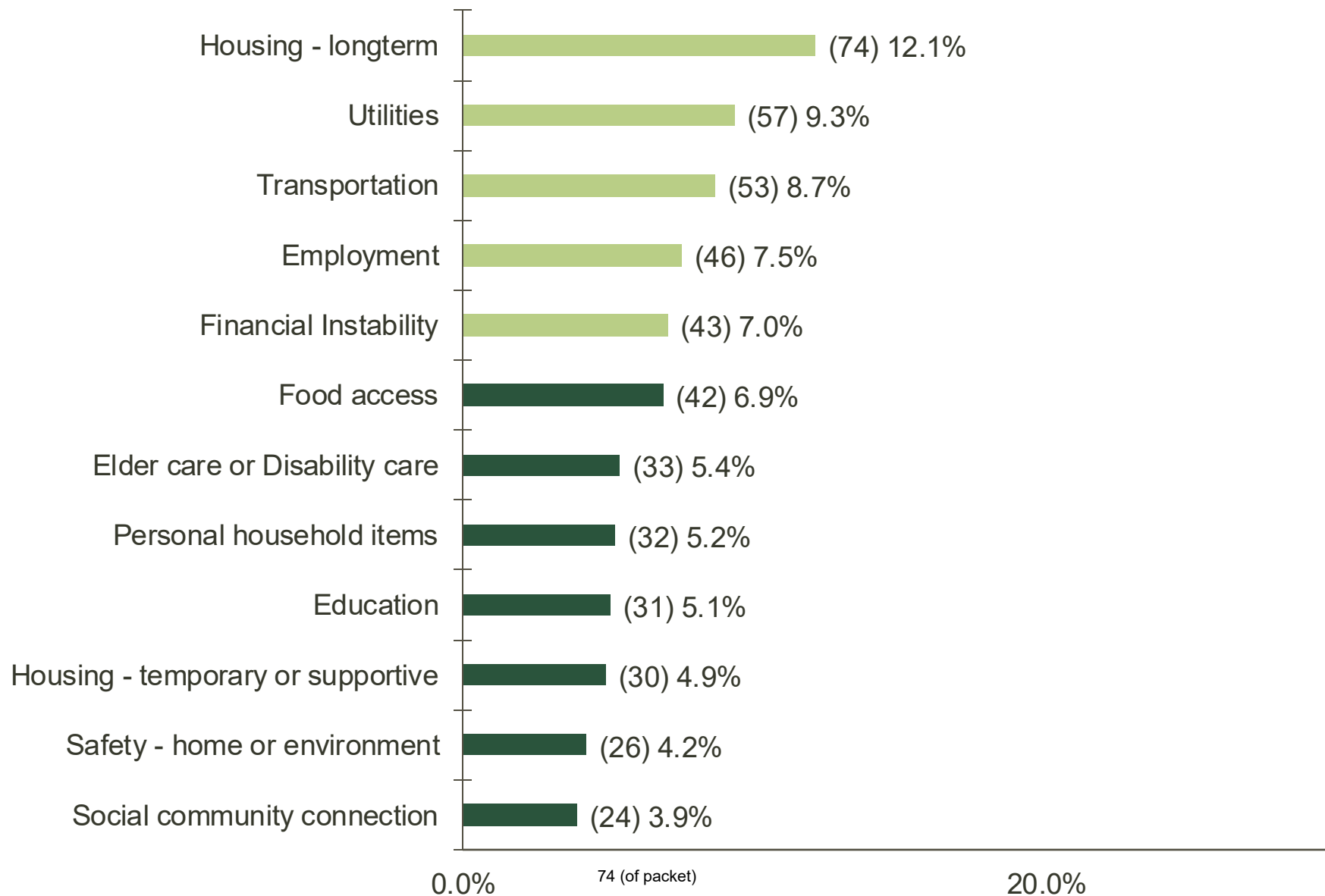
Metric	Explanation
Social Needs	• Frequency of all Social Needs for all clients across the region. • This graph is shown across two pages. • The light green bars show the top 5 social needs.





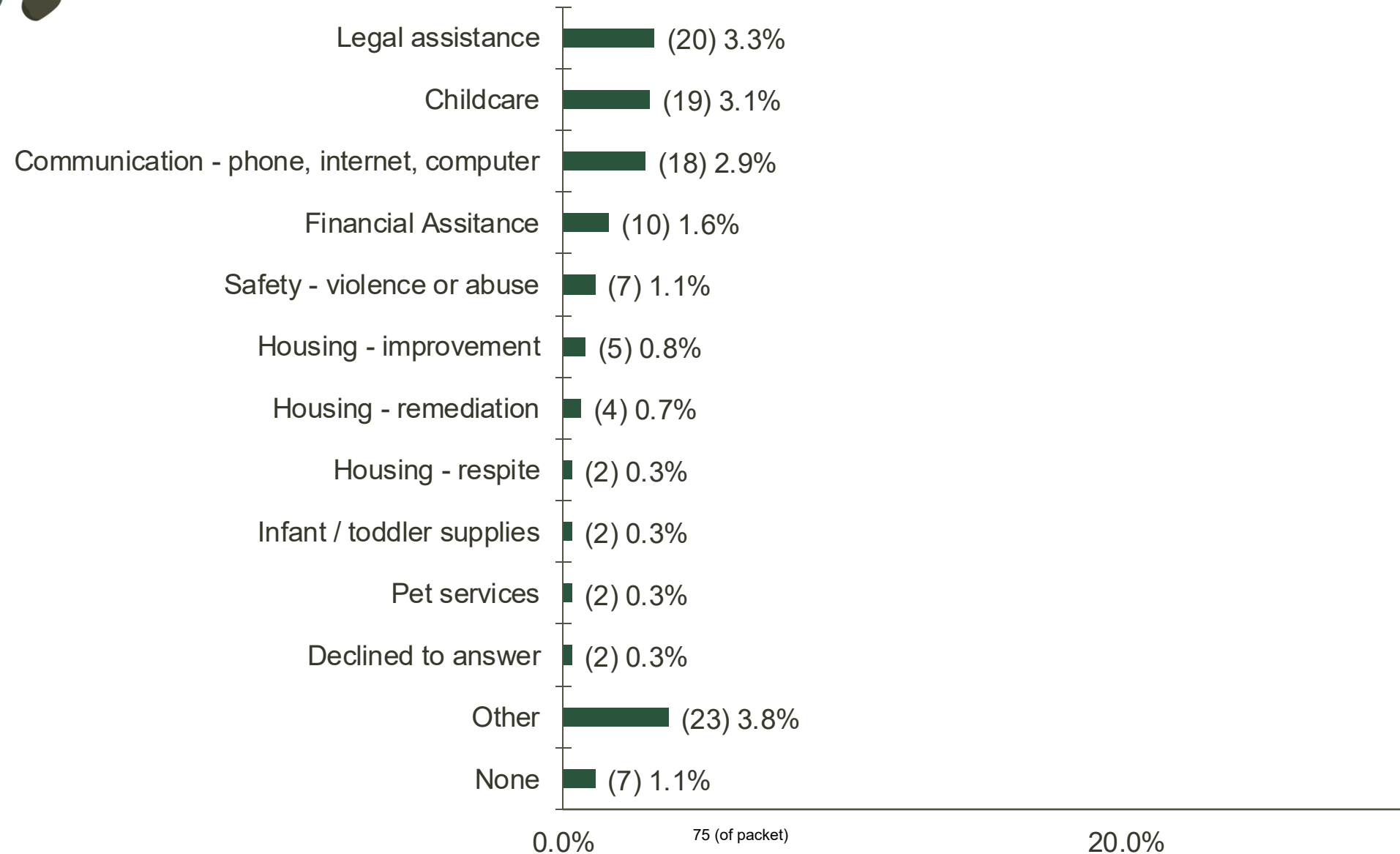
Social Needs

10/01/2024 - 07/31/2025



Social Needs

10/01/2024 - 07/31/2025



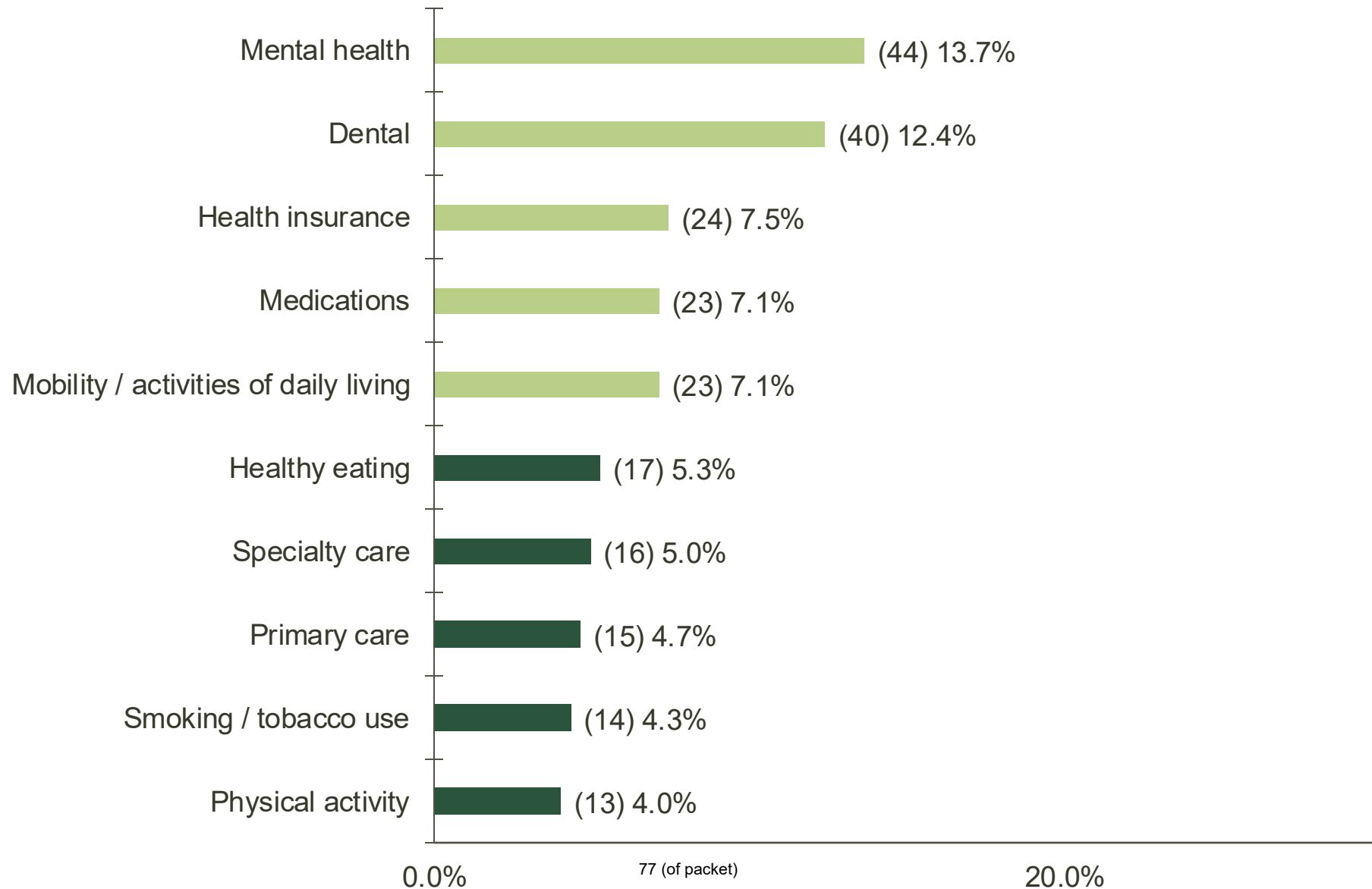
Assessments (10/01/2024 – 07/31/2025)

Metric	Explanation
Health Needs	- Frequency of all Health Needs for all clients across the region. - This graph is shown across two pages. - The light green bars show the top 5 health needs.



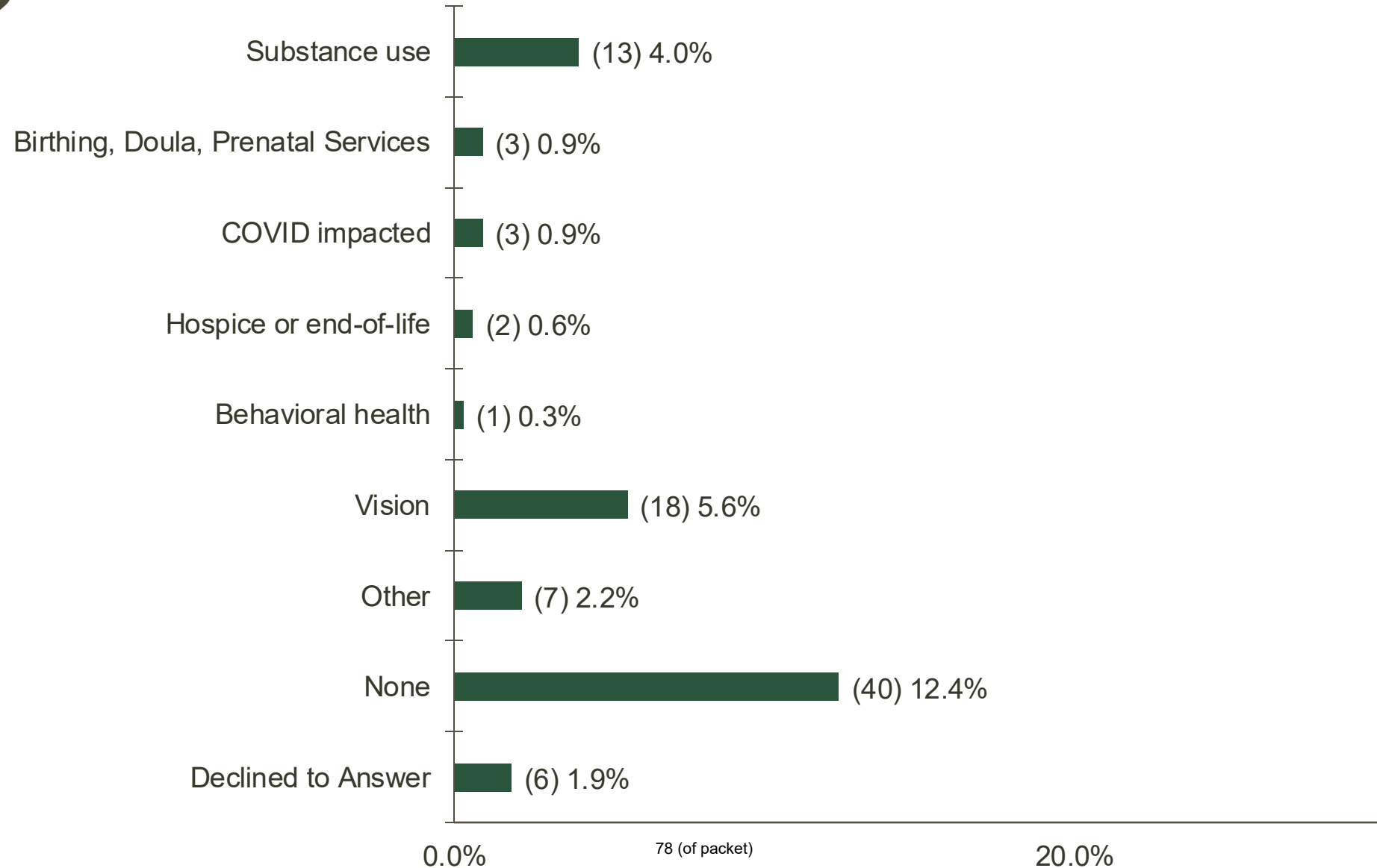
Health Needs

10/01/2024 - 07/31/2025



Health Needs

10/01/2024 - 07/31/2025





Resource Referrals

10/10/2024 – 07/31/2025

Resources Referrals (10/01/2024 – 07/31/2025)

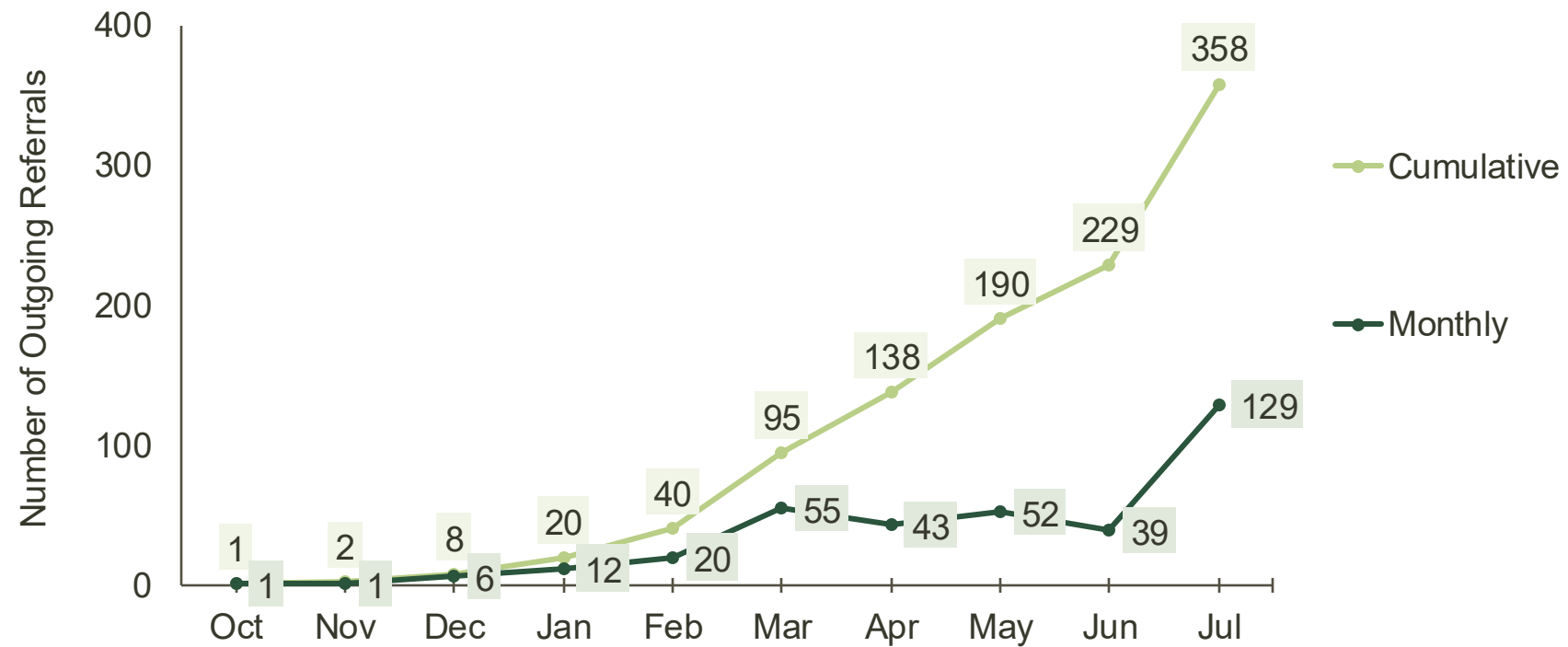
Metric	Explanation
Cumulative	Cumulative resource referrals over time for all clients across the region.
by Month	Monthly resource referrals for all clients across the region (<i>not</i> cumulative).





Resource Referrals

10/01/2024 - 07/31/2025 | Cumulative and Monthly



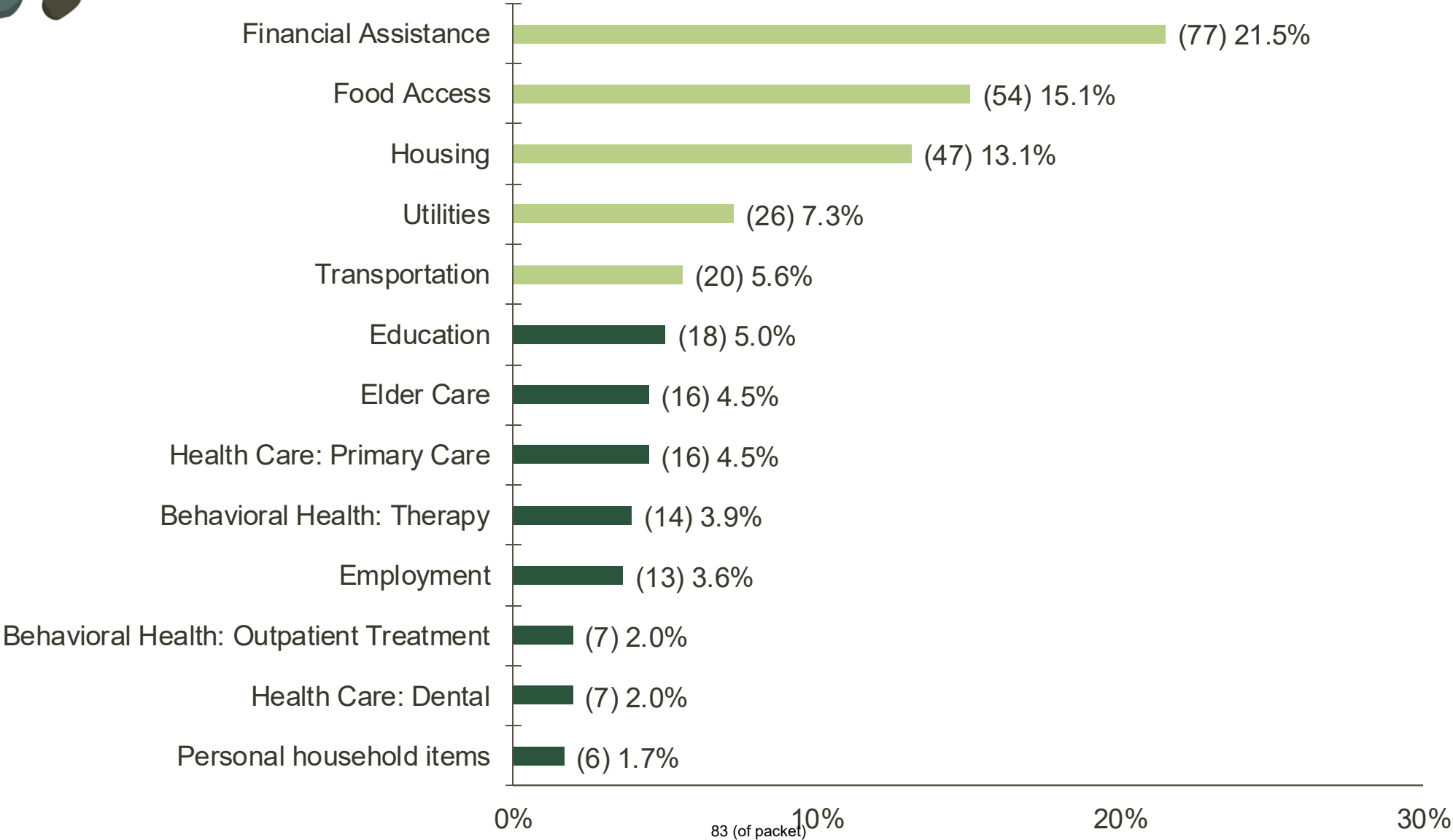
Percent of Resource Referrals by Service Category (10/01/2024 – 07/31/2025)

Metric	Explanation
Percent of Resource Referrals by Service Category	• The percentage of total resource referrals that went to each service category. • This graph is shown across two pages. • Overall, the top five categories (shown in light green) of outgoing referrals are reflecting the social needs across the region. • The top social needs at intake were: • Housing • Utilities • Transportation • Employment • Financial Stability • Food access • The top health needs at intake were: • Mental health • Dental • Health insurance • Medications • Mobility / activities of daily living



Percent of Resource Referrals by Service Category

10/01/2024 - 07/31/2025 | Total Outgoing Referrals = 358



Percent of Resource Referrals by Service Category

10/01/2024 - 07/31/2025 | Total Outgoing Referrals = 358



Behavioral Health: Substance Abuse (5) 1.4%

Health Care: Vision (4) 1.1%

Legal Assistance Services (4) 1.1%

Health Insurance (3) 0.8%

Pet/Animal Services (3) 0.8%

Healthcare (2) 0.6%

Veterans Services (2) 0.6%

Clothing (1) 0.3%

Community/Recreation Services (1) 0.3%

Other (12) 3.4%



Percent of Closed-Loop Resource Referrals

(10/01/2024 – 07/31/2025)

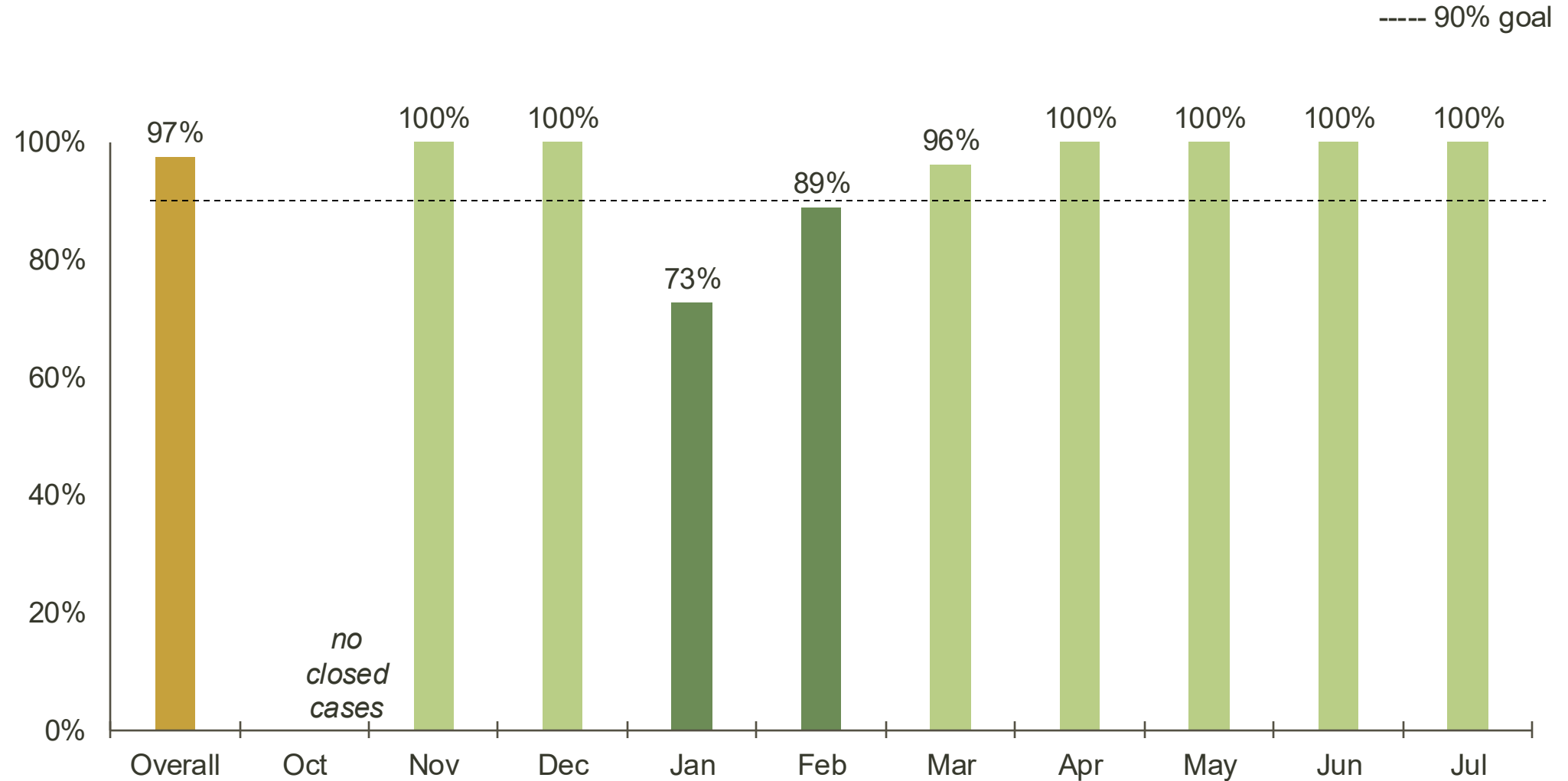
Metric	Explanation
Overall	- The percentage of resource referrals year-to-date that are closed for the entire region. - This metric only considers referrals for cases that are <i>closed</i>. Target: 90% closed. - The light green bars show where the target was met; dark green show where it was not met.
by Month	- The percentage of resource referrals by month that are closed for the entire region. - This metric only considers referrals for cases that are <i>closed</i>. - The “month” includes all referrals for any cases that were closed during that month. E.g.: If a case was closed in March, all referrals from that case are included in the March data point. Target: 90% closed. - The light green bars show where the target was met; dark green show where it was not met.





Percent of Closed-Loop Resource Referrals

10/01/2024 - 07/31/2025 | Overall, Monthly



Percent of Closed-Loop Resource Referrals by Service Category (10/01/2024 – 07/31/2025)

Metric	Explanation
Overall	• The percentage of resource referrals year-to-date that are closed for the entire region, by service category. • This metric only considers referrals for cases that are <i>closed</i>. • Target: 90% closed. • The light green bars show where the target was met; dark blue show where it was not met.



Percent of Closed-Loop Resource Referrals by Service Category

10/01/2024 - 07/31/2025



Behavioral Health: Outpatient Treatment



Behavioral Health: Substance Abuse



Behavioral Health: Therapy



Clothing

N/A

Community/Recreation Services

N/A

Education



Elder Care



Employment



Financial Assistance



Food Access



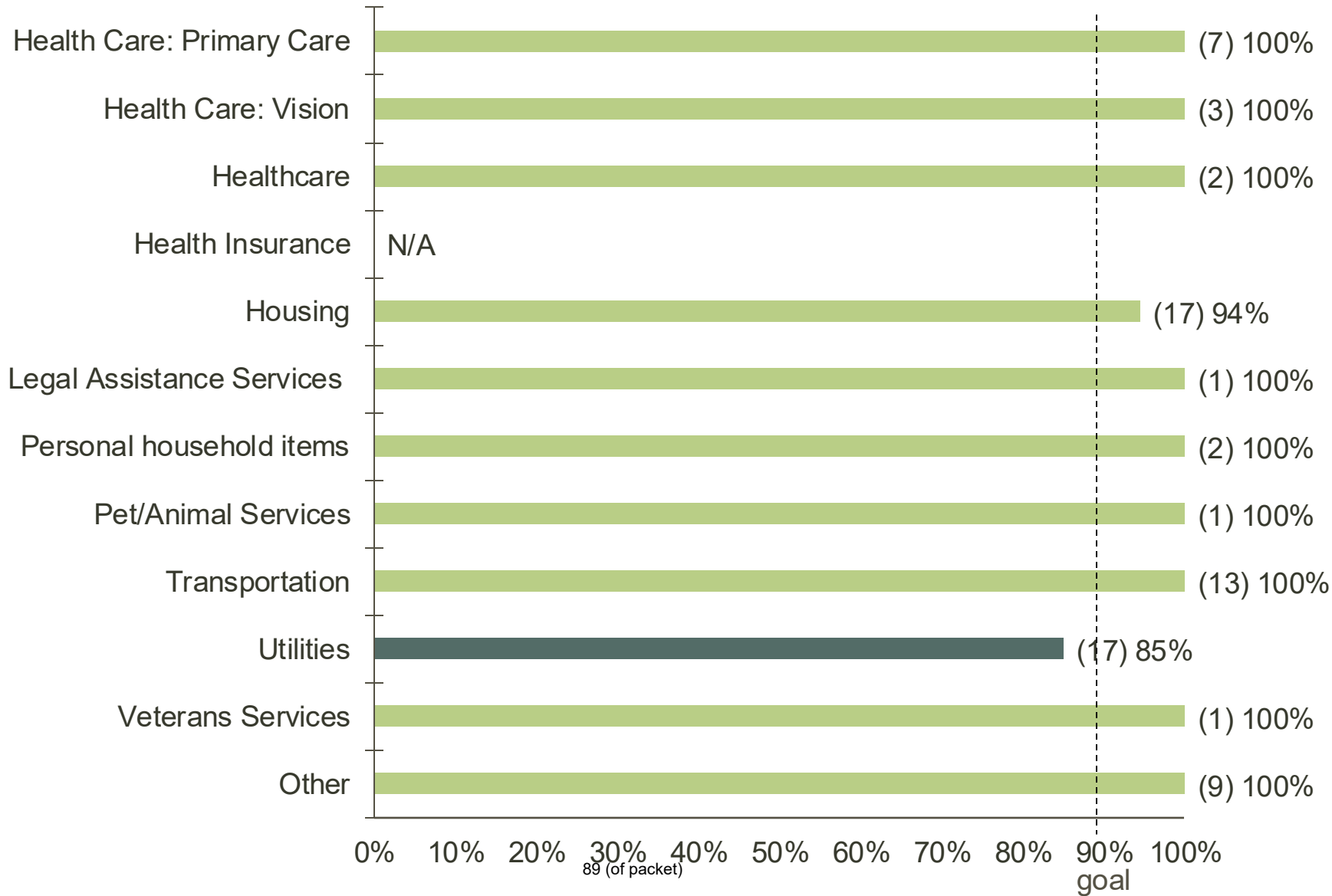
Health Care: Dental



0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
88 (of packet) goal

Percent of Closed-Loop Resource Referrals by Service Category

10/01/2024 - 07/31/2025





Caseloads

10/01/2024 – 07/31/2025

Caseload across Care Coordination Partners

(10/01/2024 – 07/31/2025)

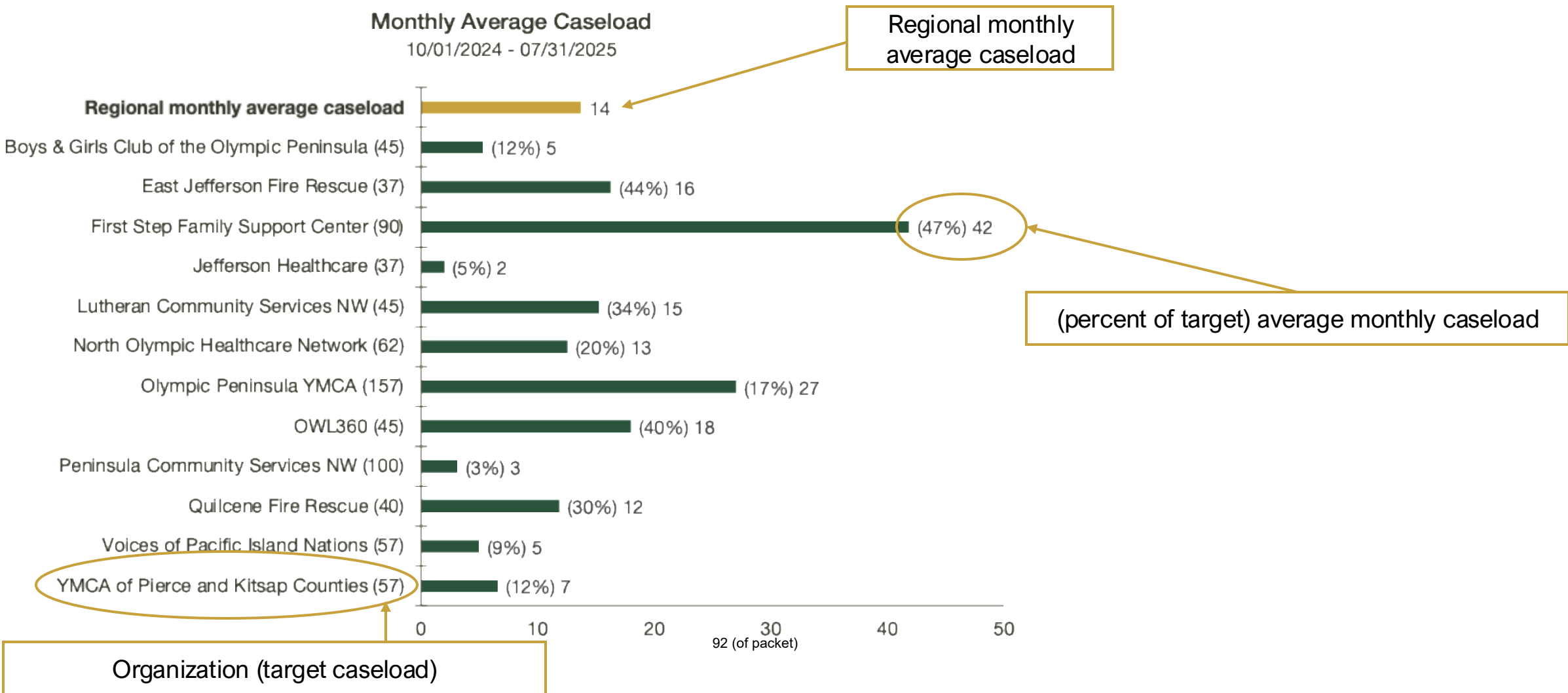
Metric	Explanation
Overall monthly average caseload	Overall average caseload across all Care Coordination Partners
Care Coordination Partners	Overall average caseload for each Care Coordination Partner

- The “overall monthly average caseload” is the average across all Care Coordination Partner organizations (e.g., we calculated the average monthly caseload for each CCP, *then* took those numbers and calculated an average of those all together).
- Each organization’s **target** caseload is in parentheses next to its name.
- To the right of the bars: the average monthly caseload is the **number** presented, while the **percent** is “What percent of their target monthly caseload are they averaging?”





How to read Caseload graph:



Monthly Average Caseload

10/01/2024 - 07/31/2025

