

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

Board of Directors Meeting
January 9, 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	Mike Maxwell	
2	1:15	Consent agenda	Action	Mike Maxwell	1. BOD Minutes from December 12, 2022 2. January Executive Director Report 3. Administrative Contract Sole Source Request
3	1:20	Public Comments (2-minute max)	Information	Mike Maxwell	
4	1:25	2023 MCO Sector Representative	Action	Celeste Schoenthaler	4. SBAR 2023 MCO Sector Rep
5	1:30	Conflict of Interest Policy & Procedure	Action	Mike Maxwell	5. SBAR Conflict of Interest policy 6. Conflict of Interest policy
6	1:40	Quarter 3 2022 Financials	Action	Stephanie Lewis & Celeste Schoenthaler	7. SBAR 8. Q3 2022 Financial Statements 9. Financial Check-Up
7	1:50	2023 Budget	Action	Stephanie Lewis & Celeste Schoenthaler	10. SBAR 11. 2023 Priorities 12. 2023 Budget
8	2:10	Focus Area Action Plan next steps	Action	Miranda Burger	13. Action Plans 14. Implementation Overview 15. SBAR Prioritizing Actions for 2023-2024 16. SBAR RFP Committee for 2023
9	2:40	Coffee Break Video #5 – Community & Clinical Partnerships	Discussion	Amy Brandt	
11	2:55	Good of the Order – Board member and public comments (2-minute max)	Information	Mike Maxwell	
13	3:00	Next meeting & Adjourn February 13	Information	Mike Maxwell	

		Location: <u>7 Cedars Hotel & Casino</u> Lunch provided prior to the meeting, and everyone is welcome at a post-meeting social hour.			
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Board of Director's Meeting Minutes

Date: 12/12/2022	Time: 1:00 PM	Location: Virtual
Chair Presenting Virtually: Michael Maxwell, <i>North Olympic Healthcare Network</i> Members Attended Virtually: Apple Martine, <i>Jefferson County Public Health</i>; Bobby Beeman, <i>Olympic Medical Center</i>; Brent Simcosky, <i>Jamestown S'Klallam Tribe</i>; G'Nell Ashley, <i>Reflections Counseling</i>; Jennifer Kreidler-Moss, <i>Peninsula Community Health Services</i>; Jody Moss; Jolene Winger, <i>Quileute Tribe</i>; Kim Freewolf, <i>Port Gamble S'Klallam Tribe</i>; Laura Cepoi, <i>Olympic Area Agency on Aging</i>; Lori Kerr, <i>St. Michael Medical Center</i>; Roy Walker; Stephanie Lewis, <i>Salish Behavioral Health Administrative Services Organization</i>; Stephen Kutz, <i>Suquamish Tribe</i>; Stormy Howell, <i>Lower Elwha Klallam Tribe</i>; Wendy Sisk, <i>Peninsula Behavioral Health</i> Non-Voting Members Attended Virtually: Brian Burwell, <i>Suquamish Wellness Center</i>; Jim Novelli, <i>Discovery Behavioral Healthcare</i>; Jolene Kron, <i>Salish Behavioral Health Administrative Services Organization</i>; Kate Ingman, <i>Community Health Plan of WA</i>; Laurel Lee, <i>Molina Healthcare</i>; Matania Osborn, <i>Anthem</i>; Siobhan Brown, <i>Community Health Plan of WA</i> Guests and Consultants Attended Virtually: Anne Grover, <i>First Step Family Support Center</i>; Brian Gerdes, <i>City of Port Angeles</i>; Brian Boyer, <i>Kitsap Recovery Center</i>; Bridget Glasspoole, <i>Kitsap Mental Health Services</i>; Cassidy Chang, <i>Jefferson Healthcare</i>; Chase Napier, <i>WA Health Care Authority</i>; Christina Miko, <i>First Step Family Support Center</i>; Chrystal Patterson, <i>Molina Healthcare</i>; Danielle Trammell, <i>Believe in Recovery</i>; Dawna Bryant, <i>Forks Community Hospital</i>; Gena Morgan, <i>Elevate Health</i>; Greg Brotherton, <i>Commissioner of Jefferson County</i>; Hatsi Trevathan, <i>Port Gamble S'Klallam Tribe</i>; Ingrid Henden, <i>WA Department of Social and Health Services</i>; Jason McGill, <i>WA Health Care Authority</i>; Jenny Oppelt, <i>Clallam County Health and Human Services</i>; Jessica Dennison, <i>Jamestown S'Klallam Tribe</i>; Kaela Moontree, <i>Kitsap Public Health District</i>; Kate Weller, <i>North Olympic Health Network</i>; Karla Cain, <i>Answers Counseling</i>; Karissa McLane, <i>Clallam County Health and Human Services</i>; Kirsten Jewell, <i>Kitsap County Department of Human Services</i>; Kelly Thompson, <i>Forks Community Hospital</i>; Kristina Bullington, <i>Olympic Personal Growth</i>; Laura Johnson, <i>United Healthcare</i>; Lexi, <i>Discovery Behavioral Health</i>; Lori Fleming, <i>Jefferson County Community of Health Improvement Plan</i>; Marki Lockhart, <i>WA Department of Social and Health Services</i>; Marlaina Simmons, <i>One Heart Wild</i>; Melanie Koskela, <i>Bogachiel & Clallam Bay Primary Care</i>; Michelle Mathiesen, <i>Kitsap Medical Group</i>; Minnie Whalen, <i>Clallam Resilience</i>; Paul Cunningham, <i>Jamestown S'Klallam Tribe</i>; Reba Harris, <i>AMFM Healthcare</i>; Riley Slonecker, <i>First Step Family Support Center</i>; Sandra Allen, <i>Peninsula Behavioral Health</i>; Sarah Martinez, <i>Peninsula Housing Authority</i>; Shannon Re, <i>Kitsap Children's Clinic</i>; Sharon Maggard, <i>Serenity House</i>; Sherry Churchill, <i>Jamestown S'Klallam Tribe</i>; Susan Lawlor, <i>Port Gamble S'Klallam Tribe</i>; Tanya MacNeil, <i>West End Outreach Services</i>; Tobi Perrault, <i>First Step Family Support Center</i>; Vianey Cadenas, <i>First Step Family Support Center</i>; Wendy Jones, <i>Olympic Educational Service District 114</i> OCH Staff: Amy Brandt, Ayesha Chander, Celeste Schoenthaler, Debra Swanson, Miranda Burger		

Minutes

Facilitator	Topic	Discussion/Outcome	Action/Results
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Mike Maxwell	Welcome, introductions, land acknowledgement, housekeeping		
Mike Maxwell	Consent agenda		Minutes and Consent Agenda APPROVED unanimously
Mike Maxwell	Public Comments (2-minute max)		
OCH Staff and Partners	Strategic plan focus areas: Action Plans!	Access action plan Wendy Jones OESD and Shannon Re Kitsap Children's Clinic presented the Action Plan - Conversations were rich when the committee members gathered. Very thorough! I like the collection of data so we can better determine the problems to fix. When I look at ED it measures the number of visits, not if they get the services they need in the right time and in the right manner. If the metric is number of ER visits, I don't see how this measures access. There will be questions about specifics, as it is the culmination of many conversations. It may be difficult as it has been 12 months of work and lots of discussion. What are the broad general strokes that the collaboratives come up with. This may be more useful than specifics. ED visits are on each of the action plans because it is a high-rate metric in this region.	Motion made for the OCH Board of Directors to adopt the 4 action plans as presented by the action collaboratives and instructs staff to create an implementation plan for Board discussion and vote in early 2023. APPROVED unanimously

		90% of patients showing up to the ER, should have, could have been served elsewhere. Stigma is the undercurrent. Not sure where to park that. Very thorough! I like the collection of data so we can better determine the problems to fix. Major problem with Medicaid transformation has been lack of data that is timely and meaningful for our region. Workforce also a huge issue in access as well. If you wanted to add another indicator to capture aging services access, you could add number of older adults and/or their care givers who are seeking info and services. O3A captures this data and has been funded by OCH to expand this outreach. There has been a 40% increase in the past 8 months. Housing action plan presented. We are lacking data, and we need to connect with MCOs and the state to see what else is available. Stigma and workforce here also. Maybe the measure in the ER here could be “What percent of patient visits have unstable housing situation?”.	
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		United Way completes a report called the ALICE report - Asset Limited, Income Constrained, Employed. This report highlights costs in local areas. A great source of data on living expenses. Jefferson Healthcare has discussed that a significant barrier to hiring healthcare workers is often housing. While the health-serving workforce was included as a population covered, the solutions were not as focused on this population, or were not feasible in our community. Jefferson Healthcare is still looking for solutions in this space. Workforce and housing came up in the collaboration group too. We struggled to identify a potential action that our partners could impact. We are all ears if you have suggestions. There was also an interest in prioritizing marginalized communities over the workforce in this action plan. Mattie Osborn-on behalf of the MCO sector- we are happy to follow-up to have a data discussion on our role in measuring OCH's impact Now that we have a bit more clarity about what we're seeking, OCH will have another chat with MCO folks. O3A has been exploring some shared housing options.	
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		There are some shared housing apps, like Silvernest, and Nesterly. To implement this strategy there needs to be an organized manner of promotion, marketing and coordination. We all deal with this in our own ways. It is such an overwhelming problem. I am pleased to see that this action plan is proactive and about assisting people to find housing. Individual Needs action plan , Susan Lawlor presents this action plan. Individual needs are met timely, easily, and compassionately. Yes, some grey area with access. This is more on the health consumer side of the work. Maybe better title would be community engagement. O3A will be launching a home sharing program for seniors in collaboration with Silvernest in Jan 2023. Community care coordination is a key activity under the upcoming renewal waiver. SUD action plan Wow, phenomenal presentation. Great Job! I'm really excited to see the work that continues to come from this workgroup. We need to highlight that the	
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		problem is moving faster than us. The people that help with funding and regulations need to move it along faster. When we are addressing different cultures, we need to add black communities. Thanks Brian - lots there and you covered well. Nice presentations today! Thanks to everyone who participated and to staff who synthesized a lot of information! The path forward will continue to iterate and update this work. A lot of the work with align well with what is coming with the state partners and the renewal waiver. Are there guardrails in how much we bite off, has scale ability and scoping already happened? Implementation plans need to be smaller, something that can be accomplished and have some measurable outcomes. We did facilitate the process and narrow down these lists. When we establish the focus for 2023, you will see the list change annually. It does come down to capacity ultimately determined by funding and resources.	
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Mike Maxwell	Good of the Order – Board member and public comments (2-minute max)		
Mike Maxwell	Next meeting & Adjourn January 9 Location: <u>7 Cedars Hotel & Casino</u> 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 – January 2023

- Hot Topics
 - Congratulations Olympic region! The work of **the initial Medicaid Transformation waiver is now completed!** The OCH team appreciates the tireless effort of partners, and we look forward to more collaboration and transformation in the coming years.
 - OCH staff members met with Jolene Winger, the interim Health Director at the **Quileute tribe** in December. They are engaged in a lot of rebuilding and are excited for the opportunity to reconnect with the work of OCH.
 - The **second of three payments for “year 6”** Medicaid Transformation implementation partners were scheduled to be deposited at the end of 2022.
 - The **Expanding the Table** funded partners are completing their final reports and their final payments will be processed in February.
 - The Olympic region **earned full incentives** for the final pay for reporting report that was submitted in October, 2022. \$625,000 was deposited in late 2022. The region also earned \$145,019 to support Washington Integrated Care Assessment activities in 2023.
- Subcommittee reports/updates
 - **Executive Committee** – The executive committee met on December 12 to discuss the agenda for the January board meeting and to hear updates from the Executive Director.
 - **Finance Committee** – The finance committee met on December 19 to review quarter 3 2022 financials and the draft 2023 budget.
 - **Funds Flow Workgroup** – will meet again in the summer of 2023.
 - **Visioning Taskforce-** Committee is on hold.
- Upcoming meetings and events
 - Executive Committee – January 24 – Virtual
 - OCH Care Connect Hub – January 25 – OCH HQ
 - OCH Network Analysis – January 31 - Virtual
- Administrative & staffing updates
 - Staff are currently recruiting for three vacant positions – a part-time Operations & Events Coordinator and two full-time Community Program Coordinators.

Olympic Community of Health

SBAR: Administrative Sole Source Contracts

Presented to the OCH Executive Committee on December 12, 2022

Presented to the OCH Board of Directors on January 9, 2022

Situation

Staff seek approval from the Executive Committee and full Board of Directors to designate two administrative contractors as “sole source” in an effort to maintain efficient and effective financial practices.

Background

OCH maintains several administrative contracts for a variety of business needs. The current executive director and operations manager recently went through a process to find, review, save, and document original procurement documents for all current contracts. These documents were reviewed against the organization’s current [fiscal and procurement policies](#) (updated in March of 2022). The review established that two current contracts should either be reprocured or established as sole source. Based on the extensive and oftentimes complicated nature of OCHs financials, staff would like to continue working with Gooding, O’Hara, and Mackey (GOM) as the organization’s accounting firm and Dingus, Zarecor, and Associates (DZA) as the organization’s financial auditor. Both GOM and DZA are professional, respected, and helpful contractors that have the needed background and context of OCH. The estimated annual cost of these contracts is about \$20k for GOM and \$12k for DZA.

Action

Staff recommend designating GOM and DZA as sole source contractors for accounting and auditing. Staff will review this decision annually and will revisit with the Board as needed.

The Executive Committee approved this SBAR on 12/12/22.

Recommendation

The OCH Board of Directors approves designating GOM and DZA as sole source contractors for financial accounting and financial auditing respectively.

SBAR: 2022 MCO Sector Representative

Presented to the OCH Board of Directors on January 9, 2023

Situation

According to the [MCO Sector Representation Policy](#), Medicaid MCO representation on the OCH Board is limited to those health plans that successfully win bids under the HCA Request for Proposal (RFP) process and under contract with HCA in the Olympic region. Terms for the MCO sector cycle annually, on the January-December calendar.

Background

Caitlin Safford of Amerigroup was the representative in 2022. The MCO sector met and is nominating Beth Johnson, President and CEO of Coordinated Care, to serve in 2023.

Action

Approve Beth Johnson, President and CEO of Coordinated Care, to the Medicaid Managed Care sector seat effective January 9, 2023 for a one-year term.

Recommendation

The OCH Board of Directors approves Beth Johnson as the MCO sector rep for the OCH Board of Directors for calendar year 2023.

Olympic Community of Health

SBAR Conflict of Interest Policy

Presented to the Executive Committee on December 12, 2022

Presented to the Board of Directors on January 9, 2022

Situation

The OCH Conflict of Interest policy was last reviewed and approved on February 14, 2022. It is to be reviewed annually and subsequently signed by all Board members, Committee members, and staff.

Background

Staff and the Executive Committee reviewed the current version and do not recommend any changes for 2023.

Action

Approve conflict of interest policy without changes.

Staff to electronically send the policy and signature page to all applicable parties for annual review and signature.

Recommended Motion

The OCH Board of Directors approves the Conflict of Interest policy directs staff to send to applicable parties via DocuSign.

Conflict of Interest Policy and Procedure

Approved: November 7, 2016

Revised: February 14, 2022

Purpose: The purpose of this policy is to help inform Board members, Committee members, staff, and vendors of Olympic Community of Health (OCH) what constitutes a conflict of interest and assist them in identifying and disclosing actual and potential conflicts. OCH is a collaborative of interested parties and it is acknowledged that those involved in our work have personal, tribal, organizational and/or sector-specific self-interests.

Whether a disclosed interest constitutes a conflict or perceived conflict of interest is determined by OCH in its discretion by the process set forth in this policy. This policy enables individuals to understand, identify, manage, and appropriately disclose actual, potential, or perceived conflicts of interest. This policy is intended to supplement but not replace any applicable state and federal laws governing conflict of interest applicable to nonprofit and charitable organizations.

Definitions:

Conflict of Interest: An actual conflict of interest occurs where an interested person's judgment could be affected because they have a personal interest in the outcome of a decision over which the interested person has control or influence. The conflict of interest is present when an interested person's stake in a transaction or decision is such that it reduces the likelihood that the interested person's influence can be exercised impartially in the best interests of OCH. This policy sets forth two types of conflicts of interest: financial and personal.

Determining Party: The OCH Board of Directors members, Committee members, or staff who will determine whether an actual, potential, or perceived conflict of interest exists. The Determining Party is based on the nature of the conflict and their relationship to OCH.

- a. A member of the Board: Members of the OCH Board of Directors who are not interested persons will determine whether a conflict exists.
- b. A member of a Committee: The members of the Committee who are not interested persons, or the Board of Directors if it is a Board appointed Committee, will determine whether a conflict exists.
- c. Staff, vendors: The executive director will determine whether a conflict exists. If the interested person is the executive director, the Board of Directors will determine whether a conflict exists.

Financial Conflict of Interest: A person has a financial interest if the person has, directly or indirectly, through business, investment, or family:

- a. An ownership or investment interest in any entity with which OCH has a transaction or arrangement, or
- b. A compensation arrangement with OCH or with any entity or individual with which OCH has a transaction or arrangement, or

- c. A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which OCH is negotiating a transaction or arrangement, or
- d. An employment or contractual arrangement with an organization that stands to benefit financially from a decision or action of the Board.

Compensation includes direct and indirect remuneration as well as gifts or favors that are not insubstantial.

Interested Person: Any person whose judgement could be affected because they have a personal interest over a situation in which they have control or influence.

Personal Conflict of Interest: When an interested person, including the individual's spouse, domestic partner, child or parent, stands to directly or indirectly gain or be favorably impacted as a result of a decision.

Policy:

1. **Duty to Disclose:** Each interested person shall disclose all material facts regarding an actual, potential, or perceived conflict of interest promptly upon learning of such real or perceived conflict.
2. **Determining Whether a Conflict of Interest Exists:** After disclosure of all material facts, the determining party may determine if a conflict of interest exists for the interested person(s). The interested person(s) involved with the transaction shall not be present during the discussion or determination of whether a conflict of interest exists.
3. **Procedures for Addressing a Conflict of Interest:** The determining party may ask questions of and receive presentation(s) from the interested person(s) but may deliberate in their absence. The determining party shall ascertain that all material facts regarding the person's conflict of interest have been disclosed and shall compile appropriate data, such as comparability studies, or the fair market value of a transaction. After exercising due diligence, which may include investigating alternatives that present no conflict, the determining party shall determine whether the transaction is in OCH's best interest, for its own benefit, and whether it is fair and reasonable to OCH. It is up to the discretion of the determining party whether the interested person(s) may be permitted to participate in related discussions and decisions, and in the case of the Board of Directors, whether the interested Board member must abstain from voting.
4. **Violations of the Conflict of Interest Policy:** If a Board of Directors or Committee Member, or OCH executive director has reasonable cause to believe a person has failed to disclose actual or possible conflict of interest, they shall inform the person of the basis for such belief and afford them an opportunity to explain the alleged failure to disclose. If, after hearing their response and after making further investigation as warranted by the circumstances, it is determined that the person has failed to disclose an actual or possible conflict of interest, appropriate disciplinary and corrective action will be taken.
5. The minutes of meetings of the Board of Directors and all Committees with Board-delegated powers shall contain:
 - a. The names of the persons who disclosed or otherwise were found to have a financial interest in connection with an actual or possible conflict of interest, the

nature of the financial interest, any action taken to determine whether a conflict of interest was present, and the Board of Directors' or Committee's decision as to whether a conflict of interest in fact existed.

- b. The names of the persons who were present for discussions and votes relating to the transaction or arrangement, the content of the discussion, including any alternatives to the proposed transaction or arrangement, and a record of any votes taken in connection with the proceedings.
6. **Compensation:** No voting member of the Board of Directors or any Committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from OCH, either individually or collectively, is prohibited from providing information to any committee regarding compensation.
7. **Periodic Statements:** Each Board member, employee, intern, volunteer, or contractor shall annually sign a statement that affirms such person:
 - a. Has received a copy of the conflict of interest policy,
 - b. Has read and understands the policy,
 - c. Has agreed to comply with the policy, and
 - d. Understands that OCH is a charitable organization and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

Certification:

The undersigned hereby acknowledges that the undersigned:

- (a) Has received a copy of the conflict of interest policy,
- (b) Has read and understands the conflict of interest policy,
- (c) Has agreed to comply with the conflict of interest policy, and
- (d) Understands that for Olympic Community of Health to maintain its federal tax exemption as a charitable organization, it must engage primarily in activities that accomplish one or more of its tax-exempt purposes.

Please check one of the following boxes:

- ☐ I have no conflicts or potential conflicts to disclose.
- ☐ I have the following conflicts or potential conflicts to disclose (use the space below):
 - Disclose personal or professional affiliations, including those of immediate family members, with companies OCH does or might do business with.
 - Disclose any personal business dealings (including those of immediate family members) you have or have had with OCH in the previous twelve months.
 - List other corporate or nonprofit boards on which you (or an immediate family member) serve.

Dated: _____

Signed: _____

Print Name: _____

Title: _____

Olympic Community of Health

SBAR Quarterly Financial Update (Q3 2022)

Presented to the Finance Committee on December 19, 2022

Updated and presented to the Board of Directors on January 9, 2023

Situation

The internal OCH finance team has prepared a 2022 third quarter financial statement and financial check-up for review and acceptance by the Finance Committee and Board of Directors.

Background

The associated documents and notes represent the organization's financial status through the third quarter of 2022 (January through September).

- **Amended Contracts:**
 - The Washington Communities for Children (WCFC) contract was extended for the period of July through December 2022 for an additional \$1700 to support the Peninsulas Early Childhood Coalition (PECC) work.
 - The Department of Health (DOH) Care Connect contract was extended for the period of July 2022 through June 2023 for an additional \$998,848 to support care coordination and financial assistance for people testing positive for COVID-19.
- **Financial Executor Portal activity:**
 - \$1,020,627 was withdrawn based on the 2020 high performance pool earnings and Board decision to set these aside for the future.
 - \$346,875 was allocated to 2022 Medicaid Transformation implementation partners for the first of two pay for reporting payments under the Year 6 payment model.
 - \$2,990,748 was allocated to 2020 Medicaid Transformation implementation partners for 2020 pay for performance earnings in alignment with Board decisions.
- **Budget and spending notes:**
 - Of note, Board members should keep in mind that Care Connect is NOT included in the approved 2022 budget since it started in April after the budget was approved. Most expenses for Care Connect are allocated to the 2022 "miscellaneous" line item. This will be adjusted in 2023. The miscellaneous line item will show as overspent for 2022 due to this.
 - Page 3 of the financial statement represents spending through September 30. The "budget" column represents three-quarters of the total budget for the year.
 - The line item of "distributions to partner organizations" shows as overspent. This is due to the increase in pay for performance dollars earned compared to the budgeted amount.
- **Financial check-up notes:**
 - The "actual 2022" column represents income and expenses through 9/30/22
 - \$75,000 was added to the bonus pool based on unearned hospital partner incentives under the payment made in August.
 - The total amount set aside for the "future state" is \$4,953,404
 - The 2023 actual payments to partner line item includes the August payment made to partners and the January payment that was actually for 2021 work.
 - The projected 2023 column reflects the draft budget presented by staff

Action

The internal finance team does not recommend any specific action related to current financial reports. The finance committee accepted these documents without edits. We ask the Board of Directors to accept.

Of note, Care Connect has drastically increased the number of monthly transactions occurring through OCH. This was apparent in transactions for Q3 and will increase significantly for Q4. Both OCH staff and Nathanael's time and effort to compile reports has increased accordingly. The team will discuss ways to improve efficiencies for this for the path forward. Future reports may take more time to compile.

Recommended Motion: The OCH Board of Directors accepts the 2022 quarter three financials as presented.

Olympic Community of Health Balance Sheet

As of September 30, 2022

Sep 30, 22

ASSETS

Current Assets

Checking/Savings

101 · Petty Cash 313

102.5 · Kitsap Bank Operating 180,715

107 · Kitsap Bank CDARS

107.1 · #6739 751,994

107.3 · #4339 751,951

Total 107 · Kitsap Bank CDARS 1,503,945

108 · Kitsap Bank ICS #3211 4,852,759

Total Checking/Savings 6,537,732

Other Current Assets

141 · Prepaid Expenses 1,109

Total Other Current Assets 1,109

Total Current Assets 6,538,841

Other Assets

144 · Financial Executor Holdings 1,384,091

Total Other Assets 1,384,091

TOTAL ASSETS 7,922,932

LIABILITIES & EQUITY

Liabilities

Current Liabilities

Other Current Liabilities

204 · Wages Payable 41,103

205 · Payroll Taxes Payable 13,994

206 · Accrued Benefits Payable 20,430

207 · SEP Payable 1,988

Total Other Current Liabilities 77,515

Total Current Liabilities 77,515

Total Liabilities 77,515

Equity

301 · Net Assets w/ Donor Restriction 122,771

302 · Unrestricted Net Assets 4,447,685

304 · Reserve Funds 3,068,983

Net Income 205,978

Total Equity 7,845,417

TOTAL LIABILITIES & EQUITY 7,922,932

Olympic Community of Health
Profit & Loss by Class
January through September 2022

	1 - Administration (Design)	2 - Engagement (Design)	3 - Project Management (Design)	4 - Health Systems Capacity Bld (Design)	1 - Administration (5 - DSRIP Funds)	2 - Engagement (5 - DSRIP Funds)	3 - Project Management (5 - DSRIP Funds)	Cambia	WCFC	Care Connect	Other	TOTAL
Ordinary Income/Expense												
Income												
Government Grants												
409 · VBP P4R	0	0	0	0	0	150,000	0	0	0	0	0	150,000
609 · High Performance Pool	0	0	0	0	0	1,010,627	0	0	0	0	0	1,010,627
408 · Pay for Performance	0	0	0	0	0	3,036,066	0	0	0	0	0	3,036,066
407 · VBP P4P	0	0	0	0	0	22,500	0	0	0	0	0	22,500
Total Government Grants	0	0	0	0	0	4,219,193	0	0	0	0	0	4,219,193
402 · Contributions	0	0	0	0	0	0	0	0	0	72,405	21	72,426
Total Income	0	0	0	0	0	4,219,193	0	0	0	72,405	21	4,291,619
Expense												
501 · Partner Support												
501.1 · Meetings & Events	0	0	0	0	0	5,446	1,303	0	0	0	0	6,749
501.2 · SUD Stigma Youth Engagement	0	0	0	0	0	0	0	10,000	0	0	0	10,000
501.3 · Partner Incentives	0	0	0	0	0	0	1,252	316	0	0	0	1,568
501.5 · Expanding the Table	0	0	0	0	0	0	42,000	23,000	0	0	0	65,000
501.6 · Training & Technical Assistance	0	0	0	0	0	12,735	2,506	0	0	0	0	15,241
Total 501 · Partner Support	0	0	0	0	0	18,181	47,061	33,316	0	0	0	98,558
504 · Professional Services												
504.2 · Contract Services												
504.205 · Cross-ACH Agreement	0	0	0	10,311	0	0	0	0	0	0	0	10,311
504.206 · MTP Implementation & Funds Flow	0	0	3,150	0	0	0	750	0	0	0	0	3,900
504.207 · HR	1,372	294	579	157	0	0	248	65	24	265	0	3,004
504.208 · Financial Advisory Services	3,699	780	1,509	596	0	0	0	197	41	778	0	7,600
504.213 · Audit	2,235	1,260	3,156	1,064	0	0	0	461	104	1,970	0	10,250
504.214 · Legal	281	136	362	3,300	0	0	0	60	11	231	0	4,381
Total 504.2 · Contract Services	7,587	2,470	8,756	15,428	0	0	998	783	180	3,244	0	39,446
Total 504 · Professional Services	7,587	2,470	8,756	15,428	0	0	998	783	180	3,244	0	39,446
500 · Personnel												
500.1 · Payroll Expenses												
500.1.1 · Wages												
501.101 · Executive Director	44,685	18,141	24,287	14,260	0	0	0	540	1,530	11,347	0	114,790
501.102 · Staff Salaries	50,926	55,380	124,809	16,213	0	0	0	16,105	2,631	31,898	0	297,962
Total 500.1.1 · Wages	95,611	73,521	149,096	30,473	0	0	0	16,645	4,161	43,245	0	412,752
500.1.2 · Payroll Taxes	9,065	6,313	12,805	2,614	0	0	0	1,432	357	3,711	0	36,297
Total 500.1 · Payroll Expenses	104,676	79,834	161,901	33,087	0	0	0	18,077	4,518	46,956	0	449,049
500.2 · Employee Benefits												
500.2.1 · Health Insurance	7,043	5,370	8,800	2,238	0	0	0	1,181	401	4,891	0	29,924
500.2.2 · SEP Expense	3,385	2,885	7,632	1,957	0	0	0	672	174	1,703	0	18,408
500.2.3 · Other	3,889	2,672	5,841	447	0	0	0	673	43	74	0	13,639
Total 500.2 · Employee Benefits	14,317	10,927	22,273	4,642	0	0	0	2,526	618	6,668	0	61,971
Total 500 · Personnel	118,993	90,761	184,174	37,729	0	0	0	20,603	5,136	53,624	0	511,020
505 · Operations												
505.3 · Occupancy	4,565	3,410	6,893	1,454	0	0	0	846	212	2,150	0	19,530
505.4 · Communications	814	707	1,233	284	0	0	0	136	45	431	0	3,650
505.6 · Insurance Expense	2,320	526	1,107	293	0	0	0	96	31	616	0	4,989
505.7 · Miscellaneous	90	326	0	0	0	0	0	0	0	13,145	0	13,561
505.8 · Staff Professional Development	1,082	247	4,159	135	138	0	0	0	0	5	0	5,766
505.9 · Travel Expense	649	2,812	3,851	1,972	0	7	76	423	43	920	0	10,753
505.10 · Supplies	947	146	298	62	0	0	0	43	17	136	0	1,649
505.11 · Information Technology	2,521	728	1,669	279	0	0	0	184	62	1,729	0	7,172
505.12 · Public Relations	0	24,490	0	0	0	89	0	14,771	0	98	0	39,448
Total 505 · Operations	12,988	33,392	19,210	4,479	138	96	76	16,499	410	19,230	0	106,518
506 · Distributions to Partner Organi	0	0	0	0	0	3,337,623	0	0	0	0	0	3,337,623
Total Expense	139,568	126,623	212,140	57,636	138	3,355,900	48,135	71,201	5,726	76,098	0	4,093,165
Net Ordinary Income	-139,568	-126,623	-212,140	-57,636	-138	863,293	-48,135	-71,201	-5,726	-3,693	21	198,454
Other Income/Expense												
Other Income												
601 · Interest Income	0	0	0	0	0	0	0	0	0	0	7,524	7,524
Total Other Income	0	0	0	0	0	0	0	0	0	0	7,524	7,524
Net Other Income	0	0	0	0	0	0	0	0	0	0	7,524	7,524
Net Income	-139,568	-126,623	-212,140	-57,636	-138	863,293	-48,135	-71,201	-5,726	-3,693	7,545	205,978

Olympic Community of Health
Profit & Loss Budget vs. Actual
January through September 2022

	Jan - Sep 22	Budget	\$ Over Budget
Expense			
501 · Partner Support			
501.1 · Meetings & Events	6,750	41,250	-34,500
501.2 · SUD Stigma Youth Engagement	10,000	45,000	-35,000
501.3 · Partner Incentives	1,569	2,250	-681
501.4 · Partner Travel	0	6,750	-6,750
501.5 · Expanding the Table	65,000	262,500	-197,500
501.6 · Training & Technical Assistance	15,241	33,750	-18,509
Total 501 · Partner Support	98,560	391,500	-292,940
504 · Professional Services			
504.2 · Contract Services			
504.205 · Cross-ACH Agreement	10,311	13,275	-2,964
504.206 · MTP Implementation & Funds Flow	3,900	15,000	-11,100
504.207 · HR	3,002	3,000	2
504.208 · Financial Advisory Services	7,600	18,750	-11,150
504.213 · Audit	10,250	7,500	2,750
504.214 · Legal	4,380	3,750	630
Total 504.2 · Contract Services	39,443	61,275	-21,832
Total 504 · Professional Services	39,443	61,275	-21,832
500 · Personnel			
500.1 · Payroll Expenses	449,050	480,000	-30,950
500.2 · Employee Benefits	61,971	67,763	-5,792
Total 500 · Personnel	511,021	547,763	-36,742
505 · Operations			
505.3 · Occupancy	19,530	24,750	-5,220
505.4 · Communications	3,650	3,375	275
505.6 · Insurance Expense	4,989	4,500	489
505.7 · Miscellaneous	13,561	8,360	5,201
505.8 · Staff Professional Development	5,766	6,000	-234
505.9 · Travel Expense	10,753	18,750	-7,997
505.10 · Supplies	1,649	3,000	-1,351
505.11 · Information Technology	7,172	9,750	-2,578
505.12 · Public Relations	39,448	41,250	-1,802
Total 505 · Operations	106,518	119,735	-13,217
506 · Distributions to Partner Organi	3,337,623	2,057,939	1,279,684
Total Expense	4,093,165	3,178,212	914,953

Olympic Community of Health
Financial Check Up as of September 30, 2022

Actual earnings and spending
through 9/30/22

	Financial Check Up as of September 30, 2022 ¹								Total MTP
	Actual 2017	Actual 2018	Actual 2019	Actual 2020	Actual 2021	Actual 2022	Projected 2022	Projected 2023	Finances
Income									
Certification (Design Funds)	\$6,000,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,000,000
Project Plan Award	\$0	\$5,577,082	\$0	\$0	\$0	\$0	\$0	\$0	\$5,577,082
Project Incentives - P4R	\$0	\$3,294,355	\$5,312,221	\$2,610,080	\$1,973,680	\$900,355	\$625,000	\$0	\$14,715,691
Project Incentives - P4P	\$0	\$0	\$0	\$0	\$606,245	\$2,285,712	\$0	\$413,033	\$3,304,990
Value-based Payment Incentives (VBP) - P4R	\$0	\$0	\$300,000	\$250,000	\$150,000	\$0	\$0	\$0	\$700,000
Value-based Payment Incentives (VBP) - P4P	\$0	\$0	\$0	\$100,000	\$250,000	\$22,500	\$0	\$700,000	\$1,072,500
High Performance Pool (HPP) ²	\$0	\$0	\$0	\$0	\$608,774	\$1,010,627	\$0	\$0	\$1,619,401
COVID-19 PPP Loan Forgiveness	\$0	\$0	\$0	\$97,702	\$0	\$0	\$0	\$0	\$97,702
SIM and Other Income	\$354,133	\$171,100	\$36,461	\$0	\$245,000	\$72,426	\$0	\$1,418,419	\$2,297,538
Interest Earned	\$0	\$62,747	\$87,362	\$48,821	\$10,489	\$7,524	\$0	\$0	\$216,943
Total Income	\$6,354,133	\$9,105,283	\$5,736,044	\$3,106,603	\$3,844,188	\$4,299,144	\$625,000	\$2,531,452	\$35,601,846
Expenses									
Payments to Partners	\$0	\$3,775,460	\$3,942,274	\$3,535,221	\$1,610,807	\$5,585,429	\$778,123	\$1,113,033	\$20,340,347
Partner Support	\$87,892	\$310,268	\$315,286	\$646,562	\$543,562	\$98,558	\$311,442	\$130,000	\$2,443,570
Partner Funding	\$0	\$0	\$0	\$0	\$0	\$0	\$112,000	\$2,690,000	\$2,802,000
Operations	\$500,519	\$734,045	\$856,444	\$703,047	\$626,056	\$656,984	\$314,713	\$1,680,000	\$6,071,807
Total Expenses	\$588,411	\$4,819,772	\$5,114,004	\$4,884,830	\$2,780,425	\$6,340,971	\$1,516,278	\$5,613,033	\$31,657,723
Net Surplus (Deficit)	\$5,765,722	\$4,285,511	\$622,040	(\$1,778,227)	\$1,063,763	(\$2,041,827)	(\$891,278)	(\$3,081,582)	\$3,944,123
Balances and Reserves									
Beginning Balance	\$0	\$5,765,722	\$10,051,233	\$10,673,273	\$8,895,046	\$9,958,809	\$7,916,982	\$7,025,704	\$0
Net Surplus (Deficit)	\$5,765,722	\$4,285,511	\$622,040	(\$1,778,227)	\$1,063,763	(\$2,041,827)	(\$891,278)	(\$3,081,582)	\$3,944,123
Ending Balance	\$5,765,722	\$10,051,233	\$10,673,273	\$8,895,046	\$9,958,809	\$7,916,982	\$7,025,704	\$3,944,123	\$3,944,123
Reserve 2021 Partner Incentives to be paid in 2022	\$0	\$0	\$0	\$0	\$2,247,806	\$0	\$0	\$0	\$0
Board-designated Funds - set-aside for future state	\$0	\$0	\$0	\$2,076,052	\$3,857,008	\$4,953,404	\$4,468,004	\$1,263,049	\$1,263,049
Net Ending Balance	\$5,765,722	\$10,051,233	\$10,673,273	\$6,818,994	\$3,853,995	\$2,963,578	\$2,557,700	\$2,681,074	\$2,681,074

1. Financial Check Up includes transactions from expanded DSRIP funding for a sixth year of the Medicaid Transformation Project, contracts with Care Connect Washington (Department of Health), Washington Integrated Care Assessment and Washington Communities for Children (WCFC), and formative support from the State Innovation Model (SIM) and other funding partners.

Total in the "future
state" pot as of
9/30/22

Olympic Community of Health

SBAR 2023 Budget

Presented to the Finance Committee December 19, 2022

Updated and presented to the Board of Directors on January 9, 2023

Situation

Annually, the OCH Board of Directors must review and approve the budget for the following year.

Background

The OCH budget is organized around four main categories:

- **Partner Payments:** DSRIP incentive payments to MTP implementation partners in alignment with Board-approved funds flow. Dollars will flow through the summer of 2024 and work ends 12/31/2022.
- **Partner Funding:** Dollars allocated to a variety of partners to support Care Connect, strategic plan implementation, bi-directional integration, and a small amount of money to incent focus group and survey participation.
- **Partner Support:** Contracts and costs paid by OCH that benefit Olympic region partners including meetings, events, travel, technical assistance, training, etc.
- **Operations:** Costs including salaries, benefits, annual financial audit, Care Connect groceries and household assistance, financial advisory services, public relations, human resources, occupancy, communications, supplies, mileage, etc.

Of note, given the new funding sources of DOH and WCFC and the news that ACHs will be included in the renewal waiver, the financial plan that was included in the [2022-2026 strategic plan](#) no longer applies. Once there is clarity about the funding to come from the renewal waiver and the next phase of Care Connect, staff will revise a long-term financial plan and will bring it to the Finance Committee and Board of Directors for discussion.

This budget aligns with the Board-approved priorities for 2023 (document in meeting packet).

Funding Sources for 2023 budget:

Source	Description & Context
Board-Designated Funds	Medicaid Transformation concludes on 12/31/2022. Based on consultation from our financial auditor and accountant, unspent MTP dollars will become “board-designated funds” as of 1/1/2023. The Board of Directors has full discretion in allocating these funds. Includes unspent operations dollars aka “future state”, earned high performance pool, reserve fund, and bonus pool.
Care Connect	Contract with the Department of Health for care coordination and financial assistance to support people with COVID-19.
MTP 1.0	DSRIP dollars anticipated in the summer of 2023 and 2024 for final pay for performance and high-performance incentives.
Washington Integrated Care	HCA allocated extra dollars to ACHs in 2022 to support the assessment work in 2023 given the gap between waivers. HCA expects ACHs to use these dollars to support the data

Assessment	entity (HealthierHere), for staff time, and to support regional efforts around bi-directional integration.
Washington Communities for Children	Very small contract for staff time to support the Peninsulas Early Childhood Coalition.

Action

Summary of 2023 budget:

- **Partner Payments (20% of total budget):**
 - Second-to-last pay for performance payment under MTP 1.0.
 - Final value-based payment pay for performance payment under MTP 1.0
- **Partner Funding (48% of total budget):**
 - Care Connect Care Coordination Agencies (Jan-June only)
 - Strategic plan implementation – note: this is a placeholder, staff will bring back a full implementation plan for this in February for Board decision
 - Bi-directional integration activities – funding to be allocated to interested partners
 - Survey and focus group participation incentives
- **Partner support (2% of total budget):**
 - Meetings, events, training, technical assistance in alignment with Board-approved 2023 priorities
 - Small pot of funding to provide scholarships to external trainings
- **Operations (30% of total budget):**
 - General note: the operations budget is higher than previous years, largely due to the addition of Care Connect and associated costs.
 - Salaries and benefits for 7.5 FTE. 2.0 FTE is dedicated to Care Connect. 12-month budget assuming Care Connect staffing needs will remain the same under the new forthcoming contract.
 - Increase in OCH retirement contribution from 4.0% to 4.75% of employee salaries
 - Administrative contracts for annual financial audit, cross-ACH association, financial services, human resources, legal, and data entity for integrated care assessment
 - Care Connect grocery and household assistance funding for Jan-June only.
 - Operational expenses including phones, postage, IT, insurance, occupancy, public relations, professional development, supplies and travel.

Please note that this budget does NOT reflect renewal waiver dollars. If funding will become available for 2023, staff will come back to the Board to present a revised budget. This budget also does NOT reflect Care Connect for July through December. DOH is in progress of updating the program and staff will bring a revised budget once we have clarity on the next round of funding.

The Finance Committee approved the budget.

Recommended Motion: The OCH Board of Directors approves the 2023 budget and directs the Executive Director to implement and execute accordingly.

2023 Priorities – Approved by the OCH Board of Directors on 11/14/22*

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

*Note: Actions related to value-based purchasing will be discussed in February 2023.



2023 Budget

Partner Payments (MTP 1.0)				
Item	Budget	2023 Description		Funding Source
2021 Pay for Performance to Medicaid Transformation Project (MTP) Implementation Partners (Primary Care, Behavioral Health, CBOSS)	\$413,033	Payments to Behavioral Health, Primary Care, Community-Based Organizations & Social Service partners for pay for performance for work performed in 2021. Dollar amount is 25% of potential earning, funds allocated per funds flow model.		DSRIP/MTP 1.0
2021 Value-Based Payment Pay for Performance (Primary Care, Behavioral Health, CBOSS)	\$700,000	Payments to Behavioral Health, Primary Care, Community-Based Organizations & Social Service partners for the value-based payment pay for performance earnings for work performed in 2021. Dollar amount is 100% of potential earning, allocated per funds flow model.		DSRIP/MTP 1.0
Partner Payments Subtotal	\$1,113,033	Proportion of total budget:	20%	
Partner Funding				
Item	Budget	2023 Description		Funding Source
Care Connect: Care Coordination Agencies	\$570,000	OCH contracts with 4 agencies to serve as care coordination agencies to implement Care Connect Washington: KPHD, NOHN, PCHS, Olympic Peninsula YMCA. These dollars are cost reimbursement, and only reflect January through June of 2023, the Department of Health has not yet contracted with OCH for state fiscal year 2024 (July 2023-June 2024)		Care Connect
Strategic Plan Focus Area Action Plan Implementation	\$2,000,000	This is a placeholder. Staff will bring a full action implementation plan to the Board in February which will determine specific next steps. The intention is to provide funding to a variety of partners to support focus area action plan implementation.		Board-designated funds
Bi-directional integration activities	\$100,000	OCH earned funding in 2022 specific to supporting the integrated care assessment in 2023. These dollars will be allocated to partners through a funding opportunity to support projects around bi-directional integration between primary care and behavioral health.		WA-ICA
Survey, interview, and focus group incentives	\$20,000	Partner incentives for participation in surveys, focus groups, etc. including incentives for the integrated care assessment.		WA-ICA, Board-designated funds

Partner Funding Subtotal	\$2,690,000	Proportion of total budget:	48%	
Partner Support				
Item	Budget	2023 Description		Funding Source
Meetings and Events	\$50,000	Funding to support a variety of meetings, learnings, and convenings including monthly Board of Directors, care coordinator convenings, learnings to support the health-serving workforce, advancing equity, trauma-informed care, at least one regional convening, and collaborative groups to support action plan implementation. Costs include meeting space, food, and other meeting-related costs and supplies.		Care Connect, Board-designated funds
External partner training	\$5,000	Funding to support partner participation through scholarships for external (not hosted by OCH) trainings, conferences, etc.		Board-designated funds
Training and Technical Assistance	\$75,000	Funding to support health-serving workforce learnings, equity learnings, and other action plan items including hiring external trainers and contracting with needed consultants.		Board-designated funds
Partner Support Subtotal	\$130,000	Proportion of total budget:	2%	
Operations				
Item	Budget	2023 Description		Funding Source
Personnel				
Salaries	\$776,000	Salaries, taxes, merit increases for 7.5 FTE, approx. 2.0 FTE is dedicated to Care Connect. Note that is is the 12-month total of salaries. Will come back to the Board if the TBD July-December Care Connect contract leads to needed adjustments for FTE.		WCFC, Care Connect, WA-ICA, Board-designated funds
Benefits	\$121,000	Retirement contributions at 4.75% of salaries PEPM. Medical, dental, vision, life benefits. Small leave payout allowance.		WCFC, Care Connect, WA-ICA, Board-designated funds
Operations Contracts				
Audit	\$12,500	Ongoing agreement with DZA for 2022 independent annual financial audit.		Allocated across all funding streams

Care Connect: fresh food orders (grocery delivery)	\$75,000	OCH contracts with local food banks and local grocers and works with Safeway to provide fresh food orders for Care Connect clients. This happens on a cost reimbursement basis. This dollar amount reflects January through June only based on an estimate of client referrals. Staff will update the budget once we have clarity about July 2023-June 2024 with DOH.	Care Connect
Care Connect: household assistance	\$450,000	Under the Care Connect contract, OCH pays up to \$1500 per client for household assistance including rent, mortgage, and utility bill payments. This dollar amount reflects January through June only based on an estimate of client referrals. Staff will update the budget once we have clarity about July 2023-June 2024 with DOH.	Care Connect
Cross-ACH Association	\$28,000	OCH contribution to the cross-ACH association. Includes association setup costs, shared government affairs contractor, shared technical assistance consultant, and administration of the association.	Board-designated funds
Financial Advisory and Services	\$30,000	Financial and advisory services with Gooding, O'Hara and Mackey and a small provision for contracting with Dan Vizzini for financial planning.	Allocated across all funding streams
Human Resources	\$4,000	Silver membership with Archbright	Allocated across all funding streams
Legal	\$5,000	Legal counsel as needed	TBD based on purpose of counsel
Washington Integrated Care Assessment Centralized Data Entity	\$21,000	OCH contribution to shared contract with ACHs and MCOs to support the centralized data entity work (HealthierHere). Allocated on a tiered system based on size of ACH.	WA-ICA
Other Operations			
Internal Communications	\$7,500	Staff phone monthly charge and postage	Allocated across all funding streams
Information Technology	\$13,000	Subscriptions for online services, allowance for computer and phone equipment	Allocated across all funding streams
Liability Insurance	\$7,500	Commercial liability, director's and officer's liability, umbrella policy, auto policy	Allocated across all funding streams
Miscellaneous	\$10,000	Unanticipated expenses	TBD based on expense

Occupancy	\$33,000	Office rent, utilities, use of and maintenance of office printer, office cleaning, limited use of Vibe, storage unit for Care Connect supplies.	Allocated across all funding streams
Public Relations	\$50,000	Mailing campaigns, public relations gear/swag, boosting social media posts, photography, creation of a variety of partner and community facing resources, etc. Promotion of Care Connect through newspapers, radio, social media, etc.	WCFC, Care Connect, WA-ICA, Board-designated funds
Staff Development	\$7,500	Individual professional development, team building activities	Allocated across all funding streams
Supplies	\$4,000	Office supplies	Allocated across all funding streams
Travel/Mileage	\$25,000	Staff travel throughout the region and state based on approved Travel policy.	Allocated across all funding streams
Operations Subtotal	\$1,680,000	Proportion of total budget:	30%
Total Budget	\$5,613,033		
Acronyms: ACH - Accountable Community of Health; CBOSS - Community-Based Organization & Social Services Providers; DSRIP - Delivery System Reform Incentive Payments; DZA - Dingus, Zarecor, and Associates; DOH - Department of Health; FTE - Full Time Equivalency; KPHD - Kitsap Public Health District; MTP - Medicaid Transformation Project; NOHN - North Olympic Healthcare Network; OCH - Olympic Community of Health; PCHS - Peninsula Community Health Services; PEPM - Per Employee, Per Month; WA-ICA - Washington Integrated Care Assessment; WCFC - Washington Communities for Children.			



Action plan

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

Olympic
COMMUNITY of HEALTH

Overview of focus area

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

Overview of the Olympic Action Collaboratives to date

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



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

Result statement

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

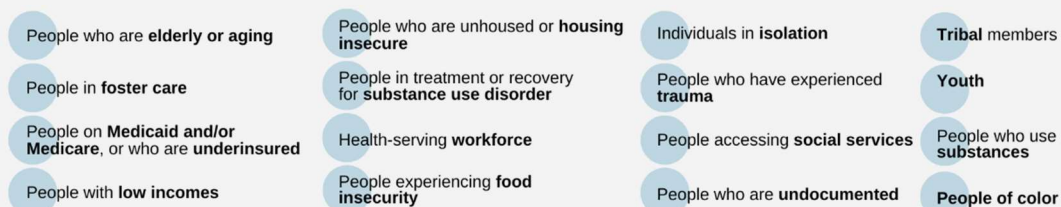
Strategy	Actions
<u>Advocacy & Engagement</u> This action is to be collaboratively implemented by partners in the OCH network with communications support from OCH	 Connect with, listen to, and equip community members to advocate, be good consumers of, and take control of their health through community-wide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

Indicators

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

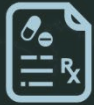
Populations of emphasis

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



What's next? OCH partners will come together in 2023 to begin implementation.

There is room for everyone in this important work. Contact OCH@olympicch.org to learn how you can get connected.



Action plan

Focus area: Together, recovery is possible



Overview of focus area

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

Overview of the Olympic Action Collaboratives to date

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



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

Result statement

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

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

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

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

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

- People in **recovery**, including their families and friends

People who are **incarcerated**

People in **rural** areas

LatinX community

Tribal members
- People who are unhoused or **housing insecure**

Youth

Housing, health care **providers**

LGBTQ+ community

People who use **substances**
- People with **disabilities**

People with **mental illnesses**

Survivors of human trafficking and/or sexual assault

People who are **elderly or aging**

People of color

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

Overview of focus area

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

Overview of the Olympic Action Collaboratives to date

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



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

Result statement

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

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

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

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

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

People who are unhoused or **housing insecure**

People with **disabilities**

People of color

People who are **elderly or aging** with emphasis on those in most need

Health-serving **workforce**

People receiving **Medicaid, Medicare**, or who are **underinsured**

Tribal members

What’s next? OCH partners will come together in 2023 to begin implementation.

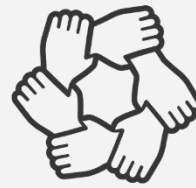
There is room for everyone in this important work. Contact OCH@olympicch.org to learn how you can get connected.

Overview of focus area

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

Overview of the Olympic Action Collaboratives to date

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



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

Result statement

“Access to the right care and services at the right time and place.”

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

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

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

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

People receiving **Medicaid, Medicare**, or who are **underinsured**

People with **lower incomes**

People who are unhoused or **housing insecure**

Tribal members

People who are **pregnant, postpartum**, and/or actively **parenting**

Youth

People living in **rural communities**

People who are **elderly or aging**

People with **unmet behavioral health needs** (mental health and SUD)

Health-serving **workforce**

People who are **not accessing care** or avoiding care

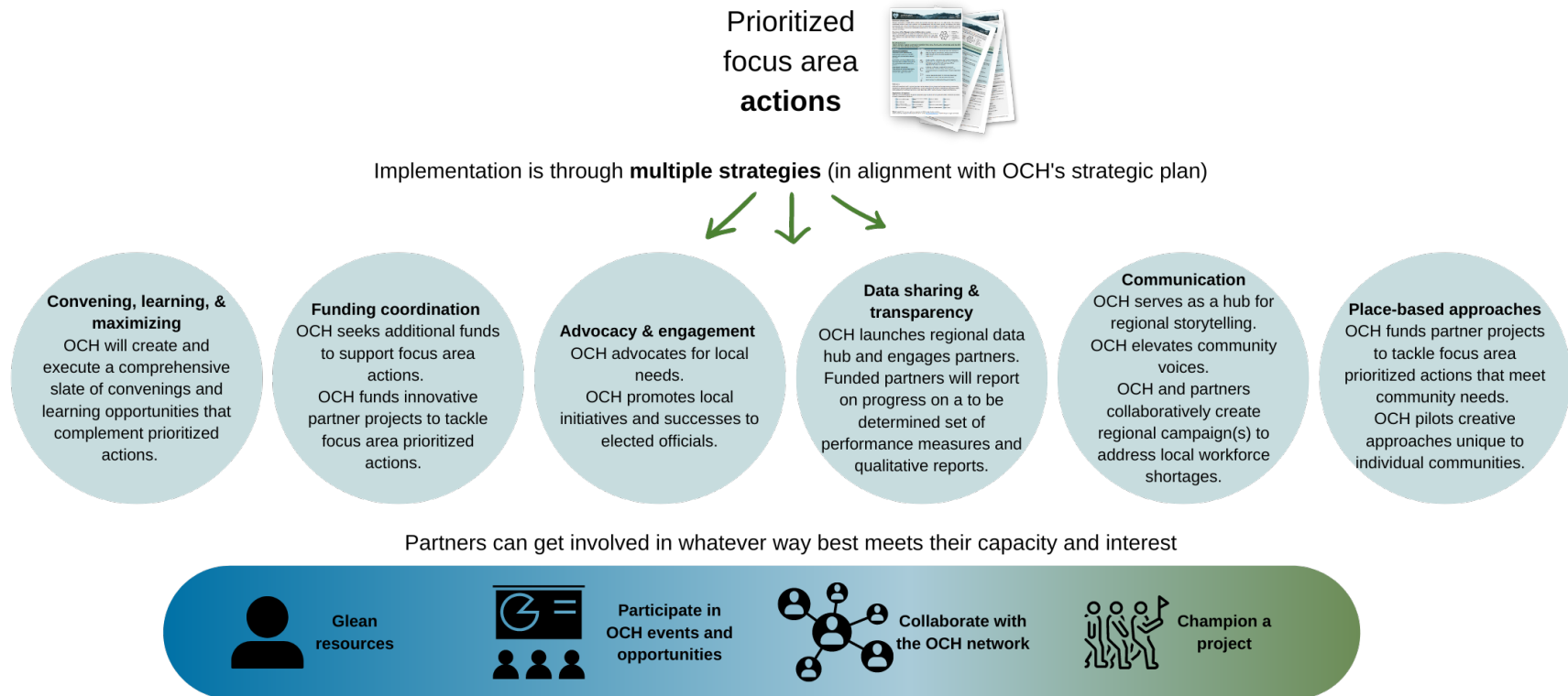
People of color

What’s next? OCH partners will come together in 2023 to begin implementation.

There is room for everyone in this important work. Contact OCH@olympicch.org to learn how you can get connected.

Overview of Action Plan Implementation

OCH's strength is our ability to bring people together. OCH is not just a funder, and these actions capitalize on OCH's strengths and roles as a **catalyst for change**, **community connector**, and **seed planter**. OCH will take a multi-faceted approach to implementation of the actions recently approved by the Board. Implementing focus area actions includes activities under each of OCH's strategies.



There are many ways partners can get involved!

Olympic Community of Health

SBAR: 2023 Focus Area Action Plan Priorities

Presented to the OCH Board of Directors on January 9, 2023

Situation

In December of 2022, the OCH Board of Directors voted unanimously to adopt the [4 focus area action plans](#) as presented by the action collaboratives and instructed staff to create an implementation plan for Board discussion and vote in early 2023. In an effort to prioritize depth over breadth, OCH staff seek to prioritize actions for 2023 and 2024. *Staff seek approval from the Board for the below prioritized actions.*

Background

Our partners are passionate about this work and created very long lists of possible actions to consider. From there, the groups prioritized the actions based on key questions: ease of addressing the action, the impact of the action on the result statement, and whether the action would benefit from a collective regional response. In addition to partner input, OCH staff monitored this process for cross-over between the groups, for regional impact, alignment with OCH's strengths and roles, alignment with the strategic plan, and some alignment for what comes next under the renewal waiver.

These actions will guide the next 4 years of work. There are still many actions, and it was not intended that they would all be implemented at the same time. Honoring the desire of the Board and partners to have more depth in the work, we need to further prioritize what we collaboratively will address first.

These priorities aren't intended to stop partners from choosing to work on other actions. They also don't prohibit OCH from continuing discussions around other actions. Rather, these priorities will guide where OCH staff time and partner funding will be allocated.

Action

Staff recommend prioritizing the following actions for 2023-2024:

Focus Area	Actions	Rationale for Prioritization
Individual needs are met timely, easily, and compassionately	Provide learnings, convenings, and regional collaboration opportunities to strengthen and build cultural competence and resiliency among the health-serving workforce.	Strengthening the health-serving workforce is a top priority of partners and a strong workforce is needed in order to address other actions under this plan.
	Create a regionwide system for community-based care coordination to meet client and community needs.	Community-based care coordination aligns with renewal waiver activities. Taking time in 2023 and early 2024 to <u>begin</u> to plan this work will set the region up for success under the forthcoming renewal waiver.
Together, recovery is possible	Take action to address and reduce stigma of those community members with a substance use disorder through community-wide education, youth	Continues and builds on 2021-2022 stigma work already started under Cambia funding.

	engagement, and through policy and systems change.	
	Increase the availability of long-term and safe transitional and respite housing options for people throughout their recovery journey.	Addresses partner priorities from 3CCORP. Aligns with housing actions.
	Embed substance use disorder (SUD) services in mobile units and jail programs including connecting people to respite and transitional housing.	In alignment with 2023 workplan, this action brings momentum to partnering with Community Paramedicine and Mobile Integrated Health partners. Loosely aligns with renewal waiver activities.
Everyone housed	OCH to convene regional and county-based partners to maximize efforts and increase coordination (e.g., around funding), including health-serving partners.	Honors housing partners desire to continue their collaborative process. Supports continuing to build new and strengthen partnerships. Supports facilitation of community-clinical linkages.
	Partner with hospitals to ensure access to appropriate respite, supportive, transitional, or long-term housing for those transitioning out of care.	Hospital partners continue to be incredibly busy and cite transitioning patients from care as a top barrier. Addressing a challenge important to hospitals will help re-engage these partners in the work.
Access to the full spectrum of care	Identify and implement creative workforce approaches to address the health-serving workforce crisis.	Workforce is a top priority and concern of partners across the region. Addressing workforce challenges is foundational to tackling additional actions.
	Partner with schools and colleges to create pathways to address local workforce shortages.	

Once approved, staff will finalize a comprehensive convening and communications plan that aligns with the prioritized actions.

Recommendation

The OCH Board of Directors approves prioritizing these 9 actions for 2023-2024 including a related forthcoming funding opportunity.

Olympic Community of Health

SBAR: OCH 2023 RFP Committee

Presented to the OCH Board of Directors on January 9, 2023

Situation & Background

In December of 2022, the OCH Board of Directors voted unanimously to adopt the [4 focus area action plans](#) as presented by the action collaboratives and instructed staff to create an implementation plan for Board discussion and vote in early 2023. Based on input from the Board President, a small committee is needed to plan the funding opportunity that will be released to partners in 2023 as one component of implementation of the prioritized actions.

Action

2023 RFP Committee Purpose & Role: The RFP Committee will report to the OCH Board of Directors. The group will determine principles, a high-level RFP concept, application scoring and review process, and will make funding recommendations for final approval by the Board of Directors. The group will stay grounded in OCH's strategic plan, equity principles, and Board approved 2023 workplan, budget, and priorities.

If a Committee member intends on submitting an application for funding under the TBD RFP, the Committee will determine a conflict of interest procedure in alignment with the OCH Conflict of Interest policy.

2023 RFP Committee Participants: The RFP Committee will be a small team (3-4 people plus an OCH staff lead) with a variety of perspectives. Ideally, the Committee will have regionwide representation and will be made up of current Board members and alternates.

Role	Name
1. Chair (Current OCH Board Member or Alternate)	
2. Taskforce member	
3. Taskforce member	
4. Taskforce member	
5. OCH Staff (non-voting)	Celeste Schoenthaler

RFP Committee Timeline: The Committee will launch in the first quarter of 2023 and will meet 3-4 times. The committee will determine meeting frequency. It is anticipated that the Board will review and decide on final funding recommendations in June of 2023. The funding timeline will start after that and go through 2024.

Recommendation

The OCH Board of Directors approves the formation of a 2023 RFP Committee to determine principles, a high-level RFP concept, application scoring and review process, and funding recommendations for ultimate approval by the Board.