



VisibleNetworkLabs

Olympic Community of Health 2022

Together, we acknowledge, with humility, the indigenous peoples whose presence permeates the waterways, shorelines, valleys, and mountains of the Olympic region. The land where we are is the territory of the Coast Salish Peoples, in particular the Chimacum, Hoh, Makah, S'Klallam, Suquamish, and Quileute Tribes on whose sacred land we live, work, and play. [Click here](#) to learn more about the Indigenous land where you are.



This report for Olympic Community of Health was produced by **VISIBLE NETWORK LABS** using **PARTNER** (Platform to Analyze, Record & Track Networks to Enhance Relationships).

VISIBLE NETWORK LABS is a data science company developing tools and technology to help people measure, understand and evolve the personal and professional networks that influence the communities where they live.

PARTNER is a social network analysis data tracking and learning tool designed to measure and monitor collaboration among people/organizations. It is a new, scientifically validated way to design data-driven network strategies that generate social impact.

PARTNER is a registered product of Visible Network Labs.

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Introduction to Networks

What is a Network?

A **network** is any interconnected group or system. For the purposes of this report, networks refer to any formal partnerships created between three or more people, organizations, or Tribes to achieve mutually desired objectives. Networks of organizations and Tribes working to tackle big social problems are one approach to achieve social impact.

A Network Science Lens

Network science provides theories and methods that can be used to guide the study and practice of working in networks. Intuitively, we know the kind of connectivity that is good and that which is not. However, very few people know how to manage these processes or leverage them in any kind of strategic way that may actually result in better connectivity. We learn at an early age that more connectivity is better – the more friends we have, the more popular we are; the more people we know, the more likely we are to succeed professionally. However, network science (the science of the interconnectedness among groups) is based on a definitive principle that **more is not always better**.

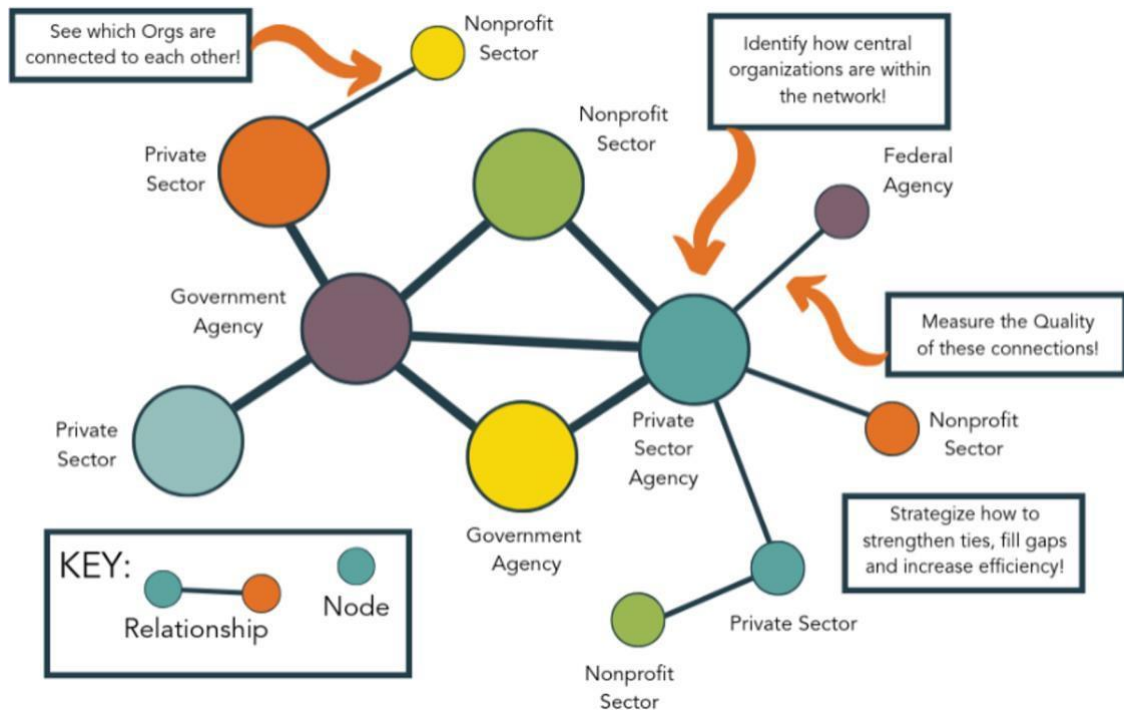
So how can we leverage the power of networks while working within the reality of resource scarce environments? While the appeal to create a larger and more diverse network is strong, we are equally challenged with the reality that we **have limited relationship budgets** – that is, limited resources to build and manage diverse networks. We know that networks have advantages, but there is a limit on how many relationships we can manage before we lose the collaborative advantage altogether. We simply cannot exponentially grow networks without incurring costs attributed to that approach.

Network science can provide the theories and methods that together offer an evidence-based approach to building networks that are based on data and lead to strategies, actions, and interventions. Social network analysis (SNA) – which is the study of the structural relationships among interacting network members and of how those relationships produce varying effects – is a tool that provides unique data to inform these practices.

How To Use This Report

How to Interpret a Network Map

Networks refer to a partnership created between three or more people, organizations, or Tribes to achieve mutually desired objectives. In a network map, partnerships are visualized as “nodes” (circles) and “edges” (lines) which represent the network members and the relationships between them. Nodes may be color-coded by certain organizational characteristics, such as location or type.



How to Use the Results in This Report

Members of the network and other stakeholders in the community may use this report to continuously improve how they work with one another to achieve common goals. Using this report, you can:

- ❖ Assess the quality, quantity, and outcomes of partnerships;
- ❖ Identify areas of strength and opportunities for improvement in the network;
- ❖ Track growth and measure progress in community partnerships; and
- ❖ Create a strategic plan to invest in relationships that leverage resources, reduce redundancy, and capitalize on collaborative advantage among network members.

Project Background

Olympic Community of Health

Olympic Community of Health (OCH) brings together partners from a variety of sectors and Tribes in the Olympic region, with the overarching goal to improve individual and population health and advance equity by addressing the determinants of health.

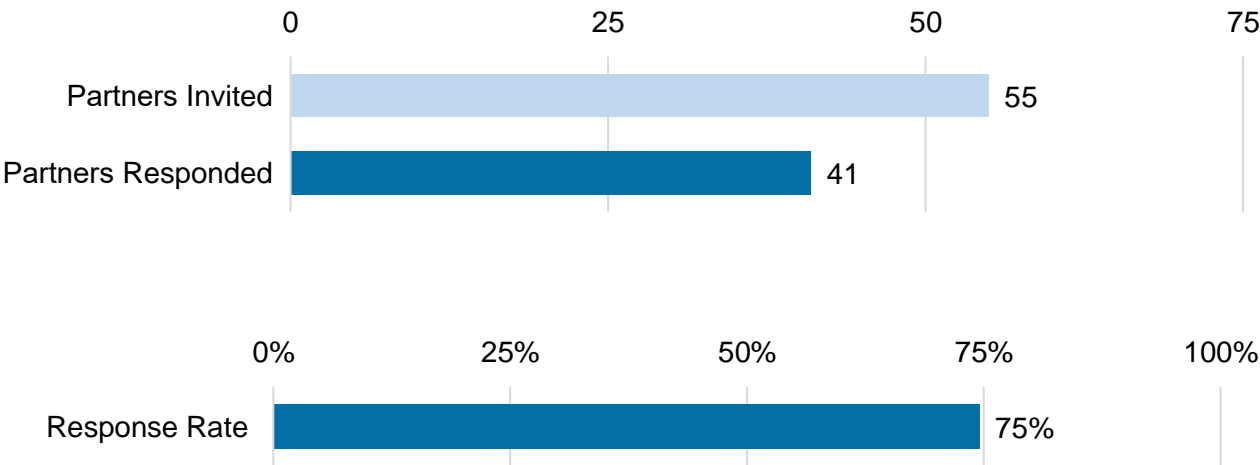
OCH’s focus areas are interconnected and highly dependent on a multi-disciplinary and collaborative approach. Toward that end, OCH embarked on an evaluation of the network of organizations, Tribes and community stakeholders that make up OCH.

This evaluation visualized network relationships, provided insights about the ways partners work together, identified opportunities to expand the table, and demonstrated the impact of partner's collective efforts.

Survey Distribution

In June 2022, 55 partners in the OCH network were invited to answer a social network analysis survey using the PARTNER tool. Of these 55 partners, 41 responded for a 75% response rate.

This report summarizes the results. Those that responded reported that they collectively had 529 partnerships.



Project Background (Cont.)

Research Questions

1. Understanding network characteristics:

- What is the nature of relationships in the network?
- What are the qualities of a good partnership?
- What qualities are needed to achieve outcomes?
- Who are key linkages across networks?

2. What are the perceived roles of members in the network?

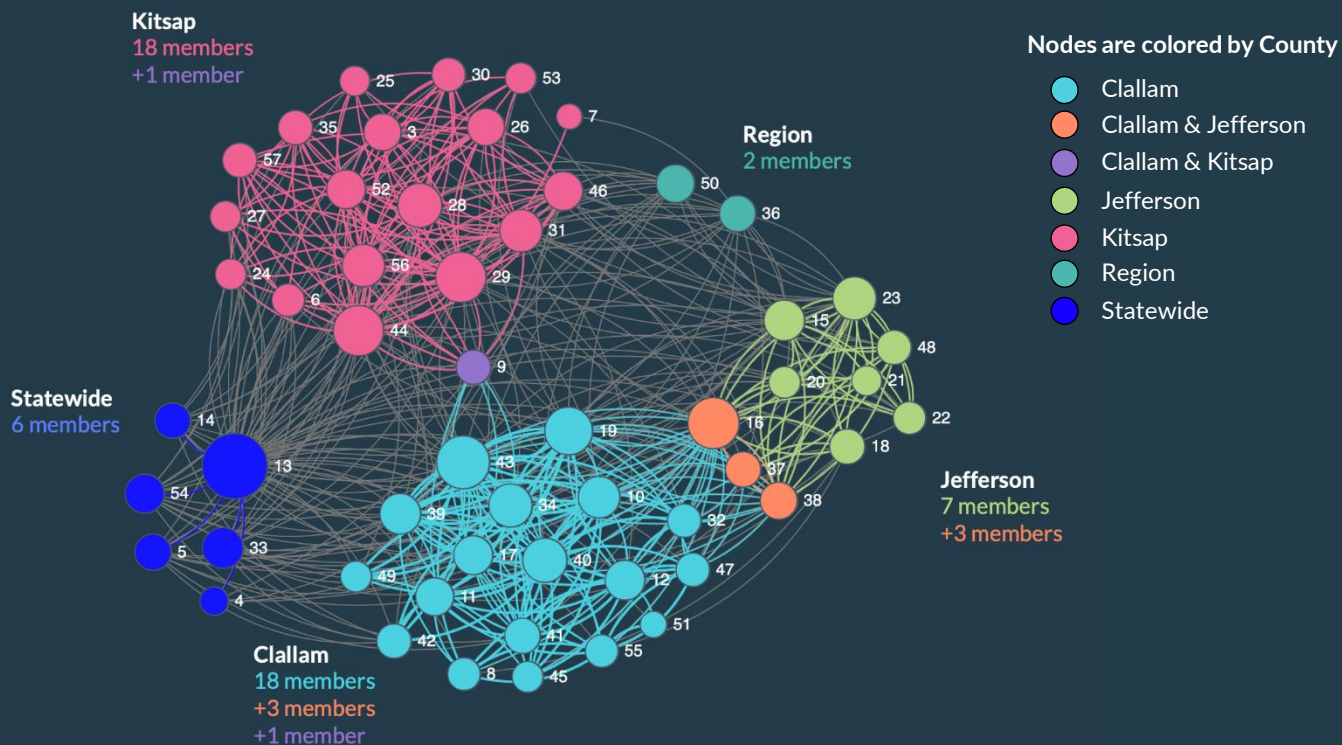
- What should these roles be?
- Does the current network structure reflect a distributed leadership model?

3. Partner practices:

- What has been OCH's role in changing the way individual partners think about work, do the work, prioritize their time, and change their relationships?

Please refer to the PARTNER survey in Appendix C to view how the three research questions correspond to the 19 survey questions that respondents were asked.

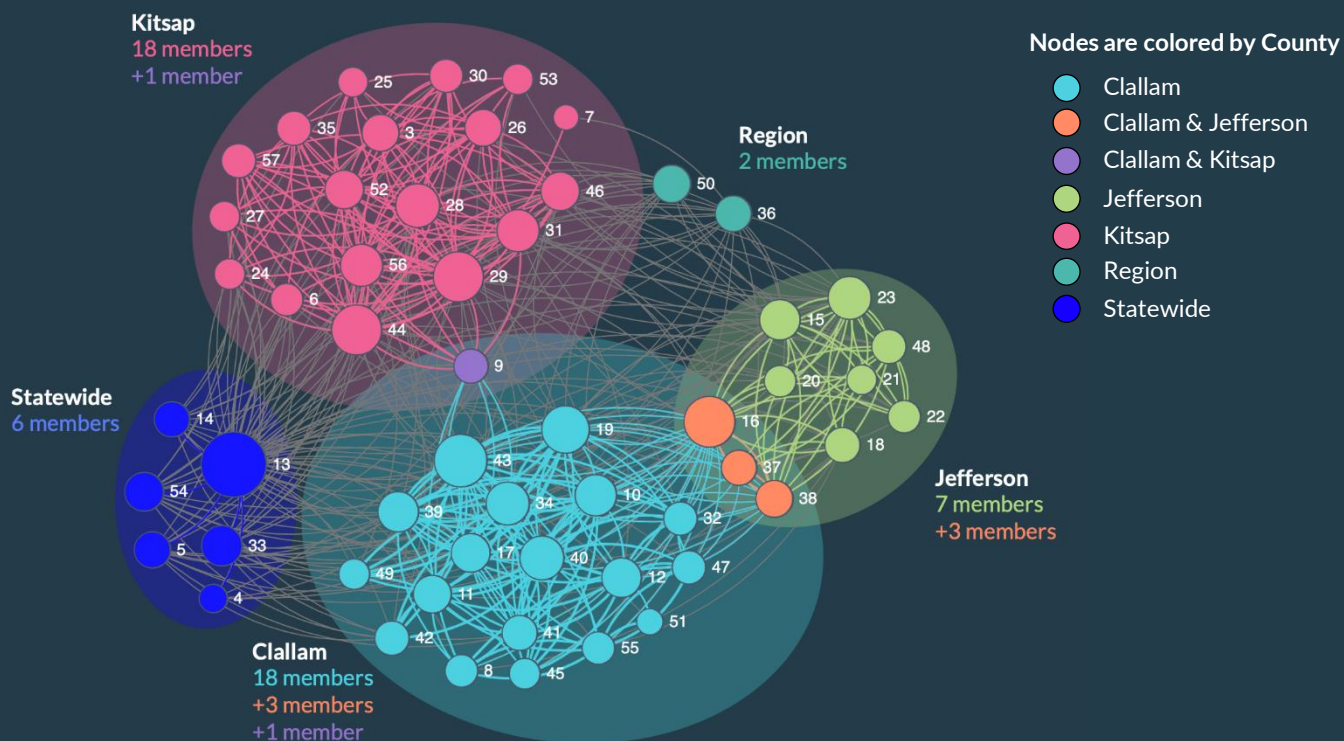
Network Structure



The network is composed of 55 partners and of these, 41 responded to the survey and reported having 529 relationships with one another. The table on pp. 13-14 lists the names of the partners and their corresponding map labels.

- ❖ Above is a social network map of the partnerships within OCH. Each organization identified as a member is represented as a circle (node) and the lines demonstrate all relationships that were reported by an individual member of that organization or Tribe. Nodes are colored by the counties in which partners work or provide services.
- ❖ Nodes in the map are sized by centrality, which refers to the number of relationships each partner holds with others. Partners with more connections appear as larger nodes in the map.
- ❖ The overall structure of the OCH network is called in network science a “core-periphery structure,” and is typical of many community networks (and of interpersonal social networks, as well!). In a core-periphery network, there is a large core of central partners (represented as the larger-sized nodes in the map above) with many connections, and a proportionately smaller number of “peripheral” partners (represented as the smallest-sized nodes above) with fewer connections. Partners in the core and in the periphery play equally important roles in the network. Those in the core typically focus on and are very engaged in the mission of the network. They have many connections and therefore are well-equipped to communicate and disseminate information and resources throughout the network. Those partners in the periphery have fewer connections in the network, but often bring into the network unique perspectives and novel information and ideas from the communities with which they are better-connected.

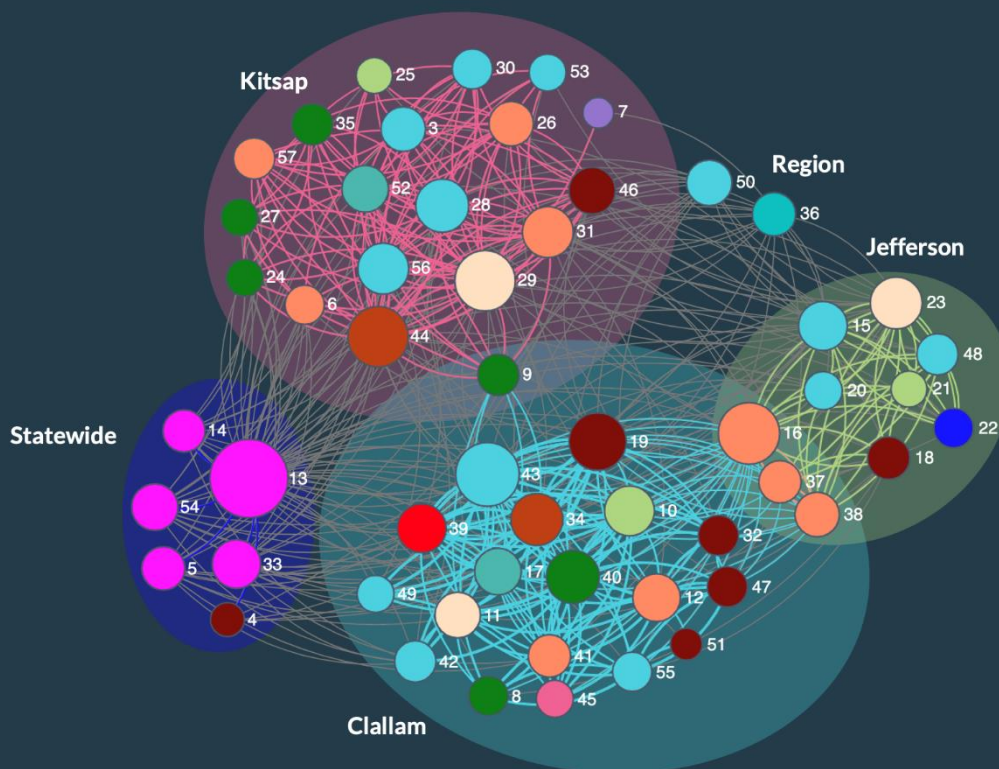
Network Structure (Cont.)



In this second view of the network map, members and relationships within each county are highlighted.

- ❖ In network science, a “key player” is a member of the system who is connected to many other members of the network, or who bridges disparate groups within the system that would otherwise not be as connected with one another. In the map above, these key players are those represented by the larger nodes with higher centrality scores (i.e., more connections) and by nodes that bridge the different color-coded groups. For example, nodes 13 (Community Health Plan of WA) and 43 (Peninsula Behavioral Health) are key players because they have many connections to others in the network. Nodes 37, 38, and 16 (colored orange, indicating that they provide services in both Clallam & Jefferson counties) are key players because they are acting as bridges between the partners serving Clallam county (colored light blue) and those serving Jefferson county (colored purple). Key players play important roles in the network; should they stop participating in the network, others may need to assume these roles to maintain the strength and functionality of the system.
- ❖ One of the research questions this project aimed to address is whether the current network structure reflects a distributed leadership model. In a network map, an indicator of distributed leadership is when there are not large differences in the sizes of the nodes, meaning that there are some, but not substantial, differences in the number of connections each partner in the system holds with one another. When one or a small number of partners has many more connections than others, and thus is much larger in terms of node size on the map, this indicates that leadership may be centralized around them. Looking at the map above, the OCH network appears to reflect a relatively, but not fully, distributed leadership model, with some larger-sized partners potentially playing more of a lead role than others.

Network Structure (Cont.)



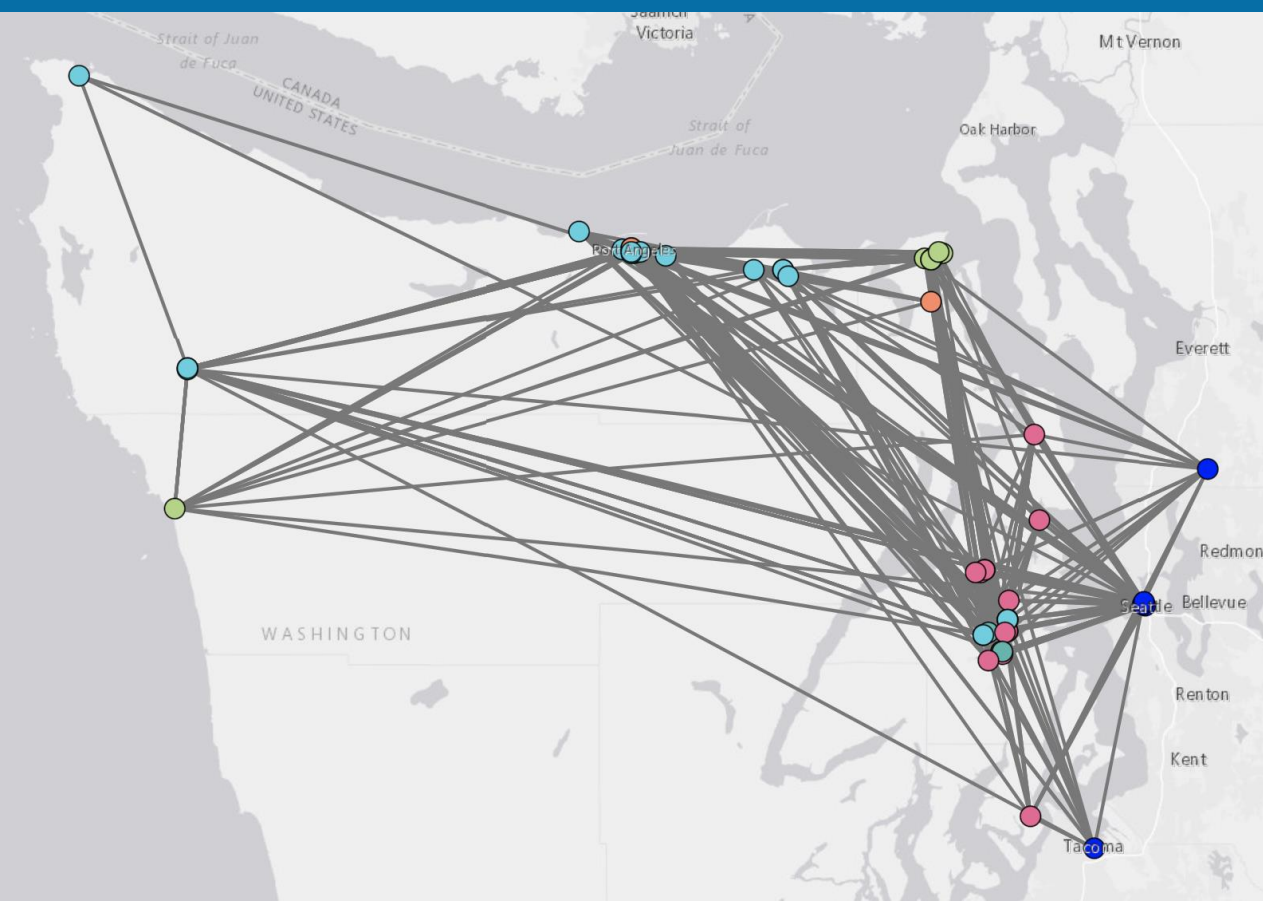
Nodes are colored by Partner Type

● Behavioral Health	● Hospital/Primary Care
● Community-Based Org	● Managed Care Organization (MCO)
● Dental	● Primary Care
● Elected Official	● Primary Care/Behavioral Health
● First Responder	● Public Health
● Hospital	● School
● Hospital/Behavioral Health/Primary Care	● Tribe

In this third view of the network map, members are colored by Partner Type.

- ❖ There are network members representing a variety of partner types that are providing services in each county (Clallam, Jefferson, and Kitsap), while all five statewide members are Managed Care Organizations (MCOs).
- ❖ Overall, this map reflects strong multi-sector collaboration and partnership throughout the network.

Network Structure (Cont.)

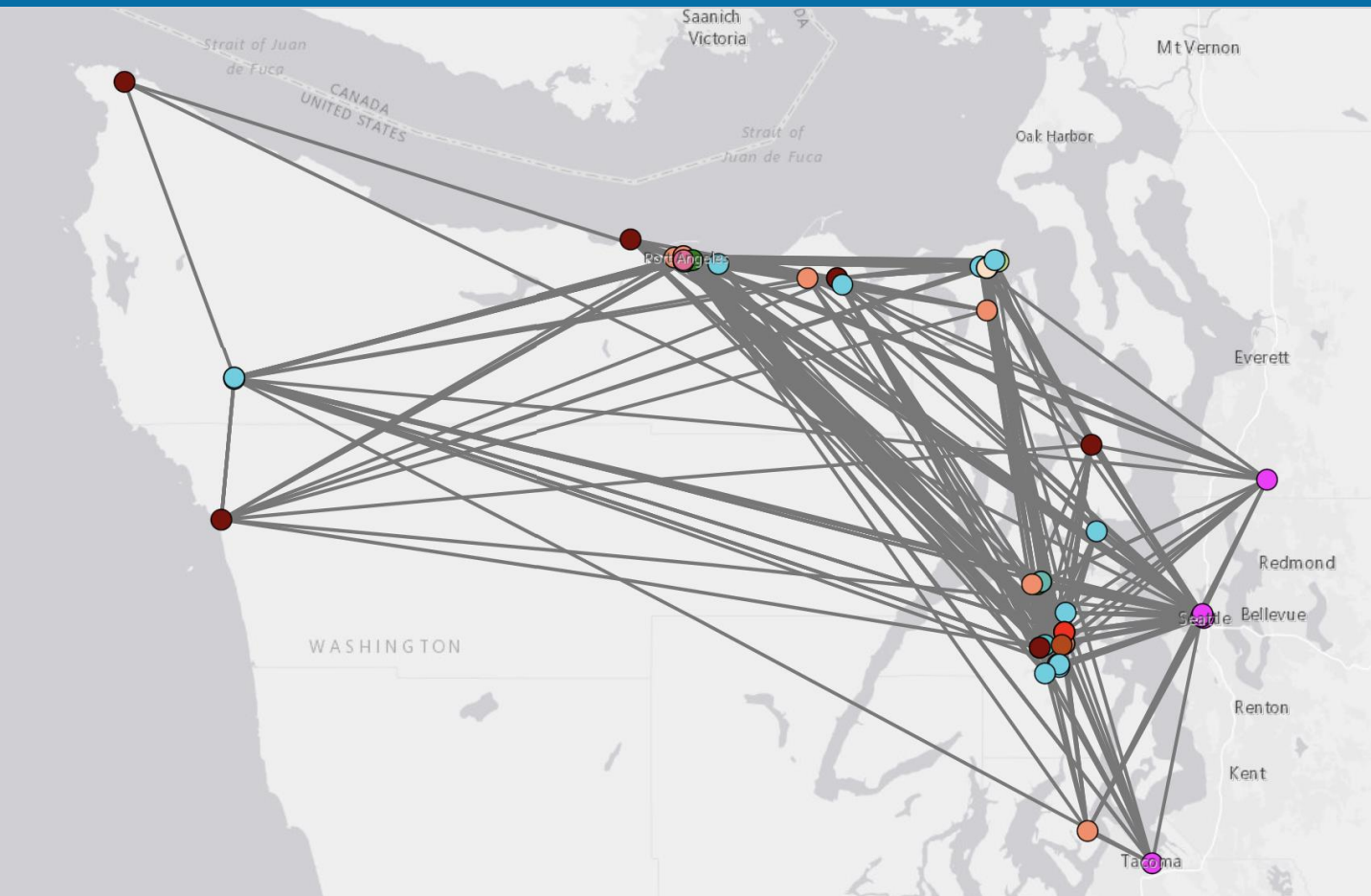


Nodes are colored by County

- Clallam
- Clallam & Jefferson
- Clallam & Kitsap
- Jefferson
- Kitsap
- Region
- Statewide

In this GIS network map, members are colored by County.

Network Structure (Cont.)



Nodes are colored by Partner Type

- | | |
|--|--|
| ● Behavioral Health | ● Hospital/Primary Care |
| ● Community-Based Org | ● Managed Care Organization (MCO) |
| ● Dental | ● Primary Care |
| ● Elected Official | ● Primary Care/Behavioral Health |
| ● First Responder | ● Public Health |
| ● Hospital | ● School |
| ● Hospital/Behavioral Health/
Primary Care | ● Tribe |

In this second GIS network map, members are colored by Partner Type.

Network Structure (Cont.)

The table below lists the partners, their map labels, and the county in which they provide services.

Map Label	Organization	County
3	Agape Unlimited	Kitsap
4	American Indian Health Commission	Statewide
5	Amerigroup	Statewide
6	Answers Counseling	Kitsap
7	Best Dental Help	Kitsap
8	Bogachiel and Clallam Bay Clinics	Clallam
9	CHI Franciscan Medical Group	Clallam & Kitsap
10	Clallam County	Clallam
11	Clallam Health and Human Services	Clallam
12	Clallam Resilience Project	Clallam
13	Community Health Plan of WA	Statewide
14	Coordinated Care	Statewide
15	Discovery Behavioral Health	Jefferson
16	First Step Family Support Center	Clallam & Jefferson
17	Forks Community Hospital	Clallam
18	Hoh Tribe	Jefferson
19	Jamestown Family Health Clinic	Clallam
20	Jefferson Behavioral Health Consortium	Jefferson
21	Jefferson County	Jefferson
22	Jefferson Healthcare	Jefferson
23	Jefferson Public Health	Jefferson
24	Kitsap Children's Clinic	Kitsap
25	Kitsap County	Kitsap
26	Kitsap County Human Services	Kitsap
27	Kitsap Medical Group	Kitsap
28	Kitsap Mental Health Services	Kitsap
29	Kitsap Public Health District	Kitsap

Network Structure (Cont.)

Map Label	Organization	County
30	Kitsap Recovery Center	Kitsap
31	Kitsap Strong	Kitsap
32	Lower Elwha Klallam Tribe	Clallam
33	Molina Healthcare	Statewide
34	North Olympic Healthcare Network	Clallam
35	Northwest Washington Family Medical Residency	Kitsap
36	Olympic Educational Service District	Region
37	Olympic Area Agency on Aging	Clallam & Jefferson
38	Olympic Community Action Programs	Clallam & Jefferson
39	Olympic Medical Center	Clallam
40	Olympic Peninsula Community Clinic	Clallam
41	Olympic Peninsula Healthy Community Coalition	Clallam
42	Olympic Personal Growth	Clallam
43	Peninsula Behavioral Health	Clallam
44	Peninsula Community Health Services	Kitsap
45	Port Angeles Fire Department	Clallam
46	Port Gamble S'Klallam Tribe	Kitsap
47	Quileute Tribe	Clallam
48	Recovery Café Jefferson County	Jefferson
49	Reflections Counseling Services	Clallam
50	Salish Behavioral Health Administrative Services	Region
51	Sophie Trettevick Indian Health Center	Clallam
52	St. Michael Medical Center	Kitsap
53	Suquamish Wellness Center	Kitsap
54	United Healthcare	Statewide
55	West End Outreach Services	Clallam
56	West Sound Treatment Center	Kitsap
57	YMCA of Pierce and Kitsap Counties	Kitsap

Resource Contributions

Network members most frequently cited building community connections (54%); improving systems, policies, and practices (41%); and participating in and contributing to learnings and convenings (32%) as their most important resource contributions to improving health in the region. See *Appendix A* for a complete inventory of each member’s resource contributions. This inventory may be used as a directory for resource sharing and exchange within the network.

Q1: Since the inception of OCH in 2017, what do you see as your organization or Tribe's most important contribution to improving health across the Olympic region?

(select up to 3)

n = 41 responses



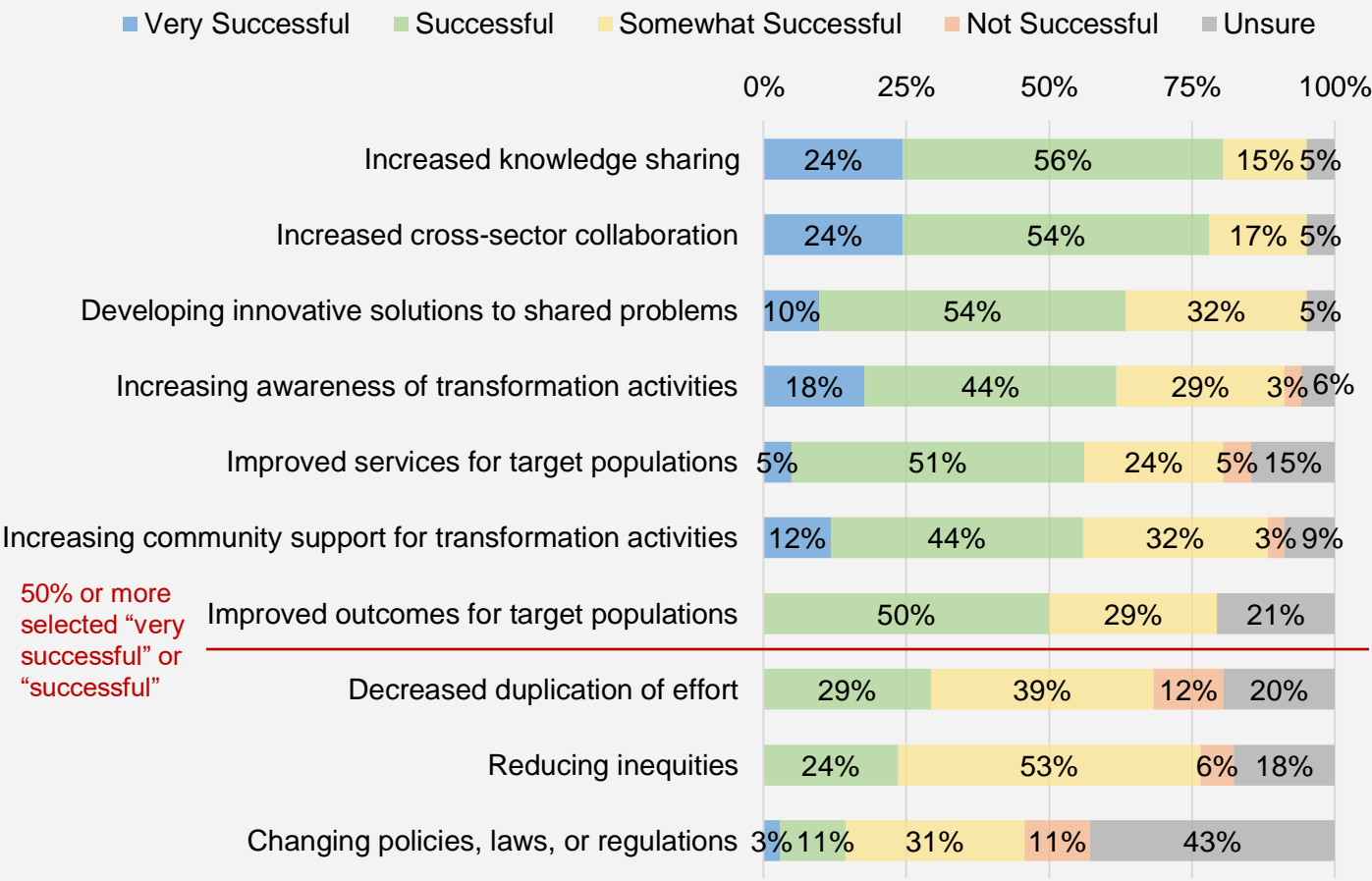
Other, please specify (4)

1. Oral health focus
2. Community-based social services to support the older populations to age at home; reduce the duals cost curve through addressing social determinants of health supports
3. Direct services that impact health, housing, utilities, education, nutrition
4. Securing funding to provide services in schools for behavioral health support

Network Success

Out of the 10 network activities and outcomes, at least 50% of respondents believe the network has been “successful” or “very successful” at achieving 7 of them. However, the network has been less successful at decreasing duplication of efforts, reducing inequities, and changing policies, laws, or regulations.

Q2: Since 2017, how successful has the network of OCH partners been at facilitating or achieving the following activities and outcomes?
n = 41 responses



50% or more selected “very successful” or “successful”

Future Priorities

Out of the 10 network activities and outcomes, the most respondents selected developing innovative solutions to shared problems (46%), increased cross-partner collaboration (44%), and improved services for target populations (41%) as those the network should prioritize in the future.

Q3: Please select which activities and outcomes the OCH network of partners should prioritize in the future. (select up to 3)

n = 41 responses



Other, please specify (1)

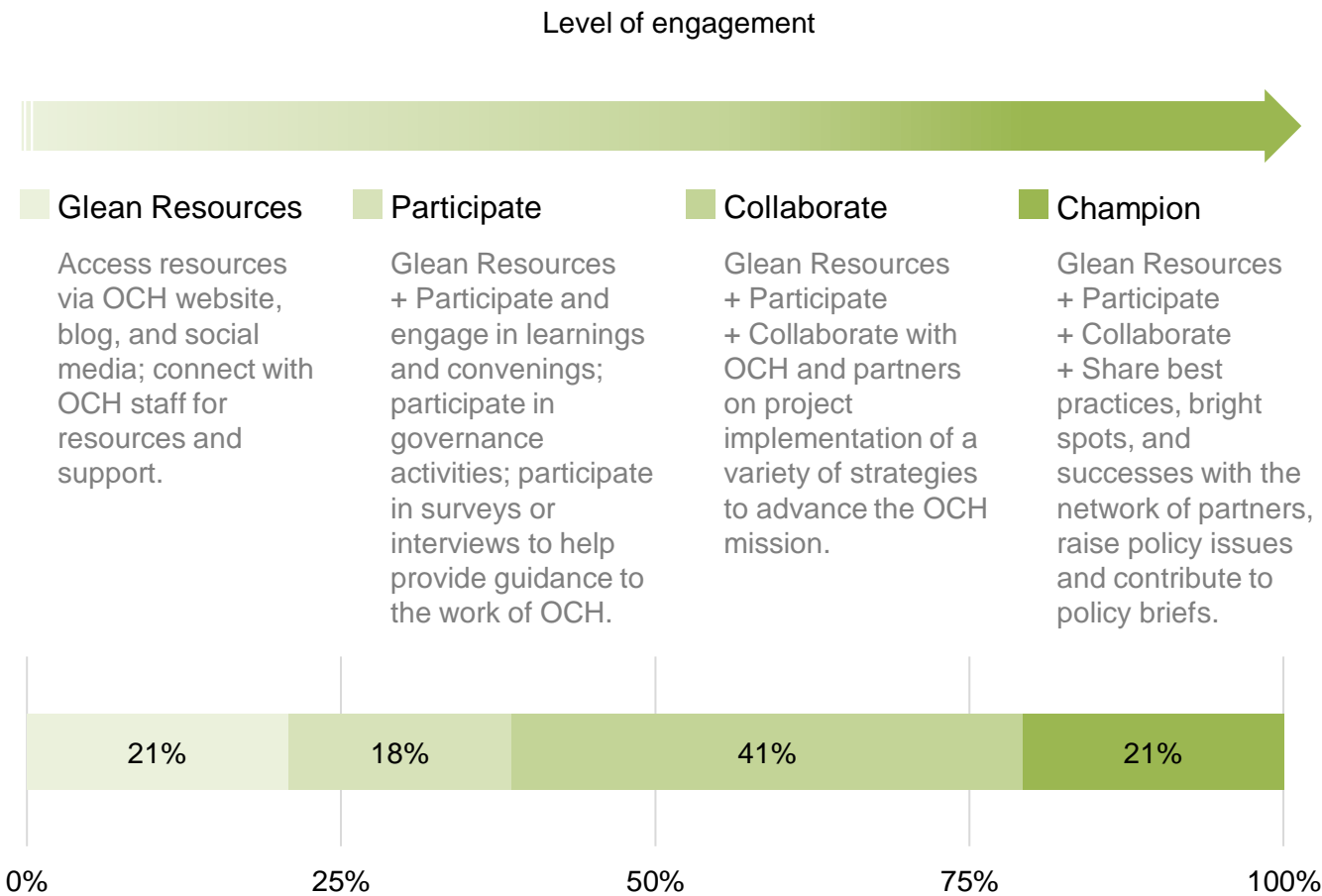
1. Increase oral health access to care

Level of Engagement

Across the 39 respondents to a survey question regarding their organization’s or Tribe’s level of engagement with OCH, 41% indicated that they currently engage with OCH on the “collaborate” level, while 21% are on the “champion” level and another 21% on the “glean resources” level. The remaining 18% engage on the “participate” level. These percentages reflect a healthy distribution across the different levels of engagement. Not all OCH partners likely have the time or resources to engage as champions, and if they were expected to, they might be at risk for burnout. Conversely, if a majority of partners categorized their engagement as “gleaning resources” only, network cohesion and effectiveness might not be possible.

Q4: Please indicate your organization or Tribe’s current engagement level with OCH.

n = 39 respondents

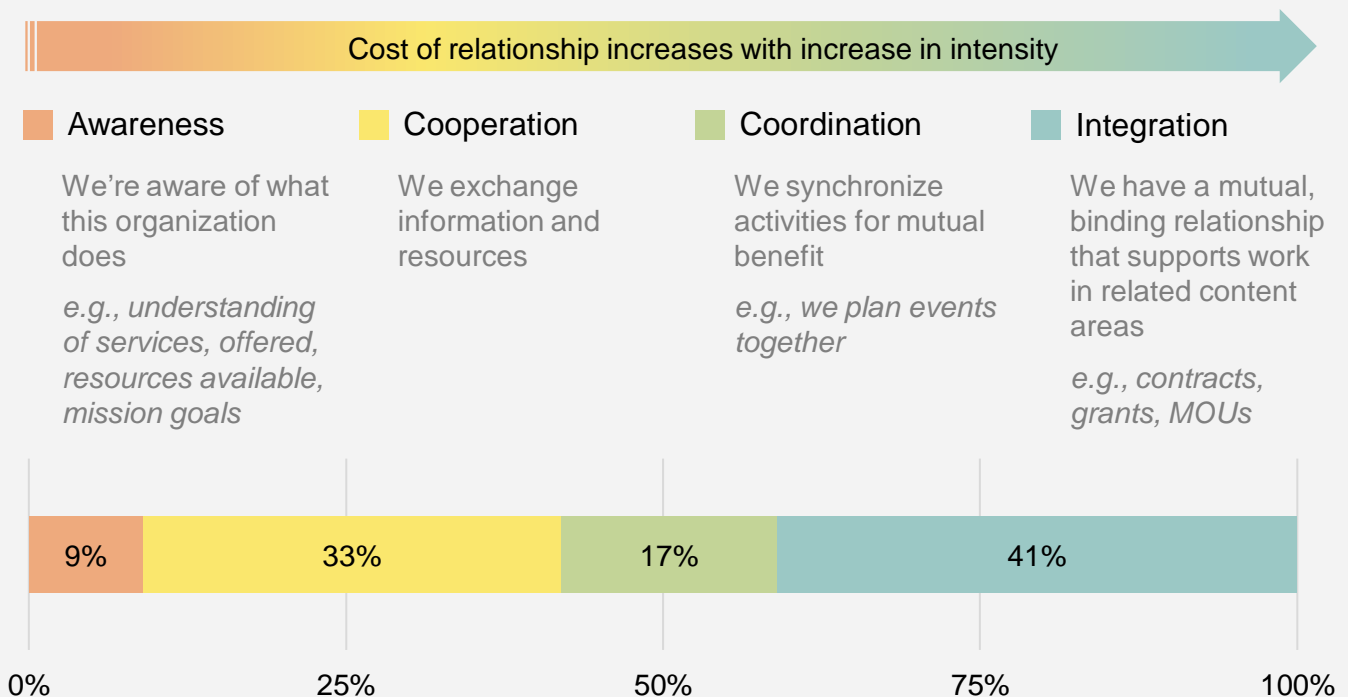


Intensity of Relationships

Network relationships were assessed according to their level of intensity. This is important, because more connections and greater intensity of connections do not necessarily result in a thriving and sustainable network. While the appeal to create a more diverse network is strong, partners are equally challenged with the reality that they have limited relationship budgets—that is, limited resources to build and manage diverse networks. We know that networks have advantages, but there is a limit on how many relationships we can manage before we lose the collaborative advantage altogether. And while it is our intuition that more network connections should indicate a better functioning network, this approach can be endlessly resource intensive.

Q7: What is your organization or Tribe's most common way of interacting with this organization or Tribe? (Select only one)

n = 500 relationships



It is a positive result that connections are somewhat distributed across the levels, with most relationships categorized as cooperative or integrated. If a majority of relationships involved awareness only, that would indicate that the network is not fully leveraging its collaborative advantage. Conversely, if a majority of the relationships were at the integrated level, which requires a greater number of resources to maintain, the network might not be sustainable over time.

Shared Activities

The top activities that relationships in the OCH network reported are exchange general information/resources (58%), receive referrals from them (43%), and send referrals to them (40%).

Q8: What kinds of activities does your relationship with this organization or Tribe entail? (select all that apply)

n = 449 relationships



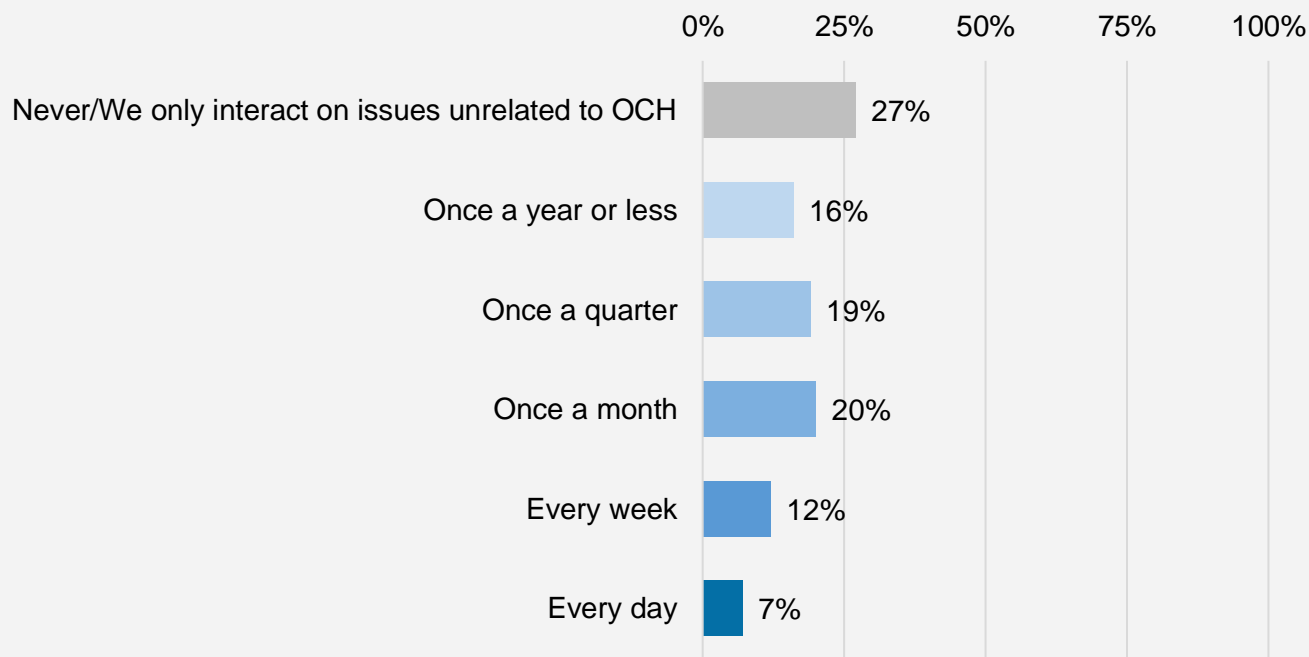
Frequency of Interactions

While 27% of relationships never worked together on issues related to the mission of OCH, 20% work together in this way once a month, followed by once a quarter (19%), and once a year or less (16%).

Q9: How frequently does your organization or Tribe work with this organization or Tribe on issues related to the mission* of OCH? (Select only one.)

**Mission: To solve health problems through collaborative action.*

n = 497 relationships

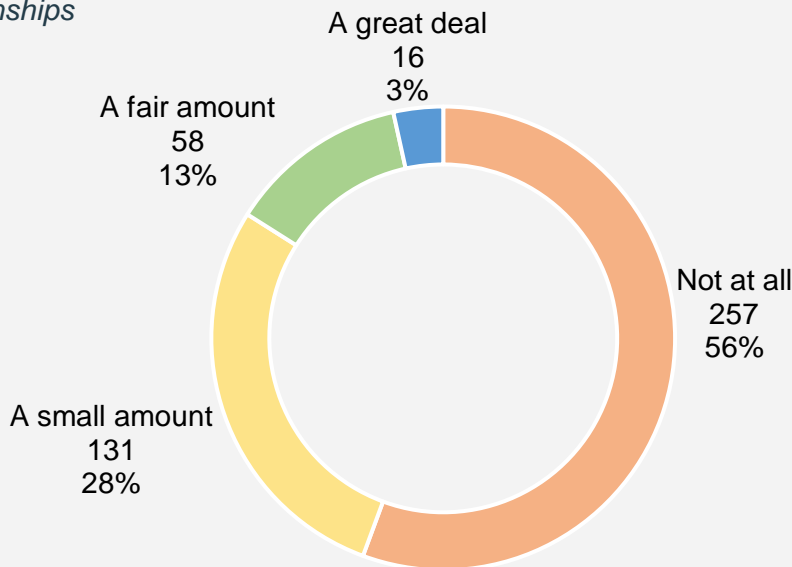


Importance of OCH in Partnerships

According to respondents, OCH has been important by “a fair amount” or a “great deal” in the formation and maintenance of 16% of their relationships. Meanwhile, 90% of relationships are not dependent on OCH to continue to exist.

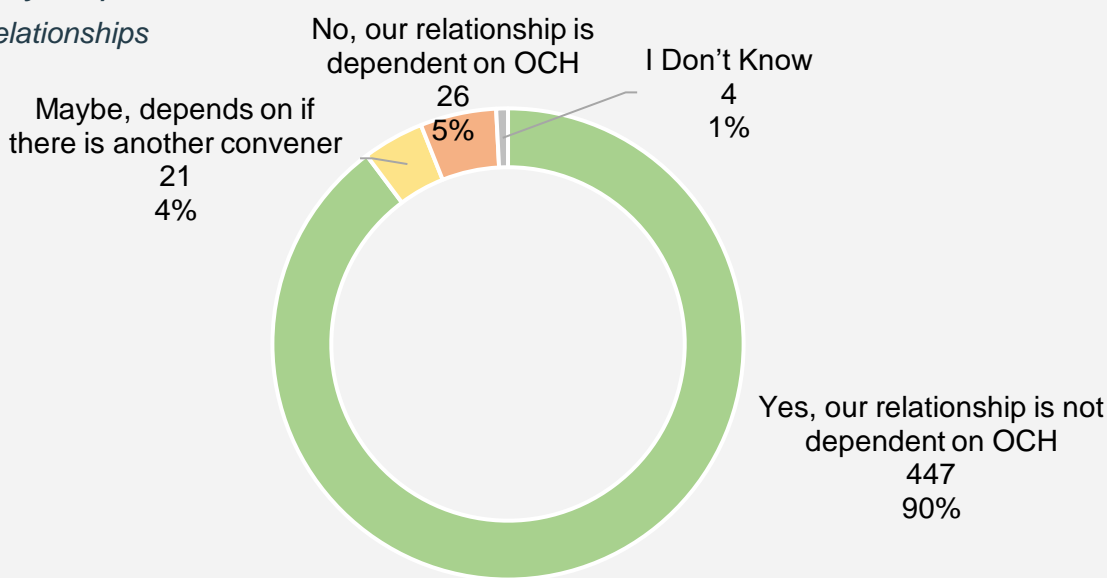
Q10: How important has OCH been in the formation and maintenance of this relationship?
(Select only one)

n = 462 relationships



Q11: Would your organization's current partnership with this organization or Tribe continue to exist if Olympic Community of Health (OCH) were no longer present?
(Select only one)




n = 495 relationships



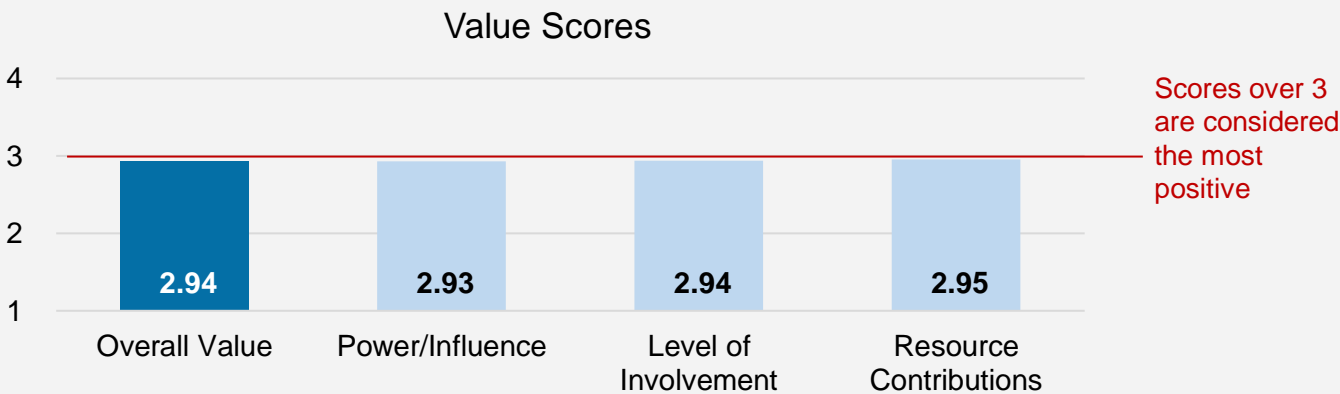
Relational Value and Trust

Partners bring different forms of value to a network. The survey assessed three validated dimensions by which partners may be valued: power and influence, level of involvement, and resource contributions (see definitions below). Survey participants assessed each of their reported relationships on these three dimensions according to a 4-point scale, with 1 = Not at all, 2 = A Small Amount, 3 = A Fair Amount, and 4 = A great deal. Scores over 3 are considered the most positive.

Understanding the perceived value of network relationships is important in leveraging the different ways in which members contribute to the network. The column chart below depicts the average value scores within the network. Of the three dimensions of value, survey respondents rated their network partners' resource contributions the highest and power/influence the lowest. Partners that are rated highly on the power and influence dimension of value are often those that have regulatory authority (such as public agencies) or those that award and distribute funding (such as foundations). If a network average score for power and influence is lower, that often indicates that there are fewer of these types of partners in the network, or that these types of partners have fewer connections to others within the network.

	Power & Influence: The organization or Tribe holds a prominent position in the community by having influence and showing leadership.
	Level of Involvement: The organization or Tribe is strongly committed and active in the partnership and gets things done.
	Resource Contribution: The organization or Tribe brings resources to the partnership like funding, information, or other resources.




Q12-14 Value Scores



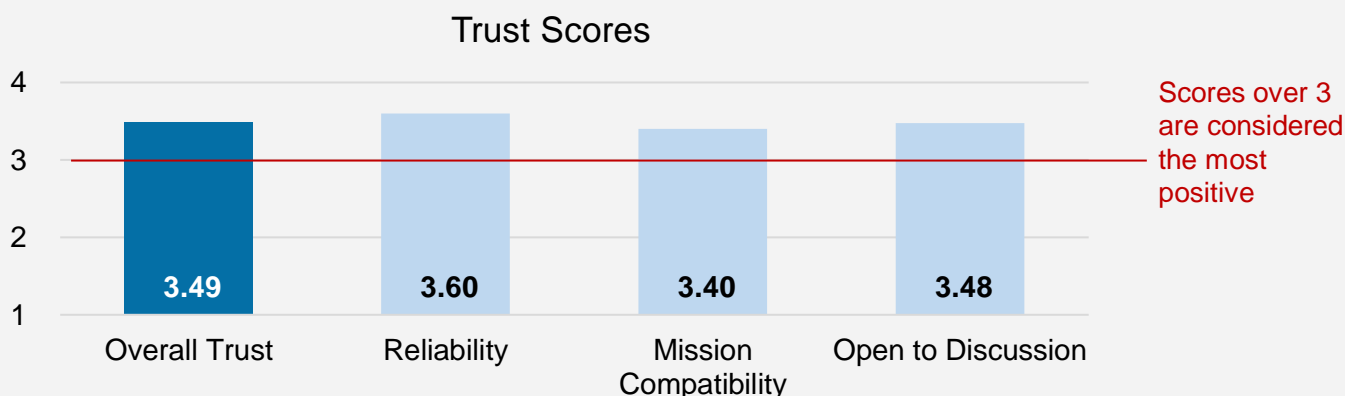
Relational Value and Trust (Cont.)

Trust in inter-organizational network relationships facilitates effective information exchange and decision-making, and reduces duplication of effort among groups that may have previously competed. The survey assessed trust between network partners on three validated dimensions: reliability, mission compatibility, and openness to discussion (see definitions below). Survey participants assessed each of their reported relationships on these three dimensions according to a 4-point scale, with 1 = Not at all, 2 = A Small Amount, 3 = A Fair Amount, and 4 = A great deal. Scores over 3 are considered the most positive.

The column chart below depicts the average trust scores within the network. Members placed a very high level of trust in their network relationships. In particular, network partners were perceived as extremely reliable. These high trust scores indicate that the OCH network is operating on a strong foundation of trust upon which members collaborate with one another to further the network's mission.

	Reliability: This organization or Tribe is reliable in terms of following through on commitments.
	Mission Compatibility: This organization or Tribe shares a common vision with mine of the end goal of what working together should accomplish.
	Open to Discussion: This organization or Tribe is willing to engage in frank, open and civil discussion (especially when disagreement exists). The organization or Tribe is willing to consider a variety of viewpoints and talk together (rather than at each other). You are able to communicate with this organization or Tribe in an open, trusting manner.

Q15-17 Trust Scores



Advice, Thoughts, and Ideas Analysis

Q18: As the network of partners continues to tackle health issues no single sector or Tribe can tackle alone, do you have any advice, thoughts, or ideas?

The 24 responses to the above open-ended question generally fell into these categories:

1. Admiration of OCH's work: Many respondents noted the effectiveness and impact OCH has had in the community.

- A few respondents stated that while they may have had existing partnerships, they have been strengthened or re-imagined by OCH.
- OCH has helped reduce silos and should continue to form collaborations, share information, and work together towards achieving common goals.

2. Additional issue areas and partners: Respondents had suggestions for potential areas in which OCH should focus as well as potential partners who could bring value to OCH's network.

- Areas of focus included: older adults, behavioral health prevention and resource shortage, preventative oral health, isolation and opiate use, and policy development.
- Potential partners included: spiritual leaders, educators, more community members with lived experiences, and hospitals.

3. Other suggestions for improvement: Respondents had suggestions for the general improvement of OCH. Including:

- Quarterly or annual events to share ideas and establish collaborations.
- OCH should have a more active role in conversations with HCA and help to address difficult relationship with SUD providers.
- Increase community awareness of OCH.
- Help focus individual and organizational efforts to address the duplication of efforts.
- Feeling disconnected and believe that OCH funds could be better utilized by going to direct services.
- Support organizations regarding strategies around HIPAA
- Acknowledge that smaller organizations have more limited resources and capacity as compared to larger organizations.

Please [Appendix C](#) for the full breakdown of responses.

Questions or Additional Comments

Q19: Do you have any questions or additional comments?

n = 7 responses

1. Grateful to be part of this group and this work. The shared compassion to improve the health of our service area is palpable and deep. Onward!
2. How can our organization be more engaged with OCH? We have a strong base organizationally and in collaboration with our community partners so how can we be involved to obtain assistance from OCH in the ways it convenes and fills gaps but does not duplicate what we are already engaged in?
3. I apologize we've had a large number of employee turnover, so our participation has been minimal. I'm excited to change this past pattern and engage in the partnership.
4. I continue to find it remarkable that OCH has found a way to value participation and input, not just outcomes. Thank you for being the rare organization that values people. Health priorities are rarely even discussed when groups like the North Olympic Legislative Alliance get together and if OCH could provide any type of convening and/or advocacy around regional health-related legislative priorities that would be interesting to pursue.
5. I've entered Jamestown Family Clinic as a partner since that was what was listed. It might be more accurate to say Jamestown S'Klallam Tribe as they are who funds us.
6. Thank you for all that you do and the efforts being made to improve our communities.
7. Thank you OCH staff for all you do!!



Conclusion and Recommended Next Steps

- ❖ Discuss the characteristics of the overall network with network members and make sense of the network maps together.
 - Consider how network members connect with each other and which ones are considered most valuable to partners.
 - Are there types of partners that are under- or over-represented in the network?
 - Is the network overly dependent on just a few members?
 - Considering the ways in which members connect with one another and the types of activities they work on together. Is this sustainable over time?
- ❖ Consider whether changes in the nature of the network relationships would improve collaboration or increase impact.
 - Discuss how to manage the expected and recorded levels of activity among members. What is the minimum amount of effort required to reach goals? Where are gaps?
 - Are the resources contributed by partners being properly leveraged to achieve network goals? Consider whether there are ways the network could facilitate the further exchange of resources among partners. Identify gaps and redundancies in resource contributions to devise partner recruitment and engagement strategies.
 - Do certain forms of value and trust characterize the network? Do these represent strengths to build on or opportunities for improvement?
 - Are there ways the network could facilitate the further exchange of resources, skills, and knowledge?
- ❖ Use the process outcomes in this report to track, demonstrate, and celebrate progress toward long term goals.
 - Develop intentional strategies for partner engagement and involvement in the network over time.
 - Develop strategies to increase perceptions of the value of power and influence among members of the network.
 - Discuss what success means for partners and develop strategies to achieve it.

The social network analysis of Olympic Community of Health was conducted using **PARTNER** by **Visible Network Labs**. For more information about Visible Network Labs and the tools and resources available, please visit www.visiblenetworklabs.com.

Email: partnertool@visiblenetworklabs.com



Appendix A: Resource Inventory

Below is a table showing the resource contributions by partners in the network.

Map Label	Organization	Advocacy	Building community connections	Expertise in health	Expertise other than in health	Improving systems, policies, and practices in collaboration with or Tribe	Improving systems, policies, and practices within your organization or Tribe	In-Kind resources	Leadership	Participating in and contributing to learnings and convergences	Perspectives and input of lived experience	Strategic planning	Other	# of Resources Contributed
3	Agape Unlimited													3
6	Answers Counseling													3
7	Best Dental Help	X												3
8	Bogachiel and Clallam Bay Clinics		X											3
9	CHI Franciscan Medical Group		X											3
10	Clallam County		X											3
12	Clallam Resilience Project		X											2
13	Community Health Plan of WA													3
15	Discovery Behavioral Health		X											3
16	First Step Family Support Center													3
17	Forks Community Hospital													3
18	Hoh Tribe	X	X											3
19	Jamestown Family Health Clinic		X											3
22	Jefferson Healthcare		X											3
23	Jefferson Public Health													3
24	Kitsap Children's Clinic		X											3
26	Kitsap County Human Services													2
27	Kitsap Medical Group													3
28	Kitsap Mental Health Services	X	X											3
29	Kitsap Public Health District		X											3
30	Kitsap Recovery Center	X	X											3
31	Kitsap Strong		X											3
34	North Olympic Healthcare Network													3
35	Northwest Washington Family Medical Residency													3
37	Olympic Area Agency on Aging	X	X											3
38	Olympic Community Action Programs		X											3
36	Olympic Educational Service District	X												3
39	Olympic Medical Center													3
40	Olympic Peninsula Community Clinic	X												3
41	Olympic Peninsula Healthy Community Coalition		X											3
42	Olympic Personal Growth	X												3
43	Peninsula Behavioral Health	X												3
44	Peninsula Community Health Services		X											3
46	Port Gamble Skiklam Tribe													1
47	Quileute Tribe	X												2
48	Recovery Café Jefferson County		X											3
49	Reflections Counseling Services	X	X											3
52	St. Michael Medical Center													3
55	West End Outreach Services													3
56	West Sound Treatment Center		X											3
57	VMCA of Pierce and Kitsap Counties		X											3
Total		11	22	12	6	17	11	2	7	13	5	4	4	

Appendix B: Other Partners

For this open-ended question, 18 respondents named other organizations or Tribes that they also work with to improve individual and population health. Many of them are clinics, hospitals and partners focused on behavioral health or addiction treatments.

Q6: Think about the list of organizations and Tribes displayed previously in this survey. Are there any organizations or Tribes that you collaborate or partner with to improve individual and population health that were missing from this list?

n = 18 responses

We coded the 18 open-ended responses and grouped them by the following seven categories:

Clinics and Hospitals

- ❖ Sequim Free Clinic
- ❖ Health Care Authority
- ❖ Jamestown Healing Clinic
- ❖ North Star Midwifery
- ❖ Olympic Peninsula Health Services
- ❖ Concerned Citizens
- ❖ Sound Dental and BigFoot Podiatry mobile services
- ❖ St. Anthony's and other out of county hospitals that serve Kitsap residents
- ❖ Makah for Centering in Pregnancy

Behavioral Health and Addiction Treatment

- ❖ Clallam Mosaic
- ❖ Community Prevention and Wellness Initiative (CPWI) coalitions for South Kitsap, Kingston and Bremerton
- ❖ BAART Services
- ❖ NAMI in Jefferson and Kitsap
- ❖ Believe in Recovery
- ❖ Port Gamble S'Klallam Tribal Wellness Center
- ❖ ReDiscovery
- ❖ Avamere

School Districts

- ❖ Jefferson County School District and others

Faith-Based Community Organizations

- ❖ Catholic Community Services
- ❖ Coffee Oasis
- ❖ YMCA of Jefferson County and other locations
- ❖ Salvation Army

Other Community Resources

- ❖ Kitsap Community Resources
- ❖ Kitsap Rescue Mission
- ❖ Housing Resource Center

Organizations Addressing Food-Security

- ❖ Port Angeles Food Bank
- ❖ Sequim Food Bank
- ❖ Meals on Wheels
- ❖ St. Vincent de Paul

Law Enforcement and Other Government Agencies

- ❖ Port Angeles Police Dept
- ❖ Bremerton Fire Department
- ❖ Kitsap County Jail
- ❖ Washington State Department of Health and Social Services

Appendix C: Advice, Thoughts, and Ideas

Q18: As the network of partners continues to tackle health issues no single sector or Tribe can tackle alone, do you have any advice, thoughts, or ideas?

n = 24 responses

1. (Re) Engage the community-based social service organizations that are dedicated to better health for the Medicaid and dual populations with sufficient funding to implement a new service.
From the beginning, the OCH has focused on early childhood and adult health as a return on investment strategy and neglected the most expensive Medicaid population- the older adult.
2. Although many of our partnerships predate OCH, this work together helps to deepen the relationship and spark new ideas, ways to collaborate and provides opportunity for us to engage with each other.
3. Behavioral health is currently one of the leading problems across the nation. We have a severe shortage of resources available. Focus on finding ways to improve this would be a focus I would love to see.
4. Being able to share data and referrals.
5. Bring more spiritual leaders into the conversations. They tend to give a lot to the community. Also, bringing educators into the conversations.
6. Continue to nurture the relationships and collaborations that have been developed. Do more with public/legislative policy development at the local and State level. More community education about OCH and its accomplishments.
7. Continue to strive for equity. Acknowledge that smaller organizations may face more challenges than larger organizations as change is harder with fewer hands on deck and it's harder to absorb the costs across programs and activities
8. Continue with Targeted Universalism as an approach, seeding it across the region as an important structure for building to change. Help increase a move toward response rather than reaction - encourage strategy through policy change (hold seminars instructing how to go about making policy changes for instance, have this be a part of your funding parameters). The reason for this is that our partners and community-minded organizations are very good at filling a need as it comes up, but it's a bandaid reaction to serve the purpose at that moment only. It doesn't really "fix" the problem at its root. For there to be lasting and real change, this is a perspective that needs to be shifted and a muscle that needs to be built. I also see there are a few passionate people that are on many different boards, coalitions, etc. And though they have the desire, they don't seem to see how they are diluting their efforts because one person simply doesn't have the bandwidth or energy to fill in all the gaps themselves. I'm not sure what the answer is here, perhaps OCH can help focus people's/organization's efforts at the same time duplication of efforts is addressed.
9. I am happy to follow guidance. I will continue to be the faithful soldier, as I believe in the mission and the end goal. Happy to be a part of something so special and patient oriented.

(Cont.)

Appendix C: Advice, Thoughts, and Ideas (Cont.)

10. I do not see a need for continuing the OCH. It is just another layer siphoning dollars that could be utilized to provide direct services.
11. I have not been invited to a meeting in over a year and feel disconnected from OCH's work. I think because the OESD is not a license provider, we are not at the table. So I would suggest expanding events/activities to include those engaged in prevention and early intervention work specific to behavioral health (i.e. coalitions, SBHC staff and School-based substance use and mental health staff.
I think it would be great to have an annual event that brings people together across the continuum of care.
Also note - in the survey we were asked about what Tribes we work closely with - I marked the Quileute - this is only in relationship to the tribal compact school, not the Tribe specifically.
12. I think there is a tremendous capacity to deepen how our partners work with each other. Coming into a new waiver, I think about how we can expand the health care ecosystem to be more inclusive of CBOs. I also think about our historical barrier with HIPAA in terms of shared referrals. There are strategies that focus on informing patients on helping them give their consent for referrals, which addresses many of the HIPAA concerns. Having OCH recognize the opportunities for our community members through an extension of care and holding a curious vs solely cautious posture may help us innovate more deeply in the future.
13. Improve more community members. Those impacted by the services these organizations provide
14. Include Kitsap County, PCAP (Parent Child Assistance Program), Agape' Unlimited
15. It would be nice to have a quarterly collaboration to discuss issues or ideas with one another.
16. It would be very interesting to consider whether/how OCH might play a more active role in helping to identify, shape and advocate for regional priorities and then provide leadership relating to conversations with the HCA that are focused on improved outcomes/access/service provision. So much...money/contracts/etc. flows through HCA and most organizations either have a limited connection, or no direct connection, with HCA. HCA rarely understands challenges faced on the ground by providers as they are so focused on their own scope of responsibility and trying to keep up.
17. Just to continue to work together.
18. Keep doing what you are doing. Figure out how to get the hospitals back - they matter a lot for some of us. Don't lose track that you still the core group to stay involved as you try to involve others.

(Cont.)

Appendix C: Advice, Thoughts, and Ideas (Cont.)

19. Many relationships pre-existed before OCH, but have been strengthened, re-imagined, or transformed as a result of the years-long convening, conversation, and planning. We have gained improved awareness and better understanding of other local and regional partners with a clearer sense of roles, missions, and challenges. The OCH has helped to reduce the silos that can evolve and provided an opportunity to think more creatively in solution-seeking. Many of the barriers that constrain the extent and depth of collaborations are systemic/regulatory factors that are external to the OCH.
20. More preventative oral health support with other partners
21. Seems like opiate use is a narrow piece of the sector- addressing isolation would address geography, services, population, behavioral health needs etc.
22. SUD providers still seem to have very contentious relationships. I believe consistent provider's meetings may help which I am guilty of voicing and not acting on with more vigor. I also believe the SBAHSO's perceived preferential treatment of some agencies also contributes to this issue. The tense relationships between SUD providers makes it difficult to work together across the county.
23. That we continue to form collaborations, share information, develop referral relationships and work together towards common goals/target populations in order to minimize duplication's, safeguard valuable resources, respect and meet our client's needs.
24. The main concern is funding and reimbursement, which we discuss frequently at the OCH Board meetings. For transformation to take place, unfortunately, it has to be a business imperative.

Appendix D: PARTNER Customized Survey

Olympic Community of Health Survey Questions

Proposed Research Questions:

1. **Understanding Network Characteristics:** What is the nature of relationships in the network? What are the qualities of a good partnership? What qualities are needed to achieve outcomes? Who are key linkages across networks?
2. **What are the perceived roles of members in the network?** What should these roles be? Does the current network structure reflect a distributed leadership model?
3. **Partner Practices:** What has been OCH's role in changing the way individual partners think about work, do the work, prioritize their time, and change their partners so they are more aligned with OCH initiatives?

Instructions:

Partners,

Olympic Community of Health (OCH) is asking you to provide insights around our partner network. We are asking one person from each organization or Tribe who is currently engaged with OCH to participate (although you're welcome and encouraged to sit together with others who are familiar with OCH and answer as a team). This survey should take about 45 minutes to complete and works best if you use a Chrome browser. The survey allows you to save responses and continue the survey later as needed.

For implementation partners, completing this survey accounts for 5% of the Year 6 (2022) payment model. For partners not contracted with OCH, we will provide your organization or Tribe with \$100 as a thank you for completing the survey.

Responses from this survey will visualize network relationships, provide insights about the ways we work together, identify opportunities for continued network development, and demonstrate the impact of our collective efforts. OCH will share a summary report with all respondents and provide a personalized profile of your results showing your collaborative work. Your answers to the survey questions are anonymous, except for your answer to Question 5, where you identify the organizations and Tribes with which you have a collaborative relationship.

Thank you in advance for your time on this. Please contact OCH with any questions at OCH@olympicch.org.

Sincerely,

Team OCH

Q#	Question Text	Question Response Options	Research Question
Block 1			
1	Since the inception of OCH in 2017, what do you see as your organization or Tribe's most important contribution to improving health across the Olympic region? (select up to 3)	A. Advocacy B. Building community connections (e.g. bringing new partners to the table, deepening connections across sectors, tribes, and communities) C. Expertise in health D. Expertise other than in health E. Improving systems, policies, and practices within your organization or Tribe (e.g. change plan implementation, etc.) F. Improving systems, policies, and practices in collaboration with another organization or Tribe (e.g. community-clinical linkages, addressing social determinants of health, change plan activities, etc.) G. In-Kind Resources (e.g. meeting space, sharing information on social media, etc.) H. Leadership (e.g. serving at the governance level, leading region wide work, etc.) I. Participating and contributing to learnings and convenings J. Perspectives and input of people with lived experience K. Strategic planning L. Other, please specify;	Perceived Roles

Appendix D: PARTNER Customized Survey (Cont.)

2	<p><i>Matrix question format:</i></p> <p>Since 2017, how successful has the network of OCH partners been at facilitating or achieving the following activities and outcomes?</p> <p><i>Rows:</i></p> <ul style="list-style-type: none"> A. Increased knowledge sharing B. Decreased duplication of effort C. Developing innovative solutions to shared problems D. Increased cross-partner collaboration E. Improved services for target populations F. Improved outcomes for target populations G. Changing policies, laws, or regulations H. Increasing awareness of transformation activities I. Increasing community support for transformation activities J. Reducing inequities 	<p><i>Columns:</i></p> <ul style="list-style-type: none"> 1. Unsure 2. Not Successful 3. Somewhat Successful 4. Successful 5. Very Successful 	<p><i>What is/should be the mission and outcomes of the network?</i></p> <p><i>Community Impact</i></p>
3	<p>Please select which activities and outcomes the OCH network of partners should prioritize in the future. (select up to 3)</p>	<ul style="list-style-type: none"> A. Increased knowledge sharing B. Decreased duplication of effort C. Developing innovative solutions to shared problems D. Increased cross-partner collaboration E. Improved services for target populations F. Improved outcomes for target populations G. Changing policies, laws, or regulations H. Increasing public awareness of transformation activities 	<p><i>What is/should be the mission and outcomes of the network?</i></p>
		<ul style="list-style-type: none"> I. Increasing community support for transformation activities J. Reducing inequities K. Other, please specify 	
4	<p>Please indicate your organization or Tribe's current engagement level with OCH.</p>	<ul style="list-style-type: none"> A. Glean Resources: Access resources via OCH website, blog, and social media; connect with OCH staff for resources and support. B. Participate: Glean Resources + participate and engage in learnings and convenings; participate in governance activities; participate in surveys or interviews to help provide guidance to the work of OCH. C. Collaborate: Glean Resources + Participate + collaborate with OCH and partners on project implementation of a variety of strategies to advance the OCH mission. D. Champion: Glean Resources + Participate + Collaborate + share best practices, bright spots, and successes with the network of partners, raise policy issues and contribute to policy briefs. 	<p><i>Strategic Plan</i></p> <p><i>Perceived Roles</i></p>
Block 2			
5	<p>A goal of this project is to visualize and map the network of connections in the ecosystem of organizations or Tribes that are working to create a healthier, more equitable three-county region.</p> <p>From the list, select organizations or Tribes with</p>	<p>Respondents choose from the uploaded bounded list.</p>	<p><i>Understanding Network Characteristics</i></p>

Appendix D: PARTNER Customized Survey (Cont.)

	<p>which you have an established relationship (either formal or informal).</p> <p>In subsequent questions you will be asked about your relationships with these organizations or Tribes in the context of OCH.</p> <p><i>Note: Questions shaded in blue are relational questions, meaning that the respondent will answer each question about the organizations they selected in this question.</i></p>		
<p>You will now be asked a series of questions about the nature of your relationships with the organizations or Tribes you listed in the previous question. As a reminder, your answers to these questions will be anonymized.</p>			
6	<p>What is your organization or Tribe's most common way of interacting with this organization or Tribe? (Select only one.)</p>	<p>A. Awareness: We're aware of what this organization does (e.g., understanding of services, offered, resources available, mission goals)</p> <p>B. Cooperation: We exchange information and resources</p> <p>C. Coordination: We synchronize activities for mutual benefit (e.g., we plan events together)</p> <p>D. Integration: We have a mutual, binding relationship that supports work in related content areas (e.g., contracts, grants, MOUs)</p>	<p>Understanding Network Characteristics</p>
7	<p>What kinds of activities does your relationship with this organization or Tribe entail? (select all that apply)</p>	<p>A. Work on advocacy or policy efforts together (including legal/regulatory changes)</p> <p>B. Send referrals to them</p> <p>C. Receive referrals from them</p> <p>D. Joint programming/service delivery</p> <p>E. Exchange general information/resources</p> <p>F. Receive data from them</p> <p>G. Provide data to them</p> <p>H. Conduct research together</p> <p>I. Work together to develop guidelines/standards</p> <p>J. Work together to develop tools/technologies</p> <p>K. Receive technical assistance/training from them</p> <p>L. Provide technical assistance/training to them</p> <p>M. Share resources (e.g. office space, staff support)</p> <p>N. Receive funding from them</p> <p>O. Provide funding to them</p> <p>P. Other</p> <p>Q. None of the above</p>	<p>Understanding Network Characteristics</p>
8	<p>How frequently does your organization or Tribe work with this organization or Tribe on issues related to the mission* of OCH? (Select only one.)</p> <p>*Mission: To solve health problems through collaborative action.</p>	<p>a. Never/We only interact on issues unrelated to OCH</p> <p>b. Once a year or less</p> <p>c. Once a quarter</p> <p>d. Once a month</p> <p>e. Every week</p> <p>f. Every day</p>	<p>Understanding Network Characteristics</p>

Appendix D: PARTNER Customized Survey (Cont.)

9	How important has OCH been in the formation and maintenance of this relationship? (Select only one)	A. Not at all B. A small amount C. A fair amount D. A great deal	<i>Partner Practice</i>
10	Would your organization's current partnership with this organization or Tribe continue to exist if Olympic Community of Health (OCH) were no longer present?	A. Yes, our relationship is not dependent on OCH B. Maybe, depends on if there is another convener C. No, our relationship is dependent on OCH D. I Don't Know	<i>Partner Practice</i>
The following set of six questions make up the PARTNER Value and Trust Questions.			
11	To what extent does this organization or Tribe have power and influence to advance a healthier, more equitable three-county region? *Power/Influence: The organization or Tribe holds a prominent position in the community by having influence and showing leadership.	A. Not at all B. A small amount C. A fair amount D. A great deal E. I don't know	<i>Understanding Network Characteristics</i>
12	What is this organization or Tribe's level of involvement with OCH? *Level of Involvement: The organization or Tribe is strongly committed and active in the partnership and gets things done.	A. Not at all B. A small amount C. A fair amount D. A great deal E. I don't know	<i>Understanding Network Characteristics</i>
13	To what extent does this organization or Tribe contribute resources to the Olympic region? *Contributing Resources: The organization or Tribe brings resources to the partnership like funding, information, or other resources.	A. Not at all B. A small amount C. A fair amount D. A great deal E. I don't know	<i>Understanding Network Characteristics</i>
14	How reliable is the organization or Tribe? *Reliable: This organization or Tribe is reliable in terms of following through on commitments.	A. Not at all B. A small amount C. A fair amount D. A great deal E. I don't know	<i>Understanding Network Characteristics</i>
15	To what extent does the organization or Tribe share a mission with other participants of OCH? *Mission Compatibility: this organization or Tribe shares a common vision of the end goal of what working together should accomplish.	A. Not at all B. A small amount C. A fair amount D. A great deal E. I don't know	<i>Understanding Network Characteristics</i>
16	How open to discussion is the organization or Tribe? *Open to Discussion: this organization or Tribe is willing to engage in frank, open and civil discussion (especially when disagreement exists). The organization or Tribe is willing to consider a variety of viewpoints and talk together (rather than at each other). You are	A. Not at all B. A small amount C. A fair amount D. A great deal E. I don't know	<i>Understanding Network Characteristics</i>

Appendix D: PARTNER Customized Survey (Cont.)

	able to communicate with this organization or Tribe in an open, trusting manner.		
17	Think about the list of organizations and Tribes displayed previously in this survey. Are there any organizations or Tribes that you collaborate or partner with to improve individual and population health that were missing from this list? If yes, please provide their names below. If no, please advance to the next question.	[Open-ended]	<i>Understanding Network Characteristics</i>
18	As the network of partners continues to tackle health issues no single sector or Tribe can tackle alone, do you have any advice, thoughts, or ideas?	Open-ended	<i>What is/should be the mission and outcomes of the network</i>
19	Do you have any questions or additional comments?	Open-ended	