

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

Board of Directors
November 10, 1:00-3:00 pm | Via Zoom Only

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

#	Time	Topic	Purpose	Lead	Attachment
1	1:00	Welcome & introductions	Welcome	Heidi Anderson	
2	1:08	Consent agenda	Action	Heidi Anderson	1. DRAFT minutes October 13 Board meeting 2. November Executive Director report 3. Hub eligibility SBAR (approved by EC on 11/4)
3	1:12	Public Comments (2-minute max)	Information	Heidi Anderson	
4	1:15	Committees and Board membership - Welcome to Stacy Mills (Port Gamble S'Klallam Tribe) - Seeking one or two more members for the Governance committee (4 meetings Feb-May) - Seeking a Kitsap rep for the Advocacy committee – First Thursday 10-11 every other month starting January	Information & Discussion	Celeste	
5	1:20	Q3 2025 Financials	Action	Brent Simcosky	4. SBAR 5. Q3 Financial Statements 6. Spending notes through Q3
6	1:30	Fiscal Policy & Procedures	Action	Brent Simcosky	7. SBAR 8. Fiscal Policy & Procedures
7	1:40	Retirement Contribution	Action	Celeste Schoenthaler	9. SBAR
8	1:45	2026 MCO Sector Representation	Action	Celeste Schoenthaler	10. SBAR

9	1:50	2026 Budget and Workplan	Action	Brent Simcosky, Celeste Schoenthaler, Miranda Burger	11. SBAR Workplan 12. 2026 Workplan 13. SBAR Budget 14. 2026 Budget
10	2:10	Food Bank Donation	Action	Celeste Schoenthaler	15. SBAR
11	2:20	Olympic Connect data dashboard and updates	Discussion	Miranda Burger	
12	2:55	Good of the Order	Information	Heidi Anderson	
13	3:00	Upcoming meeting & adjourn: • January 12, 1-3 at 7 Cedars with optional networking lunch	Information	Celeste Schoenthaler	

Board of Director's Meeting Minutes

Date: 10/13/2025	Time: 1:00 PM	Location: 7 Cedars Hotel, Jamestown S'klallam
Chair In-Person: Heidi Anderson, <i>Forks Community Hospital</i> Voting Members Attended In-Person: Brent Simcosky, <i>Jamestown S'Klallam Tribe</i>; Jenny Oppelt, <i>Clallam County Health & Human Services</i>; Jolene Kron, <i>Salish Behavioral Health Administrative Services Organization</i>; Roy Walker; Susan Buell, <i>YMCA of Pierce and Kitsap Counties</i>; Tanya MacNeil, <i>West End Outreach Services</i> Voting Members Attended Virtually: Beth Johnson, <i>Coordinated Care</i>; Bobby Stone, <i>Olympic Medical Center</i>; Dominica Fale, <i>Peninsula Community Health Services</i>; G'Nell Ashley, <i>Reflections Counseling</i>; Holly Morgan, <i>Olympic Community Action Programs</i>; Jennifer Kreidler-Moss, <i>Peninsula Community Health Services</i>; Rosalia Apalisok, <i>St. Michael Medical Center</i> Stacey Smith, <i>Kitsap County Human Services</i>; Non-Voting Members Attended In-Person: Non-Voting Members Attended Virtually: Jake Davidson, <i>Jefferson Healthcare</i>; Guests and Consultants Attended In-Person: Laura Johnson, <i>United Healthcare Community Plan</i>; Nanine Nicolette Guests and Consultants Attended Virtually: Phil Ramunno Kate Jasonowicz Kathie Olson Symetria Gongyin, <i>Coordinated Care</i> OCH Staff: Celeste Schoenthaler, Miranda Burger, Jen Kingfisher, Erin Hawkins, Chris Hamilton		

Minutes

Facilitator	Topic	Discussion/Outcome	Action/Results
Heidi Anderson	Welcome & Introductions		
Heidi Anderson	Consent agenda	1. DRAFT Minutes September 8 Board Meeting 2. October Executive Director Report 3. SBAR Investment Policy 4. Investment Policy There was one small change to the wording in the investment policy. ED Report: The regional convening was well-attended and there were several board members in attendance. The keynote speaker was from Olympic College and several regional partners presented on how their work fosters hope. The HCA selected a lead entity for statewide CIE work, Comagine. ACHs are awaiting next steps.	Motion to approve the consent agenda. Approved unanimously.
Heidi Anderson	Public Comments (2-minute max)		
Brent Simcosky	IRS 990 Form - 2024	5. SBAR 6. 2024 IRS Form 990 Brent Simcosky reviewed the SBAR for the 2024 IRS 990. One board member caught a few spelling errors in the form that will be changed before final submission. No other questions or discussion.	The Board of Directors accepts the 2024 IRS 990 form as presented by staff and the Finance Committee, with minor modifications for spelling errors. Approved unanimously.
Celeste Schoenthaler	OCH Employee Handbook	7. SBAR 8. Employee handbook	The Board of Directors approves changes to the OCH Employee

		with revisions Celeste presented the SBAR for updates to the employee handbook. She reviewed the summary of the proposed changes and then went through the handbook to ensure members are clear. Board members were generally supportive and didn't offer any changes or edits to the manual.	Handbook as proposed. Approved unanimously.
Celeste Schoenthaler	Retreat Followup	9. Board Retreat Summary Celeste and Miranda gave a summary of the board retreat from 9/8/2025. They highlighted major discussion points, spoke on starting the next strategic plan, and the board attendees' input throughout the retreat. Discussion: There was concern about representation between the counties at the board retreat and on upcoming committees, along with how to crosswalk what was discussed at the OCH Retreat vs priorities in other counties like Kitsap which may be different. There was acknowledgment of the different priorities, and suggestion for Kitsap members to be on the Strategic Planning committee. There was emphasis that we're not currently adopting a strategic plan and that there are projects in the works to inform the next plan. Members also asked about	

		the timeframe of the next strategic plan since we are in a constantly changing landscape. Question: What can OCH tackle realistically? Discussion: The discussion centered on possibly shortening the strategic plan, and focusing more on specific tasks and being more tactical about how we devise the next strategic plan. A pain point among the Olympic population is that they want things to “just work” and find some successes – some people out there are feeling hopeless.	
Mirand Burger, Erin Hawkins, Phil Ramunno	2025 Network Analysis Report	Erin and Miranda presented the report and findings from the 2025 Partner Network Analysis.	
Phil Ramunno	Connect to Data tool update & feedback	Phil Ramunno, our data contractor, took some time to show the work he’s been doing with the Connect 2 Data tool which will be shown on the OCH website. First time users of the tool will be shown some context of the tool, a land acknowledgment, and a summary of action plan indicators including key takeaways and why data is important to regional health and well-being. Then he gave us an overview of how to use the tool. The home page shows 3 main areas: Olympic Demographics, Focus Areas, and Stronger	

		Together: Partner Network Analysis. Question: Is the data live or static? Answer: Data is static, we are committed to keeping the data updated. It comes from several different areas with different cadences of updates. Some of the data sources weren't supported especially with the shutdown. The Olympic Demographics area has several different options for breaking down the data into different views. You can also find specific data points and view the source of the data. Part of the value of the tool is that you don't have to go to a several sources to figure out data. Phil walked through the Focus Areas section and how to look at the data, how to look at tooltips, where links go and how it connects to data. All available data depends on what data is available for a given year, time, or service. Phil continues to walk through the tool going through the Stronger Together Partner Network Analysis overview. Question: When will we be able to start experimenting with the tool? Answer: It's available right now, but it's not totally finished. The plan is to embed it into the OCH website.	
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		Question: Will data be available to export? Answer: Yes, technically right now it's able to do that, but it's difficult to function. The plan is to give a specific export functionality.	
Susan Buell	Hub models across the country	Susan Buell shared her research on other community care hub models throughout the country. We looked at the history of community care hub models, federal funding, and what the landscape looks like in this work now Celeste: We also talk to the other 6 ACHs along with national hubs about lessons learned and other information to incorporate into our practice at OCH.	
Susan Buell & Celeste Schoenthaler	Good of the order – Board member and public comments	WA state has secured funding for WIC through October. Good news amid the government shutdown.	
Susan Buell & Celeste Schoenthaler	Upcoming meetings & adjourn: • November 10, 1-3pm, Zoom only (no lunch) • No December meeting January 12, 1-3 at 7 Cedars with optional networking lunch	Next month is Zoom only. - Budget - Fiscal policy No December meeting January 12 – 1 PM to 3 PM at 7 Cedars with optional networking lunch. Adjourn: 3:00 PM	

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

- Hot Topics:
 - While the federal government is shutdown, OCH cannot bill the Economic Development Administration for expenses. [Some Recompete partners are pausing or slowing down activities as a result.](#) The Executive Committee discussed in October and November and has recommended OCH continue on with Recompete as planned. If the shutdown continues past December, we will need to revisit.
 - The **Google ad buy that OCH purchased starting in June is showing signs of success in driving community members to the [Olympic Connect](#) website.** For June through September, the ads drove 18,582 impressions and 1,956 clicks to the site. This is a 10.53% click-through rate which is higher than the 3-6% benchmark for this type of service.
 - OCH launched its second **Camden Complex Care Certificate cohort.** This self-paced course focuses on supporting people with complex health and social needs through a variety of topics. Eight Olympic Connect care coordinators are participating.
 - The Olympic Peninsula YMCA and OCH partnered to launch the **Olympic Peninsula YMCA Basic Needs and Childcare Voucher Programs** on October 27. These two new programs are funded by the Recompete grant and aim to reduce barriers to good job attainment.
 - The **Olympic Connect Advisory Group** met on October 29. The advisory group meetings continue to be well attended with representation across a broad range of communities, partner types, and individual roles. Partners explored the current regional data dashboard. The group will meet quarterly in 2026.
 - Celeste Schoenthaler and Miranda Burger attended the **2025 HRSN Innovations Learning Lab in North Carolina**, a national meeting for leaders implementing health-related social needs initiatives. Six of the Community Care Hubs of Washington were in attendance in addition to attendees from California, Kentucky, New York, North Carolina, Oregon, and more. It was encouraging to hear that we share many of the same challenges and now have new connections to groups with insight to lend.
- Subcommittee reports/updates
 - **Executive Committee** – Met on November 4 to plan for the November board meeting. The group also had active email dialogue throughout the month related to the federal government shutdown and potential impacts to OCH and funded partners.
 - **Finance Committee** – Met on November 3 to review proposed edits to the fiscal policy, to review and approve the 2026 budget, and to review and accept quarter 3 financial statements.
 - **Strategic Planning Committee** – This group is scheduled to meet for the first time on January 26 via zoom.
 - **Advocacy Committee** – This group is scheduled to meet for the first time on January 8. The group seeks at least one representative from Kitsap county.

- **Governance Committee** – This group is not yet scheduled. We have two volunteers for this group and it would be great to have at least one more representative. This group will meet 4 times in 2026 between February and May via zoom.
- Upcoming meetings and events
 - December 15 – Olympic Connect 2026 Care Coordination Partner Orientation - Zoom
- Administrative & staffing updates
 - Jessica Peterson departed OCH in early October. We wish her the best on her path forward. The team is regrouping on this position and will post something in early 2026.
 - Yvonne Owyen earned a promotion. Her new job title is Community Program Specialist (Workforce). Congratulations Yvonne!
 - Reports submitted for the EDA recompile grant at the end of October.

Partner Engagement since last Board meeting:

- Clallam Partners
 - October 3 – Clallam County Recompete – Zoom
 - October 6- Clallam County Therapeutic Courts- Port Angeles
 - October 14 – Forks Community Hospital – Forks
 - October 14 – Forks Food Bank – Forks
 - October 14 – First Step Family Support Center – Forks & Port Angeles
 - October 20 – Regional Challenge grant Partners-Port Angeles
 - October 27 – Boys and Girls Club – Zoom
 - October 27 – Clallam Transit – Zoom
 - October 30 – Clallam County Recompete – Port Angeles
 - October 31 – Clallam County Recompete – Port Angeles
- Jefferson Partners
 - October 14- BHAC-Port Townsend-Zoom
 - October 15 – East Jefferson Fire Rescue – Port Hadlock
 - October 16 – Quilcene Fire Rescue – Zoom
 - October 27 – Jefferson Transit - Zoom
 - October 28 – East Jefferson Fire Rescue - Zoom
 - October 30 – Bayside Housing—Port Hadlock
- Partners that serve both Clallam & Jefferson
 - October 15 – Olympic Peninsula YMCA – Zoom
 - October 16 – First Step Family Support Center – Zoom
 - October 27 – Olympic Peninsula YMCA – Zoom
 - October 28 – Peninsula College – Port Angeles
 - October 28 – Regional Challenge grant partners – Zoom
 - October 28 – Olympic Area Agency on Aging - Zoom
- Kitsap Partners
 - October 9 – PCHS – Zoom
 - October 18 – Olympic College – Poulsbo
 - October 20 – Port Gamble S’Klallam Tribe – Zoom

- October 21 – Lutheran Community Services Northwest – Zoom
- October 28 – Bremerton Food Line - Bremerton
- October 30- Olympic College-Bremerton- Zoom
- Full region
 - October 9 – Introduction to Olympic Connect data dashboards (care coordination partners) - Zoom
 - October 29 – Olympic Connect Advisory Group – Poulsbo
 - October 14- Parter Presentation, Medicare Open Enrollment-Zoom
 - October 28- Partner Presentation- ECHHO-Zoom
- Statewide
 - October 8 – “CCH6” meeting – SeaTac
 - October 14 – Coalition of ACHs – Vancouver, WA
 - October 21- Workforce Development Workgroup “CCH6”-Zoom

Additionally:

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

Olympic Community of Health

SBAR: Hub Eligibility

Presented to the OCH executive committee on November 4, 2025.

Approved by the OCH executive committee on November 4, 2025.

Situation: When ACHs were working with HCA to think through the approach for the renewal waiver and community care hubs, the HCA staff at that time (2022-2023 ish) told us that there would be a “no wrong door” approach to who the hub could serve. So, OCH and other hubs established messaging accordingly as we knew that the majority of hub clients would likely be low income and/or un- or under- insured or on Medicaid. Now that we are implementing the hub, things are changing – there are several new staff at HCA and a different federal landscape. HCA communicated to ACHs in October that, as of 11/1/2025, HCA dollars can only be used to serve Medicaid clients. Staff seek guidance and approval on a plan to move forward.

Background: The ACHs have been working to gain access to Provider One for many months and OCH did so on October 7. Staff have been learning how to use the software and to understand HCAs requirements for next steps. As of 11/1/25, OCH will be required to check P1 for Medicaid eligibility when a client is referred to the hub and monthly until discharge. Unfortunately, we don’t have complete data on hub clients served so far as a large majority are not sharing their insurance status with us, so we don’t have enough information to determine how many non-Medicaid clients have been served by Olympic Connect since the 10/1/24 launch. A quick “spot check” in October between hub technology and P1 indicates that the majority of clients served by Olympic Connect are on Medicaid. We are also working to adjust the internal workflow to meet the 11/1 deadline to start checking for eligibility – as a side note, this is a big lift and we expect this to add a couple of hours each day to hub coverage and at least 20 hours on a monthly basis for monthly checks. In alignment with the funder mandate, we will begin Medicaid eligibility checks on 11/1/25. Our other primary funding source for the hub is the EDA Recompete grant. There are some dollars set aside for case management and two partners are currently funded by EDA for case management – Jefferson Healthcare and First Step. EDA’s priority population is the Prime Age Employment Group – those in Jefferson or Clallam counties between the ages of 25 and 54 who are un- or under-employed as measured by a minimum salary of \$26 dollars per hour, full time with benefits. All 12 care coordination partners are currently serving all clients regardless of PAEG or Medicaid status.

As staff are starting to work on a sustainability plan for Olympic Connect, it feels important to maintain a no wrong door approach and the ability to serve anyone. If we want health

systems and payors to engage, we will need to demonstrate that we can serve anyone. This work can also serve as a preventative step to stop people from needing Medicaid in the first place.

Action:

The following is recommended by staff for next steps on this. Staff look forward to hearing the feedback and insights of committee and board members to ensure clarity and transparency about the hub moving forward.

- Staff will start checking for Medicaid eligibility of all new hub clients on 11/3/25 in alignment with HCA's requirement.
 - Additionally, staff will conduct monthly checks between the 5th and 10th of the month for current Medicaid eligibility.
 - For those who are not on Medicaid, but do qualify, staff will work with the client to enroll in Medicaid.
- The hub will continue to serve all referred clients, regardless of status, through 12/31/25 to give us time to gather data on the number of clients who don't meet either funder's eligibility criteria.
 - For those who don't qualify under the HCA or recompetete funding, staff will code costs to the board-designated fund through December.
- Staff will report to the Board in January and will come with recommendations on how to adapt the model. This could include:
 - Changing hub eligibility and communicating widely.
 - Asking the board to use an up to amount of reserve funds so we can continue to serve in-need clients throughout the 3 counties. This could happen through a tiered approach:
 - Use HCA dollars first
 - Use EDA dollars second
 - As last resort, use board-designated funds. Only used for those who are un-or under-insured, low income, and in need of services.
 - Changing the approach to how we're allocating Recompetete dollars in Clallam and Jefferson
 - And more based on what we learn.
 - Staff will bring a draft letter to send to HCA on behalf of the Board (this step was added by the executive committee on 11/4

Recommendation:

The OCH executive committee approves the actions laid out and will wait to hear from staff in January to determine next steps.

Olympic Community of Health

SBAR: Quarterly Financial Update (Q3 2025)

Presented to the OCH Finance Committee on November 3, 2025

Updated and presented to the Board of Directors on November 10, 2025

Situation

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

Background

The financial statements represent the financial status of OCH through Q3 of 2025.

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

Other notes from staff:

- Income is on track for the year
- A third CDARS account was opened in August

The finance committee reviewed the financials at their November meeting and moved them forward to the board for review and acceptance.

Action

The staff team does not have any recommendations based on this report. 2025 continues to be a year of learning how to budget for and implement a community care hub. We are learning a lot that we can apply to the 2026 budget process. We ask for the board's review and questions and to accept the financials as presented.

Recommended Motion: The OCH Board of Directors accepts the Q3 2025 financial statements as presented.

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

Distribution account	Total
Assets	
Current Assets	
Bank Accounts	
101 Petty Cash	244
102.6 Kitsap Bank Operating #7311	206,767
107 Kitsap Bank CDARS	
107.5 #7184	2,137,985
107.6 #9048	1,080,021
107.7 #7328	3,000,000
Total for 107 Kitsap Bank CDARS	6,218,007
109 KB ICS Account #3211	6,404,029
Total for Bank Accounts	12,829,047
Accounts Receivable	
Other Current Assets	
141 Prepaid Expenses	3,379
Total for Other Current Assets	3,379
Total for Current Assets	12,832,426
Fixed Assets	
Other Assets	
143 Accrued Interest Receivable	21,849
148 Operating Lease Right-of-Use Asset	91,920
149 Accumulated Amortization of ROU Asset	(32,172)
Total for Other Assets	81,597
Total for Assets	12,914,022
Liabilities and Equity	
Liabilities	
Current Liabilities	
Accounts Payable	
Credit Cards	
Other Current Liabilities	
204 Wages Payable	58,246
205 Payroll Taxes Payable	18,197
206 Accrued Benefits Payable	26,420
206.1 Ameriflex Payable	5,185
Total for 206 Accrued Benefits Payable	31,605
207 SEP Payable	13,229
210 Operating Lease Liability - Current	17,748
Total for Other Current Liabilities	139,025
Total for Current Liabilities	139,025
Long-term Liabilities	
211 Operating Lease Liability - Noncurrent	46,448
Total for Long-term Liabilities	46,448
Total for Liabilities	185,473
Equity	
302 Unrestricted Net Assets	8,622,916
Net Income	4,105,634
Total for Equity	12,728,550
Total for Liabilities and Equity	12,914,022

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

Distribution account	Board Designated Funds		DOH	EDA	MTP 2.0					Technology	Workforce Development	Other	Regional Challenge Grant	Total
	Operations	Partner Support			Case Management	Engagement	Hub Development							
Income														
Government Grants														
410 MTP 2.0					1,356,220		687,572	775,004	225,804	621,136				3,665,736
410.1 Infrastructure						1,996,298								1,996,298
410.2 Case Management														
410.3 Phase 1B Infrastructure								147,790						147,790
Total for 410 MTP 2.0					1,356,220	1,996,298	687,572	922,794	225,804	621,136				5,809,824
413 DOH			426,900											426,900
414 EDA				38,226										38,226
Total for Government Grants			426,900	38,226	1,356,220	1,996,298	687,572	922,794	225,804	621,136				6,274,950
Services			548,100	27,282									25,000	600,382
Total for Income			975,000	65,508	1,356,220	1,996,298	687,572	922,794	225,804	621,136		25,000		6,875,332
Cost of Goods Sold														
Gross Profit			975,000	65,508	1,356,220	1,996,298	687,572	922,794	225,804	621,136		25,000		6,875,332
Expenses														
501 Partner Support														
501.1 Meetings & Events							15,632	81		3,428				19,141
501.4 Olympic Connect onboarding and orientation										538				538
501.6 Training & Technical Assistance								11,626		15,049				26,675
Total for 501 Partner Support							15,632	11,707		19,014				46,353
504 Partner Funding														
504.11 Care Coordination Partners - Full Service and Complex				73,658		363,120	89,152	6,240	23,394	200,586				756,149
504.6 Participation and Engagement incentives							6,736							6,736
504.8 Capacity Building - Services & Community Resources			819,400	7,776										827,176
Total for 504 Partner Funding			819,400	81,434		363,120	95,888	6,240	23,394	200,586				1,590,061
505 Operations														
500 Personnel														
505.1 Payroll Expenses														
500.1.1 Wages														
501.101 Executive Director	1,317						36,937	96,609		930		600		136,392
501.102 Staff Salaries		2,476		72,760		19,846	44,625	154,924	26,993	84,696		3,101		409,421
Total for 500.1.1 Wages	1,317	2,476		72,760		19,846	81,561	251,533	26,993	85,626		3,701		545,813
500.1.2 Payroll Taxes		218		6,277		266	8,199	20,657	2,333	7,425		322		45,698
Total for 505.1 Payroll Expenses	1,317	2,694		79,037		20,112	89,761	272,190	29,326	93,051		4,023		591,512
505.2 Employee Benefits														
500.2.1 Health Insurance	250	390		12,594		4,478	15,810	39,711	4,524	14,263		621		92,641
500.2.2 SEP Expense		118		3,403		1,020	4,542	11,155	1,312	4,137		173		25,861
500.2.3 Other		7		68		28	119	299	29	109		5		665
Total for 505.2 Employee Benefits	250	515		16,065		5,526	20,471	51,164	5,866	18,509		800		119,167
Total for 500 Personnel	1,567	3,208		95,103		25,638	110,232	323,354	35,192	111,560		4,823		710,678
505.3 Operations Contracts														
504.202 HealthierHere (Connect 2 Coordinator)			75,000											75,000
504.205 Cross-ACH Agreement			37,500					37,500						75,000
504.206 Hub Communications and Marketing			21,225				138,183							159,408
504.207 HR		8		96		32	153	141	296	146		10		882
504.208 Financial Advisory Services		24		155		73	288	725	59	254		14		1,592
504.209 Data & Analytics and Evaluation						14,254		93,356						107,610
504.210 Technical Assistance to OCH Staff	148			1,298			1,289	45,269	487	1,214		24		49,729
504.213 Audit	235			2,970		1,006	2,795	6,808	1,036	2,591		58		17,500
504.214 Legal								10,050						10,050
504.218 External Accounting Services	31	45		1,175		420	1,616	3,568	390	1,396		70		8,710
Total for 505.3 Operations Contracts	415	77	133,725	5,694		15,785	144,324	197,417	2,268	5,600		177		505,481
505.4 Other Operations														
505.4.1 Internal Communications	8	19		504		179	674	1,630	178	577		29		3,797
505.4.2 Information Technology	21	123		1,722		683	3,043	6,233	736	2,570		83		15,213
505.4.3 Liability & Cyber Insurance	17	43		1,063		391	1,444	3,614	404	1,311		57		8,344
505.4.4 Miscellaneous	240						145	5,250						5,635
505.4.5 Occupancy	45	126		3,285		1,218	4,378	11,482	1,357	4,066		181		26,136
505.4.6 Public Relations							38,027					3,198		41,225
505.4.7 Staff Development							1,200	3,137		426				4,763
505.4.8 Supplies	2	36		359		153	1,741	1,363	149	635		22		4,460
505.4.9 Travel/Mileage		20		2,098		234	4,114	10,054	203	4,202		62		20,986
Total for 505.4 Other Operations	332	365		9,031		2,858	54,766	42,762	3,027	13,786		3,631		130,558
Total for 505 Operations	2,314	3,651	133,725	109,828		44,281	309,321	563,533	40,487	130,947		8,631		1,346,718
Total for Expenses	2,314	3,651	953,125	191,262		407,401	420,842	581,479	63,881	350,547		8,631		2,983,133
Net Operating Income	(2,314)	(3,651)	21,875	(125,754)	1,356,220	1,588,897	266,730	341,314	161,924	270,589		16,369		3,892,199
Other Income														
601 Interest Income											213,435			213,435
Total for Other Income											213,435			213,435
Other Expenses														
Net Other Income											213,435			213,435
Net Income	(2,314)	(3,651)	21,875	(125,754)	1,356,220	1,588,897	266,730	341,314	161,924	270,589	213,435	16,369		4,105,633

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

	Total		
	Actual	Budget	(under)/over Budget
Expenditures			
501 Partner Support			
501.1 Meetings & Events	19,141	22,500	(3,359)
501.2 Partner Network Analysis		3,750	(3,750)
501.4 Olympic Connect onboarding and orientation	538	7,500	(6,962)
501.6 Training & Technical Assistance	26,675	30,000	(3,325)
501.7 Short-term training for prime age employment group		75,000	(75,000)
Total 501 Partner Support	46,353	138,750	(92,397)
504 Partner Funding			
504.11 Care Coordination Partners - Full Service and Complex	756,149	2,373,750	(1,617,601)
504.12 Care Coordination Partners - Identify, Screen, Connect		50,625	(50,625)
504.6 Participation and Engagement incentives	6,736	22,500	(15,764)
504.8 Capacity Building - Services & Community Resources	827,176	1,752,000	(924,824)
504.9 Capacity Building - Workforce		93,750	(93,750)
Total 504 Partner Funding	1,590,061	4,292,625	(2,702,564)
505 Operations			
500 Personnel	710,679	825,750	(115,071)
505.3 Operations Contracts			
504.201 Blackboard		4,125	(4,125)
504.202 HealthierHere (Connect 2 Coordinator)	75,000	56,250	18,750
504.203 Pre-marketing focus groups		150,000	(150,000)
504.205 Cross-ACH Agreement	75,000	57,000	18,000
504.206 Hub Communications and Marketing	159,408	150,000	9,408
504.207 HR	882	3,000	(2,118)
504.208 Financial Advisory Services	1,592	7,500	(5,908)
504.209 Data & Analytics and Evaluation	107,610	195,000	(87,390)
504.210 Technical Assistance to OCH Staff	49,729	15,000	34,729
504.213 Audit	17,500	15,000	2,500
504.214 Legal	10,050	11,250	(1,200)
504.218 External Accounting Services	8,710	12,750	(4,040)
Total 505.3 Operations Contracts	505,481	676,875	(171,394)
505.4 Other Operations			
505.4.1 Internal Communications	3,797	6,000	(2,204)
505.4.2 Information Technology	15,213	16,500	(1,287)
505.4.3 Liability & Cyber Insurance	8,344	12,750	(4,406)
505.4.4 Miscellaneous	5,635	7,500	(1,865)
505.4.5 Occupancy	26,136	24,750	1,386
505.4.6 Public Relations	41,225	75,000	(33,775)
505.4.7 Staff Development	4,763	12,000	(7,237)
505.4.8 Supplies	4,460	2,100	2,360
505.4.9 Travel/Mileage	20,986	12,750	8,236
Total 505.4 Other Operations	130,558	169,350	(38,792)
Total 505 Operations	1,346,718	1,671,975	(325,257)
Total Expenditures	2,983,133	6,103,350	(3,120,217)

Olympic Community of Health
Spending Notes
January - September, 2025

	Total			Staff Notes
	Actual Jan-Sept	Budget Jan-Sept	(under)/over Budget Jan-Sept	
Expenditures				
501 Partner Support				
501.1 Meetings & Events	19,141	22,500	(3,359)	On track
501.2 Partner Network Analysis		3,750	(3,750)	Project complete. Invoices to be paid soon.
501.4 Olympic Connect onboarding and orientation	538	7,500	(6,962)	Has been less costly than planned.
501.6 Training & Technical Assistance	28,675	30,000	(3,325)	On track.
501.7 Short-term training for prime age employment group		75,000	(75,000)	Project just started, spending to start soon.
Total 501 Partner Support	46,353	138,750	(92,397)	
504 Partner Funding				
504.11 Care Coordination Partners - Full Service and Complex	756,149	2,373,750	(1,617,601)	On track, partners spending less than planned as they build caseloads.
504.12 Care Coordination Partners - Identify, Screen, Connect		50,625	(50,625)	Staff team canceled this project and moved funds to marketing.
504.6 Participation and Engagement Incentives	6,736	22,500	(15,764)	Will be underspent for the year
504.8 Capacity Building - Services & Community Resources	827,176	1,752,000	(924,824)	On track, partners working to get up to speed.
504.9 Capacity Building - Workforce		93,750	(93,750)	Canceled due to cuts in DOH budget.
Total 504 Partner Funding	1,590,061	4,292,625	(2,702,564)	
505 Operations				
500 Personnel	710,679	825,750	(115,071)	Will be underspent for the year
505.3 Operations Contracts				
504.201 Blackboard		4,125	(4,125)	Work in progress, bill expected by end of year.
504.202 HealthierHere (Connect 2 Coordinator)	75,000	56,250	18,750	Paid full amount for year, on track.
504.203 Pre-marketing focus groups		150,000	(150,000)	Work started in September, will go through May.
504.205 Cross-ACH Agreement	75,000	57,000	18,000	Paid full amount for year, on track.
504.206 Hub Communications and Marketing	159,408	150,000	9,408	Overspent due to need for more marketing in year 1 of hub.
504.207 HR	882	3,000	(2,118)	Have not needed much HR this year.
504.208 Financial Advisory Services	1,592	7,500	(5,908)	Will be underspent for the year
504.209 Data & Analytics and Evaluation	107,610	195,000	(87,390)	On track, some projects to carryforward through first part of 2026.
504.210 Technical Assistance to OCH Staff	49,729	15,000	34,729	Will be overspent this year as we added the CCH 6 work mid-year.
504.213 Audit	17,500	15,000	2,500	Complete.
504.214 Legal	10,050	11,250	(1,200)	On track.
504.218 External Accounting Services	8,710	12,750	(4,040)	Will be underspent for the year
Total 505.3 Operations Contracts	505,481	676,875	(171,394)	
505.4 Other Operations				
505.4.1 Internal Communications	3,797	6,000	(2,204)	On track.
505.4.2 Information Technology	15,213	16,500	(1,287)	On track.
505.4.3 Liability & Cyber Insurance	8,344	12,750	(4,406)	Pre-paid for year.
505.4.4 Miscellaneous	5,635	7,500	(1,865)	
505.4.5 Occupancy	26,136	24,750	1,386	Will be slightly overspent for year.
505.4.6 Public Relations	41,225	75,000	(33,775)	On track.
505.4.7 Staff Development	4,763	12,000	(7,237)	On track.
505.4.8 Supplies	4,460	2,100	2,360	Will be overspent for the year due to new employees.
505.4.9 Travel/Mileage	20,986	12,750	8,236	Overspent due to more activity in and out of the region (national conference).
Total 505.4 Other Operations	130,558	169,350	(38,792)	
Total 505 Operations	1,346,718	1,671,975	(325,257)	
Total Expenditures	2,983,133	6,103,350	(3,120,217)	

Olympic Community of Health

SBAR: Fiscal Policies and Procedures

Presented to the OCH Finance Committee on November 3, 2025.

Updated and presented to the Board of Directors on November 10, 2025.

Situation

The OCH Fiscal Policies and Procedures are typically updated every three years and was last reviewed in January 2025. Given recent updates to the organizational chart and structure, further updates to the policy are needed, so staff seek review, discussion, and approval of updated fiscal policies and procedures.

Background

A key focus of 2025 has been to reorganize and restructure the operations “side of the house” at OCH. OCH now has a Director of Operations and an Operations Coordinator and is seeking to delegate financial functions to these two competent staff to allow the ED to focus on other needed tasks and projects. Staff and the finance committee have reviewed the policy. The finance committee voted to move it forward to the board for review and approval.

Action

The full policy in track changes is included. Below is a summary of the recommended changes:

- Page 3 – changes to reflect current organizational chart.
- Page 4 – adds an ED “delegate” to the task of preparing regular financial reports.
- Page 5 – changes highly liquid investments from 6 months to two years to align with current practice.
- Page 5 – changes to reflect current organizational chart. Clarifies language as OCH does not issue paper checks.
- Page 6 – changes to reflect current organizational chart. Clarifies role of the executive committee to align with other procedures.
- Page 6 – changes to reflect current organizational chart. Adds language related to new federal grants management policy. Aligns policy to current internal workflows.
- Page 8 – aligns policy to current debit card practice and to current workflows.
- Pages 8 and 9 – Aligns purchase requests to be consistent with federal grants management policies and internal workflows.
- Page 9 – Aligns purchased item receipt procedure to procedure.
- Page 9 – Aligns invoice approval to current non-paper system.
- Page 11 – Adds language to demonstrate alignment to federal grants management policies.
- Page 12 – clarifies that the ED may delegate access to financial records.
- Page 13 – clarifies current practices for insurance
- Page 14 – changes to reflect current organizational chart
- Page 14 – updates payroll process to current practice and org chart

Recommendation

The OCH board of directors approves the OCH fiscal policies and procedures as presented.



Fiscal Policies and Procedures Manual

Created January 23, 2017

Last Revision Date: January 13, 2025

GENERAL PURPOSE

The purpose of the Fiscal Policies and Procedures Manual is to establish guidelines for the Board of Directors and Olympic Community of Health (OCH) staff about standards and procedures to be applied when developing financial goals and objectives, making financial decisions, and reporting the financial status of OCH. In addition, these policies will provide guidelines to allow for an effective management of OCH funds. Olympic Community of Health is a Washington nonprofit organization.

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ROLES & RESPONSIBILITIES

BOARD OF DIRECTORS

It is the responsibility of the Board of Directors to formulate financial policies, delegate administration of such policies to staff, and review operations and activities on a periodic basis. The Board of Directors adopts the annual budget by board vote. The Board of Directors oversees the general financial administration of OCH and delegates responsibility to the executive director for the day-to-day operations and financial decisions.

FINANCE COMMITTEE

The Finance Committee, chaired by the Board Treasurer, shall be responsible for the oversight and coordination of the duties outlined in the approved charter, including: annual budget presentation for Board approval, presentation of quarterly financial statements, management of fund investments, selection of the outside auditors, annual financial report, internal controls, and financial policies.

The long-term financial objectives for OCH are reviewed and approved by the Board of Directors following recommendations from the Finance Committee, presented by the executive director and/or the Board Treasurer. Expenditures and revenue objectives are recommended for OCH in accordance with Board-approved long-term plans.

The Board Treasurer, with oversight by the Board of Directors, shall have oversight over the accuracy of the accounting records. The executive director shall provide the Board Treasurer with detailed quarterly financial information, such as the Chart of Accounts, reporting formats, Accounts Payable processing, payroll input and processing, cash receipts input, journal entries for General Ledger, Form 1099 reporting, and Form 990 reporting as well as bank reconciliations and any other accounting as required.

STAFF

Under the direction of the executive director, OCH's ~~operations manager~~director of operations implements general and daily financial management and reporting. The ~~operations manager~~director of operations acts as the primary fiscal agent, implementing all financial policies and procedures. The executive director develops and presents personnel expenses to the Board of Directors each year for approval as part of the annual budget. The executive director is also responsible for preparing the annual operational budget for approval by the Board, financial reports analyzing performance to the budget, and periodic cost and productivity analyses.

BUDGETING & REPORTING

OCH regularly prepares both internal and external financial statements. OCH financial statements are prepared on the accrual basis. Presentation of the Financial Statements shall describe net assets and revenues, expenses, gains, and losses, classified based on the existence or absence of donor-imposed restrictions. Accordingly, the net assets of OCH and changes shall be recorded as unrestricted and restricted.

Unrestricted net assets include amounts that are not subject to imposed stipulations that are used to account for resources available to carry out the purposes of OCH in accordance with the limitations of its charter and bylaws. The principal sources of unrestricted funds are grants, contributions, and investment income.

Restricted net assets are those resources available for use only for purposes specified by the donor or grantor. Such resources originate from grants and contributions restricted for specific purposes or a specific future time frame or that are required to be maintained permanently, but which OCH is allowed to use up or to expend all or part of the income that is derived from the donated assets.

INTERNAL REPORTING

Financial Statements shall be prepared at least quarterly. The Financial Statements include information about OCH funds and cash position as of the end of each month and are reviewed by the executive director prior to submission to the Finance Committee. The Financial Statements are submitted to the Board of Directors by the Board Treasurer quarterly for final review and approval.

FRAUD AND EMBEZZLEMENT

The executive director will notify the necessary agencies, the Board President, and all major funding sources not later than one working day after the date any alleged fraud activity comes to their attention. Organizational personnel will develop the case and notify the proper authorities. If any fraud or embezzlement is identified as part of the annual financial audit and if the executive director is implicated, the auditor shall inform the Board chair immediately. After the investigation and resolution of the issue, the organization will make internal control changes to satisfy management and the Board of Directors.

REVENUE GOALS

The responsibility for reaching OCH's budgeted revenue goals on a yearly basis is shared by the executive director and the Board of Directors. The executive director and the Board Treasurer develop and propose revenue goals and objectives and submit them to the Board prior to discussion and approval.

The executive director or their delegate prepares regular reports on the status of revenue generating activities and presents it to the Board and Executive Committee at regularly scheduled meetings. The Executive/Finance Committee reviews regular reports of revenues and expenditures and if necessary, makes recommendations to the Board and to the executive director of OCH related to managing expenditures relative to the results of fund development activities.

COST ALLOCATION

Costs not directly attributable to one program and one funding source are initially posted to a common cost center, which are then distributed proportionately to the variety of OCH cost centers. These costs may include office leases, utilities, cell phone plans, standard office supplies, or any other costs deemed to benefit multiple programs.

Allocation of costs are based on labor. Labor percentages are derived from the relative number of hours worked and documented on staff monthly timesheets for each OCH program. Most common costs are distributed to programs based on the hours worked in each program as a percentage of the total staff hours worked in a month. Allocation criteria are evaluated on a regular basis e.g. annually unless significant program changes occur more frequently.

BUDGETING PROCESS

The Finance Committee and executive director shall continuously plan for the long-term financial stability the organization in accordance with OCH's long-term plans that are reviewed annually and adjusted as necessary.

OCH's executive director and the Board Treasurer shall be responsible for preparing and presenting to the Finance Committee an annual operating budget draft for Board approval prior to the beginning of each fiscal year (January). Prior to submission to the Board, the executive director shall review the specific revenue goals tied to the fundraising activities of OCH and make recommendations to the Board Treasurer and Finance Committee. In addition, all relevant staff shall actively participate in the planning of upcoming program expenditures and formulate recommendations to the executive director as the annual operating budget is being finalized for presentation to the Board.

CASH MANAGEMENT

Cash and cash equivalents include all cash balances and highly liquid investments with maturity of ~~two years~~six months or less. OCH investments shall be reviewed biannually by the Finance Committee, led by the Board Treasurer. Investment policy is reviewed and updated as needed by the Board. The Finance Committee shall use due diligence in overseeing the investments of OCH funds, by establishing and monitoring an investment strategy that gives proper recognition to risk and return.

FUNDS AND BANKING

Funds of OCH shall be deposited in OCH's bank accounts designated by the Board of Directors. OCH maintains a checking account and savings account. These accounts may be changed as OCH's financial conditions and requirements change. OCH's ~~AccountantCFO~~ Contractor will receive and review all bank statements for the organization. The ~~operations manager~~director of operations and the ~~accountantCFO~~ contractor will assure the bank statements are reconciled monthly. The executive director shall maintain and oversee bank accounts and ensure OCH's day-to-day financial operations.

All checks, cash, money orders, and credit card deposits are deposited in the appropriate accounts. The executive director or their delegate may transfer monies from the savings account into the checking account when necessary. ~~Checks are written~~Payments are issued monthly based on a standard invoice payment workflow ~~staff completed check request forms and/or regular approved vendor invoices each month~~ to meet monthly OCH financial obligations, or ongoing operational expenditures. Checking and savings accounts statements are reconciled monthly and serve as an internal control to assure all entries have been made to the general ledger system and possibly discover bank errors or theft.

FINANCIAL RISK

In order to reduce financial risk, staff will endeavor to ensure that no single banking institution will hold more than federally insured limits; in most cases, \$250,000. Staff will monitor accounts on a regular basis and will include account status updates in quarterly financial updates.

INVESTMENTS

Investments are made in accordance with the OCH Investment Policy and, if applicable, are reported with the financial statements at the market value. The Finance Committee evaluates the general investment strategy for organization to ensure the portfolio's proper diversification, security and return on investments. If applicable, the Finance Committee may recommend adjustments to the Board for review and revision.

FUND ACCOUNTING

In observance of limitations and restrictions placed on the use of resources available to OCH, the accounts of OCH are maintained in accordance with the principles of fund accounting. Under these procedures, resources for various purposes are classified for accounting and maintained for each fund.

SIGNATURE AUTHORIZATION

The executive director, the director of operations, and at least two officers of the Board of Directors are authorized to sign all checks, drafts, or orders for payment of money issued in the name of OCH and have signed required documents at OCH's bank. The ~~operations manager~~ director of operations and the ~~accountant~~ CFO contractor will maintain a record of all checks distributed and cashed through the OCH checking account to ensure that no checks are inappropriately issued.

All contracts, commitments for services in the name of OCH, and other legal obligations shall be signed by the executive director. If not in the Board-approved budget, t~~The~~ Executive Committee will review contracts over \$50,000 and, together with management, recommend approval by the Board of Directors. If this is not possible, then the Board authorizes the Executive Committee to approve these contracts with an immediate notice to the Board of Directors.

CASH OPERATIONS

OCH's ~~bookkeeper and~~ accountant contractor maintains standard accounting records containing all aspects of OCH's financial operations. They include but are not limited to a general ledger, a check register, and a payroll register.

REVENUE RECOGNITION

All contributions shall be recorded in accordance with GAAP, with specific attention to standards ASC 958-605-25. Contributions are recorded as pledged or received in accordance with ASC 958-605-25, and must be credited to the appropriate revenue lines as presented in the annual budget and coded with the appropriate account number as designated in OCH's Chart of Accounts.

CASH RECEIPTS

The following procedures for cash/checks received through the mail or given to an organization representative shall be in place: mail is distributed to the ~~operations manager~~director of operations, cash and checks are deposited in OCH bank account by the ~~operations manager~~director of operations or executive director, a log of deposits is included in the bank register which is given to the ~~accountant~~CFO contractor on a monthly basis for review and recognition in the financial statements.

A copy of the bank deposit slip is retained in chronological order with copies of the deposited checks. All cash and checks shall be deposited upon receipt.

The same procedures followed for cash receipts shall be followed when monies are received by employees as contributions during special events.

RECEIPTS TO DONORS

All donors and contributors shall be properly acknowledged of their contributions in accordance with IRS Guidelines. The executive director shall ensure proper recognition of contributors and grantors.

CASH DISBURSEMENTS

The Board shall authorize the executive director or their designee to make whatever purchases are needed for the day-to-day operation of OCH and in accordance with the approved annual organization budget and bylaws, which authorizes non-budgeted expenditures under \$5,000. All authorized expenditures shall be coded by account number using OCH's Chart of Accounts. All purchases are made in accordance with the OCH Procurement Policy and/or Federal Grants Management Policies. All expenditures are reviewed monthly by the ~~operations manager~~director of operations and executive director. Expenditures greater than \$150 require the approval of the executive director. No purchasing agent may make purchases for their sole benefit without the prior approval of the executive director.

Invoices shall be forwarded to the ~~operations manager~~director of operations or executive director for approval. Following the review and approval and in accordance with the established internal workflow, the invoice is paid via electronic or paper methods and the operations coordinator, the operations manager will forward to the CFO contractor to log into Quickbooks for monthly reconciliation and prepare checks. The executive director or director of operations electronically signs off and approves all payments. Checks are forwarded to the executive director for signature. Upon payment of an invoice bill, the original invoice bill will be marked "Paid" with the check number or credit card payment date appropriate payment details and logged into an invoice tracking system. The ~~accountant~~CFO contractor reconciles ~~will provide a duplicate stub and copy of bills to be included~~ with monthly financial reports.

Voided checks shall be marked "VOID" boldly written in ink across the face of the check and the signature portion of the check will be torn off. The voided check shall be filed with other canceled checks upon review of documentation by the Board Treasurer. A check outstanding for

more than six (6) months will be voided with a stop payment request to the bank. All voided checks will be kept on file.

The executive director will ~~determine which staff require~~~~have sole~~ access to debit cards linked to the OCH bank account. ~~The executive director may designate employees to have access to OCH credit cards.~~ ~~DebitCredit~~ cards will have a daily and monthly spending limit and may only be used for the express purposes designated for that specific cardholder. The cardholding employee is responsible for retaining receipts from ~~debitcredit~~ card purchases and will prepare a report of expenses monthly. ~~The executive director will review the reports prior to payment of the credit card bill.~~ Monthly debit card expenditure reports are prepared in accordance with standard workflows and reconciled by the external accountant~~by the operations manager. The operations manager will send the debit and credit card spending reports for review and approval by the CFO Contractor.~~ Appropriate corresponding receipts will be attached for each expenditure. These monthly checking account statements reconciliations serve as an internal control to assure all entries have been made to the general ledger system and possibly discover bank errors or theft.

REIMBURSEMENTS

Expenses pre-approved and directly related to OCH business activities (mileage, meals, hotel, supplies, etc.) will be reimbursed to employees upon submission of an Expense Reimbursement Form.

PETTY CASH

OCH will maintain petty cash funds in accordance with the Petty Cash policy.

PROCUREMENT

All purchases must be previously budgeted, and all purchases over \$150 require the advance, written approval of the executive director. Employees of OCH will honor the community we serve by supporting local and minority owned businesses whenever possible and not in violation of this policy. Purchasing agents will avoid a conflict of interest or the appearance of a conflict of interest and avoid any situation where they may gain personally.

PURCHASE REQUESTS

Any employee requesting a purchase must make a clear and accurate description of the technical or professional requirements of the material, product, or service to be procured, including the minimum quality or performance requirements of such purchase. Purchase requests may be made via email to any employee authorized to make a purchase on behalf of OCH. If an employee with purchasing authority wishes to make a request for their sole benefit, such request must receive the advance approval of the executive director.

PURCHASE ~~ORDERS~~REQUESTS

All purchase requests over ~~\$150~~~~500~~ will require a purchase ~~request~~~~order~~ form, to be completed by the purchasing employee. Forms will contain the following information:

1. Whether the purchase has been previously budgeted
2. Revenue source to be charged
3. Detailed description of the item needed
4. Approximate cost of the item (must be within 10% or \$500 of the final purchase price, whichever is lower, including tax, shipping, handling and other costs)
5. Vendor information
6. For grant-funded purchases, certain purchases may require advance grantor approval in writing
 - a. Purchases of this nature must be tracked in the grant documents and the grantor contacted for disposal instructions when the asset is retired.
 - a.b. Purchases of this nature may also need to follow the Federal Grants Management Policy.

RECEIVING PURCHASED ITEMS

Items received by OCH via mail or courier will be checked in by the operations coordinator ~~and an employee who did not make the purchase and~~ compared to the receiving slip (packing slip)-original purchase request ~~request. If the package does not contain a receiving slip, the employee opening the package will complete a Record of Receipt form. The employee will then give the items and the receiving slip or completed Record of Receipt to the purchasing employee to be verified against the original purchase request or purchase order.~~

INVOICE APPROVAL

When invoices are received from vendors, the executive director or their designee will verify the accuracy of such invoice, including comparison to the original purchase request or purchase order and receiving slip if applicable. Approved invoices are paid via credit or debit card, vendor portal, electronic check, or ACH payment. ~~or sent to the CFO Contractor to be paid via check.~~ Payments will be made based on original invoices only. Once paid, the invoice will be marked "Paid" with the credit card or check detail payment details and filed with supporting documentation as applicable.

PURCHASING THRESHOLDS

There are five available methods of procurement for each purchase. These methods shall be as restrictive as the Uniform Grant Guidance or more restrictive according to the Fiscal Policy of the OCH. Purchases may not be separated into a series of requisitions or purchase orders from the same vendor for the purposes of avoiding the threshold limit. Purchases made with grant funds subject to Uniform Guidance are subject to the Federal Grants Management Policy.

1. Micro-purchases (<= \$10,000).
 - The aggregate amount of the procurement transaction does not exceed \$10,000.
 - To the maximum extent practicable, Olympic Community of Health should distribute micro-purchases equitably among qualified suppliers.
 - Micro-purchases may be awarded without soliciting competitive price or rate quotations if Olympic Community of Health considers the price to be reasonable. A cost is reasonable if, in its nature and amount, it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the

cost. Reasonableness is based on research, experience, purchase history or other information, including comparing the price to past purchases; comparing price to other online or available prices; and/or requesting prices from more than one vendor. Price reasonableness should be documented accordingly.

- Purchase cards may be used as a method of payment for micro-purchases.

2. Simplified Acquisitions (\$10,001 - \$250,000).

- The aggregate dollar amount of the procurement transaction is higher than the micro-purchase threshold but does not exceed the simplified acquisition threshold.
- If simplified acquisition procedures are used, price or rate quotations must be obtained from an adequate number of qualified sources, as determined by Olympic Community of Health for the procurement.
- Prices may be obtained in written, verbal, or online search methods.

3. Formal procurement methods. (> \$250,000)

- Formal procurement methods are required when the value of the procurement transaction under a Federal award exceeds the simplified acquisition threshold of the recipient or subrecipient. Formal procurement methods are competitive and require public notice. The following formal methods of procurement are used for procurement transactions above the simplified acquisition threshold, or a value determined appropriate for the procurement by Olympic Community of Health:

Proposals

- a. Procurement method in which either a fixed price or cost-reimbursement type contract is awarded. Proposals are generally used when conditions are not appropriate for the use of sealed bids. They are awarded in accordance with the following requirements:
 - a. Requests for proposals must be publicized and identify all evaluation factors and their relative importance.
 - b. Proposals must be solicited from an adequate number of qualified offerors.
 - c. Any response to publicized requests for proposals must be considered to the maximum extent practical.
 - d. Olympic Community of Health must have a written method for conducting technical evaluations of the proposals received and making selections.
 - e. Contracts must be awarded to the responsible offeror whose proposal is most advantageous to Olympic Community of Health, with price and other factors considered.
- b. Olympic Community of Health may use competitive proposal procedures for qualifications-based procurement of architectural/engineering (A/E) professional services whereby offeror's qualifications are evaluated, and the most qualified offeror is selected, subject to negotiation of fair and reasonable compensation. The method, where price is not used as a selection factor, can only be used in procurement of A/E professional services. It cannot be used to purchase other types of services though A/E firms that are a potential source to perform the proposed effort.

4. Noncompetitive procurements (>\$10,000).

- a. There are specific circumstances in which noncompetitive procurement can be used. Noncompetitive procurement only be awarded if one or more of the following circumstances apply:
 - a. The acquisition of property or services, the aggregate dollar amount of which does not exceed the micro-purchase threshold.
 - b. The item is available only from a single source.
 - c. The public exigency or emergency for the requirement will not permit a delay resulting from publicizing a competitive solicitation.
 - d. The Federal awarding agency or pass-through entity expressly authorizes a noncompetitive procurement in response to a written request from Olympic Community of Health.
 - e. After solicitation of a number of sources, competition is determined inadequate.

Contract Cost and Price

Olympic Community of Health will perform a cost or price analysis for every procurement action in excess of \$250,000, including contract modifications. A cost analysis generally means evaluating the separate cost elements that make up the total price, while a price analysis means evaluating the total price, without looking at the individual cost elements. The method and degree of analysis is dependent on the facts surrounding the particular procurement situation, but as a starting point, Olympic Community of Health will make independent estimates before receiving bids or proposals. In order to arrive at an independent estimate of price, Olympic Community of Health will review similar price data from colleagues, online searches, and other research. The price estimate will be documented and saved with the procurement file.

Costs or prices based on estimated costs for contracts under the Federal award are allowable only to the extent that costs incurred, or cost estimates included in negotiated prices would be allowable for Olympic Community of Health under Subpart E – Cost Principles-of the Uniform Administrative Guidance 2 CFR Part 200. These purchases should follow policies and procedures in the separate Federal Grants Management Policy.

The cost plus a percentage of cost method of pricing will not be allowed by Olympic Community of Health.

PURCHASES EXEMPT FROM COMPETITION

The following purchases may be made without requesting quotes or competitive bids if they are less than \$50,000:

1. Goods and services that meet an emergency requirement as authorized by the executive director.
2. Postage and postal services.
3. Utilities.
4. Insurance.
5. Office space rental agreements.
6. Original equipment manufacturer repairs and services.
7. Ongoing maintenance agreements for previously purchased equipment and software.
8. Upgrades or purchase of additional modules/features of previously purchased equipment and software.
9. Professional licenses and memberships.

10. Publications and subscriptions.
11. Miscellaneous fees.
12. Training, conferences, and seminars.
13. Repair or replacement of rental equipment.
14. Legal and promotional advertising.
15. Purchases at auctions if the items can be obtained at a competitive price.
16. Expert witnesses for legal proceedings.
17. Legal and public defender services.

VARIANCE OR CHANGE ORDERS

As long as it does not change the threshold of the total purchase, cost variances in the lesser of \$500 or 10% of the original purchase price will be paid without further supervisor approval. Total purchases exceeding the lesser of 10% or \$500, or that put the purchase into a new purchasing threshold will require the approval of the executive director. If the increase moves the purchase into another threshold, the original purchase order will be void and the procedures applicable to the new threshold must be followed.

GRANTS AND CONTRACTS

For all grants and contracts, whether federal, state or privately funded, the OCH's grant manager responsible for the grant or contract shall ensure that contract related purchases will be in accordance with the applicable rules, regulations, and any other terms, directives and conditions contained within the grant or contract award. It is the responsibility of each grant manager to ensure and document adherence to these additional requirements. It is the responsibility of the operations manager to properly store and file all existing contracts. Prior to contract execution, the operations manager will check for contractor suspension and debarment per the OCH Suspension and Debarment Policy.

See OCHs Federal Grants Management Policy for more details on federal grants and contracts.

OTHER POLICIES & PROCEDURES

CONFIDENTIALITY AND RECORDS SECURITY

Financial records are restricted materials with limited access. Only the executive director and relevant staff, and the Board Treasurer (or others so authorized by the Board) shall have access to financial records (vendor files, checks, journals, payroll, etc.). All payments, transactions and invoices shall be filed with supporting documentation, and files should be kept confidential.

DEEDS, CONVEYANCES, LEASES & CONTRACTS

OCH leases space to conduct its normal business activities. Copies of all leases will be maintained in the OCH office.

DONATED MATERIALS AND SERVICES

Donated materials and equipment shall be reflected in the Financial Statements at their estimated values measured on the date of receipt.

DONOR-IMPOSED CONDITIONS

Transfers of assets and promises to give with donor-imposed conditions should be recognized as contribution revenue when the conditions have been substantially met or when the conditions have been explicitly waived by the donor, i.e. a contribution of cash or a promise to give cash in support of a proposed program should be recognized when the program is undertaken.

Transfers of assets with donor-imposed conditions should be reported as refundable advances until the conditions have been substantially met. Transfers of assets on which resource providers have imposed conditions should be recognized as contributions if the likelihood of not meeting the conditions is remote.

GRANT CONTINGENCIES

Grants often require the fulfillment of certain conditions as set forth in the related instrument. Failure to fulfill the conditions could result in the return of funds to the grantors. It is the responsibility of the executive director to oversee the fulfillment of grant conditions. All grants shall be properly acknowledged in accordance to IRS regulations and all grantors shall be properly recognized.

INCOME TAXES

OCH is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. Accordingly, for income tax purposes, we will operate as a nonprofit and reflect this in our financial statements. OCH's tax ID is: 81-4591222.

INDEPENDENT AUDIT

OCH will have an audit of its financial statements annually.

The Board Treasurer shall recommend to the Board of Directors for approval the selection of a firm to conduct the annual OCH audit. In addition, the Finance Committee shall assist, when necessary, in the audit preparation and report the final results to the Board of Directors. A representative of the audit firm will be invited to attend a Board Meeting to make a presentation to the Board.

All reports which result from reviews of audits of the accounting and other financial systems will be routed immediately to the executive director, who will then share this information with the Board of Directors. The executive director or their designee will be responsible for preparing any needed written response to the review or audit recommendations. They will be responsible for providing any necessary corrective action. The auditor or other reviewing agency will be notified within three months of the issuance of the recommendations of the actions that will be taken by the agency and the projected timetable for these actions.

INSURANCE AND BONDING

Reasonable and adequate coverage is maintained to protect OCH's interests as well as the interests of the Board of Directors. The following insurance policies shall be kept on a yearly basis: General Liability Insurance, Directors and Officers Liability Insurance, Workers Compensation Insurance, Cyber Insurance, and Employees Health and Medical Insurance ~~and Dental Insurance~~.

Insurance policies shall be maintained with the insurance files on a yearly basis. Insurance policies shall correspond to the fiscal year whenever possible. Insurance Policies shall be reviewed by OCH's executive director before renewal each year.

PAYROLL-RELATED TRANSACTIONS

Payroll is executed monthly (on the fifth day of the following month of work) using a payroll service. Each OCH staff person is responsible for entering their daily time worked into the online timekeeping system. These reports and the project and tasks entered are approved by ~~the operations manager or executive director monthly~~ employee supervisor, then reported to the ~~CFO~~ external accountant to be entered to the payroll service for payment to individual staff and used to prepare monthly financial statements and grant reports. Direct deposit of payroll to individual staff bank accounts will be the preferred method of payment. The external accountant ~~CFO~~ reconciles payroll reports with the checking account statements provided by ~~the~~ OCH.

It shall be the responsibility of the executive director to ensure that existing employees who resign, are terminated or who are retiring pay any amounts due to OCH and return all OCH property before a final paycheck is issued.

PROPERTY AND EQUIPMENT

Property and equipment shall be stated at historical cost. For assets over \$2000, depreciation is computed over the estimated useful lives of the assets using the straight-line method. A depreciation schedule shall be prepared and implemented by the operations manager and reviewed by the CFO contractor on an annual basis, taking into consideration the annual equipment inventory.

See OCHs Federal Grants Management Policy for information on equipment standards and purchasing under a federal grant or contract.

TRAVEL

Travel expense reports for authorized local and out of state travel are completed by each employee as appropriate on a monthly basis and then submitted to the ~~operations manager for payment.~~ Employee supervisor for review and approval. The ~~executive director~~ director of operations will approve the reimbursement requests of the ~~operations manager~~ executive director. Travel expenses will be paid in accordance with the Travel policy. Travel to out of state trainings, conferences and meetings must have prior approval by the executive director. The annual budgeting process includes funding for projected necessary staff travel and training and is approved by the Board of Directors.

A Board Member traveling to represent OCH as authorized by the Board of Directors to assist in OCH business will be reimbursed for travel and expenses in the same manner that staff members are reimbursed. These expenditures will be approved by the Board President, unless the travel is for the Board President, in which case the Board Vice President or Board Treasurer are also authorized to approve these expenditures.

RECORDS RETENTION

The following fiscal records shall be retained in OCH office files for a minimum of seven years following the end of a fiscal year (December 31st):

- Check registers, warrants or vouchers accounting for payments/expenses. Supporting documentation including original invoices and receipts
- Cash reconciliations for bank accounts from the bank statement to general ledger
- Any Investment reports
- Travel and other authorized expenses
- Payroll records
- Monthly and YTD budget, expense and revenue reports
- Copies of Bank deposit slips with copies of checks
- Monthly expense reports and copies of invoices submitted to funders
- Accounts payable and accounts receivable, including aging reports
- Contracts specifying services, duration and rate of compensation
- Capital Equipment inventory and depreciation schedules

Olympic Community of Health

SBAR: Change in employer retirement contribution rate for employees with 5+ years of service

Presented to the OCH executive committee on November 4, 2025.

Updated and presented to the OCH Board of Directors on November 10, 2025.

Situation

In October, the board approved updates to the OCH employee handbook. One of the changes was to increase the employer retirement plan contribution rate for employees with 5+ years of tenure. As the handbook does not specify the current rate, the ED seeks review, discussion, and approval on an increased rate.

Background

The current employer contribution rate for the OCH SEP-IRA retirement plan is 4.75% of gross monthly income. Based on the recent cross-ACH salary survey, the other ACHs offer a retirement plan contribution of between 3% and 8%. Most ACHs offer a matching rate, which is not possible under the very simple plan offered by OCH which does not cost the organization any fees or administrative costs outside of the monthly contributions.

Action

Staff recommend:

0-4 years of service: 4.75% retirement contribution – gross monthly rate

5+ years of service: 5.25% retirement contribution – gross monthly rate

Recommend an effective date of January 1, 2026.

The executive committee approved the SBAR as presented.

Recommendation

The OCH board of directors approves the increase in retirement contribution for employees with 5+ years of service as presented.

SBAR: 2025 MCO Sector Representative

Presented to the OCH Executive Committee on November 4, 2025

Updated and presented to the Board of Directors on November 10, 2025

Situation

According to the [OCH 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. The sector is to nominate both a primary and alternate representative for discussion and approval by the full Board.

Background

Beth Johnson and Kate Mundell of Coordinated Care are the representatives for 2025.

The MCO sector nominates Kate Mundell from Coordinated Care as the primary representative, and Carin Moritz, also from Coordinated Care, as the alternate for 2026.

Action

Approve Kate Mundell and Carin Moritz to the Medicaid Managed Care sector seat effective January 1, 2026 for a one-year term.

The executive committee approved the SBAR as presented.

Recommendation

The OCH board of directors approves Kate Mundell and Carin Moritz as the MCO Sector Representatives to the OCH Board of Directors effective January 1, 2026 through the end of 2026.

Olympic Community of Health

SBAR 2026 Workplan Priorities

Presented to the Executive Committee November 4, 2025

Updated and presented to the Board of Directors on November 10, 2025

Situation

Annually, the OCH Board of Directors reviews and approves a high-level work plan and budget for the following year. Staff have prepared a draft 2026 work plan for review, discussion, and approval by the Board of Directors. The budget follows.

Background

An update on the 2025 workplan priorities and draft 2026 workplan priorities were shared at the September Board retreat (slides were shared ahead of the meeting for those who could not attend the retreat). Staff incorporated feedback from discussion at the Board retreat and the October Board meeting.

The 2026 workplan is organized around OCH's current strategic plan strategies. The Board of Directors identified three priorities to guide the work of OCH in 2026:

- Continue implementing and evaluating Olympic Connect toward becoming a sustainable and high-functioning community care hub and align with funder mandates and local needs/interests.
- Launch development of OCH's next strategic plan, to be adopted at the 2026 Board retreat.
- Get back to OCH's roots in health transformation and begin to broaden the project portfolio beyond Olympic Connect.

Note: approximately 85% of work in 2026 will be on the hub which represents a slight decrease from 2025.

The Board identified the following important considerations to guide 2026 activities:

- Capacity is limited and decreased across the board. Funding cuts, staffing challenges, and uncertainty is pervasive.
- With so much uncertainty and rapid change, we need to expect the unexpected.
- Preserving the partner network, advocating for local needs, and maintaining current programs are priority.

The proposed workplan is attached as a standalone document.

Action

OCH Staff have considered many inputs in developing the 2026 workplan including Board discussion, partner feedback, Community Care Hub 2025 assessment results, funder requirements, and next steps identified in the partner network analysis. Once approved, OCH Staff will work to develop more detailed project plans to set and meet milestones and ensure successful implementation.

Recommended Motion: The OCH Board of Directors approves the proposed 2026 workplan as presented.

Olympic Community of Health | 2026 Workplan

Strategy	Description	Key parties
Convening, learning, & maximizing	- Robust learning & convening plan to engage current and potential partners that meet the needs of and add value to the local health-serving workforce. Partner capacity is of utmost importance to OCH and convenings will honor reduced partner capacity. - Continue to develop and socialize learning management system to support the health-serving workforce.	Staff
Funding coordination	Funding coordination and development for <i>Olympic Connect</i> including contracting, building capacity of local resources and services, pursuing costs savings, and developing a social care network.	Staff
Advocacy & engagement	- Collaboration and alignment with other community care hubs - Work with the forthcoming Advocacy Committee to plan and bolster advocacy efforts of OCH	Staff, contractor(s), Committee, Board
Data sharing & transparency	- Promotion, engagement, and next steps from 2025 data projects (Community Health Needs Assessment rollup, Connecting to Data tool, mobile integrated health evaluation, <i>Olympic Connect</i> data dashboards, partner network analysis) – these products will inform future and strategic planning. <i>Olympic Connect</i> specific data activities including initial evaluation, the third annual assessment towards high-functioning hub, embedding Board approved economic development and Hope measurement plans, and statewide alignment.	Staff, key contractor(s)
Communication	- Outreach and engagement to promote <i>Olympic Connect</i>, build community trust, and build volume. - Regularly demonstrate performance and impact of Olympic Connect through a variety of communications projects and strategies. - Steward OCH's partner network by leveraging core partners to engage with new partners missing from network, re-engaging partners with less engagement than seen previously, and ushering more engaged partners into champion engagement.	Staff, contractor(s)
Place-based approaches	Continue to maintain and grow <i>Olympic Connect</i> in pursuit of sustainability. Includes expanding shared regional technology, building social care network, creating more efficient and sophisticated systems, and piloting projects that support sustainable partnership and revenue.	Staff
Governance & administration	- Board of Directors and Committees - Financials, funder reporting requirements, identify and secure new funding - Policies	Staff, Committees, Board

	• Staff professional development	
Strategic Planning	• Work with the forthcoming Strategic Plan Committee to create a strategic plan for review and adoption by the Board.	Staff, Committee, Board

Olympic Community of Health

SBAR 2026 Budget

Presented to the Finance Committee November 3, 2025

Updated and presented to the Board of Directors on November 10, 2025

Situation

Annually, the OCH Board of Directors must review and approve the budget for the following year. The budget first goes to the Finance Committee for their review, input, and approval. Then, the full Board of Directors reviews and approves. The finance committee reviewed and approved at their November meeting and moved it to the full board for review and approval.

Background

Anticipated income (note: does not take into account unspent dollars from prior years)

Funder	Funding Type	Anticipated Income for 2026	Notes
Health Care Authority	Hub Infrastructure (technology, engagement, hub development, workforce development) Funding through: 6/2028	\$1,462,222.00	HCA has not provided funding amounts for DY 11 (Jul 2026-Jun 2027) so this is an estimate based on conversations with HCA. Also have unspent dollars that are carried forward through the end of the waiver.
Health Care Authority	Case Management (providing direct case management services to clients) Funding through: 6/2028	\$2,661,731.04	OCH is provided with a PMPM Case Management rate. Also have unspent dollars that are carried forward through the end of the waiver.
Health Care Authority	Phase 1b and 2 Infrastructure (dollars to support regional infrastructure for health-related social need services) One-time dollars	\$147,790.00	These dollars were already allocated to OCH in 2025. Per the contract with HCA, there are many restrictions on the use of and process for distributing these funds.
Economic Development Administration	Recompete (economic transformation and good job barrier removal) Funding through: 9/2029	\$1,961,955.00	Clallam and Jefferson only. Cost reimbursement. Have unspent dollars from the prior year that carry forward throughout the award period.

Regional Challenge Grant	Resource Co-Ops (marketing support for regional resource hubs) Funding through: 6/2027	\$50,000.00	Clallam and Jefferson only. Contract is with Peninsula College. Have unspent dollars from the prior year that can be carried forward to 2026.
Total:		\$6,283,698.04	

As usual, the **2026 budget is divided into categories:**

- Partner funding (funding that goes directly to partners)
- Partner support (funding that OCH spends that benefits partners)
- Operations (funding to support internal operations, marketing, and operations-related contracts)

Changes from 2025:

While the 2026 budget largely builds off work from 2025, there are some changes to note. Additionally, this budget uses some unspent dollars from the past couple of years. Several costs are increased due to inflation/typical annual increases and below is a summary of some pertinent, key changes:

- **Larger budget for care coordination partners and updated funding model.** OCH is setting an ambitious goal to serve 3,000 community members under Olympic Connect in 2026. The partner funding model has shifted away from cost reimbursement and toward a model that provides baseline infrastructure funding, case management dollars based on volume, and performance-based funding. These changes were made in alignment with our work to start to address sustainability for the community care hub.
- **Expanding the social care network.** This budget includes dollars to grow the social care network including expanding use of the shared regional technology for both resource/service providers and partners who have other dollars to support case management.
- **Use of board-designated funds to invest in the local workforce through community colleges.** In recognition of the importance of supporting the growth of the local health-serving workforce, this budget includes investments in the two community colleges to support physical and behavioral health programs.
- **Federal single audit.** In 2026, OCH will qualify for a federal single audit.
- **Removal of costs for the Coalition of ACHs.** In 2026, OCH will focus collaboration with other ACHs on the “CCH 6” group with support from Uncommon Solutions. 6 ACHs are working together on sustainability activities for the hub (all 9 are welcome to the table). OCH will prioritize this over the ACH Association due to rising costs of the coalition and priorities that don’t align with the needs of the Olympic region.
- **Increased cost for shared regional hub technology (C2C).** As OCH is growing the community care hub, the cost of the shared regional technology via HealthierHere is higher than 2025.

Action

Staff will review the budget in detail and are happy to answer any clarifying questions.

Recommended Motion: The OCH Board of Directors approves the 2026 budget as presented and directs staff to implement accordingly.



2026 Budget

Partner Funding

Item	Budget	2026 Description	Funding Source
Participation & engagement incentives	\$10,000	Funding to support participation and engagement in surveys, focus groups, etc.	HCA Infrastructure (Hub engagement)
Care Coordination Partners - Full-Service and Complex	\$4,334,000	Continuation of 12 contracts as procured in late 2024. Includes infrastructure dollars, case management dollars, and performance incentives for 12 care coordination partner organizations. Includes two different models and 3 levels of case management. Partners paid based on volume of work. This budget assumes the region serves 3,000 community members which is ambitious.	Hub Infrastructure (Technology, Workforce, Engagement) Case Management
Expanding the social care network	\$200,000	Funding to partners not already under contract to become members of the social care network via hub technology. This includes partner time and training to learn the technology, adapt current internal workflows to integrate Olympic Connect and utilize shared regional technology for resource and service partners and partners who have other funds for community-based care coordination. 5 care coordination partners x \$10,000. 30 resource/service partners x \$5000. Partners identified based on interest. Funding to partners in all 3 counties.	Hub Infrastructure (Technology) Case Management
Community college workforce investments	\$500,000	OCH will make directed investments to both Olympic and Peninsula Colleges to support implementation of degree and certificate programs that will bolster the regional health-serving workforce. A \$250k donation will be made to each college's foundation with direction to use toward programs in physical and behavioral health.	Board-designated fund

Capacity Building - Services & Community Resources	\$1,324,540	HCA has allocated one-time funds of \$147,790 to OCH to invest in partner infrastructure in support of health-related social need services that will soon be reimbursed under the 1115 waiver. OCH does not have much flexibility and will launch a required procurement to identify partners to receive funding for infrastructure for medical respite, housing, nutrition, caregiver respite, and home adaptation services. Additionally, this carries forward 6 partner contracts under the Recompete award to bolster services and resources for the prime age employment group - Peninsula Behavioral Health, Discovery Behavioral Healthcare, First Step, Olympic Peninsula YMCA, Clallam Transit, Jefferson Transit.		Phase 1b and 2 Infrastructure, Recompete
Partner Funding Subtotal	\$6,368,540	Proportion of total budget:	69%	
Partner Support				
Item	Budget	2026 Description		Funding Source
Meetings and Events	\$25,000	Funding for a variety of learnings and convenings throughout the year. Includes cost for meeting space, food and beverages as appropriate, honoraria for speakers, audio-visual, etc.		HCA Infrastructure (Engagement)
Meeting facilitation and support	\$10,000	As needed for committee meetings and other OCH-led events, OCH will contract with an external facilitator to support organization and facilitation of meetings.		HCA Infrastructure (Engagement)
Short-term training for prime age employment group	\$200,000	This is an approved line item in the Recompete contract. OCH manages a short-term training fund that provides tuition costs for trainings associated with good job placement. Total line item for the full recompete award is \$500k, this is an estimate of what is expected for 2026.		Recompete
Training and Technical Assistance	\$85,000	Based on partner requests and funder-approved work plans, OCH will offer technical assistance and training to partners in alignment with hub needs and goals. The recompete grant calls for funding to support CBW in gaining skill and confidence in job placement case management. HCA calls for broad CBW development. OCH will follow procurement guidelines.		Recompete & HCA Infrastructure (Workforce Development)
Partner Support Subtotal	\$320,000	Proportion of total budget:	3%	
Operations				

Item	Budget	2026 Description	Funding Source
Personnel			
Salaries	\$1,050,000	Salaries, taxes, merit increases for 9.0 FTE - Executive Director, Operations Manager, Director of Programs, 5 x Program Coordinators (workforce, technology, communications, social care network, and for Recompete), 1 Operations Coordinator.	All funding sources
Benefits	\$250,000	Retirement contributions at 4.75% of salaries PEP. Medical, dental, vision, life benefits. Small leave payout allowance.	All funding sources
Operations Contracts			
Audit	\$25,700	Contract with DZA for 2025 financial audit. Due to federal funding sources, this now includes a standard audit and a federal single audit, so the cost is higher than prior years. The cost for the 2025 audit will be \$18,200 and an additional \$7,500 for the single audit. The cost of the single audit includes one major program.	Allocated by labor
Blackboard	\$5,500	The nine ACHs have come together to identify a single platform for online training and development of the community-based workforce. SWACH holds the contracts and the ACHs divide the cost equally.	HCA Infrastructure (Technology)
Hub communications and marketing	\$200,000	Contract with marketing firm to support a myriad of hub communications and marketing projects including an ambassador program, Google ad buy coordination, and a TBD project based on the results of the Olympic Connect focus groups that will be complete in May 2026.	Hub infrastructure (engagement)
Data, Analytics, and Evaluation	\$201,953	Contract continuations for: Advocates for Human Potential (Olympic Connect data analysis, dashboards, and evaluation): \$161,953; Phil Ramunno (Connect to Data): \$35,000; Village Reach (Finalization of MIH evaluation): \$5,000	HCA Infrastructure (hub development), Case Management
External accounting services	\$18,000	Contract with Gooding, O'Hara, and Mackey for payroll, taxes, quarterly financials, IRS 990, and other accounting services.	Allocated by labor
Financial advisory services	\$10,000	Contract with Dan Vizzini for quarterly financial check-up, financial planning, strategic counsel.	Allocated by labor

HealthierHere (Connect 2 Coordinator)	\$150,000	HealthierHere (King County ACH) created the software OCH uses to support the hub. The cost for 2026 includes unlimited users, tech support from HealthierHere staff and contractors, and will support a variety of planned upgrades. The 2026 cost is higher than 2025 due to increased enrollment in Olympic Connect.	HCA Infrastructure (Technology)
Human Resources	\$3,000	Light human resources services including legal review and updates to OCH employee handbook, job postings, and human resources consultation as needed.	Allocated by labor
Legal	\$25,000	Legal counsel as needed for privacy/security, document review, contract review, etc.	HCA Infrastructure (Hub Development)
Pre-marketing focus groups	\$130,000	In 2025, OCH conducted funding opportunity process to identify a contractor to conduct focus groups in all 3 counties to learn how current Olympic Connect messaging is resonating, and to understand the best channels and messengers for communicating. Recompete pays for this work in Clallam and Jefferson and HCA pays for this in Kitsap. The project will be complete at the end of May 2026.	Recompete & HCA Infrastructure (Hub Development)
Technical assistance to OCH Staff	\$200,000	Contract with Uncommon Solutions to provide broad and deep technical assistance to OCH staff including a deep hub assessment that will lead to a work plan and tailored technical assistance to support mature hub development. Includes TA around all needed hub functions. Also, OCHs share of the hub sustainability work with 5 other ACH/Hubs.	HCA Infrastructure (Hub Development)
Other Operations			
Internal Communications	\$8,000	Staff phone monthly charge and postage	Allocated by labor
Information Technology	\$28,000	Subscriptions for online services (project management, surveys, Microsoft, timekeeping, Adobe, Zoom, website, etc.), allowance for computer and phone equipment	Allocated by labor
Liability & Cyber Insurance	\$20,000	Commercial liability, director's and officer's liability, umbrella policy, auto policy, cybersecurity. Note that the policies are renewed in December for the following year, so this is an estimate.	Allocated by labor
Miscellaneous	\$10,000	Unanticipated expenses	TBD
Occupancy	\$51,000	Office rent, utilities, use of and maintenance of office printer, office cleaning, limited use of regional co-working spaces.	Allocated by labor

Public Relations	\$50,000	Mailing campaigns, public relations gear and other marketing and promotional items. Marketing items for the regional resource co-ops under the Regional Challenge Grant.	Regional Challenge Grant, Hub infrastructure (engagement)
Staff Development	\$25,000	Individual professional development, growing internal subject matter expertise, team building activities	Allocated by labor
Supplies	\$8,000	Office supplies	Allocated by labor
Travel/Mileage	\$25,000	Staff travel throughout the region and state based on approved Travel policy.	Allocated by labor
Operations Subtotal	\$2,494,153	Proportion of total budget:	27%
Total Budget	\$9,182,693		
Acronyms: ACH - Accountable Community of Health; CBW - Community-Based Worker; DZA - Dingus, Zarecor, and Associates; FTE - Full Time Equivalency; HCA - Health Care Authority; HR-Human Resources; MIH - Mobile Integrated Health; OCH - Olympic Community of Health; PEPM - Per Employee, Per Month; SWACH - Southwest Accountable Community of Health; TBD-To Be Determined.			

Olympic Community of Health

SBAR: Food Bank Donation

Presented to the OCH Board of Directors on November 10, 2025 (note: this was discussed at the 11/4 executive committee meeting without an SBAR).

Situation

Access to food is a key determinant of health. As the shutdown persists, many community members in the region are facing severe access issues related to SNAP, WIC, and other food programs on pause or underfunded during the shutdown. Staff seek approval from the Board of Directors to direct dollars to local food banks to purchase food in this emergency situation.

Background

OCH has some reserve funds that are under the full discretion of the Board of Directors. Addressing determinants of health such as food access directly aligns with OCH's goal and the mission of the organization. Providing directed donations to area food banks to purchase healthy food is one way OCH can support community members at this time.

Action

Approve one-time use of \$150,000 in Board reserve funds to allocate to Olympic region food banks in all 3 counties to purchase healthy food. This is a one-time donation related to the government shutdown and should not set precedent for other similar requests.

Staff will coordinate with food banks and provide simple, clear guidelines on the use of funds to include the purchase of healthy food – staff will encourage the purchase of local food to support the regional economy.

Recommendation

The OCH Board of Directors approves a one-time, emergency allocation of \$150,000 in board reserve funds to donate to Olympic region food banks to purchase healthy food.