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

Board of Directors Meeting
April 11, 1:00-3:00 pm
7 Cedars Hotel

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

#	Time	Topic	Purpose	Lead	Attachment
1	1:00	Welcome, introductions, land acknowledgement, housekeeping	Welcome	Tom Locke	
2	1:15	Consent agenda	Action	Tom Locke	1. BOD Minutes from March 14, 2022 2. April Executive Director Report 3. SBAR Executive Director Performance Review
3	1:20	Public Comments (2-minute max)	Information	Wendy Sisk	
4	1:25	Data & Reporting Updates	Discussion	Ayesha Chander & Miranda Burger	
5	1:45	Inviting a new partner to the OCH table: key messages & elevator pitches	Discussion	Amy Brandt	4. OCH Key Messaging 5. Elevator pitch pocket card
6	2:30	HCAs renewal waiver	Discussion	Michael Arnis, Deputy Policy Director, HCA	6. MTP Renewal
7	2:55	Good of the Order – Board member and public comments (2-minute max)	Information	Tom Locke	
8	3:00	Next meeting & Adjourn May 9, 7 Cedars (optional lunch prior and happy hour after)	Information	Tom Locke	

Join fellow Board members for an optional happy hour!

Olympic COMMUNITY of HEALTH

CLALLAM • JEFFERSON • KITSAP

Board of Directors Meeting Minutes

Date: 03/14/2022	Time: 1:00 PM	Location: 7 Cedars Hotel, Jamestown S'Klallam

Chair In-Person: Wendy Sisk*, Peninsula Behavioral Health*

Members Attended In-Person: Bobby Beeman, *Olympic Medical Center*; Brent Simcosky, *Jamestown S'Klallam Tribe*; Heidi Anderson, *Forks Community Hospital;* Jennifer Kreidler-Moss, *Peninsula Community Health Services;* Jody Moss; Laura Cepoi, *Olympic Area Agency on Aging*; Michael Maxwell, *North Olympic Healthcare Network;* Susan Buell*, YMCA of Pierce and Kitsap Counties*
Members Attended Virtually: Caitlin Safford, *Amerigroup*; Cherish Cronmiller, *Olympic Community Action Programs*; Stephanie Lewis, *Salish Behavioral Health Administrative Services Organization*; Stormy Howell, *Lower Elwha Klallam Tribe*; G'Nell Ashley, *Reflections Counseling*; Keith Sprague, *St. Michael Medical Center*; Gib Morrow; *Kitsap Public Health District*; Tracey Rascon*, Sophie Trettevick Indian Health Center*

Non-Voting Members Attended In-Person: Bergen Starke, *Peninsula Community Health Services*; Jim Novelli, *Discovery Behavioral Healthcare;* Laura Johnson, *United Healthcare Community Plan;* Kate Ingman, *Community Health Plan of Washington*

Non-Voting Members Attended Virtually: Brian Burwell, *Suquamish Wellness Center*; Lori Kerr, *St. Michael Medical Center;* Jolene Kron, *Salish Behavioral Health Administrative Services Organization;* Jennifer Wharton, *Jefferson Healthcare;* Matania Osborn*, Anthem;* Siobhan Brown*, Community Health Plan of WA;;* Audrey Silliman, *Coordinated Healthcare*; Frankie Coleman Jr; *Coordinated Care*; Laurel Lee, *Molina Healthcare*

Guests and Consultants Attended In-Person:

Guests and Consultants Attended Virtually: Laura Westervelt, *Kitsap Public Health District;* Lori Fleming, *Jefferson County Community of Health Improvement Plan;* Elke Geiger; *Pacific Source Community Solutions*

OCH Staff: Celeste Schoenthaler, Miranda Burger, Amy Brandt, Drew Gilliland

Minutes

Facilitator	Topic	Discussion/Outcome	Action/Results
Wendy Sisk	Welcome, introductions, land acknowledgement, housekeeping		
Wendy Sisk	Consent agenda	1. BOD Minutes from February 14, 2022 2. March Executive Director Report	Minutes **APPROVED** unanimously Consent Agenda **APPROVED** unanimously

		3. SBAR Fiscal Policy & Procedure 4. Fiscal Policy & Procedure	
Wendy Sisk	Public Comments (2-minute max)	Olympic Area Agency on Aging share positive outcomes from legislative session, including extended programs and funds available to seniors.	
Executive Committee	Check-in: Encouraging in-person participation by current "zoomies"	The value of OCH is in convening and many members want to prioritize successfully coming back together in-person as the norm. Attendees will be more intentional about holding travel time and many recommit to coming in-person moving forward. Some members are still hesitant to come back in-person due to COVID-19 vaccines not yet available for all populations, back-to-back meetings are a challenge, and Tribes have different re-opening phases. OCH will continue to provide clear guidance on protocols and requirements. Many joined the Board during COVID-19. Reminder that Board meetings rotate among the counties each year.	
Jennifer Kreidler-Moss	2021 Quarter 4 Financials	5. SBAR 6. Q4 Financial Statements 7. Financial Check-Up Distributions to partner organizations underspent due to timing of second partner payments which were made in January 2022 instead of December 2021. Project incentives P4R (Pay for Reporting) is scoring on	Motion for the Board of Directors to accept the 2021 quarter four financials as presented. **APPROVED** unanimously

		OCH report to HCA. Project incentives P4P (Pay for Performance) is scoring on metrics. Value-based Payment (VBP) incentives P4R is based on VBP survey participation. VBP P4P is how far the region advances in VBP contracting, partners. High Performance Pool (HPP) is re-allocated unearned ACH P4P dollars.	
Jennifer Kreidler-Moss	2022 Budget Revisions	8. SBAR 9. Revised 2022 Budget The region is rumored to earn up to $5 million for year 6. 10% goes to OCH operations. Per Fund Flow we anticipate we will earn 25% of P4P. The change is from P4R to P4P. It is not possible to predict the region's performance. OCH will earn these P4P dollars in 2024. Do not have confirmation about $5 million floor. Likely to be $5 million as the Tribes are also impacted. Year 6 projects are not directly designed to impact P4P metrics. A lot of the work is impactful, and the impacts of COVID-19 are pervasive.	Motion for the Board of Directors to approve the revised 2022 budget and directs staff to implement and manage accordingly. SBAR **APPROVED** unanimously
Amy Brandt	Coffee Break Video Series	Very well done, Amy! Keep the series format the same. "The SDOH visualization is the best I've seen." Future video ideas include resilience and incorporating more lived experience. Let Amy know if there are topics you would like to see highlighted or if you are interested in participating in a video. Videos are open source and	

		available to partners to use as they want. Video is available on OCH website, social media, newsletter, and YouTube. Amy will create a guide for how partners can use and share it out.	
Celeste Schoenthaler	Renewal Waiver – status & information	**Lots of caveats to this update. Limited to the role of ACHs. Many changes since last update (October 2021). HCA has been consistent in stating the renewal waiver will not be DSRIP and there will be less dollars available to ACHs than the current waiver. Jan 2023 start date. HCA plans to submit July 2022. Anticipate regional work will start mid-2023, assuming ACHs will need time for planning. Potential ACH buckets of work include 1) core functions, 2) "community-hub" for community-based care coordination, 3) flexible equity funding, 4) administer new health-related services, 5) integration (?) Aligns with some components of OCH strategic plan: focus on equity, determinants of health, some focus areas, convening, maximizing, data sharing Unclear how it aligns with other components of OCH strategic plan: broaden beyond Medicaid, focus areas like housing and SUD, strategies like advocacy and place-based approaches, likely puts OCH in position to become HIPAA-covered entity. HCA wants more stakeholder engagement in public	

		comment process. Very murky and vague. Missing the "how". Unclear what HCA has planned and the specifics will matter. Trying to understand the role of healthcare organizations in this work. Concern this may add further layers of administrative burden. Unclear what the role of MCOs will be. Different information is being communicated with MCOs. Still murky from the MCO perspective as well. Community-based organizations often do not have the infrastructure and it can be hard to spend the money. OCH should not be in the business of direct services. OCH role would be better focused on support and building up the infrastructure. What does addressing/working on equity mean? Once ACH role is more clear staff can seek additional dollars for other pieces of the strategic plan. Lessons learned from MTP1, do more of what we want to do and find the alignment vs. altering to fit what the state wants. Celeste will invite HCA to present before/during public comment and provide brief updates at future Board meetings.	
Miranda Burger	Year 6 partner work	10. 2022 Implementation Partner project summary	

		More depth than breadth this year. Lots of exciting and innovative projects. Relationships are stronger and more connected.	
Wendy Sisk	Good of the Order – Board member and public comments (2-minute max)	Happy 3-year anniversary at OCH, Celeste! OlyCAP looking for a property in Sequim for 5-10 people. Wendy has a lead.	
Wendy Sisk	Next meeting & Adjourn April 11, 7 Cedars (optional lunch prior and happy hour after)	Next meeting in the Cedar room at 7 Cedars. Jamestown will provide the space for free. Thank you, Jamestown. Lunch will be a buffet.	

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

- Hot Topics
    - Health Care Authority recently shared that their request to CMS to have a "base" pay for year 6 at **$5 million was approved**. This positively impacts the Olympic region as we can now earn up to $5 million for the work of 2022.
    - OCH completed and submitted the first of two **Demonstration Year 6 Pay for Reporting (P4R) Report** to Meyers and Stauffer on Mar 31, 2022. This report highlighted Medicaid Transformation Project updates for the first quarter of 2022 and meets one-half of the pay-for-reporting requirement for 2022.
    - OCH hosted the **Olympic Action Collaborative Kick-off** on March 30 at 7 Cedars Hotel. The event was attended by 63 participants from across the region, both in-person and via Zoom. During this meeting, OCH introduced the 2022-2026 strategic plan, facilitated an introduction and activity around Targeted Universalism, looked at regional data related to each focus area, and began to build a network of partners to advance next steps.
    - Several partners and OCH staff met with the team at **Find Help, a digital referral platform**. The software seems to meet most needs. Staff are seeking clarity from HCA about their process so the region can move forward with next steps.
    - 2022 implementation **partner payment estimates** were sent to partners in early March for the pay for reporting component of 2022 work and a conservative estimate for 2020 pay for performance dollars that will come to the region later this year.
    - With approval from the Executive Committee, OCH is now contracted with the **Washington Communities for Children (WCFC) to collaboratively advance early childhood efforts** alongside the Peninsulas Early Childhood Coalition (PECC).
- Strategic Plan Focus Areas & Action Collaboratives
    - **Together, recovery is possible** –
        - OCH staff continue to share **stigma findings** with various community groups. During the month of March, staff presented at a YMCA community café (statewide virtual group) and Kitsap Support, Advocacy, and Counseling. Staff have also worked to schedule additional presentations with local city councils, faith-based organizations, and 1/10th of 1% county groups in the coming months.
        - On March 11, staff filmed the **second episode of the Coffee Break Video Series** featuring Brian Burwell (Suquamish Wellness Center) and Anya Callahan (community member) on the topic of the presence of SUD stigma. Video is set to be released early May.
        - Staff began capturing community stories to highlight in an upcoming campaign, "**Recovery Hero**". Check out the first blog here, featuring Michael McCutcheon's recovery story.
    - **Individual needs are met timely, easily, and compassionately** – Staff are in the "building" phase to establish a Care Connect hub in the Olympic region with funding from the Department of Health.

    - **Access to the full spectrum of care** – No updates this month.
    - **Everyone housed** -
        - OCH staff are compiling an inventory of regional housing programs and project. In the coming months staff will connect with interested partners to listen and learn more about the housing landscape. The Everyone Housed action collaborative will explore what role, if any, OCH can serve in this work.
- Subcommittee reports/updates
    - **Executive Committee** – Met on March 22 to review the agenda for the April Board meeting, to discuss upcoming officer vacancies and changes, and to finalize Celeste's performance review and recommendations to the Board.
    - **Finance Committee** – Will meet again on May 2.
    - **Funds Flow Workgroup** – Funds Flow will meet again in May or June of 2022.
    - **Visioning Taskforce**- Will meet again in June.
- Upcoming meetings and events
    - April 19, Together, Recovery is Possible action collaborative – WSU Jefferson County Extension
    - April 26, Executive Committee – Virtual
    - April 27, Access to Care action collaborative – WSU Jefferson County Extension
    - May 2, Finance Committee – Virtual
    - May 3, VBP action group – OCH Headquarters
    - May 4, Individual Needs action collaborative – WSU Jefferson County Extension
    - May 11, Board of Directors – 7 Cedars Hotel
- Administrative & staffing updates
    - OCH is in process to hire a new Community Hub Coordinator position. To start, this role will establish systems and contracts for the Care Connect contract and will assure the region is well-poised to advance other care coordination efforts as they arise.

Olympic Community of Health

SBAR Executive Director Performance Review

Situation

Annually, the OCH Executive Committee conducts a performance review for the Executive Director. The Executive Committee has concluded that process for 2022 and presents their recommendation to the Board of Directors.

Background

Celeste Schoenthaler celebrated her third anniversary as the OCH Executive Director on March 11, 2022. As stated in the charter for the Executive Committee, the duties of the Committee include "evaluating the performance and compensation of the director". This year, the Committee asked Board members to participate in an online survey to provide feedback on Celeste's performance, sought feedback from a few OCH staff members, reviewed the self-evaluation provided by Celeste, and compiled their own feedback.

Action

Wendy Sisk, Board President, facilitated a discussion with fellow Committee members to review all feedback. Wendy compiled the feedback and shared a full performance review with Celeste on March 22.

The Executive Committee recommends a 5% salary increase and one-time bonus payment of approximately 7.5% for the Executive Director effective 3/11/2022.

Recommended Motion
The OCH Board of Directors approves the salary increase and bonus for Celeste Schoenthaler.

2022-2026 Strategic Plan | Key Messaging

Purpose: This document serves as a guide to accompany the 2022-2026 strategic plan, providing key messaging around each major component. The suggested messaging is intended to boil down the key information of the strategic plan in accessible, bite-sized blurbs. This messaging guide was created to promote cohesive language across OCH staff, committee members, and Board members, ultimately encouraging clear communication and energy around the changes to come.

Guiding principles for using the messaging below:

- Try not to compare future state to MTP
- Add your own personality to the language to add energy and excitement
- When possible, connect the content with a way for people to get engaged with OCH
- Share what resonates with YOU and why you are involved with OCH.

How to use this document:

Use the document to familiarize yourself with the various components of the 2022-2026 strategic plan. This document contains suggested language and talking points that can support a confident elevator pitch and conversations about OCH's work. When speaking about OCH, please feel free to use this key messaging guide in tandem with your own experience.

Discussion questions for Board of Directors:

- What is missing from this document?
- How can we get people more excited and energized about the changes to come at OCH?
- Why do YOU engage with the work of OCH?
- What are aspects of OCH that you struggle with articulating?
- Is this language below accessible?

1. General

i. OCH is pleased to share the Board approved 2022-2026 strategic plan. This is an exciting step for the Olympic region as it provides a strong foundation for the future of OCH.
ii. This strategic plan summarizes visioning for the future by synthesizing discussions, partner feedback, and Board decisions over the past few years. This plan reflects multiple conversations and perspectives among a diverse group of partners and community members.
iii. The plan outlines the foundational elements of the future state of OCH and includes a value proposition, overarching goal, values, focus areas, strategies, a defined target population, roles for the organization, a high-level partnership model, a high-level funding model, and a governance model for the first two years.
iv. OCH will take a collaborative approach to identifying specific projects and initiatives for each focus area. An "action collaborative" will be formed in

2022 for each focus area and these groups will identify more detailed action and measurement plans for each priority.

v. The strategic plan was informed by the best information available at the time, while holding space for a flexible path forward. The Olympic region is stronger together.

2. How to get involved

a. Newsletter

i. Sign up for OCH's weekly newsletter to stay up to date with upcoming events, a wide variety of resources, various training opportunities, and learn about partner projects across the region. Email och@olympicch.org or go to olympicch.org to be added to the distribution list.

b. Action collaboratives

i. Several years ago, partners across the Olympic region took time to identify needs and priorities to improve the health of the region. With the first wave of phase of OCH work coming to an end, we now have a new strategic plan and four action collaboratives committed to each of the following focus areas: 1) together, recovery is possible, 2) individual needs are met timely, easily, and compassionately, 3) access to the full spectrum of care, and 4) long-term, affordable, quality housing.

ii. We must spend time again with existing and new partners to identify projects and activities that algin with the purpose of OCH – to tackle health issues that no single sector or tribe can tackle alone.

iii. How can we build upon the last several years, build upon progress and lessons learned to move forward even stronger together? The action collaboratives are one way that OCH will determine how to allocate resources (time, funding, etc.) for the next phase of regional work.

iv. The purpose of each action collaborative is to complete a 4-year action plan (2023-2026) with organizational, Tribal, community, and regional priorities to advance the focus areas on a regional level. Each group will consider current data, best practices, cross-partner strengths, and measurable metrics. Ultimately leading to opportunities for short-term and long-term action.

v. OCH is building strong collaboratives among individuals who live and/or work in the Olympic region. Participation is encouraged for partners new and old with varying experience, perspective, and expertise (lived experience, front-line work, project management, etc.).

c. Why is this important?

i. Action collaboratives are a great opportunity to come together as a region to collaborate and maximize strengths across departments, sectors, communities, and Tribes, ultimately approaching local health issues with a strong collective approach.

ii. Ultimately, we believe these collaboratives will not only spark meaningful action, but will also compliment and build upon the priorities of you and your organization or Tribe.

iii. Partners will build strong relationships with one another, creating space for shared resources, peer learning, and maximized strengths.
iv. These collaboratives also offer opportunities to learn more about your neighboring communities, what contributes to health inequities on a regional level, and elevating voices from different backgrounds and perspectives.
v. By leveraging our collective expertise, experience, and wisdom we can tackle these health issues that no single sector or Tribe can tackle alone.

3. Who is OCH?

a. Who OCH works with

i. OCH collaborates with a wide variety of partners across Clallam, Jefferson, Kitsap Counties, and seven Tribal Nations in the region to foster a region of healthy people, thriving communities.
ii. OCH brings together partners from many different backgrounds, sectors, communities, and Tribes. Building bridges between and among the community and clinical workforce to create a more person-centered approach to health. For example, OCH hosts a variety of learnings and convenings throughout the year to foster relationship building, peer sharing, and improved connections across the region.
iii. As an Accountable Community of Health (ACH), OCH was created to incentivize and implement collaborative approaches to better meet the health needs of the Olympic region.

b. What OCH does

i. Olympic Community of Health is a non-profit with the purpose of tackling health issues that no single sector or Tribe can tackle alone.
ii. By bringing together regional partners on local health issues like stigma of substance use disorder, access to the full spectrum of care, and determinants of health, we are ultimately working towards a healthier, more equitable three county region.

4. Background of OCH

a. Medicaid Transformation Project

i. OCH was initially created to promote innovative changes to improve health outcomes and reduce the cost of care in the Olympic region, in alignment with a five-year waiver for Washington State, known as the Medicaid Transformation Project.
ii. Under the Medicaid Transformation Project, OCH works to reduce the cost of care while improving the patient experience, health outcomes, and quality of health care for community members enrolled in Medicaid.
iii. The initial waiver for the Medicaid Transformation Project will conclude in 2022. A second waiver is likely to be approved and will allow OCH to continue this important work of tackling local health issues through collaborative action.

iv. Metrics and priorities affiliated with the Medicaid Transformation Project are established by the Health Care Authority (HCA). OCH and the other ACHs frequently connect with HCA to advocate for their respective regions across the state.

5. Process of strategic plan

i. OCH prioritized partner and community feedback, perspective, and voice throughout the creation of the 2022-2026 strategic plan. Through several activities and methods of gleaning partner insight, OCH narrowed down a set of priorities and focus areas in alignment with community, strengths, gaps, and opportunities.

ii. The strategic plan was created to provide a high level roadmap that clarifies what OCH is and what OCH does beyond the initial waiver period.

iii. The plan was co-created and adopted by the OCH Board of Directors in the fall of 2021. The Board of Directors is made up of a wide variety of regional partners and health leaders. Together, they rallied around this shared vision of a healthier, more equitable three-county region.

6. Timeline

i. This strategic plan is set for a soft launch in 2022, coinciding with the conclusion of MTP. By 2024, OCH will implement a full launch of future state work and priorities.

7. Value proposition

i. A value proposition refers to the value an organization provides to partners who choose to engage in their work.

ii. Themes of collaboration, catalyst for change, and bridge builder are encompassed in OCH's value proposition, *"Stronger Together: Foster a region of healthy people, thriving communities"*

8. Goal

i. OCH's overarching goal is to "improve individual and population health and advance equity by addressing the determinants of health".

ii. The goal statement reflects a unique space for OCH to build upon a collaborative approach to address regional health. Addressing equity and the determinants of health also point to a central challenge of health reform and for work to be more upstream and proactive.

9. Core values

i. OCH's core values: well-being, connection, place, and empowerment are embodied in all that we do. They inform both the projects and approaches OCH takes to reach the overarching goal.

10. Focus areas

i. OCH's overarching goal is to "improve individual and population health and advance equity by addressing the determinants of health". OCH works towards this goal by addressing the following focus areas: substance use disorder, access to the full spectrum of care, individual needs, and housing.

ii. The focus areas reflect the prioritization of partners across the region. While there are many focus areas that deserve to be acted upon, these four priorities serve as a starting point to maximize collective impact, ultimately pushing us towards our vision of a healthier, more equitable three-county region.
iii. The focus areas are interconnected and highly dependent on a multi-disciplinary and collaborative approach.
iv. Why is this important?
    1. The focus areas serve as locally identified priorities that would benefit from a regional, collective approach. These four focus areas impact individual and population health and are issues that cannot be effectively addressed on our own. By combining partner strengths and resources in a targeted effort to address these focus areas, we can better bridge gaps in the way health is delivered, accessed, experienced, and paid for while creating a healthier population overall.

a. Together, recovery is possible (substance use disorder)

i. Substance use disorder hits close to home for far too many individuals and families struggling across the region. Most of us have a friend, family member, neighbor, or coworker who has struggled with addiction.
ii. By prioritizing collaborative and innovative approaches to address substance use disorder, we can achieve the vision of being a recovery friendly Olympic region.
iii. Under the new strategic plan, OCH and partners will build on successes and innovations that came out of our initial focus on the opioid crisis. This action collaborative will expand to address other substances such as alcohol and stimulants while also addressing cultural and societal impacts like stigma.

b. Access to full spectrum of care

i. Partners of OCH hold a common vision for a region of healthy people, thriving communities – which includes access to the full spectrum of care - physical, behavioral (mental health & substance use disorder), dental, specialty, and social services.
ii. Access to care encompasses coverage, services, the ability to access care timely and efficiently, and a capable, qualified, culturally competent workforce. An equitable system also reduces barriers including language, transportation, and internet access.
iii. OCH can maximize current efforts, identify gaps, and promote solutions that meet the unique needs of each community. OCH aims to leverage collaborative action to increase access to the full spectrum of care.
iv. OCH builds upon initial successes in prioritizing bi-directional integration to continue to implement and incentives more streamlined and person-centered care.

c. Individual needs are met timely, easily, and compassionately

i. OCH believes that all people deserve to live with dignity. This includes a coordinated system of care that is tailored and compassionate to individual needs, truly putting the patient at the center.
ii. Ensuring that care is not only available but also easy to understand and navigate is necessary for individuals to thrive and reach their full potential. Care delivered in a culturally sensitive and appropriate way supports equity advancements and the health of the overall population.

d. Long-term affordable quality housing

i. Housing is a complex issue that no single sector or Tribe can tackle alone and safe housing is also a key determinant of a healthy life. Together, we can create positive outcomes with collaborative, innovative, upstream, place-based solutions.
ii. The focus area of housing represents the newest body of work for OCH. While partners agree that it is a fundamental determinant of health that should be addressed at a regional level and amongst a broad range of sectors, Tribes, and organizations, housing is also complex and broad with many forces at play. In 2022, OCH staff and Board members will spend time learning and listening to identify how best to support and maximize current efforts given our limited resources.

11. Target population

i. OCH is expanding the target population to reach and benefit community members across the region who experience barriers to attaining the healthy lifestyle they desire (underserved and historically marginalized, example: those on Medicaid and/or Medicare, un- or under-insured, experiencing homelessness, etc.)
ii. The target population groups will be best served if the region has a well-trained, supported, adequate, and healthy workforce.

12. Roles of OCH

i. OCH seeks to serve and benefit the Olympic region by building upon the organization's value established over the past few years.
ii. OCH approaches the vision of a healthier, more equitable three county region by filling the following roles: catalyst for change, community connector, and seed planter.

13. Partnership model

i. OCH is excited to introduce a partnership model that provides flexibility, ease of entry, and the ability to maximize the strength and capacity of partners across the region.
ii. Ultimately, partners can engage in the projects, events, and opportunities that align with their work, interest, and capacity. Some elements will be associated with funding for partners and others will add value outside of a funding relationship.
iii. This model minimizes requirements and allows partners to choose how to be involved and at what level based on the priorities of their organization/Tribe.

This approach fosters organic partnerships, renewed energy and commitment, and flexibility to cater to partner needs and interests.

iv. By incorporating flexibility and various levels of engagement, partners can bring their expertise, curiosity, time, and strengths to the table in a way that allows the network to maximize effort and impact.

b. Why this is important?
   i. By leveraging our collective expertise, experience, and wisdom we can tackle these health issues that no single sector or Tribe can tackle alone.
   ii. OCH values the perspective, experience, and strengths of all our partners and wants to create opportunities for mutual support—meaning that events, trainings, workgroups, and resources are intentionally created and implemented in a way that is catered to partner capacity, interest, and need.
   iii. Our partners are what truly makes OCH unique and moves this important work forward. None of these transformation projects would be possible without the hard work, expertise, and support of partners.

14. Funding model

i. OCH has been a financially healthy organization since our inception. Our Board was thoughtful and has set aside money in reserves for the past few years so the organization could continue its good work into the future.

ii. OCH will pursue a variety of new funding streams in alignment with the priorities of the strategic plan for a blended funding model.

iii. OCH can serve as a maximizer and convener of regional organizations and tribes from a funding perspective in alignment with the roles and goals of OCH's future state. For example, bringing together partners to submit collaborative funding applications and serving as a convener to maximize existing partner funding.

ELEVATOR PITCH

pocket guide

Olympic COMMUNITY of HEALTH

Before jumping in, identify your audience?

What value do they bring to the table?

What's the goal of your conversation?

Who is OCH? Introduce who you are and how you connect to OCH. Share a bit about the purpose and goal of OCH.

Describe the gap. What is the value that OCH brings to the region? Cater this response to what will resonate most with your audience.

What's the value? Share the value YOU get from participating in OCH.

Example of the work. Share a project of OCH's that may be interesting to your audience. This example can be a nice segway to your call to action.

Connect with your audience. Highlight what they have to offer. "*I admire the way your group _____. I think you have a lot to add to this work.*"

Call to action. Invite them to get involved (join newsletter, come with you to an upcoming event, get coffee, connect them with an OCH staff member, etc.)

FEELING STUCK? HERE ARE SOME KEY MESSAGING TO HELP YOU GET STARTED

Purpose: To tackle health issues that no single sector or Tribe can tackle alone.

Vision: A healthier, more equitable three-county region.

Mission: To solve health problems through collaborative action.

Who we work with

OCH collaborates with a wide variety of partners across Clallam, Jefferson, Kitsap Counties, and seven Tribal Nations in the region to foster a region of healthy people, thriving communities.

What we do

OCH brings together partners from many different backgrounds, sectors, communities, and Tribes.

Building bridges between and among the community and clinical workforce to create a more person-centered approach to health.

Why it matters

By leveraging our collective expertise, experience, and wisdom we can tackle these health issues that no single sector or Tribe can tackle alone.

Olympic COMMUNITY of HEALTH

Medicaid Transformation Project Renewal

April 4, 2022

Washington State Health Care Authority

MTP renewal: key dates

- **February and March 2022:** partner and tribal engagement, continued refinement of concepts
- **March and April 2022:** CMS input on new and evolving programs
- **April and May 2022:** public comment processes and Tribal Consultation
- **July 15, 2022:** submit application to CMS

Washington State Health Care Authority

MTP renewal aims

- Ensure equitable access to whole-person care, empowering people to achieve their optimal health and well-being in the setting of their choice.
- Build healthier, equitable communities with communities.
- Pay for integrated health and equitable, value-based care.

Washington State Health Care Authority

MTP renewal goals

- **1. Expanding coverage and access to care, ensuring people can get the care they need**
  - Continuous enrollment up to age six
  - Re-entry coverage and services for people entering or exiting prison, jail, or other correctional institutions
  - Expanded postpartum coverage
  - Substance use disorder/mental health IMD
- **2. Advancing whole person primary, preventive, and home and community-based care**
  - Primary care and behavioral health integration (assessment) - continued focus
  - Long-term services and supports
    - Continuing programs: Medicaid Alternative Care and Tailored Supports for Older Adults
    - New programs: Guardianship, presumptive eligibility, coordinated personal care, rental subsidies
- **3. Accelerating care delivery and payment innovation focused on health-related social needs**
  - Community convening and capacity (workforce)
  - Community Hub model, Health-Related Services, and equity investment
  - Foundational Community Supports

Washington State Health Care Authority

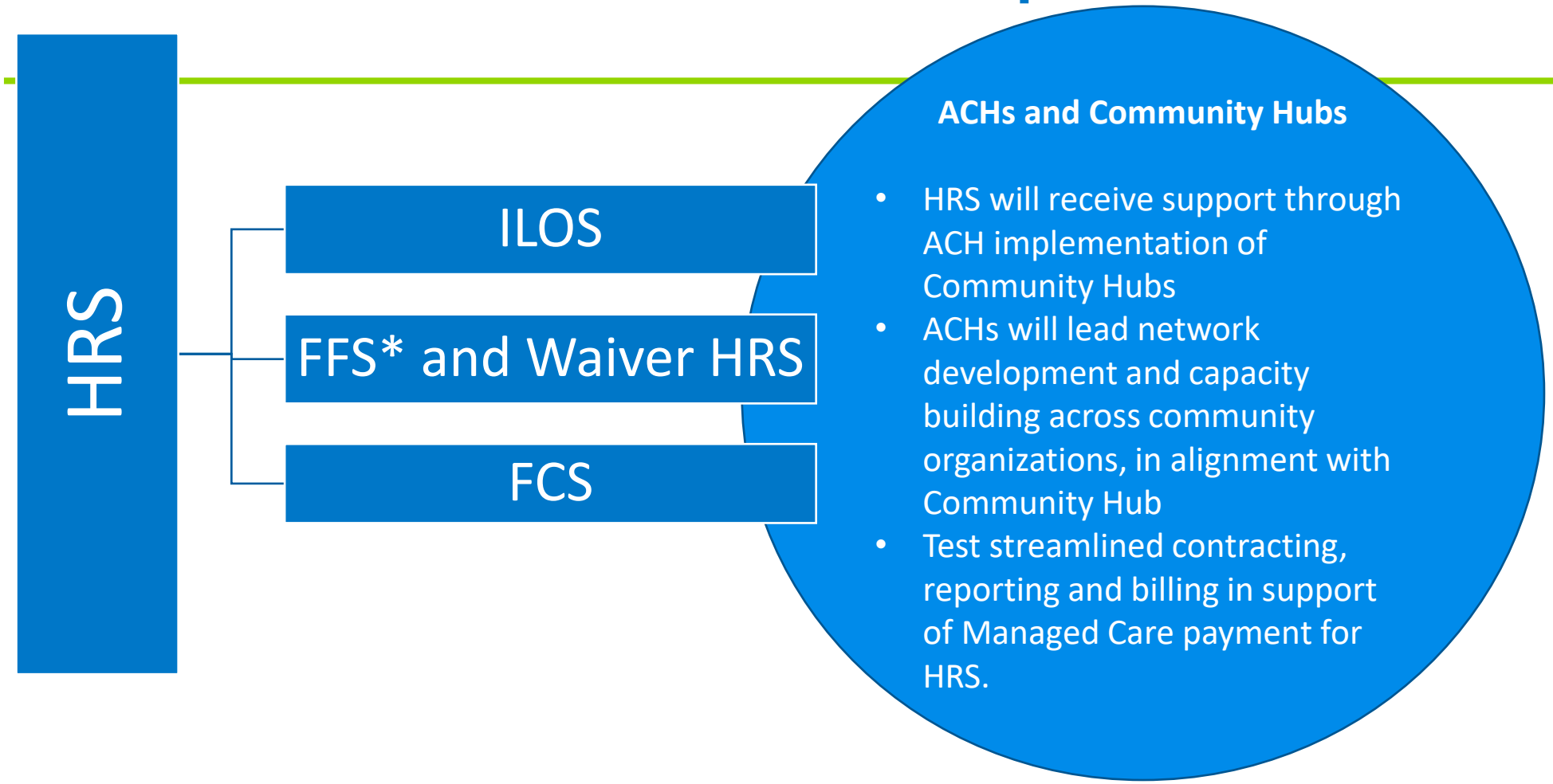
Deeper dive into Goal 3: Accelerating care delivery and payment innovation focused on whole-person care and health-related social needs

Washington State Health Care Authority

Health-Related Services (HRS)

- Menu of HRS to address health-related social needs
  - Prioritize use of In-lieu of services (ILOS) and the existing FCS program
  - Like CA, to be paid for outside the waiver, managed by MCOs in partnership with ACHs
    - MCOs will work with ACH Community Hubs to screen and refer to Hub community network providers
    - Exploring other strategies to work collaboratively recognizing we need to leverage MCO and ACH strengths to provide better care and support for our clients
  - Some services will likely require 1115 authority and funding for payment – these distinctions will be finalized during negotiations with CMS
  - Exploring an equivalent set of services for the fee-for-service population

HRS and ACH Partnership



*AI/AN services to be addressed through a tribal hub or other tribal strategy

In Lieu of Services (ILOS): Regulatory Requirements and Implementation Framework

Shared in CA's 1115/1915(b) approval

Regulatory Requirements

- **Medically appropriate** and **cost-effective substitute** for the covered service or setting under the Medicaid State Plan
- **Authorized and identified in the plan contract** and **offered at plan option**
- Payment through **rate setting**
- **Voluntary for plan and enrollee**

Implementation Framework for ILOS

- **Medical appropriateness and cost effectiveness** is aggregate, not individual, test (important for equity/children)
- Does not need to be a medical service but must have **clinically oriented definitions** that outline **populations** for which service is likely to be **medically appropriate, and reduce or prevent utilization of state plan services**
- Does not need to be a substitute for an immediate service, may address an **assessed risk of incurring other Medicaid services in the future** (e.g., risk of inpatient hospitalization or ED visit)
- **Room and board guardrails,** not blanket prohibition on food or shelter
- For initial approval state can rely on **national and local evidence base; state must undertake ongoing monitoring and oversight,** including independent evaluation of each ILOS and reporting on medical appropriateness and cost effectiveness

Source: 42 CFR 438.3(e)(2)

Source: CalAIM 1915(b) Approval Letter, CalAIM 1915(b) STCs

HRS Menu (adapted from CalAIM ILOS)

- Housing Transition Navigation Services
- Housing Deposits
- Housing Tenancy and Sustaining Services
- Respite Services
- Day Habilitation Programs
- Nursing Facility Transition/Diversion to Assisted Living Facility
- Community Transition Services/Nursing Facility Transition to a Home
- Personal Care and Homemaker Services
- Environmental Accessibility Adaptations (Home Modifications)
- Asthma Remediation
- Medically Tailored Meals
- Sobering Centers
- Short-term post-hospitalization housing*****
- Medical respite*****
- Non-medical transporation supports*****
- Targeted resources (e.g., utilities, childcare, language access, legal support)*****

*1115 authority is likely required

HRS Principles

- Build CBO capacity to take on new contracts, services and receive payment
- Leverage necessary CIE infrastructure while building toward a more robust and cohesive future state
- Ensure shared accountability for HRS between ACHs and MCOs and leverage strengths/efficiencies
- Identify clear measurement and evaluation strategies
- Minimize variation and related provider/client burden
- Minimize administrative complexity, including strategies to streamline contracting and payment

Health equity and community capacity

- Regional equity investments
  - Equity funding managed by ACHs to address health inequities
  - Invest in community-based approaches that improve health equity across Medicaid clients
- Community-based care coordination: Community Hubs
  - Regional community hubs managed by ACHs. Coordinating with DOH regarding CareConnect, which is operational in several regions.
  - Core regional infrastructure for community convening and capacity planning – HCA and DOH are interested in leveraging and building/shaping from the existing statewide infrastructure
  - Consider certain populations of emphasis for Hub priority: re-entry, etc.
- ACHs convening for system capacity and workforce developments (and related innovative regional system needs)
- Capacity building will require investment and time. We don't expect to launch new policies or programs right away, e.g. 1/1/2023

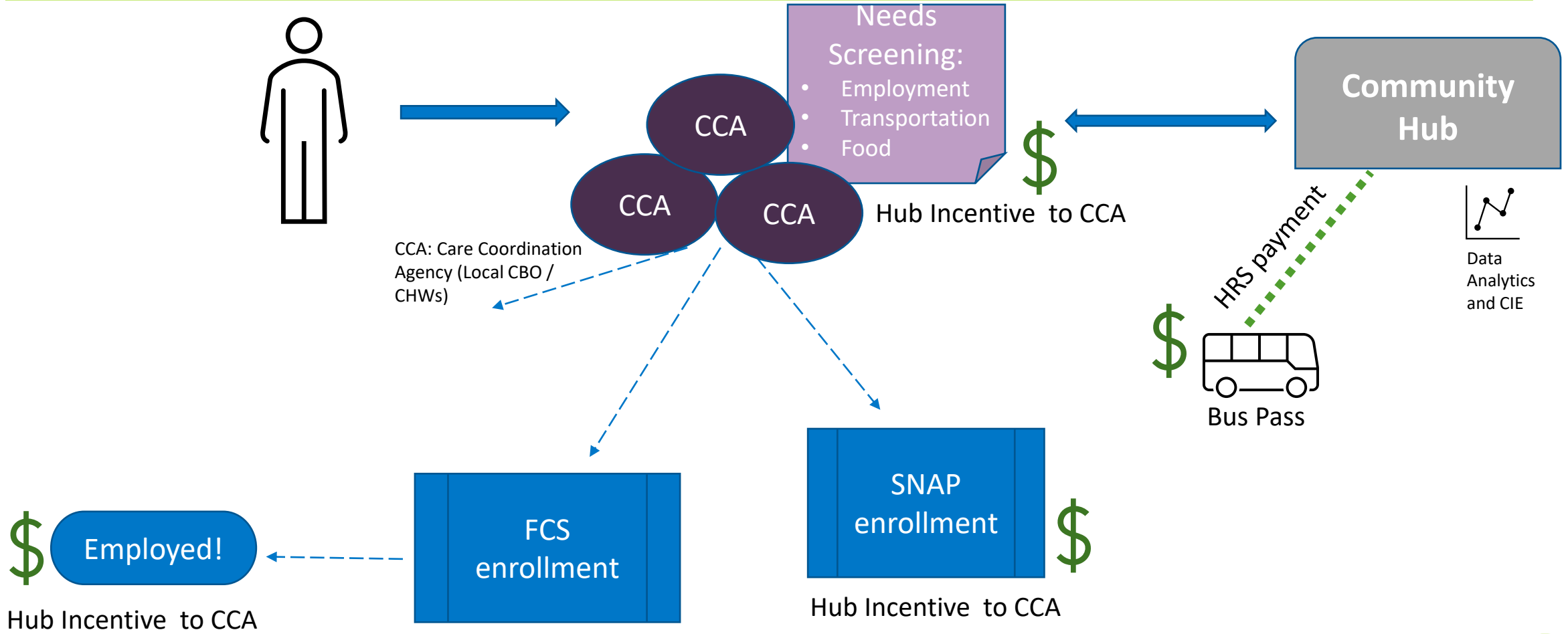
Hub Functions

- **Identify** and engage patients who are likely to have multiple health and social needs.
  - The hub isn't a gatekeeper, rather a resource & coordinator – we see the Hub as a tool for managed care ILOS community services and potentially other services like reentry transition needs etc.
- **Screen** patients for social determinants of health (SDOH) needs and determine the appropriate organizations with the resources and knowledge to address their specific needs.
- **Establish and ensure network of community organizations** to help with capacity to deliver health-related services and ILOS community service
- **Connect** patients with these community organizations that can help address their social needs within the community care coordination system.
  - High touch approach (CHWs/Peers build and maintain relationship, warm hand offs to services)
  - Develop a comprehensive community care plan
  - Coordinate the coordinators/ caseworkers (when available)
- **Community organization network provider payment**: Community Hubs ensure there's a network of these non-traditional providers (not managed care network providers) and ensure outcome-based payment or other CBO support and incentive for network
- **Follow-up** to ensure patients are connected and facilitate completion of the SDOH interventions or activities and closely engage managed care coordination, primary care referrals or discharge/transition planning etc.
- **Track outcomes** of patients receiving community-based services.
- **Ensure accountability** for the Community Hubs through contract, external review, VBP approaches etc.

To Discuss: MCO and ACH Role Clarity

	MCO	ACH
Payment	• Behavioral and physical health care • Medically oriented HRS (e.g., medical respite, sobering centers) • Community-based workforce	• Delegated community oriented HRS (e.g., food and transportation) • Testing payment strategies to reduce barriers and create efficiencies for community organizations • Community Hub incentives for community partners
Care Coordination	• Clinical care coordination • Complex case management	• Community resource and referral coordination • Community-based workforce training and coordination
CIE and data	• Aligned standards, SDOH screening, and resource/referral processes (two way) • Economies of scale and alignment to mitigate duplication and vendor fatigue • Eligibility data and information exchange: ProviderOne and beyond	

Community Hub and HRS Vignette



Washington State Health Care Authority

Discussion

- Do you feel that these policies and programs are the right course to improve clients' health?
- Where does the proposal give you pause? Could there be ways to alleviate those concerns?
- Does the proposal make use of your organization's strengths?
- What infrastructure and capacity building is necessary to support HRS?

Next Steps

- Establish regular cadence for collaboration
  - Community Hub development
  - Community-based workforce and payment
  - CIE gap analysis and alignment
- MTP public comment and feedback to inform CMS submission