

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

Board of Directors Meeting
December 12, 1:00-3:00 pm
7 Cedars Hotel & Casino

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

#	Time	Topic	Purpose	Lead	Attachment
1	1:00	Welcome, introductions, land acknowledgement, housekeeping	Welcome	Mike Maxwell	
2	1:20	Consent agenda	Action	Mike Maxwell	1. BOD Minutes from November 14, 2022 2. December Executive Director Report
3	1:25	Public Comments (2-minute max)	Information	Mike Maxwell	
4	1:30	Strategic plan focus areas: Action Plans!	Action	OCH Staff and Partners	3. SBAR 4. Access action plan 5. Housing action plan 6. Individual Needs action plan 7. SUD action plan
11	2:55	Good of the Order – Board member and public comments (2-minute max)	Information	Mike Maxwell	
13	3:00	Next meeting & Adjourn January 9 Location: <u>7 Cedars Hotel & Casino</u> Lunch provided prior to the meeting, and everyone is welcome at a post-meeting social hour.	Information	Mike Maxwell	

Board of Director's Meeting Minutes

Date: 11/14/2022	Time: 1:00 PM	Location: 7 Cedars Hotel, Jamestown S'Klallam
Chair In-Person: Heidi Anderson, <i>Forks Community Hospital</i> Members Attended In-Person: Bobby Beeman, <i>Olympic Medical Center</i>; Brent Simcosky, <i>Jamestown S'Klallam Tribe</i>; Cherish Cronmiller, <i>Olympic Community Action Programs</i>; G'Nell Ashley, <i>Reflections Counseling</i>; Jody Moss; Kim Freewolf, <i>Port Gamble S'Klallam Tribe</i>; Roy Walker; Stormy Howell, <i>Lower Elwha Klallam Tribe</i>; Wendy Sisk, <i>Peninsula Behavioral Health</i>; Bergen Starke, <i>Peninsula Community Health Services</i> Members Attended Virtually: Stephanie Lewis, <i>Salish Behavioral Health Administrative Services Organization</i>; Matania Osborn, <i>Anthem</i>; Keith Sprague, <i>St. Michael Medical Center</i>; Stephen Kutz, <i>Suquamish Wellness Center (arrived 1:10pm)</i>; Jolene Winger, <i>Quileute Tribe</i>; Susan Buell, <i>YMCA of Pierce and Kitsap counties (arrived 1:13pm)</i>; Jennifer Kriedler-Moss, <i>Peninsula Community Health Services (arrived 1:22pm)</i> Non-Voting Members Attended In-Person: Jim Novelli, <i>Discovery Behavioral Healthcare</i>; Laura Johnson, <i>United Healthcare Community Plan</i>; Kate Ingman, <i>Community Health Plan of Washington</i> Non-Voting Members Attended Virtually: Lori Kerr, <i>St. Michael Medical Center</i>; Jake Davidson, <i>Jefferson Healthcare</i>; Siobhan Brown, <i>Community Health Plan of WA</i>; Derek Gulas, <i>United Healthcare</i>; Brian Burwell, <i>Suquamish Wellness Center</i> Guests and Consultants Attended In-Person: Susan Lawler, <i>Port Gamble S'Klallam Tribe</i> Guests and Consultants Attended Virtually: Lori Fleming, <i>Jefferson County Community of Health Improvement Plan</i> OCH Staff: Amy Brandt, Celeste Schoenthaler, Miranda Burger		

Minutes

Facilitator	Topic	Discussion/Outcome	Action/Results
Heidi Anderson	Welcome, introductions, land acknowledgement, housekeeping		
Heidi Anderson	Consent agenda	1. BOD Minutes from October 10, 2022 2. November Executive Director Report See note at bottom of the ED report regarding 2021 Form 990 correction.	Minutes APPROVED unanimously Consent Agenda APPROVED unanimously
Heidi Anderson	Public Comments (2-minute max)		
Celeste	Public Health Sector	3. SBAR Public Health Sector	Motion made for the Board of

Schoenthaler	representatives		Directors to approve Apple Martine as the primary for the public health sector and Gib Morrow as the alternate through September 2023. APPROVED unanimously
Celeste Schoenthaler	Cross-ACH Association	4. SBAR Cross ACH Association 5. Association Overview Why is the cost share (7%) different from the initial MTP share (4%)? Year 6 x-ACH agreement had \$5 million floor, which was more than 4%. Unclear what the share will be for renewal waiver. We are all in or all out for a Cross-ACH association and related lobbying as a part of the larger ACH network. OCH could still directly communicate with HCA, we just won't be inside the conversations for joint recommendations. These conversations are where some strides have happened. 501(c)6? Celeste can send a follow up document. This is not a concrete decision. Single entity made up of either 8 or 9 ACHs. OCH is the only ACH still unsure. Page 12 of packet has some initial thinking about process of association. Some will be consensus some will be by vote. Not asking partners to contribute to costs, will be from OCH bank account. Concerns about using Medicaid dollars to fund an association. Unclear how this will support ACH sustainability. No conversations about what comes after renewal waiver.	Motion made for the Board of Directors to have OCH as a participating member of the ACH Association in 2023 and approves an up to amount of \$28,000 for this work in 2023. APPROVED. Two opposed: Jennifer Kriedler-Moss and Bergen Starke.

		So far, x-ACH conversations have not inhibited OCH plans for sustainability. Sue Birch was not in support of x-ACH association. No follow up discussion has been scheduled. What happens with Artemis contract if we don't participate? We would no longer contribute to Artemis contract. Artemis provides facilitation, insights about HCA and CMS processes, and guidance on how ACHs make recommendations. Impact to OCH by no longer having a voice at the table. Unclear if Board meetings will be open. Important for OCH to be at the table, have a voice, and continue to advocate for our region. If it doesn't go well in 2023 can revisit if we continue participating. We will be able to discuss this decision annually. Concern about staff's relationships with their statewide peers if we don't participate. There is an interesting issue already on the table regarding DSRIP dollars no longer being exempt from BNO tax. The x-ACHs lobbyist is already working on this and could be advantageous for others. Concerns about the governance structure, only having EDs and not other Board members. Will this put Celeste in conflict with partner interests? Always see role as representing region, Board,	
--	--	---	--

		and staff. Benefits of education to legislature representatives and staff. The more information we can get to them the better. Want to know Celeste's opinion - The x-ACH work could accomplish so much. This could be a step towards more organized and improved x-ACH relationships. There is value in the lobbyist already. Although some worry about the amount of effort and money, unsure how much value it will bring to the region.	
Miranda Burger & Amy Brandt	2022 OCH Network Analysis	6. SBAR Network Analysis 7. Highlights report Well done, staff. Wish we had done this at the beginning of MTP, expect the changes would be drastic. Suggestion to think about using the results to inform decisions on regional CIE.	Motion made for the Board of Directors to accept the network analysis report and collaborate with staff to implement the steps outlined in the SBAR. APPROVED unanimously.
Celeste Schoenthaler	2023 Priorities	8. SBAR 2023 Priorities 9. 2023 Priorities	Motion made for the Board of Directors to approve the 2023 priorities as presented by staff and direct the Executive Director to oversee implementation and next steps. APPROVED unanimously.
Heidi Anderson	Good of the Order – Board member and public comments (2-minute max)		
Heidi Anderson	Next meeting & Adjourn December 12 Location: <u>7 Cedars Hotel & Casino</u> Lunch provided prior to the meeting, and everyone is welcome at a post-meeting social hour.	Interest in inviting HCA, Mike Chapman, Steve Tharinger, and Kevin Van de Wege to December Board meeting.	

	Action collaborative participants are invited to join lunch and the meeting.		
--	--	--	--

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

- Hot Topics
 - **Site visits with all contracted partners have concluded.** Staff met (most in-person!) with all funded partners including Medicaid Transformation Implementation partners, Expanding the Table partners, and Youth Engagement for SUD stigma partners. Staff will post a summary of these valuable meetings online soon. This is always a very rewarding opportunity to connect individually with partners. Staff deeply appreciate the time and candor of partners at these visits.
 - **Medicaid Transformation Implementation partners recently submitted their final report for the initial MTP waiver.** Staff will use the information collected to inform final reports to HCA, final 2022 payments, and to guide the work of 2023. Thanks to all partners who submitted reports on time.
 - **Staff continue to partner with HCA and the other ACHs on renewal waiver planning efforts.** Robust conversations continue around funds flow, functions of CBCC hubs, and other important elements of the renewal waiver. HCA reports continued positive conversations with CMS and a timeline for approval for the waiver has not yet been solidified.
 - **All six coffee break videos have now been filmed.** Staff released the 5th video in the series and the final video will be released soon. [Video 5 focuses on the importance of partnerships between clinical and community providers.](#)
- Strategic Plan Focus Areas & Action Collaboratives.
 - The individual meetings of the focus area action collaboratives have concluded. Staff updated the action plans based on the final meetings and sent via email for final review to all action collaborative members. Staff incorporated those edits and final action plans are in the December Board packet.
- Subcommittee reports/updates
 - **Executive Committee** – The executive committee meets again on December 12.
 - **Finance Committee** – The finance committee will meet again on December 19 to review the draft 2023 budget and quarter 3 financials.
 - **Funds Flow Workgroup** – will meet again in the summer of 2023.
 - **Visioning Taskforce-** Committee is on hold.
- Upcoming meetings and events
 - December 12 – Executive Committee – 7 Cedars Hotel
 - December 19 – Finance Committee – Virtual
 - January 9 – Board of Directors – 7 Cedars Hotel
- Administrative & staffing updates
 - Mackenzie Jakola's final day with OCH is December 22. We wish Mack the best in her path forward and appreciate all of her contributions to the region.
 - Ayesha Chander has offered her resignation and will be moving on to a new role with KMHS on December 19. We wish Ayesha the best in her new role.

Olympic Community of Health

SBAR: Focus Area Action Plans

Presented to the OCH Board of Directors on December 12, 2022

Situation

OCH established action collaboratives in early 2022. The formation of these groups was a next step identified in the [2022-2026 strategic plan](#) and is also one of the priorities in the Board-approved 2022 workplan. Staff brought updates to the Board about this work twice in 2022 and several Board members are participants in the groups.

Staff seek to share the work of the action collaboratives, including their 4-year action plans to move the work forward in each of the strategic plan focus areas. *Staff seek approval from the Board to adopt these action plans and to direct staff to move forward with designing an implementation plan that the Board will vote on in early 2023.*

Background

Throughout 2022, OCH hosted 16 action collaborative meetings. In addition to the meetings, staff conducted key informant interviews with housing partners to better understand the current state of housing in the region and make connections with new partners. Approximately 100 partners from across the region, representing the full spectrum of care and several Tribes, participated in this process.

We saw many new faces in this process. This work is a coalition of the willing, and we are inspired by incredible partners who continue to prioritize this collaborative work. Some groups/organizations/tribes may still be missing, and we have a strong core of partners engaged to get started. As we start this work, we will build trust and momentum as we go deeper into the work. Every partner has a unique role to play as we work together to improve individual and population health and advance equity by addressing the determinants of health.

All action collaboratives followed the same general process and milestones to get to this point. Each group spent time first grounding in targeted universalism as a principle and co-created universal result statements, sometimes called a goal or outcome, that is a condition of well-being for the region stated in plain language as the guiding goal post for prioritizing actions.

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

Each **action plan** has similar **components** – (1) Background – Grounding background and context on the focus area. This is pulled from the situational overviews embedded in the strategic plan; (2) Universal result – A result (sometimes called a goal or outcome) is a condition of well-being for the region stated in plain language. These were the guiding goalposts for each action collaboratives work to set action plans; (3) Actions – The prioritized actions under this focus area for the next 4 years. There are still a lot

of actions, and these are 4-year action plans, so we won't implement them all at once. OCH has worked hard to honor more depth and less breadth as we implement the strategic plan. There is still a long list of actions behind these, and those haven't been lost. We expect unexpected opportunities to pivot as needed and remain flexible as we move towards implementation, (4) Indicators – How we will measure our progress toward the universal result statement. These indicators will be embedded in the OCH data hub, to be released in 2023, and will be a part of OCHs overall measurement plan. The indicators are based on the data available. We know that available data aren't perfect, and we can start with what is available now while continuing to monitor for improved metrics. We also intend for funded partners to have additional performance measures to track their progress towards desired outcomes and those measures will be collaboratively established with partners and OCH staff; (5) Populations of emphasis – Under the strategic plan we expanded the populations beyond just Medicaid to include additional vulnerable populations and the health-serving workforce. The populations of emphasis in the action plans honors this expanded focus and are directly tied to the actions.

Action

Staff recommend the following:

Adopt the action plans as presented by the action collaborative partners.

Instruct staff to create an implementation plan for Board discussion and vote in early 2023. Staff will work to create implementation plans for the top actions including a funding opportunity, review process for making funding decisions, and a comprehensive learning and convening plan. We will bring more details back to the Board in February.

Recommendation

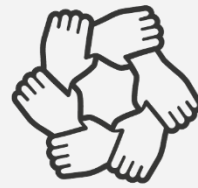
The OCH Board of Directors adopts the 4 action plans as presented by the action collaboratives and instructs staff to create an implementation plan for Board discussion and vote in early 2023.

Overview of focus area

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

Overview of the Olympic Action Collaboratives to date

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



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

Result statement

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

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

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

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

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

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

People with **lower incomes**

People who are unhoused or **housing insecure**

Tribal members

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

Youth

People living in **rural communities**

People who are **elderly or aging**

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

Health-serving **workforce**

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

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

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

Overview of focus area

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

Overview of the Olympic Action Collaboratives to date

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



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

Result statement

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

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

- Indicators:** OCH will measure regional progress toward the result statement by tracking these indicators. As needed, OCH will update the list of indicators as more reliable data become available. Funded partners will track performance measures related to their specific projects.
- [All-cause Emergency Department visits:](#) The rate of *Medicaid* beneficiaries with visits to an emergency department, including visits related to mental health and substance use disorder.
 - [Total housing units:](#) The number of housing units for each year since the most recent decennial census.
 - [Vacant housing units:](#) The number of housing units that are vacant at the time of the census.
 - [Housing Affordability Index:](#) The ability of a middle-income family to carry the mortgage payments on a median price home.
 - [Renter Households below 30% AMI:](#) The number and percentage of households with income below 30% American Median Income.
 - [Point-In-Time Homelessness:](#) An annual count of all persons staying in temporary housing programs and places not meant for human habitation.

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

People who are unhoused or **housing insecure**

People with **disabilities**

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

Health-serving **workforce**

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

Tribal members

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



Action plan

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

Olympic
COMMUNITY of HEALTH

Overview of focus area

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

Overview of the Olympic Action Collaboratives to date

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



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

Result statement

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

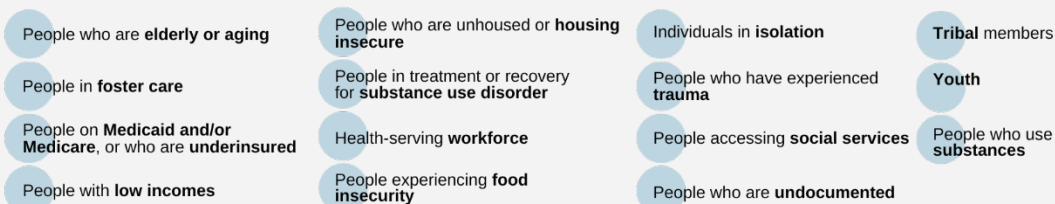
Strategy	Actions
<u>Advocacy & Engagement</u> This action is to be collaboratively implemented by partners in the OCH network with communications support from OCH	 Connect with, listen to, and equip community members to advocate, be good consumers of, and take control of their health through community-wide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

Indicators

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

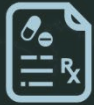
Populations of emphasis

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



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

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



Action plan

Focus area: Together, recovery is possible



Overview of focus area

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

Overview of the Olympic Action Collaboratives to date

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



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

Result statement

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

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

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

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

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

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

People who are **incarcerated**

People in **rural** areas

LatinX community

Tribal members

People who are unhoused or **housing insecure**

Youth

Housing, health care **providers**

LGBTQ+ community

People who use **substances**

People with **disabilities**

People with **mental illnesses**

Survivors of human trafficking and/or sexual assault

People who are **elderly or aging**

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