

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

Board of Directors Meeting
October 10, 1:00-3:00 pm
7 Cedars Hotel & Casino

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

#	Time	Topic	Purpose	Lead	Attachment
1	1:00	Welcome, introductions, land acknowledgement, housekeeping	Welcome	Mike Maxwell	
2	1:15	Consent agenda	Action	Mike Maxwell	1. BOD Minutes from September 12, 2022 2. October Executive Director Report
3	1:20	Public Comments (2-minute max)	Information	Mike Maxwell	
4	1:25	Alternate: Critical Access Hospital Sector	Action	Celeste Schoenthaler	3. SBAR
5	1:30	2021 IRS 990 Form	Action	Stephanie Lewis	4. SBAR 5. 2021 990
6	1:40	Q2 Financials	Action	Stephanie Lewis	6. SBAR 7. Q2 Financials 8. Financial Check-Up
7	1:50	Approach to planning for 2023	Discussion	Celeste Schoenthaler	9. 2023 Planning
8	2:05	Value Based Purchasing Action Group Report & Recommendations	Action	Miranda Burger, VBP Action Group Members	10. SBAR 11. Report
9	2:35	MCO Procurement	Discussion	Mike Maxwell	12. Letter to HCA MCO Procurement
10	2:45	Olympic Region Workforce Report	Information	Ayesha Chander & Amy Brandt	Workforce Report
11	2:55	Good of the Order – Board member and public comments (2-minute max)	Information	Mike Maxwell	
13	3:00	Next meeting & Adjourn November 14 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: 09/12/2022	Time: 1:00 PM	Location: OCH Office, Port Hadlock
Chair In-Person: Michael Maxwell, <i>North Olympic Healthcare Network</i> Members Attended In-Person: Brent Simcosky, <i>Jamestown S'Klallam Tribe</i>; Cherish Cronmiller, <i>Olympic Community Action Programs</i>; G'Nell Ashley, <i>Reflections Counseling</i>; Jennifer Kreidler-Moss, <i>Peninsula Community Health Services</i>; Laura Cepoi (arrived at 1:26), <i>Olympic Area Agency on Aging</i>; Stephanie Lewis, <i>Salish Behavioral Health Administrative Services Organization</i>; Stephen Kutz, <i>Suquamish Tribe</i>; Stormy Howell, <i>Lower Elwha Klallam Tribe</i>; Susan Buell, <i>YMCA of Pierce and Kitsap Counties</i>; Wendy Sisk, <i>Peninsula Behavioral Health</i> Members Attended Virtually: Bobby Beeman, <i>Olympic Medical Center</i>; Caitlin Safford, <i>Amerigroup</i>; Roy Walker (voted in as new member at 1:33) Non-Voting Members Attended In-Person: Brian Burwell, <i>Suquamish Wellness Center</i>; Jim Novelli, <i>Discovery Behavioral Healthcare</i>; Jolene Kron, <i>Salish Behavioral Health Administrative Services Organization</i> Non-Voting Members Attended Virtually: Matania Osborn, <i>Anthem</i>; Siobhan Brown, <i>Community Health Plan of WA</i> Guests and Consultants Attended In-Person: Lori Fleming, <i>Jefferson County Community of Health Improvement Plan</i> Guests and Consultants Attended Virtually: OCH Staff: Amy Brandt, Ayesha Chander, Celeste Schoenthaler, Debra Swanson, Miranda Burger, Ren Mack-Hazelwood		

Minutes

Facilitator	Topic	Discussion/Outcome	Action/Results
Mike Maxwell	Welcome, introductions, land acknowledgement, housekeeping		
Mike Maxwell	Consent agenda	It is suggested that we engage in further discussion regarding the letter to the HCA and remove it from the consent agenda.	Consent Agenda APPROVED unanimously with item 3 (Letter to HCA) removed for further discussion.
Mike Maxwell	Public Comments (2-minute max)		
Celeste Schoenthaler	Board Member Elections	Ciela Meyer was not able to attend today. Celeste read her bio aloud. Roy Walker has been a	Motion 1: The Board of Directors elects Wendy Sisk and Jim Novelli to a new 2-year term in the mental health treatment sector through September

		wonderful board member in the past, yet we are looking to expand the table. Welcoming Ciela from OESD would do just that. Ciela could be on a committee, before becoming a voting member. We know Roy well and he has been a very engaged board member. Ciela is interested in other ways to get involved if she is not a member of the board.	2024. APPROVED unanimously Motion 2: The Board of Directors elects Keith Sprague and Lori Kerr to a new 2-year term in private/not-for-profit hospital sector through September 2024. APPROVED unanimously Motion 3: The Board of Directors elects Roy Walker to complete the term for the community at-large seat through September 2023. 9 votes – Roy Walker 3 votes – Ciela Meyer Abstentions: Steven Kutz and Caitlin Safford Roy Walker approved. Motion #4: The Board of Directors directs staff to implement next steps as described above. APPROVED unanimously
Celeste Schoenthaler	Cross-ACH Statewide Association & Lobbyist	Don't you need to know what you want before you set up an association? Lobbying is usually set up when the legislative agenda is determined. We need to know who is leading this and the agenda? What problem are we trying to solve through a lobbyist? There is no reason you need an entity to hire a lobbyist. But not having an identity structure is a concern. As a region, we are the outlier, there could be a lot of 8 to 1 votes. This is a concern. If there was some governance structure, then maybe we would consider this. You must have an independent voice in the legislature. I am surprised people don't see the benefit here. We can push for things to benefit our region and have a very	Motion made by Stephanie Lewis to continue to approve participation in the lobbyist contract only. Next month we will consider participation in a statewide association. APPROVED Abstentions: Steven Kutz, Stormy Howell, Brent Simcosky, Laura Cepoi, Caitlin Stafford

		affective voice. There is an active dynamic role here. The unknowns can be worked on. I don't think the votes will be 8/1, because much of WA is rural. It is helpful to have a voice that is separate from the HCA. An association makes sense. We can come together with a cohesive voice and go to hearings when they are happening. It takes a while to onboard a lobbyist. With only 3 months left until the session, it might not be as useful as hoped. You still need structures in place for how the lobbyist handles each ACH viewpoint. These can be misunderstood. To clarify, the association will not be set up until January. The lobbyist contract would be held by North Sound ACH, then an MOU (Memorandum of Understanding) will be created. ACHs are supposed to be neutral, so keep that in mind. You are representing many entities. Perhaps an association could be useful for developing a clear role in our region, a clear identity. There are so many unknowns and so many potentials for conflict. We are so different from other parts of the state, I would hate to see us lose that with a larger association. All the ACHs are participating. Could we join later?	
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		There are concerns, but no matter what this is going to happen for all ACHs. We will either choose to participate or not. I think not being involved has greater risk. Although there are areas for conflict, if we are not at the table, that is a greater risk. For better or worse, we need to participate. There is a lot of history of trust and representation. There is an attempt to formalize the structure. Usually, the loudest voices are heard. I don't necessarily see this leading to efficiency but maybe. The other ACHs have very different goals. What is the common denominator? A year ago, we didn't know what would happen to ACHs. State support for ACHs is clear now. Behavioral Health sector has concerns about competing for resources. The ACHs are planning to determine the lobbyist soon. Other decisions may happen more slowly. There is not a clear timeline. Do you need an actionable motion? Yes, for funding. We have money for this, but it is not clear in the budget. I am not against the statewide association but rather the process that is the problem. Today our money would go towards a lobbyist, but once it becomes a formal association, we will have to	
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		decide if we are in or out. We can always leave the association later if it's not working. Clarification: Ok to use MTP money for lobbyist? Yes. Clarification: We don't know what's on the lobbyist agenda yet. That will be determined later.	
Ren Mack-Hazelwood & Miranda Burger	Care Connect Overview	Delayed due to time constraints.	
Miranda Burger	Expanding the Table funded projects		
Amy Brandt	Fourth Coffee Break Video	Delayed due to time constraints.	
Mike Maxwell	Good of the Order – Board member and public comments (2-minute max)	Jason McGill preparation – response to MCO procurement letter and VBP group presentation. Think he is coming virtual despite invitations to come in person. Comment: Jason is not interested in discussing particulars of RFP at this time. Keep saying that provider input matters. Question: Can a few providers sit on the review team? Last time there was a provider from each region reviewing. Comment: MCOs are not all created equal. Comment: BH statewide association recommended to HCA to do a provider survey on what's working and what's not.	Celeste will prepare slides with bullets from letter and Board will chime in with additional thoughts.
Mike Maxwell	Next meeting & Adjourn October 10 Location: <u>7 Cedars Hotel</u>		

	<u>& Casino</u> Lunch provided prior to the meeting, and everyone is welcome at a post-meeting happy hour.		
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Monthly Executive Director report to the OCH Board of Directors – October 2022

- Hot Topics
 - OCH hosted a [Regional Care Coordinator Convening](#) on September 22 to bring together the on-the-ground health and human services workforce that connect people to the resources they need to lead healthy lives. The audience included coordinators, community health workers, promotoras, navigators, home visitors, educators, and more. 35 participants from sixteen partners across Clallam, Jefferson, and Kitsap counties attended. Based on partner feedback, OCH will continue to convene regional coordinators in 2023 to promote a collaborative network regional communication, shared learned, and workforce resiliency.
 - OCH staff completed site visits with contracted [Expanding the Table partners](#). Partners have been oriented to the action collaboratives work to date and are included in this work moving forward. OCH staff continue to follow up with partners for needed resources and technical assistance.
 - OCH staff continue **site visits with implementation partners** as a part of contract monitoring and partnership building.
- Strategic Plan Focus Areas & Action Collaboratives.
 - **Together, recovery is possible** – This group meets again on October 18 to review a draft action plan for presentation to the Board of Directors in December.
 - **Individual needs are met timely, easily, and compassionately** – This group meets again on October 26 to review a draft action plan for presentation to the Board of Directors in December.
 - **Access to the full spectrum of care** –
 - OCH released the report, [“Strengthening the health-serving workforce”](#). This report is a step towards better understanding the strengths and opportunities of the health-serving workforce across Clallam, Jefferson, and Kitsap Counties, and the sovereign Tribal nations within the Olympic region. This group meets again on October 19 to review a draft action plan for presentation to the Board of Directors in December.
 - **Everyone housed** –
 - OCH staff released a survey to action collaborative members to obtain additional input from partners as they begin to prioritize possible actions. Staff will incorporate partner feedback into a draft action plan for partners to refine November 1.
- Subcommittee reports/updates
 - **Executive Committee** – Met in late September to review action items ahead of the October Board meeting. The group also continued to discuss the potential for OCH participation in a cross-ACH lobbyist contract and statewide association.
 - **Finance Committee** – Met in early October to review the 2021 990 form and quarter 2 financial statements ahead of the October Board meeting.
 - **Funds Flow Workgroup** – will meet again in the summer of 2023.
 - **Visioning Taskforce**- Committee is on hold.
- Upcoming meetings and events

- HCA Learning Symposium (staff) – October 11 & 12 – SeaTac
- Together, recovery is possible action collaborative – October 18 – Kitsap
- Access to the full spectrum of care action collaborative – October 19 – Kitsap
- Executive Committee – October 25 – Virtual
- Individual needs are met timely, easily, and compassionately action collaborative – October 26 – Kitsap
- MTP 2.0 Funds Flow meetings (ACH Execs) – October 28 – Virtual
- Everyone housed action collaborative – November 1 – Kitsap
- Finance Committee – November 7 – Virtual
- Board of Directors – November 14 – 7 Cedars
- Administrative & staffing updates
 - Drew Gilliland departed OCH on September 22. We wish him well on his future endeavors.
 - Jennifer Wharton of Jefferson Healthcare departed her position in late September. We thank Jenn for her service to the region and contributions to the work of OCH.

Olympic Community of Health

SBAR Critical Access Hospital Sector Board Alternate Presented to the Board of Directors on October 10, 2022

Situation

Jennifer Wharton, current alternate for the Critical Access Hospital sector has resigned her position with Jefferson Healthcare effective September 26, 2022. This sector seeks approval to designate Jake Davidson as the new alternate.

Background

Each sector seat on the Board of Directors is required to have a primary and alternate member. With Jennifer's resignation, staff reached out to the two critical access hospitals in the region to identify a new alternate.

Action

The Critical Access Hospital sector nominates Jake Davidson, Chief Ancillary Officer & Interim Chief Ambulatory Medical Group Officer, as the alternate for the Critical Access Hospital sector seat through the end of the current term, September 23.

Once approved, staff will ask Jake to complete new Board member paperwork and will update communication channels.

Recommended Motion

The OCH Board of Directors approves Jake Davidson as the alternate for the Critical Access Hospital sector through September 2023.

Olympic Community of Health

SBAR 2021 990 IRS Form

Presented to the Finance Committee on October 3, 2022

Updated and presented to the Board of Directors on October 10, 2022

Situation

Annually, the Olympic Community of Health Board of Directors must review and accept the IRS Form 990 describing organizational activities for the previous year. The 990 must be sent to the IRS no later than November 15 each year. The OCH external accountant prepares the 990 form based on prior year financials and annual audit reports.

Background

The purpose of the Form 990 is to give the government and the public a snapshot of the organization's activities and spending each year. As a 501(c)3 organization, OCH is required to complete this form and to make it available to the public. 990 Forms are also of particular interest to prospective grantors and will become increasingly more valuable for the organization as we begin to seek new sources of funding.

Action

Board members should pay special attention to Part VII, Section A to verify accurate hours spent in service of the organization per week, keeping in mind that the list of Board members is accurate as of December 31, 2021.

After Board review and acceptance, Stephanie Lewis will sign the form, and staff will submit the Form 990 to the IRS.

The Finance Committee reviewed and accepted the form with the edit to change the signer of this document to Stephanie Lewis (current Board Treasurer).

Recommended Motion

The OCH Board of Directors **accepts** the 2021 IRS 990 form.

Form **8879-TE****IRS e-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20____

2021

► **Do not send to the IRS. Keep for your records.**
 ► **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer

OLYMPIC COMMUNITY OF HEALTH

EIN or SSN

81-4591222

Name and title of officer or person subject to tax

JENNIFER KREIDLER-MOSS TREASURER**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ☒	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	6,837,728.
2a Form 990-EZ check here ☐	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ☐	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ☐	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here ☐	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here ☐	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here ☐	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here ☐	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here ☐	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here ☐	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____, and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize GOODING O'HARA & MACKEY, PS, CPAS to enter my PIN 05877 as my signature

ERO firm name

Enter five numbers, but
do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ►

Date ►

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

91443998368**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ► NATHANAEL O'HARA

Date ►

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

2021 Exempt Org. Return

prepared for:

OLYMPIC COMMUNITY OF HEALTH

PO BOX 641

PORT TOWNSEND, WA 98368-0641

Gooding O'Hara & Mackey, PS, CPAs

242 Taylor Street

Port Townsend, WA 98368

CLIENT 5877

**GOODING O'HARA & MACKEY, PS, CPAS
242 TAYLOR STREET
PORT TOWNSEND, WA 98368
(360)385-1040**

September 22, 2022

OLYMPIC COMMUNITY OF HEALTH
PO BOX 641
PORT TOWNSEND, WA 98368-0641

Dear Board of Directors:

Your 2021 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-TE - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Please be sure to call us if you have any questions.

Sincerely,

NATHANAEL O'HARA

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2021

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public
Inspection

A For the 2021 calendar year, or tax year beginning , 2021, and ending , 20															
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%; vertical-align: top;"> C OLYMPIC COMMUNITY OF HEALTH PO BOX 641 PORT TOWNSEND, WA 98368-0641 </td> <td style="width:30%; vertical-align: top;"> D Employer identification number 81-4591222 E Telephone number (360) 633-9241 G Gross receipts \$ 6,837,728. </td> </tr> <tr> <td colspan="2"> F Name and address of principal officer: JENNIFER KREIDLER-MOSS SAME AS C ABOVE </td> </tr> <tr> <td colspan="2"> H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions. </td> </tr> <tr> <td colspan="2"> I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527 </td> </tr> <tr> <td colspan="2"> J Website: ▶ WWW.OLYMPICCH.ORG </td> </tr> <tr> <td colspan="2"> K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ </td> </tr> <tr> <td colspan="2"> L Year of formation: 2017 M State of legal domicile: WA </td> </tr> </table>	C OLYMPIC COMMUNITY OF HEALTH PO BOX 641 PORT TOWNSEND, WA 98368-0641	D Employer identification number 81-4591222 E Telephone number (360) 633-9241 G Gross receipts \$ 6,837,728.	F Name and address of principal officer: JENNIFER KREIDLER-MOSS SAME AS C ABOVE		H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions.		I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527		J Website: ▶ WWW.OLYMPICCH.ORG		K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation: 2017 M State of legal domicile: WA	
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L Year of formation: 2017 M State of legal domicile: WA															

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>TO SOLVE HEALTH PROBLEMS IN JEFFERSON, CLALLAM, AND KITSAP COUNTIES THROUGH COLLABORATIVE ACTION.</u>			
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	31	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	31	
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	8	
	6	Total number of volunteers (estimate if necessary)	6	0	
	Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b		Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
8		Contributions and grants (Part VIII, line 1h)	4,102,504.	6,827,239.	
9		Program service revenue (Part VIII, line 2g)			
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	58,310.	10,489.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
12		Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,160,814.	6,837,728.	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
		14	Benefits paid to or for members (Part IX, column (A), line 4)		
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	550,055.	489,531.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)			
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,458,929.	4,639,155.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,008,984.	5,128,686.	
	19	Revenue less expenses. Subtract line 18 from line 12	-848,170.	1,709,042.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	9,081,841.	9,956,257.	
	21	Total liabilities (Part X, line 26)	3,151,443.	2,316,817.	
	22	Net assets or fund balances. Subtract line 21 from line 20	5,930,398.	7,639,440.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	JENNIFER KREIDLER-MOSS	TREASURER			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	NATHANAEL O'HARA	NATHANAEL O'HARA			P01701144
	Firm's name	GOODING O'HARA & MACKEY, PS, CPAS			Firm's EIN ▶ 91-2089644
	Firm's address	242 TAYLOR STREET PORT TOWNSEND, WA 98368			Phone no. (360) 385-1040

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101L 09/22/21

Form 990 (2021)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:TO SOLVE HEALTH PROBLEMS IN JEFFERSON, CLALLAM, AND KITSAP COUNTIES THROUGH
COLLABORATIVE ACTION.**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 4,905,610. including grants of \$) (Revenue \$)
IMPLEMENTED CONTRACTS WITH HEALTHCARE AND SERVICE PROVIDERS TO IMPROVE PATIENT CARE
EXPERIENCES AND REGIONAL HEALTH OUTCOMES.**4b** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **▶** 4,905,610.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	X
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	10	X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	X
b Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b	X
c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I. See instructions	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19	X
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a	X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V. ☐

	Yes	No
1 a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.		
1 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.		
1 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 8		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O. 3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b If 'Yes,' enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year. 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12. 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders. 11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15		X
If 'Yes,' see the instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If 'Yes,' complete Form 4720, Schedule O.		
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 17		
If 'Yes,' complete Form 6069.		

Part VI Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI. ☒ **X****Section A. Governing Body and Management**

	Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year. 1 a 31 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent. 1 b 31		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8 a	X	
b Each committee with authority to act on behalf of the governing body? 8 b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O. 9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10 a Did the organization have local chapters, branches, or affiliates? 10 a		X
b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b		
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a	X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. 12 a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done. SEE SCHEDULE O 12 c	X	
13 Did the organization have a written whistleblower policy? 13	X	
14 Did the organization have a written document retention and destruction policy? 14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O. 15 a	X	
b Other officers or key employees of the organization. 15 b		X
If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions.		
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a		X
b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16 b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶
CELESTE SCHOENTHALER 41 COLWELL ST PORT HADLOCK WA 98339 (360) 633-9241

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CELESTE SCHOENTHALER EXECUTIVE DIR.	40 0	X						144,381.	0.	0.
(2) WENDY SISK PRESIDENT	5 0	X		X				0.	0.	0.
(3) G'NELL ASHLEY DIRECTOR	2.5 0	X						0.	0.	0.
(4) JENNIFER KREIDLER-MOSS TREASURER	6.5 0	X		X				0.	0.	0.
(5) STEPHANIE LEWIS DIRECTOR	2.5 0	X						0.	0.	0.
(6) LAURA CEPOI DIRECTOR	2.5 0	X						0.	0.	0.
(7) STACEY SMITH DIRECTOR	0.5 0	X						0.	0.	0.
(8) LAURA JOHNSON DIRECTOR	2.5 0	X						0.	0.	0.
(9) MICHAEL MAXWELL DIRECTOR	5 0	X		X				0.	0.	0.
(10) BERGEN STARKE DIRECTOR	2.5 0	X						0.	0.	0.
(11) BOBBY BEEMAN SECRETARY	5 0	X		X				0.	0.	0.
(12) ALLISON BERRY DIRECTOR	0.5 0	X						0.	0.	0.
(13) JOLENE KRON DIRECTOR	1.5 0	X						0.	0.	0.
(14) THOMAS LOCKE VICE PRESIDENT	5 0	X		X				0.	0.	0.

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Form 990 (2021)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) LIBBY COPE DIRECTOR	0.5 0	X					0.	0.	0.
(16) KIM FREEWOLF DIRECTOR	1.5 0	X					0.	0.	0.
(17) SCOTT KENNEDY DIRECTOR	0.5 0	X					0.	0.	0.
(18) SUSAN BUELL DIRECTOR	2.5 0	X					0.	0.	0.
(19) BRENDA POWELL DIRECTOR	0.5 0	X					0.	0.	0.
(20) BRENT SIMCOSKY DIRECTOR	2.5 0	X					0.	0.	0.
(21) JENNIFER WHARTON DIRECTOR	2.5 0	X					0.	0.	0.
(22) KEITH SPRAGUE DIRECTOR	2.5 0	X					0.	0.	0.
(23) LORETTA KERR DIRECTOR	2.5 0	X					0.	0.	0.
(24) JODY MOSS DIRECTOR	2.5 0	X					0.	0.	0.
(25) JIM NOVELLI DIRECTOR	2.5 0	X					0.	0.	0.
1 b Subtotal							144,381.	0.	0.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							144,381.	0.	0.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1									

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes,' complete Schedule J for such individual.</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i>		X

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0		

2021

Name of the Organization

Employer Identification number

OLYMPIC COMMUNITY OF HEALTH

81-4591222

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

[illegible]

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e 6,581,759.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1 f 245,480.				
	g Noncash contributions included in lines 1a-1f.	1 g 480.				
	h Total. Add lines 1a-1f		6,827,239.			
	Program Service Revenue	Business Code				
2 a -----						
b -----						
c -----						
d -----						
e -----						
f All other program service revenue.						
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		10,489.			10,489.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	6 a				
	b Less: rental expenses	6 b				
	c Rental income or (loss)	6 c				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	7 a				
	b Less: cost or other basis and sales expenses	7 b				
	c Gain or (loss)	7 c				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8 a				
	b Less: direct expenses	8 b				
	c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	9 a				
	b Less: direct expenses	9 b				
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances.	10 a				
	b Less: cost of goods sold.	10 b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
11 a -----						
b -----						
c -----						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		6,837,728.	0.	0.	10,489.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX. ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	144,381.	73,910.	70,471.	0.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	223,796.	175,946.	47,850.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	14,751.	9,357.	5,394.	
9 Other employee benefits.	74,633.	47,392.	27,241.	
10 Payroll taxes.	31,970.	11,739.	20,231.	
11 Fees for services (nonemployees):				
a Management.				
b Legal.				
c Accounting.	19,925.		19,925.	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	56,937.	52,455.	4,482.	
12 Advertising and promotion.				
13 Office expenses.				
14 Information technology.				
15 Royalties.				
16 Occupancy.	26,959.	17,099.	9,860.	
17 Travel.	5,380.	4,076.	1,304.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.				
23 Insurance.	6,319.		6,319.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a DISTRIBUTIONS TO PARTNER ORG	3,858,613.	3,858,613.		
b PARTNER SUPPORT	536,968.	536,968.		
c SUPPLIES	81,755.	80,149.	1,606.	
d PUBLIC RELATIONS	25,849.	25,833.	16.	
e All other expenses.	20,450.	12,073.	8,377.	
25 Total functional expenses. Add lines 1 through 24e.	5,128,686.	4,905,610.	223,076.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash — non-interest-bearing	2,792,747.	1	4,276,926.
	2 Savings and temporary cash investments	2,869,021.	2	1,502,258.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	80,026.	8	
	9 Prepaid expenses and deferred charges	5,765.	9	6,098.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments — publicly traded securities		11	
	12 Investments — other securities. See Part IV, line 11		12	
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,334,282.	15	4,170,975.
16 Total assets. Add lines 1 through 15 (must equal line 33)	9,081,841.	16	9,956,257.	
Liabilities	17 Accounts payable and accrued expenses	104,535.	17	7,134.
	18 Grants payable		18	
	19 Deferred revenue	2,993,060.	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	53,848.	25	2,309,683.
	26 Total liabilities. Add lines 17 through 25	3,151,443.	26	2,316,817.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ▶ ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	5,930,398.	27	7,445,468.
	28 Net assets with donor restrictions		28	193,972.
	Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	5,930,398.	32	7,639,440.
	33 Total liabilities and net assets/fund balances	9,081,841.	33	9,956,257.

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TEEA0111L 09/22/21

Form 990 (2021)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI. ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,837,728.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,128,686.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,709,042.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,930,398.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	7,639,440.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☐

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

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TEEA0112L 09/22/21

Form 990 (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

OLYMPIC COMMUNITY OF HEALTH

Employer identification number

81-4591222

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations: _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	588,735.	9,933,081.	6,624,105.	4,102,504.	6,827,239.	28,075,664.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	588,735.	9,933,081.	6,624,105.	4,102,504.	6,827,239.	28,075,664.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6 Public support. Subtract line 5 from line 4.						28,075,664.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4.	588,735.	9,933,081.	6,624,105.	4,102,504.	6,827,239.	28,075,664.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.		62,747.	118,495.	58,310.	10,489.	250,041.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10.						28,325,705.
12 Gross receipts from related activities, etc. (see instructions).					12	0.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).	14	99.12 %
15 Public support percentage from 2020 Schedule A, Part II, line 14.	15	0.00 %
16a 33-1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. ☒		
b 33-1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. ☐		
17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. ☐		
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ☐		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**☐**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐**b 33-1/3% support tests—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI .		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described on line 11a above?	11b	
c A 35% controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI .	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If 'Yes' or 'No,' provide details in Part VI .	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

BAA

Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**Section D – Distributions**

		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required – <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)

	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required – <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

BAA

Schedule A (Form 990) 2021

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.
► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

OLYMPIC COMMUNITY OF HEALTH

Employer identification number

81-4591222

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III.

- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ► \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization	Employer identification number
OLYMPIC COMMUNITY OF HEALTH	81-4591222

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CAMBIA HEALTH SOLUTIONS 100 SW MARKET ST PORTLAND, OR 97201	\$ 245,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

OLYMPIC COMMUNITY OF HEALTH

81-4591222

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization

OLYMPIC COMMUNITY OF HEALTH

Employer identification number

81-4591222

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____ **N/A**
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

► Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021**Open to Public
Inspection**

Name of the organization

OLYMPIC COMMUNITY OF HEALTH

Employer identification number

81-4591222

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)	☐ Preservation of a historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2 a
b Total acreage restricted by conservation easements	2 b
c Number of conservation easements on a certified historic structure included in (a)	2 c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2 d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1. ► \$

(ii) Assets included in Form 990, Part X. ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1. ► \$

b Assets included in Form 990, Part X. ► \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. ☐

Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Term endowment ☐ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.

BAA

Schedule D (Form 990) 2021

Part VII Investments – Other Securities.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives.....		
(2) Closely held equity interests.....		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) .. ▶		

Part VIII Investments – Program Related.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) .. ▶		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) FINANCIAL EXECUTOR HOLDINGS	4,170,975.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.) .. ▶	4,170,975.

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED PAYROLL LIABILITIES	61,877.
(3) DIST TO PARTNER ORG PAYABLE	2,247,806.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) .. ▶	2,309,683.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2 a	
b	Donated services and use of facilities	2 b	
c	Recoveries of prior year grants	2 c	
d	Other (Describe in Part XIII.)	2 d	
e	Add lines 2 a through 2 d	2 e	
3	Subtract line 2 e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b.	4 a	
b	Other (Describe in Part XIII.)	4 b	
c	Add lines 4 a and 4 b	4 c	
5	Total revenue. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 12.)	5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2 a	
b	Prior year adjustments	2 b	
c	Other losses	2 c	
d	Other (Describe in Part XIII.)	2 d	
e	Add lines 2 a through 2 d	2 e	
3	Subtract line 2 e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b.	4 a	
b	Other (Describe in Part XIII.)	4 b	
c	Add lines 4 a and 4 b	4 c	
5	Total expenses. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 18.)	5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

OLYMPIC COMMUNITY OF HEALTH

Employer identification number

81-4591222

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

REVIEWED BY THE BOARD OF DIRECTORS AND FINANCE COMMITTEE.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

EACH DIRECTOR REVIEWS AND SIGNS CONFLICT OF INTEREST POLICY ANNUALLY

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

EXECUTIVE DIRECTOR COMPLETES ANNUAL PERFORMANCE REVIEW WITH THE EXECUTIVE COMMITTEE
OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE
ORGANIZATION'S WEBSITE OR UPON REQUEST.

Olympic Community of Health

SBAR Quarterly Financial Update (Q2 2022)

Presented to the Finance Committee on October 3, 2022

Updated and presented to the Board of Directors on October 10, 2022

Situation

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

Background

The associated documents and notes represent the organization's financial status through the second quarter of 2022.

- **Financial Executor Portal activity:**
 - OCH received the 2020 VBP P4P payment of \$22,500 as expected.
 - OCH received the 2020 P4P payment of \$3,186,066 as expected.
 - OCH received the 2020 HPP payment of \$1,010,627 as expected.
 - \$411,187 was withdrawn from the portal for DSRIP expenses under the 2022 budget (non-partner incentive funds)
- **Budget and spending notes:**
 - **New contract:** OCH contracted with the Department of Health (DOH) for Care Connect Washington starting on April 1. The initial contract was for April through June for up to \$197,406. Of this, \$26,254.49 was spent. This is a cost reimbursement contract, so the remaining dollars stay with the state. This contract and associated expenses are not in the 2022 budget, so several line items will be impacted by this new funding stream. DOH allows for up to 10% indirect. All other costs are direct.
 - The internal finance team applied updated methodology for tracking indirect and administrative expenses that cross the various spending streams. This started on 4/1 and will support the organization in identifying indirect costs and applying those to various funders.
- **Financial check-up notes:**
 - Nothing significant to update.

Action

The Finance Committee reviewed and accepted the financial statements.

Recommended Motion: The OCH Board of Directors accepts the 2022 quarter two financial statements as presented.

Olympic Community of Health
Balance Sheet
As of June 30, 2022

	<u>Jun 30, 22</u>
ASSETS	
Current Assets	
Checking/Savings	
101 · Petty Cash	412
102.5 · Kitsap Bank Operating	225,338
107 · Kitsap Bank CDARS	
107.1 · #6739	751,710
107.2 · #6747	750,000
107.3 · #4339	751,666
Total 107 · Kitsap Bank CDARS	<u>2,253,376</u>
108 · Kitsap Bank ICS #3211	3,302,827
Total Checking/Savings	<u>5,781,953</u>
Accounts Receivable	
121 · Accounts Receivable	13,124
Total Accounts Receivable	<u>13,124</u>
Other Current Assets	
141 · Prepaid Expenses	2,772
Total Other Current Assets	<u>2,772</u>
Total Current Assets	<u>5,797,849</u>
Other Assets	
144 · Financial Executor Holdings	5,731,175
Total Other Assets	<u>5,731,175</u>
TOTAL ASSETS	<u><u>11,529,024</u></u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
204 · Wages Payable	38,100
205 · Payroll Taxes Payable	12,991
206 · Accrued Benefits Payable	20,426
207 · SEP Payable	1,870
Total Other Current Liabilities	<u>73,387</u>
Total Current Liabilities	<u>73,387</u>
Total Liabilities	<u>73,387</u>
Equity	
301 · Net Assets w/ Donor Restriction	193,972
302 · Unrestricted Net Assets	5,387,112
304 · Reserve Funds	2,058,356
Net Income	3,816,197
Total Equity	<u>11,455,637</u>
TOTAL LIABILITIES & EQUITY	<u><u>11,529,024</u></u>

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

	1 - Administration (Design)	2 - Engagement (Design)	3 - Project Management (Design)	4 - Health Systems Capacity Bld (Design)	1 - Administration (5 - DSRIP Funds)	2 - Engagement (5 - DSRIP Funds)	3 - Project Management (5 - DSRIP Funds)	Cambia	WCFC	Care Connect	Other	TOTAL
Ordinary Income/Expense												
Income												
Government Grants												
409 · VBP P4R	0	0	0	0	0	150,000	0	0	0	0	0	150,000
609 · High Performance Pool	0	0	0	0	0	1,010,627	0	0	0	0	0	1,010,627
407 · VBP P4P	0	0	0	0	0	22,500	0	0	0	0	0	22,500
Government Grants - Other	0	0	0	0	0	3,036,066	0	0	0	0	0	3,036,066
Total Government Grants	0	0	0	0	0	4,219,193	0	0	0	0	0	4,219,193
402 · Contributions	0	0	0	0	0	0	0	0	0	13,130	0	13,130
404 · Partner Contributions	0	0	0	0	0	0	0	0	0	13,124	0	13,124
Total Income	0	0	0	0	0	4,219,193	0	0	0	26,254	0	4,245,447
Expense												
501 · Partner Support												
501.1 · Meetings & Events	0	0	0	0	0	2,168	565	0	0	0	0	2,733
501.2 · SUD Stigma Youth Engagement	0	0	0	0	0	0	0	10,000	0	0	0	10,000
501.3 · Partner Incentives	0	0	0	0	0	0	52	316	0	0	0	368
501.6 · Training & Technical Assistance	0	0	0	0	0	12,735	1,096	0	0	0	0	13,831
Total 501 · Partner Support	0	0	0	0	0	14,903	1,713	10,316	0	0	0	26,932
504 · Professional Services												
504.2 · Contract Services												
504.205 · Cross-ACH Agreement	0	0	0	5,892	0	0	0	0	0	0	0	5,892
504.206 · MTP Implementation & Funds Flow	0	0	3,150	0	0	0	0	0	0	0	0	3,150
504.207 · HR	1,207	155	306	65	0	0	0	48	19	125	0	1,925
504.208 · Financial Advisory Services	2,769	106	171	37	0	0	0	55	13	50	0	3,201
504.213 · Audit	634	486	1,098	213	0	0	0	121	43	655	0	3,250
504.214 · Legal	0	0	0	3,150	0	0	0	0	0	0	0	3,150
Total 504.2 · Contract Services	4,610	747	4,725	9,357	0	0	0	224	75	830	0	20,568
Total 504 · Professional Services	4,610	747	4,725	9,357	0	0	0	224	75	830	0	20,568
500 · Personnel												
500.1 · Payroll Expenses												
500.1.1 · Wages												
501.101 · Executive Director	31,714	13,775	15,936	8,138	0	0	0	540	1,530	7,670	0	79,303
501.102 · Staff Salaries	34,725	35,320	85,307	6,080	0	0	0	13,113	1,823	11,022	0	187,390
Total 500.1.1 · Wages	66,439	49,095	101,243	14,218	0	0	0	13,653	3,353	18,692	0	266,693
500.1.2 · Payroll Taxes	6,563	4,219	8,701	1,221	0	0	0	1,175	288	1,605	0	23,772
Total 500.1 · Payroll Expenses	73,002	53,314	109,944	15,439	0	0	0	14,828	3,641	20,297	0	290,465
500.2 · Employee Benefits												
500.2.1 · Health Insurance	3,496	2,494	4,842	1,037	0	0	0	811	310	1,900	0	14,890
500.2.2 · SEP Expense	2,235	1,921	3,960	558	0	0	0	534	132	735	0	10,075
500.2.3 · Other	3,916	2,706	5,897	462	0	0	0	673	43	98	0	13,795
Total 500.2 · Employee Benefits	9,647	7,121	14,699	2,057	0	0	0	2,018	485	2,733	0	38,760
Total 500 · Personnel	82,649	60,435	124,643	17,496	0	0	0	16,846	4,126	23,030	0	329,225
505 · Operations												
505.3 · Occupancy	3,120	2,202	4,503	661	0	0	0	701	172	921	0	12,280
505.4 · Communcations	546	484	793	136	0	0	0	108	38	205	0	2,310
505.6 · Insurance Expense	1,988	249	562	109	0	0	0	62	22	335	0	3,327
505.7 · Miscellaneous	97	326	0	0	0	0	0	0	0	0	0	423
505.8 · Staff Professional Development	960	237	4,079	129	138	0	0	0	0	0	0	5,543
505.9 · Travel Expense	462	1,605	2,272	611	0	7	0	291	42	234	0	5,524
505.10 · Supplies	933	146	298	62	0	0	0	43	17	136	0	1,635
505.11 · Information Technology	2,338	592	1,382	180	0	0	0	160	56	1,574	0	6,282
505.12 · Public Relations	0	9,296	0	0	0	57	0	7,331	0	0	0	16,684
Total 505 · Operations	10,444	15,137	13,889	1,888	138	64	0	8,696	347	3,405	0	54,008
506 · Distributions to Partner Organi	0	0	0	0	0	0	0	0	0	0	0	0
Total Expense	97,703	76,319	143,257	28,741	138	14,967	1,713	36,082	4,548	27,265	0	430,733
Net Ordinary Income	-97,703	-76,319	-143,257	-28,741	-138	4,204,226	-1,713	-36,082	-4,548	-1,011	0	3,814,714
Other Income/Expense												
Other Income												
601 · Interest Income	0	0	0	0	0	0	0	0	0	0	1,483	1,483
Total Other Income	0	0	0	0	0	0	0	0	0	0	1,483	1,483
Net Other Income	0	0	0	0	0	0	0	0	0	0	1,483	1,483
Net Income	-97,703	-76,319	-143,257	-28,741	-138	4,204,226	-1,713	-36,082	-4,548	-1,011	1,483	3,816,197

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

	Jan 1 - Aug 11, 22	Budget	\$ Over Budget
Expense			
501 · Partner Support			
501.1 · Meetings & Events			
501.1 · Meetings & Events - Other	2,733	27,500	-24,767
Total 501.1 · Meetings & Events	2,733	27,500	-24,767
501.2 · SUD Stigma Youth Engagement	10,000	30,000	-20,000
501.3 · Partner Incentives	369	1,500	-1,131
501.4 · Partner Travel	0	4,500	-4,500
501.5 · Expanding the Table	0	175,000	-175,000
501.6 · Training & Technical Assistance	13,831	22,500	-8,669
Total 501 · Partner Support	26,933	261,000	-234,067
504 · Professional Services			
504.2 · Contract Services			
504.205 · Cross-ACH Agreement	5,892	8,850	-2,958
504.206 · MTP Implementation & Funds Flow	3,150	10,000	-6,850
504.207 · HR	1,925	2,000	-75
504.208 · Financial Advisory Services	3,200	12,500	-9,300
504.213 · Audit	3,250	5,000	-1,750
504.214 · Legal	3,150	2,500	650
Total 504.2 · Contract Services	20,567	40,850	-20,283
Total 504 · Professional Services	20,567	40,850	-20,283
500 · Personnel			
500.1 · Payroll Expenses	290,467	320,000	-29,533
500.2 · Employee Benefits	38,761	45,175	-6,414
Total 500 · Personnel	329,228	365,175	-35,947
505 · Operations			
505.3 · Occupancy	12,280	16,500	-4,220
505.4 · Communcations	2,311	2,250	61
505.6 · Insurance Expense	3,326	3,000	326
505.7 · Miscellaneous	422	5,574	-5,152
505.8 · Staff Professional Development	5,544	4,000	1,544
505.9 · Travel Expense	5,524	12,500	-6,976
505.10 · Supplies	1,635	2,000	-365
505.11 · Information Technology	6,283	6,500	-217
505.12 · Public Relations	16,685	27,500	-10,815
Total 505 · Operations	54,010	79,824	-25,814
506 · Distributions to Partner Organi	0	1,371,959	-1,371,959
Total Expense	430,738	2,118,808	-1,688,070

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

	Financial Check Up as of June 30, 2022 ¹									Total MTP
	Actual 2017	Actual 2018	Actual 2019	Actual 2020	Actual 2021	Actual 2022	Projected 2022	Projected 2023	Projected 2024	Finances
Income										
Certification (Design Funds)	\$6,000,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,000,000
Project Plan Award	\$0	\$5,577,082	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,577,082
Project Incentives - P4R	\$0	\$3,294,355	\$5,312,221	\$2,610,080	\$1,973,680	\$900,355	\$625,000	\$0	\$0	\$14,715,691
Project Incentives - P4P	\$0	\$0	\$0	\$0	\$606,245	\$2,285,712	\$0	\$413,033	\$937,500	\$4,242,490
Value-based Payment Incentives (VBP) - P4R	\$0	\$0	\$300,000	\$250,000	\$150,000	\$0	\$0	\$0	\$0	\$700,000
Value-based Payment Incentives (VBP) - P4P	\$0	\$0	\$0	\$100,000	\$250,000	\$22,500	\$0	\$700,000	\$0	\$1,072,500
High Performance Pool (HPP) ²	\$0	\$0	\$0	\$0	\$608,774	\$1,010,627	\$0	\$0	\$0	\$1,619,401
COVID-19 PPP Loan Forgiveness	\$0	\$0	\$0	\$97,702	\$0	\$0	\$0	\$0	\$0	\$97,702
SIM and Other Income (P&L Statements)	\$354,133	\$171,100	\$36,461	\$0	\$245,000	\$26,254	\$0	\$0	\$0	\$832,947
Interest Earned (P&L Statements)	\$0	\$62,747	\$87,362	\$48,821	\$10,489	\$1,483	\$0	\$0	\$0	\$210,902
Total Income	\$6,354,133	\$9,105,283	\$5,736,044	\$3,106,603	\$3,844,188	\$4,246,931	\$625,000	\$1,113,033	\$937,500	\$35,068,714
Expenses										
Payments to Partners	\$0	\$3,775,460	\$3,942,274	\$3,535,221	\$1,610,807	\$2,247,806	\$2,743,918	\$1,343,920	\$937,500	\$20,136,906
Partner Support	\$87,892	\$310,268	\$315,286	\$646,562	\$543,562	\$26,932	\$383,068	\$102,000	\$120,000	\$2,535,570
Partner Funding	\$0	\$0	\$0	\$0	\$0	\$0	\$112,000	\$500,400	\$2,000,000	\$2,612,400
Operations	\$500,519	\$734,045	\$856,444	\$703,047	\$626,056	\$403,801	\$567,896	\$989,679	\$1,029,680	\$6,411,166
Total Expenses	\$588,411	\$4,819,772	\$5,114,004	\$4,884,830	\$2,780,425	\$2,678,539	\$3,806,882	\$2,935,999	\$4,087,180	\$31,696,041
Net Surplus (Deficit)	\$5,765,722	\$4,285,511	\$622,040	(\$1,778,227)	\$1,063,763	\$1,568,392	(\$3,181,882)	(\$1,822,967)	(\$3,149,680)	\$3,372,673
Balances and Reserves										
Beginning Balance	\$0	\$5,765,722	\$10,051,233	\$10,673,273	\$8,895,046	\$9,958,809	\$11,527,201	\$8,345,319	\$6,522,353	\$0
Net Surplus (Deficit)	\$5,765,722	\$4,285,511	\$622,040	(\$1,778,227)	\$1,063,763	\$1,568,392	(\$3,181,882)	(\$1,822,967)	(\$3,149,680)	\$3,372,673
Ending Balance	\$5,765,722	\$10,051,233	\$10,673,273	\$8,895,046	\$9,958,809	\$11,527,201	\$8,345,319	\$6,522,353	\$3,372,673	\$3,372,673
Set-Aside for Bonus Pool ³	\$0	\$0	\$0	\$17,696	\$17,696	\$28,465	\$28,465	\$28,465	\$28,465	\$28,465
OCH Reserve ⁴	\$0	\$0	\$0	\$2,058,356	\$2,058,356	\$2,058,356	\$2,058,356	\$2,058,356	\$2,058,356	\$2,058,356
Carryover Savings from Operations (OCH) ⁵	\$0	\$0	\$0	\$0	\$1,172,182	\$1,172,182	\$1,172,182	\$1,172,182	\$1,172,182	\$1,172,182
HPP Reserve for set aside for Provider Partners ²	\$0	\$0	\$0	\$0	\$608,774	\$608,774	\$123,374	\$0	\$0	\$0
Reserve 2021 Partner Incentives to be paid in 2022	\$0	\$0	\$0	\$0	\$2,247,806	\$0	\$0	\$0	\$0	\$0
Net Ending Balance (dedicated to Future State)	\$5,765,722	\$10,051,233	\$10,673,273	\$6,818,994	\$3,853,995	\$7,659,424	\$4,962,942	\$3,263,350	\$113,670	\$113,670

1. Financial Check Up includes transactions from SIM and other funding sources and expanded DSRIP funding.
2. OCH earned additional DSRIP incentives from HCA's High Performance Pool in 2021. The Board dedicated the entire \$608,774 award to support provider funding and support.
3. The Bonus Pool consists of unearned incentives to be reallocated to provider partners based on criteria to be established by the OCH Board of Directors.
4. The Board of Directors set aside the OCH reserve on October 14, 2019. The Financial Executor posted the transaction in 2020. The Board will determine final use of the reserve at a later date.
5. The Board directed the set-aside of Carryover Savings from operations. The amount is based on the difference between budgeted and actual financial activity in 2020 and 2021. The set-aside is reserved and dedicated to support future operations.

Planning for 2023 when a lot is uncertain:

In a “typical” year, staff bring an annual budget and work plan to the Board of Directors for review and approval toward the end of the year. Staff were holding this process until the timing for the renewal waiver became more clear. On September 12, HCA shared that they heard from CMS that CMS needs more time before they can review and finalize Washington’s renewal waiver – at least until mid-2023. This document outlines both the knowns and the unknowns for 2023 and proposes a path forward for planning and decision making given the uncertainty.

Proposed principles for 2023 planning:

- Transparent communication and decision making for Board members, partners, and staff.
- Keep pace with the applicable state agencies; don’t get too far ahead of them.
- Don’t stall until we know everything. Plan for what we do know and add and build pieces as next steps become more concrete. Maintain momentum, connections, and partner engagement in the region.
- Stay true to the strategic plan.
 - First meet the needs and interests of the region; incorporate interests of the state as they align with local priorities.
- Collaborative, consensus-based decision making for a collective path forward.
- Opportunity to learn from the past; we don’t need to follow old traditions or processes, especially if they didn’t serve well in the past. Permission to let go of processes, projects, or tasks that no longer serve the region.

Change management strategies:

Keep staff, partners, and Board members updated including monthly updates at the Executive Committee and Board of Directors, a corner to the digital newsletter with updates, and updates at any convenings or partner meetings, etc.

2023 Funding Sources & Notes

Source	Amount	Dates	Notes
Cambia (SUD Stigma)	It's anticipated that these funds will be spent by early 2023.	Must be spent by May 2023	Original donation was \$245k. Not likely to see additional dollars from them. The majority of these dollars are spent external to OCH.
DOH (Care Connect)	\$750k (half of the total budget for July 22-June 23)	Jan-June 2023 July-Dec is unknown	Right now, COVID focused, adding walk with ease and additional COVID recovery programs down the road. This budget supports some internal FTE and operations. Majority of dollars are for groceries, household assistance and contracted to care coordination agencies.
WCFC (early childhood coalition)	Assume \$3,400 (same as current year)	Jan-Dec 2023	They are on the state FY calendar, not sure what long-term is. Pays for a small amount of staff time.
MTP 2.0 (care coordination, health-related services, equity funding, integrated care assessment)	?	Not likely to see funds in 2023.	Staff recommend assuming that no renewal waiver work will happen in 2023. Once HCA and CMS finalize their piece, will need regional planning time.
MTP 1.0 - 2021 P4P and HPP	P4P 25% in budget=\$413,033	Funds will likely come in June 2023	Allocated to partners per original funds flow model. FFWG to make recommendations for money earned above the budgeted amount. (Historically, additional P4P dollars were allocated to partners and the HPP dollars were set aside for future decision making)
Reserve Fund (set aside by Board in 2019) & Bonus Pool	\$2,058,356=reserve fund \$28,465 = bonus pool (as of 6/30/2022)	Summer 2023	Recommendation is to use these dollars to support action collaborative implementation for 2023 and 2024 (funding to partners). Board to receive presentation in December.
Future State Funding (Board set aside)	\$1,172,182=unspent operations dollars (as of 6/30/2022) \$608,774=2019 HPP set aside \$1,010,627=2020 HPP set aside \$2,791,583 total to date	Up to Board to determine when and how to allocate. No specific timeline.	Unspent MTP 1.0 funds set aside for 2023 and beyond. Recommend tapping into this pot for 2023 operations.

Other?	?	?	Where would the Board like to see staff pursue additional funding?
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2023 Buckets of Work

These are likely the primary pieces of the puzzle for the work of 2023 and will guide the development of the OCH work plan, budget, staffing plan, governance model, and funding to partners.

Bucket	Funding Source	Notes
Core OCH functions (data, communications, engagement, convening, finance, operations, governance, cross-ACH)	• Future State Funding	• Skeleton of work needed for OCH to function, some overlap with below (convenings, for example).
Care Coordination Hub	• DOH Care Connect (COVID + new programs)	• Some money to stay in-house, some to allocate to partners.
Integrated Care Assessment – TA/Support	• ?	• No clarity yet on what the expectation will be for this work in the absence of a renewal waiver.
Closing out MTP 1.0 – creating final reports and products summarizing the work and successes of the initial waiver.	• ? – Likely unspent MTP 1.0 dollars (future state funding).	• Created in house and promoted regionwide.
Strategic Plan implementation not included in MTP 2.0 (based on recs from the action collabs)	• Future state funding • Reserve fund/bonus pool • New funding?	• Some in-house, mostly partner funding
Other - WCFC/PECC - Cambia/Stigma - Unexpected	• WCFC • Cambia (through May) • ?	•
What else would the Board like to add to the body of work?	• ?	• Staff to discuss other projects and will make recommendations for the path forward.

What goes away in 2023?

- Implementation partner work under MTP 1.0 (Note: Still final payments to make in 2023 and 2024)
- What else? Discuss with the team and Board.

Where do these fit?

- VBP – group to share with HCA and the Board in October 2022. Next steps TBD. Not part of renewal waiver.
- CIE – likely fits under the care coordination hub work and to be part of renewal waiver activities.

Pieces of the puzzle for 2023:

2023 Budget

What we know: We have a contract with DOH for Care Connect through June of 2023, likely to be renewed under a larger scope of work. The Cambia (stigma) funds are to be spent by May 2023. We have funds set aside by the Board due to unspent dollars under the initial waiver. We know that we'll earn 2021 P4P dollars in the summer of 2023. We have the Reserve Fund and Bonus Pool to make decisions about. Renewal waiver will not be a part of official 2023 work. Time spent on planning with HCA and the ACHs.

What we don't and when we might: We won't know the total of unallocated MTP 1.0 dollars until the financial closeout of 2022 (likely March or April of 2023) and P4P and HPP dollars will flow until summer of 2024.

Proposed path forward: Staff will bring a 2023 budget to the Finance Committee and Board in January for review and vote. As other details become available throughout 2023, staff will work with the appropriate committees and the Board to bring additional budget information.

Considerations: Assure staff and partners that the good work of OCH will continue. Maintain some momentum with partners and assure staff of job security (at least through the first half of 2023). Transparent communication along the way.

2023 Work Plan

What we know: We know the organization will continue into 2023. There are several OCH "core functions" including communications, governance, convening, engagement, operations, etc. that we will need to plan for. We know the scope of work for the DOH Care Connect contract through June 2023. In December, the Board will hear action plan recommendations from the four action collaboratives and the Board will weigh in on how to proceed based on those recommendations. We know that we will need time to compile financial and programmatic reports and other products for the closeout of MTP 1.0. We know that we will need collaborative time with partners and the Board to plan out the implementation of the renewal waiver activities. Beyond planning with HCA and ACHs, there won't be renewal waiver work in the 2023 work plan.

What we don't and when we might: Does the Board want to discuss other work outside of the initial buckets proposed?

Proposed path forward: Staff will bring a 2023 work plan to the Executive Committee and Board in January for review and vote. As other details become available, staff will work with the appropriate committees and the Board to bring additional work plan information.

Considerations: Keep momentum going with partners. Offer convenings and connections in alignment with partner input.

2023 Staffing Plan

What we know: Current OCH FTE = 7.25. The duties and roles of staff are likely to change once we have renewal waiver details. We will likely need to fill roles for the HCA care coordination work, the WA ICA work, and the flexible equity funding work. We may also need support in contracting and federal grants management.

What we don't and when we might: Until the funding and work for the renewal waiver is more clear, it likely makes sense to wait to make too many staffing adjustments.

Proposed path forward: Keep roles and current staffing until 2.0 becomes clearer.

Considerations: Maintain transparent and open communication with staff. Don't rush decisions until details are clear.

2023 Partner Funding Model

What we know: OCH adopted a new partnership model in the 2023-2026 strategic plan. It is likely that we'll have more directed partner contracts since DSRIP is going away, to be based on the buckets of work. Not one payment model or funds flow, more catered. Contracts with Care Connect Care Coordination Agencies (CCAs) are established. Youth stigma contracts end in May 2023. MTP 1.0 remaining P4P dollars will be allocated per funds flow. Plan is to include action collaborative recommendations in partner work and budget.

What we don't and when we might: Until the budget and work plan are more clear, hold off on partner contracts for renewal waiver work.

Proposed path forward: Maintain CCA Care Connect contracts and youth stigma contracts as established. Maintain open and transparent communication with the partner community about potential opportunities for funding.

Considerations: Likely to lose some momentum with partners. Keep convenings and other connection opportunities going.

2023 Governance Model

What we know: Maintain Finance and Executive Committees as-is. Keep Funds Flow Work Group until MTP 1.0 is finished (summer of 2024), then sunset.

What we don't and when we might: There is likely a need for additional groups (either formal or informal) – examples include care coordination planning and advising, partner/hospital engagement, CIE, VBP, etc. Wait until renewal waiver becomes more clear.

Proposed path forward: Bring a plan to the Executive Committee in the spring of 2023, update charters after. Monitor state discussions.

Considerations: Transparent communication with partners and committee members.

Olympic Community of Health

SBAR: Value-Based Purchasing Action Group Case Study

Presented to the VBP Action Group on September 13, 2022

Updated and presented to the OCH Board of Directors on October 10, 2022

Situation

The Value-Based Purchasing (VBP) Action Group collaboratively shares the Olympic Region Case Study to promote advancement of the Health Care Authority's (HCA) efforts to transform health care by ensuring Washington residents have access to better health and better care at a lower cost. This case study provides a look at the challenges, successes, and opportunities in the Olympic region in hopes that it will guide future statewide as well as regional decision making and next steps.

Background

The VBP Action Group launched in March 2022 in response to partner feedback and is comprised of regional, cross-sector partners, including primary care, mental health, substance use disorder, hospital, community-based organizations, Managed Care Organizations (MCOs), and HCA. The purpose of the VBP Action Group is to identify challenges, gaps, as well as advocate for creative solutions to expand and improve VBP efforts across Clallam, Jefferson, and Kitsap counties. The Olympic Region Case Study is a direct result of the VBP Action Groups efforts.

As an on-time adopter for Integrated Managed Care (IMC) the Olympic region did not receive funds to support integration efforts. Clallam county was the only county in Washington state that did not have managed care for primary care prior to the launch of IMC, posing additional unique challenges. Prior to IMC all 5 MCOs had a presence in the Olympic region. With the transition to IMC the region went to three MCOs. In 2021, this expanded and all 5 MCOs are now again present.

In March 2020, statewide lockdowns were initiated in response to COVID-19. Providers necessarily solely focused on COVID-19 response for much of 2020. Many providers requested adaptations to MCO contracts through 2020 and 2021 as COVID-19 severely impacted provider ability to work towards targets and goals unrelated to COVID-19 response.

The Olympic region did not meet VBP Pay for Performance (P4P) metrics in 2020 causing significant financial impacts. OCH earned only \$22,500 in VBP P4P and lost out on the majority of funds available, about \$450,000, that could have been used to further support providers in VBP readiness.

OCH hosted several convenings throughout the Medicaid Transformation Project (MTP) to promote collaboration and shared learning across regional and statewide partners.

- Along the way OCH has promoted the VBP survey and tracked regional gaps, challenges, and opportunities.
- Along the way OCH has compiled partner feedback on gaps, challenges, and opportunities with VBP.
- In 2019 OCH hosted a convening of MCOs and community-based organizations to better understand the role of CBO's in VBP efforts.

- In August 2021 OCH hosted a convening of regional partners, HCA, and MCOs to promote shared understanding and conversations to address regional concerns in VBP. At this convening it was decided to bring together a smaller group of partners to continue action-oriented conversation.

Action

The VBP Action Group sets forth the Olympic Region Case Study and the following recommendations:

- Explore group contracting
- Create and enhance interoperable data systems
- Speed up data reconciliation process
- Include additional provider types in VBP arrangements
- Align metrics across different provider types
- Increase reimbursement rates, particularly for behavioral health
- Statewide workforce investments
- Community-based organization capacity building
- Establish baseline funding for transformation work
- Clear direction set by HCA on the role of community-based organizations in VBP and a path forward for direct contracting
- Investment in bi-directional communication and referral systems

The VBP Action Group pose the following for discussion:

- Where does HCA see alignment with other initiatives (Primary Care Transformation Model, WA-Integrated Care Assessment, MTP renewal waiver, care coordination, other)?
- How can this information inform HCA's strategy for implementation of planned initiatives?
- What can we collaboratively address now? Where do we start?
- What should we leave for another day?
- How can the VBP action group and/or OCH support next steps?

Recommendation

The OCH Board of Directors adopts the Olympic Region Case Study and directs staff to take action to share broadly with the OCH partner network as well as statewide partners.

The OCH Board of Directors directs staff to continue to facilitate connections between partners and MCOs.



Olympic Community of Health (OCH) is the Accountable Community of Health (ACH) serving the Olympic region (Clallam, Jefferson, and Kitsap counties). Value-based purchasing/contracting (VBP) is an important component to Health Care Authority's (HCA) health care transformation efforts and is an area of high importance and needed support in the Olympic region. This case study provides a look at the challenges, successes, and opportunities in the Olympic region in hopes that it will guide future decision making and regional next steps to promote further advancement towards HCA's vision for a healthier Washington.



Land Acknowledgement

Together, we acknowledge, with humility, the indigenous peoples whose presence permeates the waterways, shorelines, valleys, and mountains of the Olympic region. The land where we are is the territory of the Chimacum, Hoh, Makah, S'Klallam, Suquamish, and Quileute tribes on whose sacred land we live, work, and play.



Olympic
COMMUNITY of HEALTH

We would like to ground ourselves in a land acknowledgement. OCH is proud to partner with the seven sovereign tribal nations located within the Olympic region and would like to acknowledge, with humility, the indigenous peoples whose presence permeates the waterways, shorelines, valleys, and mountains of the Olympic region. The land of the Olympic region is the traditional territory of the Chimacum, Hoh, Makah, S'Klallam, Suquamish, and Quileute tribes and we are privileged to live, work, and play in such a sacred land.

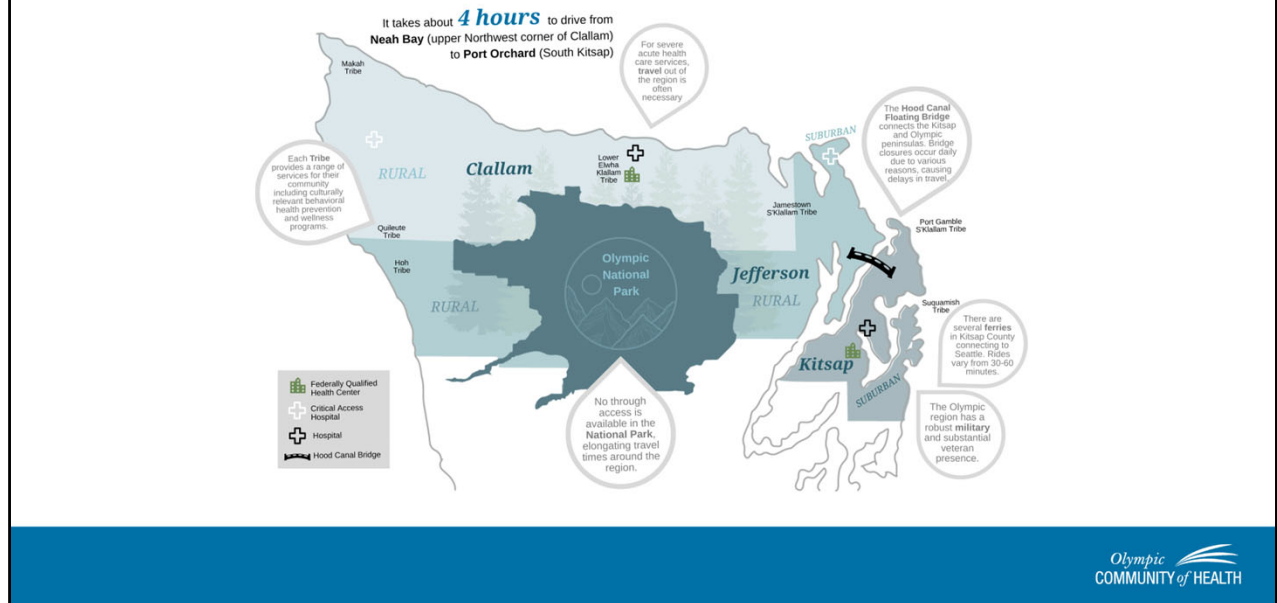


Purpose

The purpose of this case study is to promote advancement of HCA's efforts to transform health care by ensuring Washington residents have access to better health and better care at a lower cost through the experience of the Olympic region.

The purpose of this presentation is to promote advancement of HCA's efforts to transform health care by ensuring Washington residents have access to better health and better care at a lower cost. This case study provides a look at the challenges, successes, and opportunities in the Olympic region in hopes that it will guide future statewide as well as regional decision making and next steps to promote further advancement towards HCA's vision for a healthier Washington.

The Olympic Region



The Olympic region spans Clallam, Jefferson, and Kitsap Counties and includes the seven sovereign nations of the Hoh, Jamestown S'Klallam, Lower Elwha Klallam, Makah, Port Gamble S'Klallam, Quileute, and Suquamish Tribes.

Clallam and Jefferson counties comprise the largely rural Olympic Peninsula. Port Angeles, the largest city and the seat of Clallam County, has a population of just over 20,000. Forks is the largest town and health care access point on the west end of Clallam county with a population of approximately 3,680 and one critical access hospital. It is approximately a 1-hour journey by car to travel the 24 miles from the Hoh Reservation to the closest health care access point.

Port Townsend, with a population under 10,000, is the seat of Jefferson County and home to the only hospital in the county. It is approximately 38 miles and takes a little less than 1 hour to travel from Brinnon in southern Jefferson County to Port Townsend. Public transportation is severely limited throughout most of the Olympic Peninsula and many locations are only accessible by use of private vehicle.

The Olympic Peninsula is home to the beautiful Olympic National Park. No through access is available in the National Park, elongating travel times around the region. Access from the Olympic Peninsula to Kitsap County is most commonly and conveniently made via the Hood

Canal Floating Bridge, which closes daily due to leisure, commercial, and military marine traffic as well as unfavorable weather conditions.

Kitsap County is more suburban with a population of 272,200 and several city centers, in addition to the rural outreaches of Olalla, Seabeck, and Hansville. Kitsap County's commuting population has steadily increased as access to Seattle becomes more convenient through a 30 minute fast-ferry ride. In recent years, public transportation has grown, including the use of some ride-share services. However, these options are still limited compared to larger cities and the most common and convenient transportation is use of private vehicle.

The Olympic region health network is primarily made up of small providers and very few large health systems have a presence.

The Olympic region houses four hospitals, one each in Jefferson and Kitsap Counties, and two in Clallam County. Two of the hospitals, [Forks Community Hospital](#) (Clallam) and [Jefferson Healthcare](#) (Jefferson) are designated as critical access. For severe acute health care services, travel out of the region is often necessary. It is common to be referred and receive specialty care in Kitsap, Pierce, and King Counties. The Olympic region also has two Federally Qualified Health Centers (FQHC), one in Port Angeles ([North Olympic Healthcare Network](#)) and the other ([Peninsula Community Health Services](#)) with locations in the major city centers as well as mobile services. Two Tribes are have established FQHCs as well (Jamestown S'Klallam and Port Gamble S'Klallam)

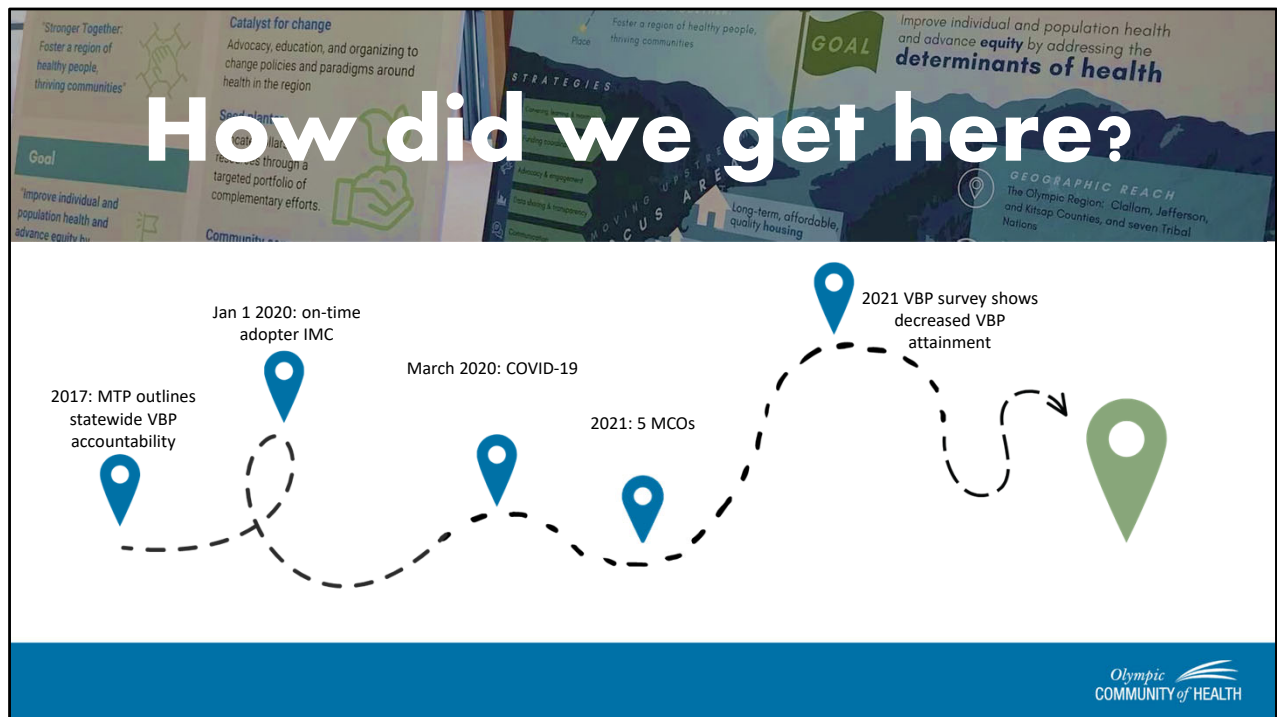
In Kitsap county, [Peninsula Community Health Services](#), an FQHC, is the main Medicaid primary care provider and only provider for Medicaid dental services. CHI Franciscan and Virginia Mason are another relatively large presence with the [only hospital](#) and several affiliated clinics. An ample community-based organization network exists addressing many determinants of health. Despite robust program expansions, including mobile services, long wait lists persist for new and existing clients, particularly for specialty care.

In Jefferson county, [Jefferson Healthcare](#) is the largest health system, comprising of a hospital, primary care, dental, behavioral health, and some specialty care. Most services and supports are centralized to the city of Port Townsend, leaving outlying communities with long distances to travel. Many community-based organizations serve both Jefferson and Clallam counties.

Clallam county comprises two centralized healthcare networks: Port Angeles & Sequim and the West End, which includes the west end of Jefferson county. In Port Angeles/Sequim, [Olympic Medical Center](#), [North Olympic Healthcare Network](#), and the [Jamestown Family Health Clinic](#) provide the majority of Medicaid services. On the west end, the Quileute, Hoh, and Makah Tribes offer limited services and rely on care from [Forks Community Hospital](#) and primary care, as well as travel long distances to Port Angeles/Sequim and further.

Outside of integrated services offered through the two FQHCs and four Mental Health Agencies, all substance use disorder (SUD) services are offered via independently owned and operated small businesses, with staffing sizes typically less than 20. Only one clinical assisted withdrawal management facility (9beds), Kitsap Recovery Center, is available in the Olympic region, located on the very south end of Kitsap County.

Of the seven Tribes, six are Indian Health Care Providers (IHCPs). Each Tribe is unique and provides a range of services for their community. For example, the Jamestown S'Klallam Family Health Clinic, a Tribal FQHC, primarily serves non-tribal members and offers comprehensive primary care, dental, and works to expand behavioral health services. The [Jamestown Healing Clinic](#), a substance use disorder facility, offers integrated services, including dental, for folks with opiate use disorder. The [Port Gamble S'Klallam Health Clinic](#) primarily serves Tribal members, including members from neighboring tribes. Travel can be a major obstacle for services not provided by the Tribes including urgent and critical care. It takes over an hour to travel from the Makah reservation to the nearest hospital in Forks and nearly two hours to reach Port Angeles for specialty referrals and Level III trauma care. It is common for Tribal members to travel to Bremerton and Seattle, four to five hours one-way by private vehicle from Quileute, Hoh, or Makah to access specialty care.



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In March 2020, statewide lockdowns were initiated in response to COVID-19. Providers necessarily solely focused on COVID-19 response for much of 2020. While on high-alert from the beginning, the Olympic region did not see significant case rates until the fall of 2020. Many providers requested adaptations to MCO contracts through 2020 and 2021 as COVID severely impacted provider ability to work towards targets and goals unrelated to COVID-19 response.

OCH hosted several convenings throughout MTP to promote collaboration and shared learning across regional and statewide partners.

- Along the way OCH has promoted the VBP survey and tracked regional gaps, challenges, and opportunities
- Along the way OCH has compiled partner feedback on gaps, challenges, and

opportunities with VBP

- In 2019 OCH hosted a convening of MCOs and community-based organizations to better understand the role of CBO's in VBP efforts.
- In August 2021 OCH hosted a convening of regional and statewide partners, including HCA and MCOs, to promote shared understanding and conversations to address regional concerns in VBP. At this convening it was decided to bring together a smaller group of partners to continue action-oriented conversation.
- In March 2022, OCH launched the VBP action group, comprising of regional, cross-sector partners, including primary care, behavioral health, hospital, SUD, community-based organizations, MCOs, and HCA.

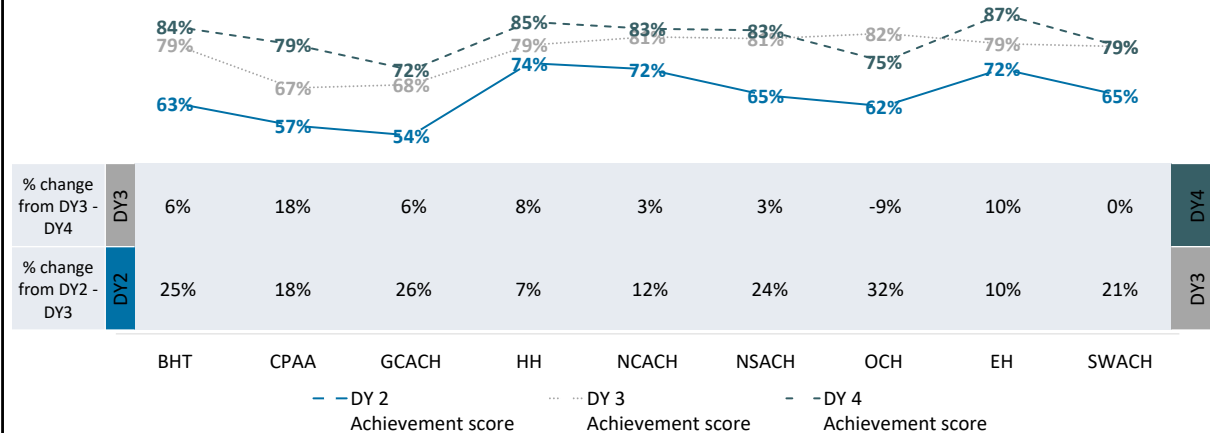


The purpose of the VBP action group is to identify challenges, gaps, as well as advocate for creative solutions to expand and improve value-based purchasing efforts across Clallam, Jefferson, and Kitsap counties. This case study is a direct result of the VBP action groups efforts.

The VBP action group is comprised of regional partners, including: both FQHCs, hospitals, primary care, behavioral health, SUD, and community-based organizations. In addition to regional partners, all 5 MCOs and an HCA representative have been key partners in this work.

Current Landscape

VBP achievement score comparison from DY3 to DY4

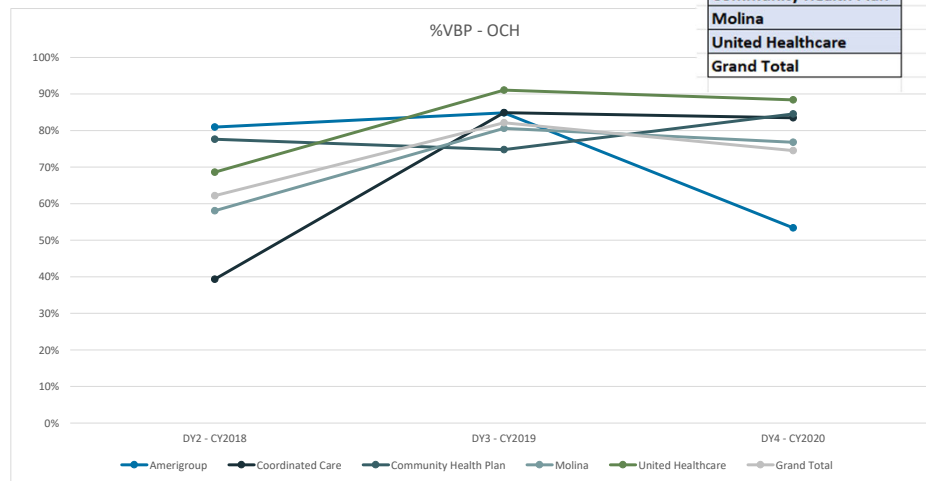


The Olympic region seeks to support HCA’s aims to contain costs while improving outcomes, patient, and provider experience. According to the [most recent HCA data](#) the Olympic region decreased penetration of MCO VBP by 7% (82% in 2020 and 75% in 2021) while the rest of Washington state increased or stayed the same. This has had great financial impacts for the Olympic region under MTP VBP P4P incentives. OCH earned only \$22,500 in VBP P4P and lost out on the majority of funds available, about \$450,000, that could have been used to further support providers in VBP readiness.

The graph included here indicates that rural areas, like the Olympic region, may be more negatively impacted compared to urban areas. The VBP action group sought to better understand the limitations in regional VBP attainment by looking at regional gaps, challenges, and successes. By better understanding and addressing the limitations we can collaboratively work together to find solutions that facilitate further progress and support HCA’s statewide targets.

Source: HCA’s Paying for Value Survey Results, 2021

Current Landscape



In the Olympic region, a very limited number of providers are currently engaged in VBP contracts. In Kitsap county only the largest systems, including [Peninsula Community Health Services](#) have VBP contracts in place. [Peninsula Community Health Services](#) has made it the furthest of providers in the Olympic region in the level of VBP contracts they have engaged in, taking on both upside and downside risk.

In Jefferson county, [Jefferson Healthcare](#) engages in some VBP arrangements, but with 5 MCOs now in the region, are limited even as the largest provider in the county.

In Clallam county, [North Olympic Healthcare Network](#) and [Olympic Medical Center](#) engage in some VBP contracting with MCOs.

Each MCO has their own approach to partnering with local organizations and Tribes and engaging providers in VBP. For example:

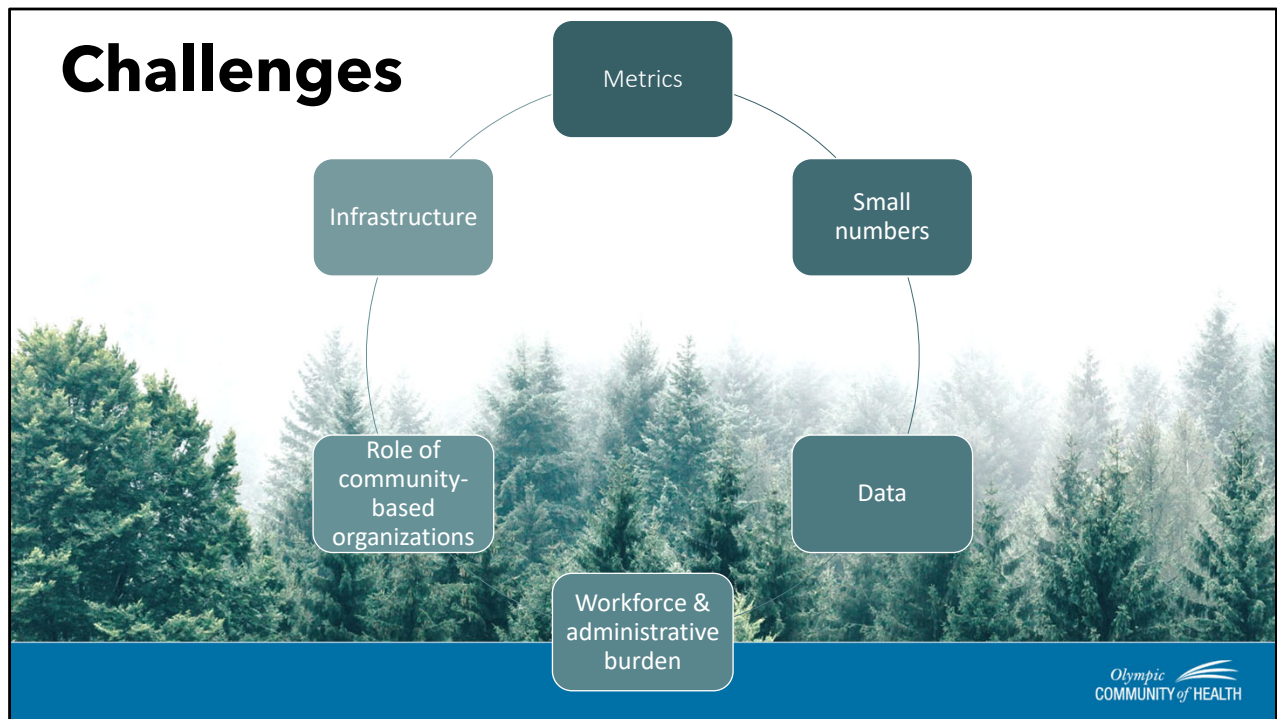
- Molina Healthcare has piloted VBP contracts with two specialty clinics in Kitsap county, [Kitsap Recovery Center](#), and inpatient and outpatient SUD facility, and [Kitsap Children's Clinic](#), a pediatric clinic. Both pilot sites are excited to finally be included in VBP arrangements and express discouragement that opportunities for sustainability or expansion are limited. Molina is also piloting a CBO contract with the Washington Alliance of YMCA's for Diabetes Prevention Program.

- CHPW does not require minimum member attribution threshold and evaluate VBP on provider by provider basis and link provider specific VBPs that best fit intended outcomes for both CHPW and the provider. CHPW has partnered with a BHA in King County to create an innovative payment model for low-barrier MAT services and there is interest in expanding that pilot to include additional like providers.
- United Healthcare has panel limitations for some VBP contract arrangements and start providers with gap in care before moving on to full risk. United Healthcare is considering a pilot CBO contract with the Washington Alliance of YMCA's as well for memberships and healthy living.
- Amerigroup has contracts with behavioral health in other areas of the state focus on MAT and therapy gaps in care achievements.
- Coordinated Care is piloting a behavioral health contract in other areas of the state. The larger a patient panel size, in primary care, the more robust VBP can be offered.

MCOs report the need to meet providers where they are and arrange contracts that ensure provider success. Much of this is experimenting with what works and broadening promising pilots over time. MCOs are getting creative in their approaches to VBP and this is a good start. Outside of the pilots mentioned, no other behavioral health or specialty clinics have been offered VBP contracting opportunities. No community-based organizations are engaged in, either directly or indirectly through sub-contracting, value-based contracts. Many behavioral health providers have struggled to successfully implement capitated (or per member per month) contracts. *“With the intensity of services up front, it takes over a year of consistent engagement and progress to see any return on the time investment. We are losing money.” – SUD provider.*

2021 Paying for Value Survey results could yield additional insights as to the trends and challenges present in the Olympic region.

Source: HCA's Paying for Value Survey Results, 2021



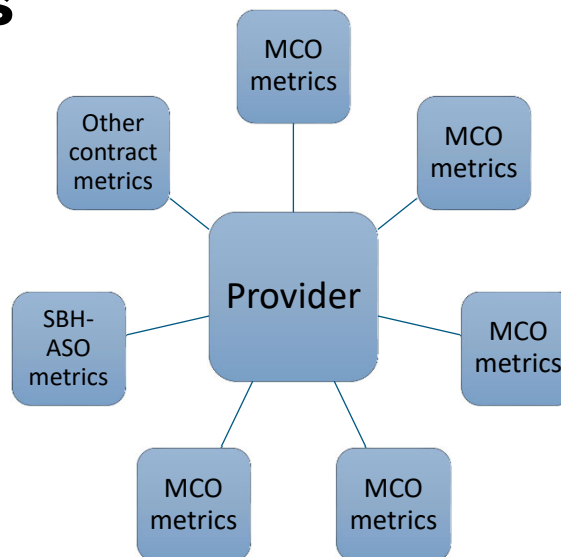
A common set of regional challenges emerged through the VBP action group's work which include:

- Metrics
- Small numbers
- Timely and accurate data
- Workforce and administrative burden
- The role of community-based organizations
- Infrastructure

These challenges are interrelated. The next set of slides will explore each challenge and provide an example of how this plays out at the local level with regional providers. A set of possible solutions to increase VBP adoption throughout the Olympic region is also shared.

Challenge: Metrics

“If you do something for one patient, you do it for the entire patient population. You don’t pick and choose depending what insurance provider they have.”
– Peninsula Community Health Services, Kitsap County FQHC



Metrics pose a significant barrier across multiple levels of the VBP system in misalignment, mis-identification, and inconsistency.

Mis-identification: When looking at metrics it's important to ask if they are the right metrics to begin with? Meaning, do they comprehensively capture the value to the health system and patient? VBP metrics can heavily focus on clinical aspects of care. In determining what metrics lead to value it is important to look at capturing non-medical pieces as well.

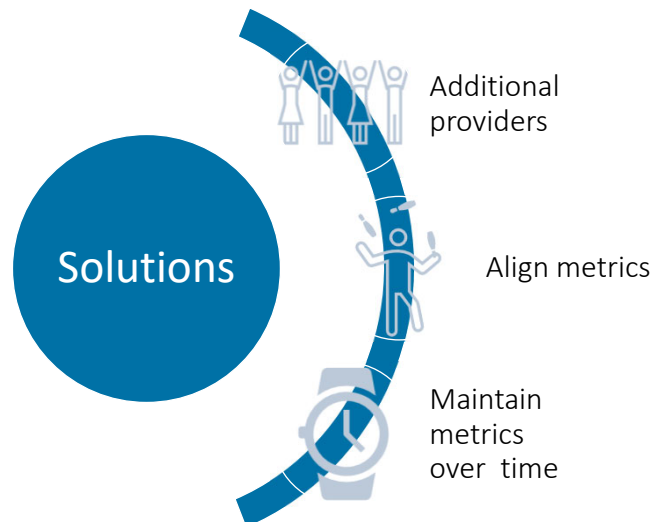
Mis-alignment: In the Olympic region, mis-aligned metrics increase provider burden leading to limited willingness across providers to participate in VBP and exacerbating the already taxed workforce, resulting in high-administrative burden. With the transition to IMC, many behavioral health providers reported necessarily increasing administrative staff to meet the burden of managing multiple contracts, all with different metrics and requirements. For example, Peninsula Community Health Services have VBP metrics associated with OB care – some contracts have 5 metrics, some have 3, and only 1 metric aligns across all 5 MCOs. Each MCO has a set of unique metrics they are held to by HCA, which are then prioritized and can be passed along to partners. Providers in the Olympic region have a very small number of attributed lives under any given managed care plan leading to the unnecessary split of provider efforts and attention. This does not align with

how providers do business. As Peninsula Community Health Services shares, *“if you do something for one patient, you do it for the entire patient population, you don’t pick and choose depending what insurance provider they have.”*

Inconsistency: Changing metrics year to year also poses a considerable burden for providers, who spend resources, time and staff capacity to build systems to meet specialized metrics. It is a huge provider investment in both time, money, and resources. Peninsula Community Health Services shares that in 2018 metrics were aligned across MCOs, then the legislative proviso passed ensuring measures per plan for MCO improvement, while well intentioned has led to increased provider burden. Metrics are sent to MCOs in September which is challenging for MCOs to then design contracts that work for providers and align with provider priorities and capacity.

This results not just in barriers for the individual provider but for the larger community as well. As communities enhance partnerships and collaboration under MTP and other initiatives, the community is encouraged to collaborate and identify local priorities. This collaboration, fostered by HCA’s statewide MTP initiatives, aligns efforts and leverages strengths to achieve a common goal. Mis-aligned metrics lead to unnecessary competition for provider attention and the limited available resources.

Challenge: Metrics



Currently, VBP is mainly focused on primary care. While future initiatives like HCA's PCTM will continue to improve and enhance efforts to improve health outcomes and costs in primary care settings, we know that much of what contributes to an individual's overall health happens outside of the primary care office. Engaging additional providers in VBP, like behavioral health, specialty care, and community-based organizations, will enhance HCA's current efforts to contain costs. When engaging additional provider types, it will be important to align metrics across the various types of providers to align efforts and maximize impact.

Changing metrics every year is big lift. According to IMC MCO contract requirements the 2022 metrics are aligned. In order for MCOs to have the opportunity to alleviate provider burden by aligning metrics, HCA contract requirements need to stay consistent for a longer period of time.

Peninsula Community Health Services also shares that providing demo years for proposed metrics allows providers to build systems and ramp up work to be more successful in VBP arrangements. This requires more lead time for MCOs to engage in contracting and planning ahead for future metrics.

Revising the language of legislative proviso in regards to MCO metrics would also allow for

more flexibility for creative VBP arrangements that meet provider and community needs.

Challenge: Small Numbers

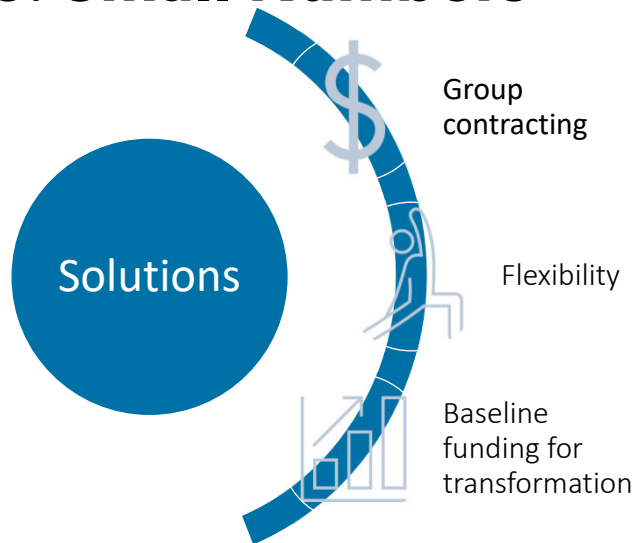


The Olympic region encompasses just 4% of the total Medicaid population in Washington State. However, about 20% of the people in the Olympic region are enrolled in Medicaid. The rural geography, extremely limited footprint of large health systems, and presence of all 5 MCOs results in limited attributed lives to any one MCO. The health network is largely made up of small, independent providers, and large health systems have a very limited footprint in the Olympic region. This aligns with HCA's Paying for Value survey findings.

For example, [Jefferson Healthcare](#) is the largest provider in Jefferson County, including a critical access hospital, primary care, behavioral health, specialty care, and dental services with locations in Port Townsend, Port Ludlow, and Quilcene. In short, if you live in Jefferson County and are on Medicaid, this is where you go. Jefferson Healthcare serves approximately 6,000 Medicaid lives. Split across 5 MCOs, this means no significant population is attributed to any one MCO. As Jefferson Healthcare states, *"an MCO [may] require 2,000 people for a value-based contract. We have 6k total. Across 5 means...no VBC's are available to us outside of just a basic pay for closing a gap."*

As the investment for providers to engage in VBP arrangements is extensive, especially in establishing appropriate infrastructure to support success, meaningful revenue is needed, which comes from risk-based contracts. And, as we've seen, this mandates size in most cases.

Challenge: Small Numbers



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Group contracting can be a useful approach for communities, like the Olympic Peninsula, that are largely rural and with few attributed lives. Other rural communities across WA state may see increased VBP adoption with this approach as well. As noted in HCA's Paying for Value survey findings, sufficient volume by payer is an enabler of VBP adoption and success. Pooling lives across providers within a community is a creative way to create the sufficient volume that any one provider in a rural community cannot meet alone. [Peninsula Community Health Services](#) already engages in some group contracting and CCCN has some experience around group contracting as well. Support of this approach from HCA, as well as pilot programs in small, rural communities can offer an opportunity to spread lessons learned and ultimately better contain costs in rural areas.

When considering group contracting, it is essential to not exacerbate provider burden. Additionally, as more collaboration occurs more partners compete for the same dollars. In order for true collaboration to occur, additional dollars must be made available to properly incent providers to work together.

Other related opportunities may include adding scaling based on population size or advocating for flexibility to approach measures and outcomes based on the size of a practice. Also, adding additional dollars for a baseline of per member per month (PMPM) to recoup for transformation work. As one provider states, *"it's the same work to transform*

regardless of your size." This may align with the PCTM approach and would be beneficial to implement beyond primary care.

Challenge: Data

	Barriers	Enablers
Payers	• Lack of interoperable data systems* • Payment model uncertainty* • Attribution* • Disparate incentives/contract requirements* • Disparate quality measures/definitions	• Interoperable data systems* • Cost transparency • Trusted partnerships and collaborations* • Aligned incentives/contract requirements* • Aligned quality measures/definitions*
Providers	• Misaligned incentives and/or contract requirements* • Lack of timely cost data to assist with financial management* • Lack of access to comprehensive data on patient populations* • Lack of interoperable data systems* • Insufficient patient volume by payer to take on clinical risk*	• Development of medical home culture • Ability to understand and analyze payment models • Access to comprehensive data on patient populations* • Common clinical protocols and/or guidelines associated with training for providers • Sufficient patient volume by payer to take on clinical risk

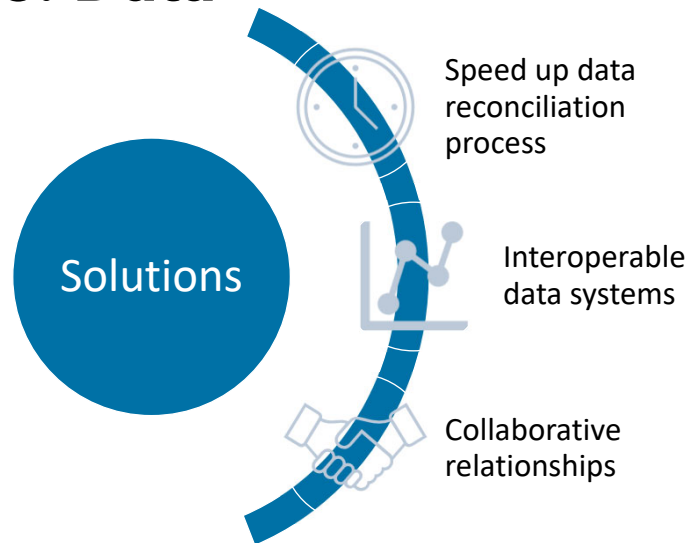
* Consistent with 2020 survey responses

Consistent with HCA's Paying for Value survey findings, lack of timely and accurate data is an ongoing challenge to increasing VBP adoption. Accurate as well as timely data are an essential component to provider quality improvement. It is challenging for providers to make course corrections or adjustments to improve health outcomes when data is unreliable and/or old.

The problem with data begins at attribution. For a provider to successfully manage a patient population to lower costs and improve outcomes they must first know who their patient population includes. Issues with member assignment persist. Peninsula Community Health Services shares an example of 1,300 patients under 1 MCO are not currently patients, or are mis-assigned. An easy to access system for members, providers, and MCOs to correct attribution quickly is necessary from the beginning.

Source: HCA's Paying for Value Survey Results, 2021

Challenge: Data



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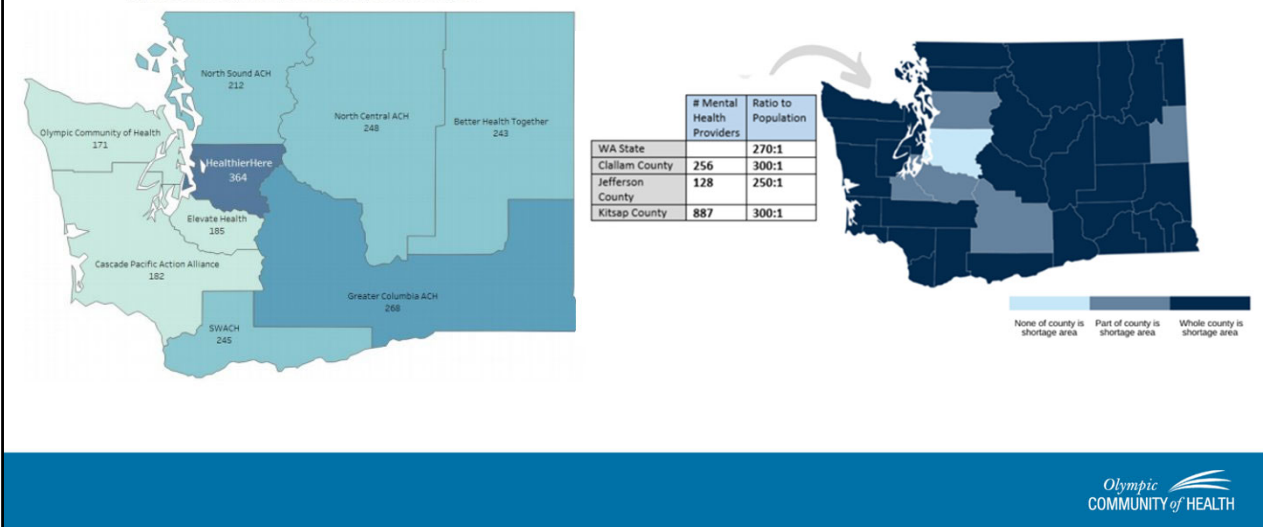
An easy system for members, providers, and MCOs to update attribution is necessary to keep data accurate.

Statewide investment in interoperable data systems and an expedited process to get accurate data into provider hands is essential to improving health outcomes. Tools like Collective Medical can be helpful for providers to identify and intervene on costly and inefficient interventions. Community information exchange systems can also be beneficial for closing care gaps. Furthermore, any efforts to expedite claims data is beneficial. Targeted infrastructure investments aid providers to maximize population health management and streamline patient interventions. Data solutions are needed across the payor spectrum including Medicaid, Medicare, and private insurers.

Ensuring good relationships between MCO and providers to discuss data discrepancies is essential. Provider's need coaching and assistance to understand the data provided to them and how to maximize the incentives available to them. Providing data to providers is also challenging for MCOs, as each provider wants different data. Statewide alignment in data sharing, for example simply agreeing to the order of columns and inclusions, could streamline data reconciliation for MCOs as well as providers.

Challenge: Workforce & Administrative Burden

Map 42. Overall Physicians per 100,000 Population: ACHs, 2019



The Olympic region health network is primarily made up of small providers. Even “larger” health systems in the Olympic region are relatively small compared to other neighboring communities like Pierce or King counties. This limits not only clinical staff capacity but administrative staff as well. For example, Olympic Personal Growth, a small SUD provider in Sequim (Clallam County) shared their hardest positions to recruit for are administrative staff. Additionally, workforce shortages continue to severely impact health-serving organizations across all levels. The Olympic region is a uniquely rural area that struggles to recruit and retain a quality health-serving workforce. All three counties are designated as mental health professional shortage areas. The Olympic region also has the lowest rate of physicians per 100,000 in the state. And we know the true number of physicians is actually lower due to the high number of retirees and partial FTEs in the Olympic region.

With the transition to IMC, behavioral health providers in the Olympic region transitioned from managing 1-2 contracts to 6. The entire contracting process is burdensome on providers, from meetings, to negotiations, to actually managing contracts. The process is cumbersome and detracts resources from providing needed services. For example, West End Outreach Services, the behavioral health agency in Forks, WA, services the west end of both Clallam and Jefferson counties. They partner with the neighboring Makah, Quileute, and Hoh tribes to provide needed crisis services. Services have expanded to offer some SUD supports as well. Prior to 2020, they managed 1 contract. Today they manage six

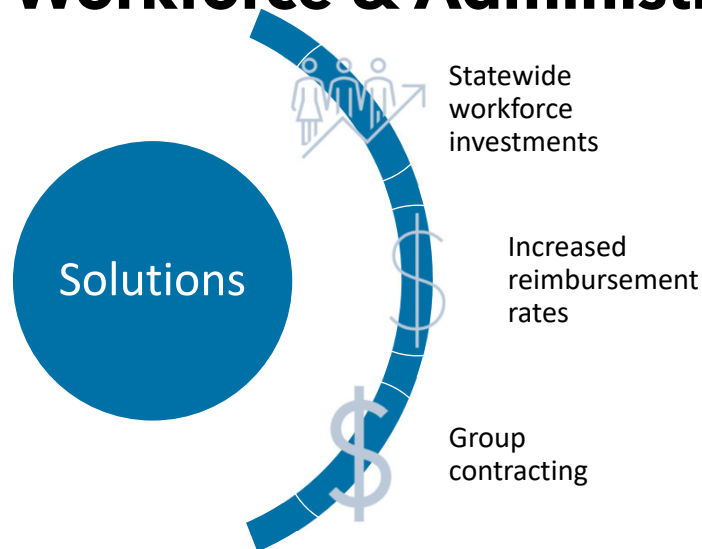
between the 5 MCOs and the Salish-BH-ASO.

Another example on the other end of the Olympic region is Kitsap Recovery Center, an inpatient and outpatient SUD treatment facility located in Port Orchard, WA. They are the only medical withdrawal management facility in the Olympic region and provide support to people all the way from the far west end, over 4 hours one way by private vehicle. Kitsap Recovery Center is a pilot site for a Molina VBP contract in a behavioral health setting, *"The issues are really finding what measures can be measured in the BH sector."*

Since 2020, the tedium of VBP contract management has been amplified with COVID-19 barriers and challenges. Change on top of change has been difficult to sell to the already taxed workforce and burnout rates continue to rise across all sectors of the health-serving workforce.

Source: County Health Rankings and Roadmaps (2020), Rural Health Information Hub (2022), April 2020 report: 2018-2019 physician supply estimates for WA state, Counties, and ACHs

Challenge: Workforce & Administrative Burden

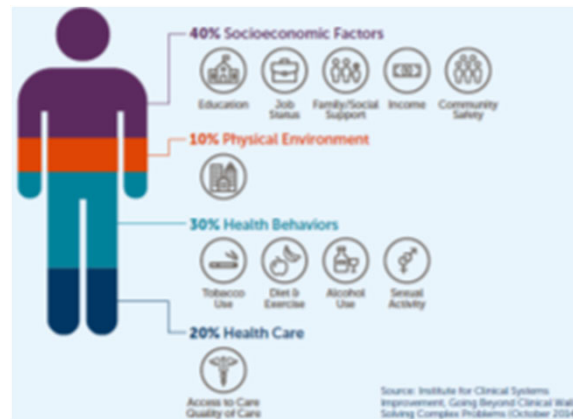


Olympic
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More and more attention is being turned to the health-serving workforce shortage. Investment in programs to promote and increase the health-serving workforce, like student engagement and incentives and rural-placement programs and incentives are helpful to supplement the dwindling existing workforce. In order to retain a quality workforce, reimbursement rates must be increased, particularly for behavioral health, in order to offer substantial pay. *"It's just not enough to be able to pay them what they are worth"*, states an SUD provider.

Group contracting could incent greater collaboration across partners and could address some administrative burden as contract management could be hosted at one central agency/organization. Again, this must come with added dollars. Increasing the patient population by pooling across providers into 1 contract could allow for further adoption of VBP in a rural communities. Addressing workforce is incredibly important with overarching impacts. It is important to note that workforce investments are a downstream solution and won't immediately Improve VBP adoption.

Challenge: The Role of CBOs



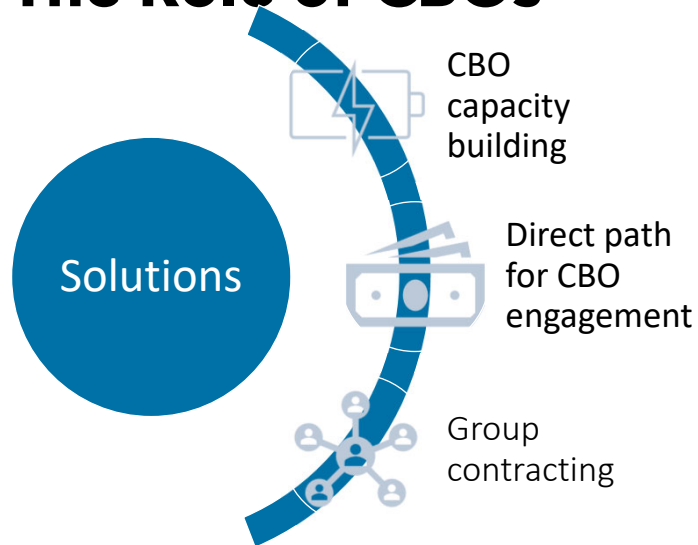
We know that only about 20% of an individual's health occurs in a clinical setting. The rest are made up of socioeconomic factors, physical environment, and health-related behaviors. Community-based organizations are uniquely poised in the community to impact the determinants of health, the conditions, like housing, food security, employment, safety, etc., which impact our overall health. Community-based organizations already possess the expertise, relationships, and trust of the community to have high impacts on health. It is clear that HCA recognizes the importance of community-based organizations and this work in it's renewal waiver application. It makes sense that CBOs would be included in some way in VBP.

Direction on the role of CBOs in VBP has been passive. A road map or path has not been set and this has been left up to local communities and MCOs but no one knows how or who to engage with. A more direct path for engaging CBOs is needed from HCA.

CBOs in the Olympic region have collaborated around forming value propositions and community-clinical linkages, but the incentives for clinical providers to include CBOs in contracting is lacking. Many CBOs in the Olympic region want to participate in VBP but the path to engage is unclear. Further, CBOs often don't have access to the infrastructure needed to be successful in VBP.

For example, the [YMCA of Pierce and Kitsap Counties](#) has independently worked for several years to create and implement an embedded referral system within the Epic EHR, in partnership with Virginia Mason Franciscan Health. Improving the number of closed loop referrals to Diabetes Prevention Programs can have significant impacts on health outcomes. However, there is no mechanism in place to include CBO's like the YMCA in formal VBP contracting processes, or to incent healthcare providers to sub-contract out for these services. This leads to healthcare providers building new, in-house programs that duplicate services already available within the community.

Challenge: The Role of CBOs



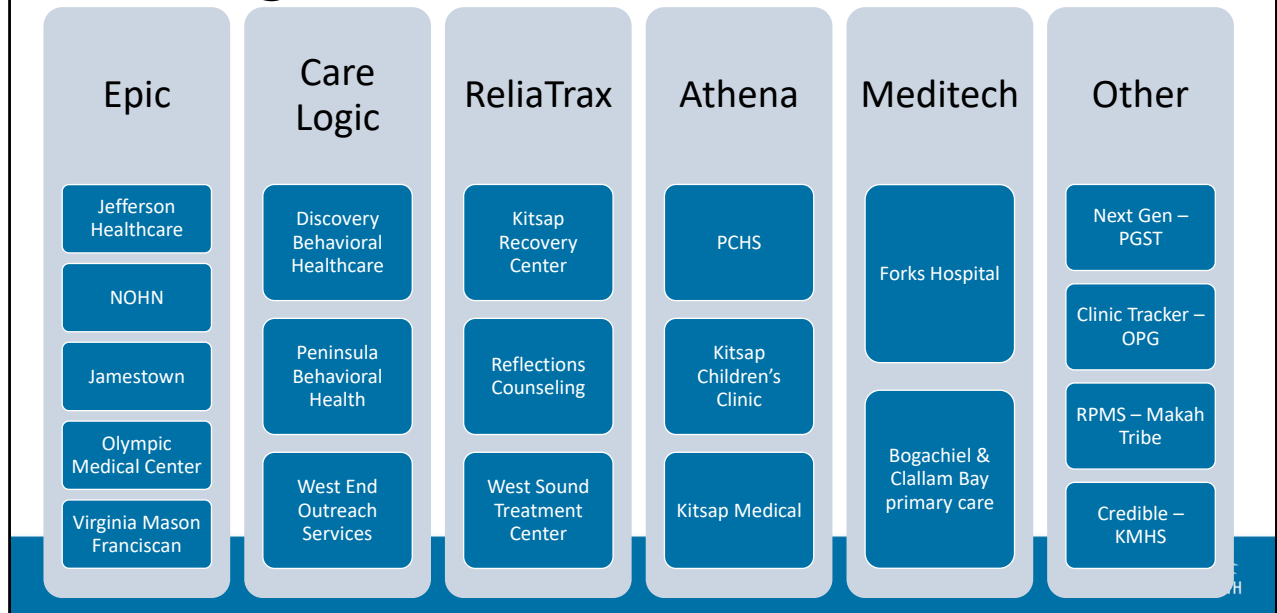
Olympic
COMMUNITY of HEALTH

CBOs will benefit from infrastructure support to build capacity within local communities. As HCA prioritizes CBO capacity building in a renewal waiver, the Olympic region seeks continued flexibility to implement this in a way that works for local communities. Additionally, CBO capacity building must come with dollars. CBOs operate on incredibly small margins and most funding is not flexible. Flexible funds that allow CBOs to build out infrastructure is needed.

A clear avenue for CBOs to directly contract with MCOs could help in a variety of ways. A direct contracting relationship can incent CBOs to build necessary infrastructure and expand programs, may increase referral networks and community-clinical linkages, as well as provide needed financial stability and relationships to best meet the needs of communities. While not all CBOs will be ready to enter into direct contracts with MCOs, more resourced CBOs are poised and ready to pilot these efforts.

Group contracting would incent greater collaboration across partners and sectors, creating more cohesive health networks. Group contracting can also be an avenue to include CBOs directly into contracting while addressing some capacity issues for smaller organizations.

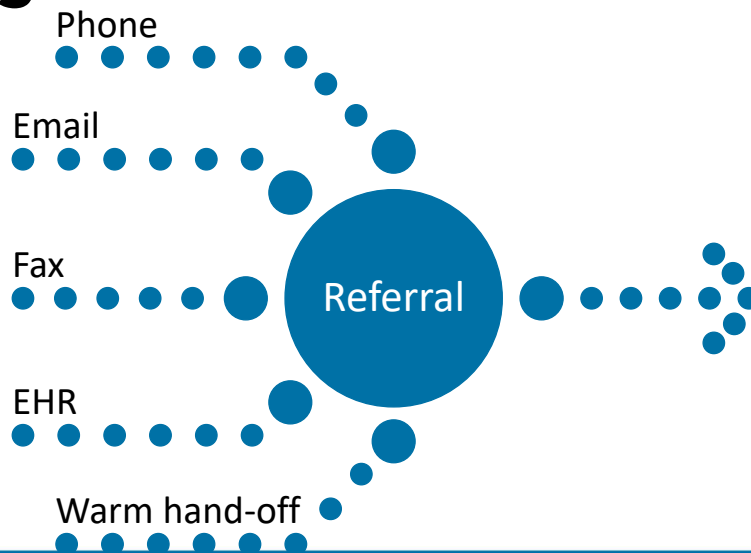
Challenge: Infrastructure



As mentioned previously, the Olympic region healthcare network is made up of relatively small to very small providers. Smaller providers operate on limited budget and workforce constraints and often lack sophisticated infrastructure to effectively manage VBP contracting complexities. For example, throughout the Olympic region, multiple EHRs are in use. Among many systems, population health management functionality is severely limited, and most providers have created low-tech systems outside of the EHR to supplement efforts. Most CBOs operate without any formal EHR system, creating barriers to showing their value add in health outcomes.

Additionally, even when providers are on the same EHR, interoperability is not guaranteed. For example, Forks Community Hospital and primary care clinics are moving to Epic. However this is a different instance of Epic than used by the rest of the partners so it still will not achieve the optimal interoperability.

Challenge: Infrastructure



For most health-serving partners, systems don't communicate well with each other and a system to easily close the loop or communicate does not exist. For many years OCH has explored a region-wide bi-directional communication and referral system to attempt to bridge these gaps. Privacy protections, data governance, and sustainable funds continue to be persistent barriers to meaningful progress.

Challenge: Infrastructure



Statewide investment in interoperable data systems and an expedited process to get accurate data into provider hands is essential to improving health outcomes. Tools like Collective Medical can be helpful for providers to identify and intervene on costly and inefficient interventions. Community information exchange systems can also be beneficial for closing care gaps. Targeted infrastructure investments aid providers to maximize population health management and streamline patient interventions.

Summary

Challenges

Metrics

Small numbers

Data

Workforce and administrative burden

Role community-based organizations

Infrastructure

Possible solutions

Group contracting

Interoperable data systems

Speed up data reconciliation process

Include additional provider types

Align metrics across providers

Increased reimbursement rates

Statewide workforce investments

Flexibility

Baseline funding for transformation

CBO capacity building

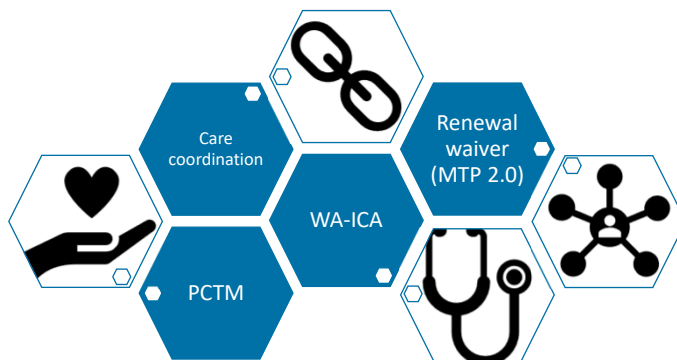
Direct MCO-CBO contracting

Community-information exchange

In summary, a common set of regional challenges emerged through the VBP action group's work. A set of solutions to address the challenges have been put forward:

- Group contracting
- Interoperable data systems
- Speed up data reconciliation process
- Include additional provider types in VBP
- Align metrics across different provider types
- Increase reimbursement rates, particularly for behavioral health
- Statewide workforce investments
- CBO capacity building
- Baseline funding for transformation
- Direct MCO and community-based organization contracting
- Investment in community information exchange tool

Asks of HCA



Where do you see alignment?
How can this inform HCA's overall strategy?
What can we collaboratively tackle now?
What can we leave for another day?
How can we support next steps?

The purpose of this presentation is to promote advancement of HCA's efforts to transform health care by ensuring Washington residents have access to better health and better care at a lower cost. We've provided a look at the challenges, successes, and opportunities in the Olympic region in hopes that it will guide future decision making and regional next steps to promote further advancement towards HCA's vision for a healthier Washington. With that in mind:

- Where does HCA see alignment with other initiatives (PCTM, WA-ICA, renewal waiver, care coordination, other) and,
- How can this information inform HCA's strategy for implementation of planned initiatives?
- What can we collaboratively address now? Where do we start?
- What should we leave for another day?
- How can the VBP action group and/or OCH support next steps?



Questions and discussion.

August 10, 2022

Jason McGill
Assistant Director, Medicaid Programs Division
Health Care Authority
626 8th Ave SE
Olympia, WA 98501

Dear Jason,

Thank you for sharing the announcement in early May regarding the process and timeline for the upcoming procurements for Medicaid Managed Care Organizations (MCOs) and the new low-income uninsured product. In regard to the goals outlined for procurement of Apple Health managed care contracts, Olympic Community of Health (OCH) recommends that HCA procure a baseline of three contracts, with each serving the whole state. Additional MCOs could be procured for the more populous areas of the state.

This type of system would better meet the needs of Medicaid beneficiaries, a population that tends to be transitory. A baseline of MCOs would help to ensure the patient is at the center of the system and could support more consistent coverage and care for the state's most vulnerable patients.

Based on provider interest, OCH is convening a *Value-Based Payment Action Group* in 2022. This group is comprised of local providers, managed care partners, and HCA staff. The group shares the purpose of identifying challenges and gaps to advocate for creative solutions to expand and improve value-based purchasing (VBP) efforts across the three-county region. The group will soon offer to present its findings to HCA regarding local challenges and potential solutions to streamline VBP and administrative stability in the region. As of 2022, the Olympic Region (the smallest region based on percent of Medicaid beneficiaries) now has all five MCOs providing services in the region. This has proven a significant administrative burden in a region with many small providers and it is unclear how the region has benefited from having multiple MCO competitors. The current system limits the region's ability to establish and implement VBP mechanisms in place for panels with small numbers. This has far-reaching impacts in our region, as we have very few large health systems and most providers have small patient panels in context with the rest of the state. If there were fewer MCOs in the region, there could be more VBP arrangements in the region, leading to lower cost of care and improved health outcomes for our region's most vulnerable community members.

Providers (Traditional & Tribal) in the region stand ready to discuss this further as HCA has interest. We appreciate the opportunity to share our feedback and look forward to continued partnership with both HCA and managed care.

Sincerely,



Michael Maxwell, Board President
CEO, North Olympic Healthcare Network



Celeste Schoenthaler
Executive Director, Olympic Community of Health