2022-2026
STRATEGIC PLAN
OLYMPIC COMMUNITY OF HEALTH

Stronger Together
Foster a region of healthy people, thriving communities

Adopted September 2021
CLALLAM | JEFFERSON | KITSAP
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Introduction

Olympic Community of Health (OCH) is pleased to share this 2022-2026 strategic plan with partners across the Olympic region and Washington state. 2022 marks the beginning of a new phase for OCH as it will initiate a gradual shift in focus beyond the Medicaid Transformation Project (MTP). OCH will continue to prioritize collaboration across sectors, Tribes, organizations, communities, and counties to ultimately foster a region of healthy people, thriving communities. This strategic plan summarizes visioning for the future by synthesizing discussions, partner feedback, and Board decisions over the past few years. This plan reflects multiple conversations and perspectives among a diverse group of partners and community members. The planning included in this document was informed by the best information available at the time, while holding space for a flexible path forward. The Olympic region is stronger together.

Figure 1: Inputs
- Value proposition
- Goal
- Values
- Focus areas
- Strategies
- Target population
- OCH roles
- Partnership model
- Funding model
- Governance model

Next steps
- Measurement plan
- Change management plan
- Continued collaboration with Health Care Authority and Accountable Communities of Health
- Review all policies
- Launch focus area workgroups
- Finalize branding
- Closeout of MTP
- Continued partner and community engagement

This report would not be possible without the input and support of regional partners. OCH expresses gratitude to the many who provided input, feedback, and participated in conversations throughout the future state planning process.
Background

Overview of Olympic Community of Health

OCH was established as a 501(c)(3) non-profit organization in 2017 when the Washington State Health Care Authority (HCA) launched the Medicaid Transformation Project (MTP). Certified as one of nine Accountable Communities of Health (ACH), OCH serves as the convener for the three-county region of Clallam, Jefferson, and Kitsap counties and the seven sovereign Tribal nations that span the region. OCH brings together partners to tackle health issues no single sector or Tribe can tackle alone. OCH challenges local partners to rethink the way health is addressed, ultimately fostering a region of healthy people, thriving communities. MTP will come to a conclusion in 2023 and the OCH Board of Directors has been working since 2019 to determine next steps for the organization and its network of dedicated partners.

Overview of the Medicaid Transformation Project

The Centers for Medicare and Medicaid Services (CMS) approved a Section 1115 Medicaid waiver for Washington State, known as the Medicaid Transformation Project. This five-year contract (2017-2021) with CMS authorized up to $1.5 billion in federal investments across the state to promote innovative, sustainable, and systemic changes. MTP is divided into five inter-dependent initiatives:
• Initiative 1: Transformation through Accountable Communities of Health (ACHs) & Indian Health Care Providers
• Initiative 2: Long-term services and supports for the aging population
• Initiative 3: Foundational Community Support Services
• Initiative 4: Substance use disorder institution for mental diseases
• Initiative 5: Mental health institution for mental diseases

Under MTP, ACHs worked to improve cost, experience, and quality of health care for community members enrolled in Medicaid (officially known as Apple Health in Washington State).

ACHs were designed to be a neutral convener, coordinating body, investor, and connection point between the health care delivery system and local communities. At the outset of MTP, the OCH Board of Directors set 4 regional targets for its transformation vision:

• Accessible, patient-centered healthcare system that effectively integrates physical, behavioral, and dental services
• Effective linkages between primary care, social services, and other community-based service providers
• Common data metrics and shared information exchange
• Provider adoption of value-based care contracts

Figure 3: Washington State Accountable Communities of Health

Figure 4: Medicaid Transformation Project timeline
Strategic plan decision making

Visioning Taskforce

In March 2020, the OCH Board of Directors established a Visioning Taskforce to lead the strategic planning efforts for OCH beyond MTP.

<table>
<thead>
<tr>
<th>Name</th>
<th>Sector</th>
<th>Organization</th>
<th>Representation</th>
<th>Notes</th>
</tr>
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<tbody>
<tr>
<td>Bobby Beeman</td>
<td>Hospital</td>
<td>Olympic Medical Center</td>
<td>Clallam</td>
<td>Mar 2020- present</td>
</tr>
<tr>
<td>Laurel Lee</td>
<td>MCO</td>
<td>Molina Healthcare</td>
<td>Statewide</td>
<td>May 2021- present</td>
</tr>
<tr>
<td>Michael Maxwell</td>
<td>FQHC</td>
<td>North Olympic Healthcare Network</td>
<td>Clallam</td>
<td>Mar 2020- present</td>
</tr>
<tr>
<td>(Taskforce Chair)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kathy Morgan</td>
<td>Social Services</td>
<td>Olympic Community Action Programs</td>
<td>Clallam, Jefferson</td>
<td>Mar 2020- present</td>
</tr>
<tr>
<td>Gib Morrow</td>
<td>Public Health</td>
<td>Kitsap Public Health District</td>
<td>Kitsap</td>
<td>May 2021- present</td>
</tr>
<tr>
<td>Jorge Rivera</td>
<td>MCO</td>
<td>Molina Healthcare</td>
<td>Statewide</td>
<td>Mar 2020- Aug 2020</td>
</tr>
</tbody>
</table>

Figure 5: Visioning Taskforce members

Principles & criteria

In September of 2020, the Visioning Taskforce recommended a set of future state decision making principles and criteria which the Board of Directors approved and used throughout the future state visioning process:

1. Continue to **serve and benefit the 3-county region** of Clallam, Jefferson, and Kitsap and the seven Tribal nations.
2. Maintain current:
   - **mission** statement- “to solve health problems through collaborative action”
   - **purpose** statement- “to tackle health issues that no single sector or Tribe can tackle alone”
   - **vision** statement- “a healthier, more equitable three-county region”
3. Promote **equity** and social justice.
4. Act in **collaboration** and **not in** competition with regional organizations and Tribes.
5. Tackle projects, initiatives, and programs in **alignment with funding and capacity** of the organization.
6. Take a **data-driven approach** in congruence with community and leadership feedback.
7. Build the future state with both the **vision and funding in mind**.
8. Create a future state that first meets the **needs and interests of the region** and incorporates interests of the state as they align with local priorities.
9. **Continue the journey started with MTP** of working toward the quadruple aim.

Figure 6: Quadruple aim
Timeline of OCH future state planning activities

**Figure 7: Future state planning timeline (Aug 2019 – Sept 2021)**
Partner feedback

OCH prioritized partner feedback, perspective, and voice throughout the creation process of this strategic plan. The following activities outline the engagement methods:

- **July 2019:** OCH surveyed implementation partners and Board members to begin to understand the value of OCH and potential roles for the organization post-MTP.
- **August 2019:** The Board discussed possible future scenarios and voted that OCH should continue to exist with reconfigured resources and capabilities.
- **July 2020:** OCH conducted an assessment of regional determinants of health and social needs and discussed findings at three county-specific convenings.
- **September 2020:** Board Retreat with a discussion of the initial future state proposal.
- **November 2020:** OCH staff conducted site visits with implementation partners, providing an opportunity to hear direct partner feedback regarding the initial proposal.
- **December 2020:** Implementation partner reporting included several questions about post-MTP priorities and regional needs.
- **February 2021:** OCH sent out future state survey, open to all partners (contracted, established, and new) across the region.
- **March 2021:** OCH interviewed several partners and compiled responses in a video that was shared with the Board.
- **April 2021:** Board of Directors reviewed survey results and discussed next steps.

Key takeaways from partner feedback include:

- **Convening** is consistently noted as the greatest value-add OCH offers

  "Overarching value is being the convener, the facilitator, the connector between the health care and social service agencies in the three counties. The tremendous success to date within OCH would not have been possible without the leadership, guidance, perseverance, and skills of the OCH team."

  ~ OCH Partner

- **Housing was ranked the #1 social need** in a 2020 assessment of regional determinants of health. The graph below displays partner priorities regarding ease, potential impact, and benefit from regional response (circle size). Housing instability and employment were identified as social risk factors that would have both great impact and benefit from a regional response.
Most common responses to the question “what projects are you interested in implementing that your organization/Tribe hasn’t had time, resources, or capacity to do yet?” include:

- Bi-directional integration
- Social Determinants of Health screening
- Expand housing options and services
- Expand dental services
- Staff training and professional development

Partners resonate most with the goal to improve individual and population health (figure 9)

Partners express strong desire to broaden the population of focus, looking outside Medicaid and be more inclusive of other vulnerable populations (e.g. Medicare only, dually eligible, uninsured, etc.)

Partners prefer a narrowed down list of initial focus areas (3-4 topics) to maximize collective impact. Figure 10 summarize partner feedback regarding initial future state focus areas and strategies.
Most partners indicated concerns about funding logistics. Partner feedback and external inputs point towards a blended funding model as a promising approach for OCH. Two or more funding sources are put into a collective pool. Funds are more flexible because they are not tracked back to the original source. Usually there are not specific requirements or constraints on funds.
2022-2026 strategic plan

While funding and program planning go hand-in-hand, one of the initial decisions made by the Board of Directors was to set an overarching goal, a set of focus areas, and initial strategies for the 2022-2026 time period. Figure 11 summarizes these key components of the strategic plan.
The table below (figure 12) summarizes the key differences between the various elements and functions of OCH during MTP and after MTP, the future state. The future state encompasses and builds upon themes from MTP. The pages that follow this table provide detail and context for the future state elements. The transition between MTP and the future state of OCH will be gradual and smooth over the next few years.

<table>
<thead>
<tr>
<th>Element</th>
<th>MTP</th>
<th>Future State</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal(s)</td>
<td>• Promoting health equity&lt;br&gt;• Creating and collaborating on local health improvement plans&lt;br&gt;• Supporting local and statewide projects&lt;br&gt;• Resources and activities that improve whole person health and wellness&lt;br&gt;• Demonstrating the effect new approaches have on health outcomes</td>
<td>Improve individual and population health and advance equity by addressing the determinants of health.</td>
<td>Yes</td>
</tr>
<tr>
<td>Mission</td>
<td>• Purpose: To tackle health issues that no single sector or Tribe can tackle alone.&lt;br&gt;• Vision: A healthier, more equitable three-county region.&lt;br&gt;• Mission: To solve health problems through collaborative action.</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Focus areas</td>
<td>• Bi-directional integration of physical and behavioral health&lt;br&gt;• Jail and emergency diversion interventions&lt;br&gt;• Opioid health crisis response&lt;br&gt;• Reproductive and maternal/child health&lt;br&gt;• Oral health services&lt;br&gt;• Chronic disease prevention and control</td>
<td>• Reduced substance misuse &amp; abuse&lt;br&gt;• Individual needs are met timely, easily, and compassionately&lt;br&gt;• Access to the full spectrum of care&lt;br&gt;• Long-term, affordable, quality housing</td>
<td>Yes</td>
</tr>
</tbody>
</table>

*Figure 12: Big picture differences between MTP and future state of OCH*
### Strategies

| • Implementation partner change plans | • Convening, learning, maximizing |
| • Learning and convenings | • Funding coordination |
| • Natural communities of care | • Advocacy and engagement |
| • Coordinated regional opioid response | • Data sharing and transparency |
| | • Communication |
| | • Place-based approaches |

### Organizational roles

| • Oversight of MTP progress and activity | • Catalyst for change |
| • Distribute MTP funds | • Community connector |
| • Facilitate collaboration | • Seed planter |
| • Contracting with the Health Care Authority | |

### Governance model

| • Board of directors | • Board of directors |
| • Executive committee | • Executive committee |
| • Finance committee | • Finance committee |
| • Funds flow workgroup | • Funds flow workgroup |
| • Performance, measurement, & evaluation committee | • Visioning taskforce |
| • 3CCORP steering committee | • Workgroups for each focus area |
| • 3CCORP treatment workgroup | |
| • Visioning taskforce | |

### Staffing model

- **6.0 FTE**

### Funding model

- Since 2017, OCH has relied primarily on funding from MTP to advance regional work.
- OCH has funds set aside to sustain the org through 2023 and part of 2024. Beyond those funds, OCH will need to seek and obtain funding.

### Partnership model

- The current partnership model is highly dependent on the dollars earned through MTP. OCH contracted with:
  - Primary care providers
  - Behavioral health providers
  - Hospitals
  - Community-based organizations
  - Social service agencies
  - Tribes
- Partners will be able to choose which activities align with the identified priorities of their organization/Tribe. Some elements will be associated with funding and others will add value outside of a funding relationship. OCH will expand to partner with new and established partners across the region, including:
  - Elected officials
  - Faith-based groups
  - Housing authorities
  - School districts
  - Transportation services
  - And more

### Target population

- Medicaid-only population in the Olympic region.
- Community members who experience barriers to attaining the healthy lifestyle they deserve and the health-serving workforce.
**Timeline**

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

*Figure 13: Strategic plan timeline*

<table>
<thead>
<tr>
<th>Year</th>
<th>2021</th>
<th>2022</th>
<th>2023</th>
<th>2024</th>
<th>2025</th>
<th>2026</th>
</tr>
</thead>
<tbody>
<tr>
<td>MTP implementation</td>
<td>MTP reporting/funding</td>
<td>MTP closeout</td>
<td>Future state</td>
<td>Future state</td>
<td>Future state</td>
<td>Future state</td>
</tr>
</tbody>
</table>

Late 2021, OCH Board of Directors approved a 2022-2026 strategic plan. 2022 is a “bridge” year including the conclusion of the work of MTP and a soft launch of the future state. 2023 includes the closeout of MTP including earning and allocation of final incentive dollars. The primary work of OCH in 2023 will be on future state activities. Full launch of future state work and priorities. The Board of Directors will take stock of progress including funding, goals, and measures. OCH will continuously evaluate current approach and the Board will update the strategic plan as needed.

**Value proposition**

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A value proposition refers to the value an organization provides to partners who choose to engage in their work. Value propositions are short and sweet, easy to understand, and communicate value. The proposition should answer the question:

“If I am your ideal partner, why should I get involved?”
OCH staff, partners, visioning taskforce, and Board of Directors discussed the question “What makes OCH unique?” The most common responses are summarized below (figure 14).

These unique attributes of OCH are encompassed in the following value proposition:

“**Stronger Together: Foster a region of healthy people, thriving communities.**”

**Overarching 2022-2026 goal**

This broad and ambitious goal considers partner feedback and the value proposition of the organization. The goal statement reflects a unique space for OCH to build upon a collaborative approach to address regional health established during MTP. Addressing equity and the determinants of health (figure 15) also point to a central challenge of health reform and for work to be more upstream and proactive. **Specific objectives and measures will be created and discussed later in 2021.** This broad goal provides the organization and partners the opportunity to be nimble and best cater the work to the needs of the region.
Core values

Core values are elements of the work that OCH holds strong commitment to and are embodied in all that we do. Values inform both the projects and approaches OCH takes to reach the overarching goal.
Focus areas for 2022-2026

The four focus areas featured in this section represent the priorities that OCH will address. This represents a more narrowed set of priorities compared to those addressed in the first five years of the organization (during MTP) and provide opportunities for upstream solutions. As needs and priorities change in the Olympic region, focus areas will be reviewed and adapted. The focus areas are interconnected and highly dependent on a multi-disciplinary and collaborative approach.

Reduced substance misuse and abuse

OCH aims to ultimately reduce unhealthy use of all substances, with an emphasis placed on primary prevention and coordinating region-wide standards of care. OCH can serve in a lead role, expanding on initial collaborative successes addressing the opioid epidemic to include additional substances such as alcohol and stimulants. The region will address local substance misuse and abuse by focusing on reducing stigma, ensuring broad access to appropriate and preferred evidence-based treatment options, and working to reduce substance addiction before it starts (Appendix 1).

Example of possible activities

- Address addiction stigma through a multi-pronged approach including training, advocacy, and communications
- Coordinate improved communication across sectors by establishing shared understanding of privacy laws, guidance, and promoting best care coordination practices
- Address the need for additional withdrawal management and stabilization services in the region
- Support and expand homeless outreach and police navigation programs
- Convene those working on youth engagement, school-based prevention, and positive youth development to prevent substance use before it starts
Individual needs are met timely, easily, and compassionately

OCH has prioritized addressing individual needs as one of four focus areas beginning in 2022. OCH can support and maximize local efforts to address the determinants of health by coordinating partner activities, identifying gaps, and expanding innovative and equitable solutions. OCH aims to enhance communication and collaboration across partners to achieve a healthier, more equitable three-county region (Appendix 2).

Examples of possible activities
- Support evaluation and expansion of community paramedicine and navigator programs
- Provide opportunities for health care providers, teachers, and community members to participate in culturally relevant, equity-based, and trauma-informed care trainings
- Implement, support, and evaluate a region-wide health information exchange platform with closed-loop referral and bi-directional communication in alignment with key privacy laws, HIPAA and 42 CFR Part 2.
- Expand cross-sector, community-based, patient-centered care coordination solutions that improve patient experience as well as reduce unnecessary health care costs.
- Implement screening of the determinants of health at the point of care with workflows that support appropriate referral, care coordination, and follow-up
- Empower health care consumers to become active participants in their own health and health care, for example by implementing an Own Your Health campaign (WA Health Alliance)

Access to the full spectrum of care

Partners of OCH hold a common vision for a region of healthy people, thriving communities – which includes access to the full spectrum of care - physical, behavioral, dental, specialty, and social services. Access to care encompasses coverage, services, the ability to access care timely and efficiently, and a capable, qualified, culturally competent workforce. An equitable system also reduces barriers including language, transportation, and internet access. OCH can maximize current efforts, identify gaps, and promote solutions that meet the unique needs of each community. OCH aims to leverage collaborative action to increase access to the full spectrum of care (Appendix 3).

Examples of possible activities
- Support and increase effective and meaningful community-clinical linkages to connect people to a variety of needed services
- Increase access to services including dental, medical, behavioral, and social needs through innovative and tailored solutions such as mobile services, pop-up clinics, integrated partnerships, and telehealth
• Support and build upon efforts to achieve patient-centered, bi-directional integrated care between primary care and behavioral health
• Increase the number of qualified health professionals through professional development opportunities and by advocating for sustainable, fair reimbursement rates
• Collaborate with local elected officials to advocate for expanded broadband to improve access and effectiveness of telehealth and digital registration for health care appointments in addition to improving the quality of life for community members
• Work with health systems and transportation providers to identify and address transportation gaps

Long-term, affordable, quality housing
Access to long-term, affordable, and quality housing is one of the most important determinants of health. Housing is a complex issue that no single sector or Tribe can tackle alone. Regional partners can strengthen their approach by collaborating on solutions catered to the unique housing needs of each community, county, and Tribe, while leaning on each other’s expertise, perspective, and skills. Together, we can create positive outcomes with collaborative, innovative, upstream, place-based solutions (Appendix 4).

The focus area of housing represents the newest body of work for OCH. While partners agree that it is a fundamental determinant of health that should be addressed at a regional level and amongst a broad range of sectors, Tribes, and organizations, housing is also complex and broad with many forces at play. In 2022, OCH staff and Board members will spend time learning and listening to identify how best to support and maximize current efforts given our limited resources.

Examples of possible activities
• Create an inventory of projects and funding across the region to identify gaps, maximize current efforts, build capacity, and expand partnerships
• Collaborate to create a region-wide housing plan
• Serve as an innovation center hub for funding and pilot projects
• Incorporate key elements of behavioral health, care coordination, and primary care services into congregate living settings
• Collaborate with the health care and social services sectors to support additional recovery, supportive, and transitional housing for those in recovery for substance use disorder or serious mental illness
• Data collection and evaluation to determine what, where, and how to scale and sustain promising solution
• Leverage regional reach to collaboratively advocate

While focus areas may ultimately adjust and change, this initial set of priorities will guide other future state decisions including budget, partner roles, staffing, and more.
Strategies for 2022-2026

Strategies represent how OCH will tackle the focus areas.

OCH serves as a regional convener, connecting partners and facilitating activities. Convenings provide an opportunity for peer-to-peer connecting, learning, building on successes, maximizing resources, and rallying around a common goal. OCH leads the region in shaping a coherent, disciplined region-wide health agenda.

OCH serves as a central funding hub to maximize regional dollars and coordinate initiatives. OCH will seek funding opportunities unique to the role of OCH and will not be in competition with partners for resources.

OCH serves as an advocate for local needs, promote local initiatives and successes to elected officials, engage the community and local leaders in shaping a region-wide health agenda.

OCH serves as a regional hub for data and analytics. Collaborate with partners to create shared measures of success. Communicate through effective and efficient data products. OCH will create and share a variety of existing data sources to support individual partners and encourage regional collaboration.

OCH serves as a hub for storytelling and elevates partner and community voices. OCH develops and shares regional community campaigns to educate and engage the community and tackle stigma.

OCH will share activities and projects that show promising results to be scaled and sustained throughout the region. Address issues that exist at the neighborhood or community level, such as inadequate housing, social isolation, disconnected and inefficient service efforts, violence, and limited economic opportunities.
Target population

Under MTP, OCH and the other ACHs were to primarily use resources and implement activities that benefit the Medicaid-only population. Beyond MTP, OCH will expand the target population to address individual and population health to include underserved and historically marginalized community members and the health-serving workforce. The target population groups will be best served if the region has a well-trained, supported, adequate, and healthy workforce. OCH will continue to support workforce efforts including professional development, training, collaboration, and by providing technical assistance opportunities.

Clallam, Kitsap, and Jefferson counties have a significantly older population when compared to the state average. Regionally, 25% of the population is enrolled in Medicare and approximately 20% are enrolled in Medicaid (Source: Centers for Medicare and Medicaid Services as of January 2021).

COVID-19 has impacted community members in a variety of ways. Many remain on unemployment due to the pandemic and economic recovery is of high priority in all three counties.

**Target population:** The work of OCH will aim to reach and benefit community members across the region who experience barriers to attaining the healthy lifestyle they desire (underserved and historically marginalized) including (but not limited to):

- those on Medicaid and/or Medicare
- those un- or under-insured, and even some groups on commercial insurance
- Black, Indigenous, and People of Color (BIPOC)
- those experiencing homelessness
- those with behavioral health needs
- those without access to care
- undocumented community members
- non-English speakers
- individuals with disabilities
- LGBTQ+ community members
- and more

Target populations may vary by county or focus area and OCH will aim to take a data-driven approach to identifying specific project-based target populations alongside recommendations and feedback from partners.
Roles of OCH

<table>
<thead>
<tr>
<th>Catalyst for change</th>
<th>Community Connector</th>
<th>Seed Planter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocacy, education, and organizing to change policies and paradigms around health in the region</td>
<td>OCH success and sustainability is tied to the well-being of the populations and region we serve</td>
<td>Allocate dollars and resources through a targeted portfolio of complementary efforts</td>
</tr>
</tbody>
</table>

**Past example**

- Three-county coordinated opioid response project (3CCORP)
- Natural Communities of Care convenings
- Olympic region behavioral health report

OCH seeks to serve and benefit the Olympic region by building upon the organization’s value established during MTP. The future state of OCH will address the strategic plan focus areas by filling the following roles:

- Catalyst for change
- Community connector
- Seed planter

“OCH has provided the time, the space, the structure, to meet each other, understand our common goals, and really work together.”

- OCH Partner
Partnership model

Partnerships with a variety of sectors, Tribes, and organizations are a key component of the region’s success toward our work to create a healthier, more equitable three-county region. Under MTP, some partners are considered “implementation partners” and others are more generally referred to as “partners”. Implementation partners are engaged in a contractual relationship with OCH to advance the work of MTP. Other partners engage and contribute in a variety of ways, but have not received MTP incentives. OCH relies on the collective and collaborative actions of all partners to achieve our mission, purpose, vision, and value proposition.

Background: MTP partnership model

The current partnership model was defined several years ago and is highly dependent on the dollars earned through MTP. OCH has not added or dropped funded implementation partners since the beginning of MTP, however many partners engage in various ways outside of a direct funding relationship.

OCH went through several iterations of organizing MTP project work and partnerships including an initial collection of Requests for Proposals (RFPs) (which were ultimately not pursued), and the eventual contracting process under “change plans” in 2018. OCH chose to combine MTP project activities into one comprehensive change plan. The OCH Board of Directors also approved a payment policy outlining eligibility requirements to contract with OCH. In hindsight, unintended consequences of these decisions limited the number and types of partners and excluded those offering highly specialized services. These lessons learned informed the new model for the future state.

An initial future state partnership model that is simple, transparent, and adaptable, will be essential as the organization will likely adjust in the early years. Changing the partnership model requires clear communication, consistent engagement, awareness, and sensitivity to the multitude of other priorities on the plates of partners, and a shift in partnerships based on the focus area projects. As the future state funding for the work is still in being determined, OCH will also need to promote various partnership possibilities as they arise.

The future state represents a fundamental shift in OCH partnership. Under the future state, OCH will add value to the region and, ideally, the impact of OCH projects and partnerships will lead to improved health outcomes and cost savings for regional health partners.

“Being innovative with partnerships is important. You’d be surprised by who is interested in partnering with you and why. It’s another way to understand what your community needs.”
- OCH partner

Moving forward, staff recommend a model – sort of a choose your own adventure – where partners can choose how to engage from a variety of options. This partnership model provides flexibility, ease of entry, and the ability to maximize the strength and capacity of partners across the region. Some
elements will be associated with funding for the partner and others will add value outside of a funding relationship. Funded partners will be asked to sign Memorandums of Understanding (MOUs) or contracts based on the work and funding source. **This model minimizes requirements and allows partners to choose how to be involved and at what level based on the priorities of their organization/Tribe.**

**Partner engagement paths** (some of these activities will be incentivized with funding support):

**Glean resources**
- Newsletter list, read newsletter weekly
- Access resources via OCH website, blog, and social media
- Utilize OCH staff and network for technical support

**Participate**
- Participate and engage in learnings and convenings
- Participate in governance elements – Board, committees
- Participate in surveys and interviews to guide project work

**Collaborate**
- Contribute to and engage with OCH products (reports, etc.)
- Collaborate with OCH and other partners on projects by implementing strategies to advance OCH focus areas and specific metrics
- Establish a data sharing agreement with OCH to contribute to regional metrics and reports
- Join a workgroup or subcommittee (for example, focus area workgroups)

**Champion**
- Raise policy issues, contribute to policy briefs, collaborative/collective advocacy to local, state, and federal decision makers
- Share best practices, bright spots, and successes with OCH and other partners
- You tell us – connect with the OCH team to share your idea for engagement and let’s talk!

Partners can expect to invest more time and resources at the higher levels of engagement. Partners will choose which activities and focus areas align with the priorities of their organization/Tribe. For example, a partner may choose to be a collaborator in one focus area and a participator in another. Partners can expect more benefit at the higher levels of engagement. Funding may be offered for some champion and collaborate activities and likely not for the glean resources category.

"We all have unique areas of expertise, but when you combine them together, it's really better than the sum of the parts. That can dramatically improve the health of the community."
- OCH partner
Staff and the Visioning Taskforce recommend setting up additional conversations with Tribes, Public Health, and Managed Care and other health plans to determine the unique ways OCH can support, partner, and compliment shared interests.

**2022-2026 funding model**

**Introduction:**
This section outlines how OCH has historically been funded, how funding will change when MTP concludes, and a high-level path forward for the financial future of the organization. In alignment with other sections in this strategic plan, the financial plan is proposed for the five years of 2022-2026. It is worth noting that a true financial plan is yet to be developed. With multiple external forces at play, a sustainable funding model for OCH will be an ongoing discussion.

**Future State funding model: decision making principles**
In addition to the set of principles established by the OCH Board of Directors and Visioning Taskforce (see page 5), these principles apply to the financial future:

- OCH will pursue a variety of funding streams for a blended funding model.
- Measurement and evaluation of future state OCH work will be critical to determining the long-term sustainability of the organization.
The future work of OCH should improve the health of the region’s population and reduce health care costs in the region.

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

Snapshot of OCH funding to-date:
Since 2017, OCH has relied primarily on funding from MTP to advance regional work.

Between 2017 and 2020, the Olympic region earned:

- **$6 million** in Design funds, dollars provided to each ACH to design and organize the region’s MTP approach,
- **just over $11 million** in Pay for Reporting (P4R), funding earned for submitting semi-annual reports to HCA,
- **$650,000** for regional reporting and progress toward Value Based Purchasing (VBP),
- **approximately $200,000** in interest, and
- **approximately $100,000** in other funding.

According to the Funds Flow model adopted by OCH in 2018, the region budgeted to earn the following additional dollars between 2021 and 2023*:

- **just over $1.5 million** in P4R dollars,
- **approximately $1.2 million** in Pay for Performance (P4P) funding* for progress toward regional performance metrics set by HCA, and
- **$1.5 million** for regional reporting and progress toward VBP*.

* The Olympic region chose to budget for 25% of available P4P funding and 100% for P4R and VBP funding. Actual earnings could be higher or lower. The region does not project earned interest. This summary does not include funding for the proposed sixth year of MTP.

At the onset of MTP, the OCH Board of Directors directed Design funds to the internal operations of the organization for the five-year MTP and DSRIP funds were directed to contracted implementation partners for value-based purchasing, performance metrics, and reporting. While MTP is a five-year project (2017-2021), funding is earned for seven years (through 2023). Both funding for the organization and for partners is planned for the seven-year time period of 2017-2023.

Initial future state funding

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>High-Performance Pool</td>
<td>$608,774</td>
<td>At the June 2021 meeting, the Board of Directors voted to utilize earned HPP funds from 2019 to support the future state</td>
</tr>
</tbody>
</table>
“Unallocated funds” consist of unspent Design funds and earned interest. As of March 2021, the projected balance is $1,370,830. At the July 2021 meeting, the Board of Directors voted to set aside “unallocated funds” from the quarterly financial check-up to the future state.

Specific (draft) annual budgets: 2022-2026

The OCH budget is typically organized into three main categories:

- **Partner Payments** – Payments to a variety of health-serving organizations and Tribes throughout the three-county region based on a complicated funds flow model approved by the Board of Directors. Under MTP, contracted partners worked on a “change plan” scope of work in alignment with MTP priorities. Dollar amounts vary by year based on the funds flow model.

- **Partner Support** – Funding to support regional partners including meetings, convenings, incentives for participation in surveys and focus groups, partner travel, training, technical assistance, etc. Dollar amounts vary by year based on the needs and work of partners.

- **Operations** – Funding for internal operations including staff salaries and benefits, various operations contracts, staff phones, various subscriptions, occupancy, public relations, staff development, supplies, travel, insurance. This category typically increases each year in alignment with annual cost increases.

The Board of Directors has expressed interest in determining high-level annual budgets for the initial five-year future state of 2022-2026. Figure 17 includes draft estimates with the following areas of consideration:

- Staff propose changing the name of the “Partner Incentives” category to “Partner Funding” once MTP and the original Funds Flow Model conclude.

- The initial budget sets a goal for approximately $2,000,000 per year in partner funding once MTP concludes. The final number will vary, and it is important to set an initial goal as staff seek appropriate funding opportunities.

- The below chart (figure 19) does not take into account additional dollars for P4P or HPP earnings after 2019. The Board will make decisions if dollars are earned above planned amounts for these incentives.

- The chart does not take into account the Reserve Fund established by the Board in 2019, these dollars are anticipated to be allocated at the conclusion of MTP.
### Figure 17: 2022-2026 Funding Forecast

<table>
<thead>
<tr>
<th>Year</th>
<th>Operations (based on an annual increase of 4%, based on 6 FTE)</th>
<th>Partner Support</th>
<th>Partner Funding (beginning in 2024, an initial goal of $2 million is set)</th>
<th>Partner Incentives (DSRIP) (transition to partner funding once MTP concludes)</th>
<th>Total (goal annual budget, detailed annual budgets will be deliberated by Board each year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2022</td>
<td>$951,697 (FCU)</td>
<td>$52,000 (FCU)</td>
<td>$250,000 (YR6)</td>
<td>$1,618,920 (FCU)</td>
<td>$5,172,617 (Funded)</td>
</tr>
<tr>
<td></td>
<td>$854,679 (FCU)</td>
<td>$52,000 (FCU)</td>
<td>$1,543,920 (FCU)</td>
<td>$2,250,000 (YR6)</td>
<td>$5,385,999 (Funded)</td>
</tr>
<tr>
<td></td>
<td>$135,400 (YR6)</td>
<td>$50,000 (YR6)</td>
<td>$2,543,920 (YR6)</td>
<td>$2,250,000 (YR6)</td>
<td>$1,484,204 (Funded)</td>
</tr>
<tr>
<td></td>
<td>$990,079 (Total)</td>
<td>$102,000 (Total)</td>
<td>$500,000 (Total)</td>
<td>$5,868,920 (Total)</td>
<td>$3,868,920 (Total)</td>
</tr>
<tr>
<td>2023</td>
<td>$854,679 (FCU)</td>
<td>$52,000 (FCU)</td>
<td>$14,600 (YR6)</td>
<td>n/a</td>
<td>$5,385,999 (Funded)</td>
</tr>
<tr>
<td></td>
<td>$135,400 (YR6)</td>
<td>$50,000 (YR6)</td>
<td>$485,400 (HPP)</td>
<td>n/a</td>
<td>$1,665,476 (TBD)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$341,150 (MTPU)</td>
<td>n/a</td>
<td>$2,000,000 (TBD)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$3,374 (HPP)</td>
<td>n/a</td>
<td>$2,000,000 (TBD)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$500,000 (Total)</td>
<td>$500,000 (Total)</td>
<td>$500,000 (Total)</td>
</tr>
<tr>
<td>2024</td>
<td>$1,029,680 (MTPU)</td>
<td>$120,000 (HPP)</td>
<td>$341,150 (MTPU)</td>
<td>n/a</td>
<td>$1,484,204 (Funded)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$3,374 (HPP)</td>
<td>n/a</td>
<td>$1,665,476 (TBD)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$1,665,476 (TBD)</td>
<td>$500,000 (Total)</td>
<td>$3,868,920 (Total)</td>
</tr>
<tr>
<td>2025</td>
<td>$1,070,870 (TBD)</td>
<td>$150,000 (TBD)</td>
<td>$2,000,000 (TBD)</td>
<td>n/a</td>
<td>$1,665,476 (TBD)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>n/a</td>
<td>$3,149,680 (TBD)</td>
</tr>
<tr>
<td>2026</td>
<td>$1,113,700 (TBD)</td>
<td>$150,000 (TBD)</td>
<td></td>
<td></td>
<td>$3,149,680 (TBD)</td>
</tr>
</tbody>
</table>

**Legend**

- **Green box** = secured funding (assuming MTP year 6 and earnings in alignment with approved Funds Flow model)
- **Yellow box** = unsecured funding
- **Green/yellow stripe box** = mix of secured funding and unsecured funding
- **FCU** = Financial Check-up - big picture financial summary that goes to Board quarterly
- **YR6** = Year 6, dollar amounts based on most current info from HCA
- **HPP** = 2019 High-Performance Pool Funds
- **MTPU** = Unallocated Funds from MTP Design Funds (to be voted on by Board July 2021)
- **TBD** = To Be Determined, staff and Board to seek these dollars. The Board may also choose to allocate future HPP dollars to the future state.

Olympic Community of Health

2022-2026 Strategic Plan

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Additional considerations for future state funding

Cross-ACH collaboration

The nine ACHs have intentionally collaborated on a variety of strategic and tactical areas including sustainability. Based on a shared goal of addressing and improving determinants of health, the ACHs submitted a joint Social Investment Fund Model (SIFM) concept to HCA in mid-2020. The SIFM proposes that the state identify a sustainable funding mechanism to support determinant of health needs across Washington. HCA leadership expressed initial support of this model and agreed to collaborate on next steps.

Potential state initiatives

At the state level, HCA has been the primary champion of the ACH model and serves as the lead state agency for MTP. HCA has inquired about the sustainability of ACHs and conducted a series of interviews with the ACHs in mid-2020. Additionally, ACHs respond to sustainability questions in required semi-annual reports.

HCA has requested a one-year extension of MTP (2022) due to the impacts of COVID-19 in 2020 and 2021. As of June 2021, the Washington state legislature has given spending authority for a sixth year and the state awaits approval from CMS. If approved, this would add one additional year of funding for the ACHs and provides HCA with more time to create their own sustainability model for the ACHs.

As of August 2021, HCA continues to work with the ACHs on a concrete statewide sustainability model for ACHs post-MTP, including the potential of a 5-year renewal waiver for MTP that would begin in 2023 if approved.

Other potential future state funding sources

At the September 2020 and April 2021 Board of Directors meetings, OCH staff brought a summary of possible future state funding sources for deliberation by the Board and for guidance and direction on which should be further pursued. Below is a list of potential funding sources presented:

- **Grants**
  Grants are funds provided by an entity to an individual or another entity for a specific purpose linked to public benefit. Unlike loans, grants are not to be paid back.

- **Wellness trust**
  A funding pool raised and set aside specifically to support community health initiatives that improve health outcomes of targeted populations. Wellness trusts are sustained by multiple resource streams.

- **Social impact funds**
  A social impact is an innovative funding stream that entails a contract to pay for better social/health outcomes under specific projects or work with part of the savings to be passed on to the original investor(s).
The Visioning Taskforce deliberated these **three funding options** and recommend the following:

| **Grants** | Pursuing grants aligns nicely with the braided funding model. OCH is well-poised for bigger, systems-level grants. Grants should be a part of the future state funding portfolio. Decisions about pursuing grants should be thoughtful and deliberative. Staff and the Board should work together to determine which grants to pursue and should keep in mind grant management, reporting, and compliance requirements. Maintain a balance of grant writing with “doing the work” (Appendix 5). |
| **Wellness Trust** | This might be a longer-term (further away) funding model to support partner work. Needs a solid, reliable stream of money. If OCH adds initial money to this pot, that might be attractive to other potential contributors. The Visioning Taskforce and Hospital partners have noted that hospital-based community benefit funds may not be a worthwhile potential contributor (Appendix 6). |
| **Social Impact Funds** | This concept is less fleshed out compared to grants and is relatively new for funding health reform work. This might be best pursued in collaboration with the other ACHs. The Visioning Taskforce and Board of Directors will be kept informed on the SIFM submitted to HCA by the ACHs to sustainably fund statewide social needs work (Appendix 7). |

**Governance & staffing model: 2022 and 2023**

As a small organization, OCH relies heavily on Board and committee members to contribute to the work. Because MTP will continue to be a significant body of work for 2022 and 2023, a staffing and governance model have been determined through 2023, with a plan to revisit for 2024-2026 once MTP concludes.

**2022 & 2023 governance**

In addition to regular meetings of the Board of Directors, the following committees and workgroups will oversee the strategic direction of the organization.

<table>
<thead>
<tr>
<th>Committee/Workgroup</th>
<th>Chair</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Committee</td>
<td>Board President</td>
<td>Meet regularly to set the direction of Board meetings and to provide oversight of the Executive Director</td>
</tr>
<tr>
<td>Finance Committee</td>
<td>Board Treasurer</td>
<td>Meet regularly to review and set the direction of organization finances</td>
</tr>
<tr>
<td>Funds Flow Workgroup</td>
<td>Board Treasurer</td>
<td>Meet as needed to make recommendations about the high-level flow of MTP funding including allocation to partners and payment models (<em>role of this group beyond MTP is not yet determined</em>)</td>
</tr>
<tr>
<td>Visioning Taskforce</td>
<td>Mike Maxwell</td>
<td>Meet regularly through 2021 and as needed in 2022 and 2023.</td>
</tr>
<tr>
<td>Focus Area Workgroups (<em>new beginning in 2022</em>)</td>
<td>TBD</td>
<td>A workgroup will be established for each focus area (housing, access to care, substance use, and addressing individual needs) to set the direction for the work of the focus group, to review and discuss relevant data, and to share ideas and best practices. These groups are intended to be broad in representation including a variety of sectors, Tribal partners, and managed care.</td>
</tr>
</tbody>
</table>
2022 & 2023 staffing plan

OCH maintains a positive track record for accomplishing a significant body of work with a relatively small number of staff. While job descriptions and projects will shift once MTP concludes, maintaining a staff of six continues to seem reasonable. The Executive Director will continue to engage the Executive Committee in discussions about staffing.

- 1 Executive Director
- 1 Operations Manager
- 1 Program Manager
- 1 Communications Specialist
- 2 Project Coordinators

What’s next?

This strategic plan outlines most of the big picture work of defining the future of OCH. There are several key items to consider that are not defined in this document. OCH staff, partners, and the Board of Directors will work on the following:

- **Financial plan and begin to seek funding**: As noted in this plan, a concrete and sustainable financial plan is not yet solidified. The Board of Directors and staff will work to seek funding sources that align with noted principles and focus areas.

- **Measurement and evaluation plan**: Beginning in 2022, specific metrics and benchmarks of success will be defined in collaboration with subject matter experts and future state focus area workgroup members. This will include clearly defined health outcomes for the four focus areas and measurements of success of partnerships. Continuous monitoring and improvement are also a part of this work.

- **Annual budgets and workplans**: Each year, the OCH Board of Directors will create and approve a detailed work plan and budget.

- **Charters and participation of the focus area workgroups**: While the Board of Directors has directed staff to launch a workgroup for each of the focus areas, participation, charters, cadence of meetings, etc. will be detailed in 2022.

- **Governance**: The Board of Directors will evaluate the OCH governance model post-MTP and adjust to fit the new body of work. MTP will conclude in 2023, the Board will take stock of governance in 2022.
In addition, OCH will champion the following next steps to ensure success in the next phase of the organization:

- **Change management**: Socialize the change and connect the work under MTP to future state focus areas so partners continue to engage in collaborative action.

- **Expand the table**: A new set of priorities necessitates an expanded partnership model. Together with the Board of Directors, OCH will identify new champions and work to bring new voices to the OCH table.

- **Follow up discussions**: OCH will collaborate with Public Health, Tribes, and MCOs to clarify what partnership may look like for them.

- **Monitor and advocate for the region with new HCA initiatives**: The Health Care Authority is in the early stages of identifying their own next steps for the Accountable Communities of Health. The OCH Executive Director will monitor this information, advocate on behalf of the region, and will keep partners informed as plans solidify.

OCH is grateful for the opportunity to collaborate with partners to improve the health of the population in the Olympic region. MTP brought many opportunities, innovations, and kickstarted many partnerships and collaborations across the region. The work towards executing a shared vision around health and equity would not be possible without the contributions of all partners. **The next five years represent an opportunity to continue collaborative action, to expand the table, and do even more to foster a region of healthy people, thriving communities.**
Appendix 1: Reduced substance misuse and abuse

Situational overview

Substance use hits close to home for far too many individuals and families across the region. Most of us have a friend, family member, neighbor, or coworker who has struggled with addiction. Olympic Community of Health (OCH) and our partners hold a common vision for a region of healthy people, thriving communities—which includes addressing local substance misuse and abuse. By prioritizing collaborative and innovative approaches to addressing substance use, partners and communities will be able to foster effective treatment and prevention strategies.

OCH aims to ultimately reduce unhealthy use of all substances, with an emphasis placed on primary prevention and coordinating region-wide standards of care. OCH can serve in a lead role, expanding on initial collaborative successes addressing the opioid epidemic to include additional substances such as alcohol and stimulants. The region will address local substance misuse and abuse by focusing on reducing stigma, ensuring broad access to appropriate and preferred evidence-based treatment options, and working to reduce substance addiction before it starts.

Background

### Youth substance use (Olympic region 10th graders, 2018)\(^1\)

<table>
<thead>
<tr>
<th>Substance Use</th>
<th>Olympic Region Rate</th>
<th>WA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Used a painkiller to get high in the last 30 days</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>Used prescription drugs not prescribed to you in the last 30 days</td>
<td>7%</td>
<td>7%</td>
</tr>
<tr>
<td>Ever used heroin</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>Drank alcohol in the last 30 days</td>
<td>19%</td>
<td>19%</td>
</tr>
<tr>
<td>Had 5 or more drinks in the past 2 weeks</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>Used marijuana or hashish in the past 30 days</td>
<td>20%</td>
<td>18%</td>
</tr>
<tr>
<td>Smoked cigarettes in the past 30 days</td>
<td>8%</td>
<td>5%</td>
</tr>
</tbody>
</table>

### All ages substance use (county level, 2018)

<table>
<thead>
<tr>
<th>Substance Use (county level, 2018)</th>
<th>Clallam</th>
<th>Jefferson</th>
<th>Kitsap</th>
<th>WA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance use disorder treatment penetration(^2)</td>
<td>47%</td>
<td>39%</td>
<td>33%</td>
<td>40%</td>
</tr>
<tr>
<td>Follow up after ED visit for alcohol and other drug abuse (7 days)(^3)</td>
<td>30%</td>
<td>14%</td>
<td>21%</td>
<td>21%</td>
</tr>
<tr>
<td>Patients Prescribed High-Dose Chronic Opioid Therapy: &gt;=50mg MED (^4)</td>
<td>41%</td>
<td>48%</td>
<td>37%</td>
<td>34%</td>
</tr>
<tr>
<td>Current (past 30 days) alcohol use (grade 10)(^5)</td>
<td>18%</td>
<td>31%</td>
<td>19%</td>
<td>18%</td>
</tr>
</tbody>
</table>

Additionally, substance use needs in the Olympic region vary by race and ethnicity.

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Identified SUD need</th>
<th>Received treatment</th>
<th>Have not received treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native</td>
<td>24%</td>
<td>58%</td>
<td>42%</td>
</tr>
<tr>
<td>White</td>
<td>15%</td>
<td>34%</td>
<td>66%</td>
</tr>
<tr>
<td>Black</td>
<td>14%</td>
<td>27%</td>
<td>73%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>11%</td>
<td>37%</td>
<td>63%</td>
</tr>
<tr>
<td>Other</td>
<td>9%</td>
<td>34%</td>
<td>66%</td>
</tr>
<tr>
<td>Asian</td>
<td>5%</td>
<td>41%</td>
<td>59%</td>
</tr>
<tr>
<td>Native Hawaiian or Pacific Islander</td>
<td>8%</td>
<td>29%</td>
<td>71%</td>
</tr>
<tr>
<td>Unknown</td>
<td>6%</td>
<td>18%</td>
<td>82%</td>
</tr>
</tbody>
</table>
According to the 2019 Community Health Needs Assessment of Clallam County, heroin/other opioids and alcohol were identified as the most problematic substances abused in the community, followed by methamphetamine/other amphetamines and prescription medications. 72.2% of survey respondents perceive substance abuse as a “major problem” in the community. Key informants rated substance abuse as ranked the second highest local health concern, following mental health.

While Jefferson County’s opioid and drug overdose death rates appear to be decreasing (although small numbers may impact the validity of these rates), the rate of hospitalizations for non-fatal opioid overdose continues to increase. There is a need in Jefferson County to opportunity to develop broader community support and awareness of current syringe exchange programs as well as expansion into rural parts of the county.

In 2019, more than a half of the Kitsap Community Health Priority Survey respondents identified substance abuse (alcohol, drugs, opioids, etc.) as one of the top three biggest health problems impacting the overall health of Kitsap County. 58% said that drug and alcohol abuse has the largest impact on health of youth (ages 11-18).

### Current efforts

<table>
<thead>
<tr>
<th>Organization</th>
<th>County</th>
<th>Program/Project Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kitsap Public Health District</td>
<td>Kitsap</td>
<td>Kitsap Public Health District is partnering with Peninsula Community Health Services to transition the public health district’s syringe exchange services to a network of fixed-location health care facilities while continuing to provide a mobile syringe exchange program in rural areas of Kitsap County.</td>
</tr>
<tr>
<td>Jefferson County CHIP</td>
<td>Jefferson</td>
<td>Jefferson County CHIP works to strengthen and expand substance use disorder and opioid use disorder prevention, treatment and recovery services. They conducted a needs assessment addressing the treatment and recovery needs of Jefferson County and developed a strategic, workforce, and sustainability plan.</td>
</tr>
<tr>
<td>Jamestown Family Health Clinic</td>
<td>Clallam</td>
<td>Jamestown Family Health Clinic recently completed the Six Building Blocks program, a process aimed at improving clinic management of patients who are on long-term opioid therapy.</td>
</tr>
<tr>
<td>Three-County Coordinated Opioid Response Project</td>
<td>Clallam, Jefferson, Kitsap</td>
<td>3CCORP is a multi-sector collaborative effort made up of a Steering committee and a treatment workgroup. These groups provide guidance for identifying existing efforts and gaps to reduce opioid-related morbidity and mortality.</td>
</tr>
<tr>
<td>Olympic Community of Health</td>
<td>Clallam, Jefferson, Kitsap</td>
<td>OCH was awarded $245,000 by Cambia Health Solutions and directed those funds be used to implement a multiprong approach to combat behavioral health stigma in our region, especially stigma related to substance use disorder. OCH will soon be embarking on a series of strategies to reduce stigma.</td>
</tr>
</tbody>
</table>
Major gaps

- There are currently zero **medically assisted withdrawal management facilities** operating in Olympic region.
- There is a strong presence of **stigma of substance addiction** across the region that acts as a barrier to treatment and recovery.
- There is a need for **community awareness** of how to recognize and respond in the event of an overdose.
- There is currently no cohesive or collaborative effort addressing **alcohol use** in the Olympic region.
- While **prevention activities** are happening, there is a need for more collaboration and sharing of successes and lessons learned.

Example activities

- Address addiction stigma (work starting in 2021) through a multi-pronged approach including training, advocacy, communications, etc.
- Coordinate improved communication across sectors through establishing shared understanding of privacy laws, guidance, and promoting best care coordination practices.
- Address the need for additional withdrawal management and stabilization services in the region.
- Support and expand homeless outreach and police navigation programs.
- Convene those working on youth engagement, school-based prevention, and positive youth development to prevent substance use before it starts.

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6 Olympic Community of Health. (2021). *Olympic Region Behavioral Health Report, 2021.* [https://ea40b83f-bff5-4a61-aa55-a97621e13e64.usrfiles.com/ugd/ea40b8_4348718198b743b88c9804f199a78c91.pdf](https://ea40b83f-bff5-4a61-aa55-a97621e13e64.usrfiles.com/ugd/ea40b8_4348718198b743b88c9804f199a78c91.pdf)
8 Behavioral Health Consortium. (2020, January 6). *RCORP-PP G2SRH32956- Readiness / Needs Assessment.* [https://793b0af6-bf22-4c2c-91c8-8cc6fd2f172d.filesusr.com/ugd/2fdccd_6b8b745522ec47759438812438556a66.pdf](https://793b0af6-bf22-4c2c-91c8-8cc6fd2f172d.filesusr.com/ugd/2fdccd_6b8b745522ec47759438812438556a66.pdf)
Appendix 2: Individual needs are met timely, easily, and compassionately

Situational overview

Olympic Community of Health (OCH) believes that all people deserve to live with dignity. This includes a coordinated system of care that is tailored and compassionate to individual needs, putting the patient at the center. With a vision of healthy people, thriving communities, OCH has prioritized addressing individual needs as one of four focus areas beginning in 2022.

OCH can support and maximize local efforts to address the determinants of health by coordinating partner activities, identifying gaps, and expanding innovative and equitable solutions. OCH aims to enhance communication and collaboration across partners to achieve a healthier, more equitable three-county region.

Background

Clallam

Clallam County is mostly rural and surrounds parts of the Olympic National Park, impacting travel and other barriers to care. Clallam County has an older population (30% age 65 and over) and is the home of three sovereign Tribal nations (Jamestown S’Klallam, Lower Elwha Klallam, and Makah). Unemployment rates are higher than state averages (6.8% Clallam, 4.8% WA, 2017) as are food insecurity rates among youth (15.4% Clallam, 12.1% WA, 2018).

Jefferson

Jefferson County has the oldest population (38% age 65 and over) in the state. A mostly rural county surrounded by much of the Olympic National Park with the majority of the population residing in Port Townsend. Severe affordable housing shortfalls and limited access to childcare are common challenges...
among residents. Jefferson County has the highest rates of mental health among youth at 47.2% (as measured by the percent of students who reported feeling sad or hopeless every day for two weeks or more in row in the past 12 months, Healthy Youth Survey, 2018).

**Kitsap**

Kitsap County is home to a mix of suburban and rural communities. The county has a large military and veteran presence. The population has steadily increased as travel to and from Seattle & King County has become more convenient by multiple ferry options, which has consequences for the resources of local communities such as infrastructure, housing, social services, access to care, and more.

**Examples of Current efforts**

<table>
<thead>
<tr>
<th>Organization</th>
<th>County</th>
<th>Program/Project Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kitsap Strong and Clallam Resiliency Project</td>
<td>Clallam, Kitsap</td>
<td>Community-based interventions to support well-being and prevent behavioral health problems are evident in the work of Kitsap Strong and the Clallam Resiliency Project. These non-profits provide education on N.E.A.R. Science (Neuroscience, Epigenetics, Adverse Childhood Experiences, and Resilience) and trauma-informed practices for health care providers, schools, faith-based organizations, and other community groups.</td>
</tr>
<tr>
<td>Quileute Tribe</td>
<td>Clallam</td>
<td>During COVID-19, the Quileute Tribe delivers community wellness kits to households on the reservation. Each delivery contains different activities and resources and often contains items rooted in Quileute tradition such as coloring pages, essential oils, fry bread ingredients and recipes, carved feathers, canoe pins, and dream catchers.</td>
</tr>
<tr>
<td>Clallam Care Connection (3C)</td>
<td>Clallam</td>
<td>North Olympic Healthcare Network, Port Angeles Fire Department, Peninsula Behavioral Health, and ReDiscovery collaborate on community-based care coordination to improve the health of individuals with complex, chronic conditions. The group aims to deliver a seamless experience of care that is person-centered, cost-effective, addresses determinants of health, resulting in improved health and wellness. During the initial pilot, 3C saw a 90% decline in 911 calls among eight community members who graduated from the program and a cost savings of over $100,000 by preventing 67 emergency calls and medic unit rollout.</td>
</tr>
<tr>
<td>Jefferson Healthcare</td>
<td>Jefferson</td>
<td>Jefferson Healthcare’s Health Equity Committee works to provide culturally relevant and sensitive training for staff.</td>
</tr>
<tr>
<td>Peninsula Community Health Services</td>
<td>Kitsap</td>
<td>PCHS’s community health workers are innovatively partnering with local organizations including the county jail, local emergency department, Salvation Army, and WorkSource to better understand and provide for community needs.</td>
</tr>
<tr>
<td>Port Angeles Fire Department</td>
<td>Clallam</td>
<td>The Port Angeles Fire Department launched a Community Paramedic program. Initial results show a 50% decrease in emergency room visits among clients.</td>
</tr>
<tr>
<td>Olympic Community of Health</td>
<td>Clallam, Jefferson, Kitsap</td>
<td>OCH completed an environmental scan, literature review, and survey of local partners to look at how adverse social conditions across the region are impacting health and explore opportunities for region-wide collaborative interventions. Findings were shared at regional convenings in 2020 and are available on the OCH website.</td>
</tr>
</tbody>
</table>
Major gaps

- Resources and services for **those without English as a second language or limited English proficiency** individuals is limited.
- There are limited resources for the **LGBTQ+ community**. There is a need for additional education for health and service providers on appropriate terminology, tailoring care, and **trauma-informed** practices.
- **Stigma** can be a barrier for those seeking behavioral health services, both mental health and substance use disorder. It can also be a barrier to reaching out to friends or employers for help as stigma contributes to alienation from others who do not understand the disease or how to help.
- Effective **linkages between community and clinical providers** are limited due to communication barriers and ongoing changes to resources resulting in fragmented referral systems and less support for patient needs.
- To support and address equity, there is a need for more **culturally sensitive practices and policies** that consider historical trauma, racism, and bias.
- Communication barriers and competing priorities and approaches lead to **fragmented coordination** among clinical, community, and public health services.

Example activities

- Support evaluation and expansion of community paramedicine and navigator programs across the region.
- Provide opportunities for health care providers, teachers, and community members to participate in culturally relevant, equity-based, and trauma-informed care trainings.
- Implement, support, and evaluate a region-wide health information exchange platform with closed-loop referral and bi-directional communication in alignment with key privacy laws, HIPAA and 42 CFR Part 2.
- Expand cross-sector, community-based, patient-centered care coordination solutions that improve patient experience as well as reduce unnecessary health care costs.
- Implement screening on the determinants of health at the point of care with workflows that support appropriate referral, care coordination, and follow-up.
- Empower health care consumers to become active participants in their own health and health care, for example by implementing an **Own Your Health** campaign (WA Health Alliance).
Appendix 3: Access to the Full Spectrum of Care

Situational Overview

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

OCH can maximize current efforts, identify gaps, and promote solutions that meet the unique needs of each community. OCH aims to leverage collaborative action to increase access to the full spectrum of care.

Background

It is estimated that about 20% of health is related to access and quality of health care. Barriers that prevent or limit access can increase poor health outcomes.

<table>
<thead>
<tr>
<th>At a glance</th>
<th>Clallam</th>
<th>Jefferson</th>
<th>Kitsap</th>
<th>WA State</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>All-cause ED visits per 1000 member months: Age 18-64 years (Medicaid only)</td>
<td>62.5</td>
<td>53.4</td>
<td>87.3</td>
<td>67.1 (lower is better)</td>
<td>2020</td>
</tr>
<tr>
<td>Utilization of Dental Services: Age 21+ Years (Medicaid only)</td>
<td>26.0</td>
<td>21.0</td>
<td>26.3</td>
<td>27.5 (higher is better)</td>
<td>2020</td>
</tr>
<tr>
<td>Well-Child Visits: 3-6 Years (Medicaid only)</td>
<td>59.1</td>
<td>55.6</td>
<td>66.9</td>
<td>66.8 (higher is better)</td>
<td>2020</td>
</tr>
<tr>
<td>SUD Treatment Penetration: Age 18-64 Years (Medicaid only)</td>
<td>46.1</td>
<td>35.2</td>
<td>31.0</td>
<td>38.7 (higher is better)</td>
<td>2020</td>
</tr>
<tr>
<td>Percent of uninsured citizens</td>
<td>7.6</td>
<td>5.5</td>
<td>4.9</td>
<td>6.6 (lower is better)</td>
<td>2019</td>
</tr>
<tr>
<td>Percent of students reported not having a check-up or physical exam with a healthcare provider when not sick or injured</td>
<td>29.4</td>
<td>28.1</td>
<td>22.4</td>
<td>20.4 (lower is better)</td>
<td>2018</td>
</tr>
</tbody>
</table>

Workforce constraints impact the ability to offer the full spectrum of services. Each county in the Olympic region is designated as a Mental Health Professional Shortage Area and recruitment and retention are common challenges across all health services. In 2019, the OCH region had the lowest rate of overall physician supply at 171 physicians per 100,000.  

![Overall Physicians per 100,000 population, ACHs, 2019](image-url)
Examples of Current efforts

<table>
<thead>
<tr>
<th>Organization</th>
<th>County</th>
<th>Program/Project Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jefferson Healthcare, North Olympic Healthcare Network, Peninsula Community Health Services</td>
<td>Clallam, Jefferson, Kitsap</td>
<td>Since 2019, the region added <strong>30 new dental chairs</strong> across three health systems which provide new access for those on Medicaid or no dental coverage. Three of the chairs were added via PCHS’s mobile dental unit.</td>
</tr>
<tr>
<td>Kitsap Medical Group</td>
<td>Kitsap</td>
<td>Kitsap Medical Group contracts to offer <strong>telepsychiatry to meet the growing needs of their patients</strong>. Telepsychiatry has allowed patients to access appropriate behavioral health services in a timely and coordinated manner.</td>
</tr>
<tr>
<td>Peninsula Behavioral Health</td>
<td>Clallam</td>
<td>Peninsula Behavioral Health, a mental health agency, integrates <strong>primary care services for clients with severe mental illness</strong> who would otherwise face barriers in accessing routine physical health care.</td>
</tr>
<tr>
<td>Port Gamble S’Klallam Health Clinic</td>
<td>Kitsap</td>
<td>The Tribe provides telehealth services, which allows counselors and Medication Assisted Treatment providers to provide <strong>individual and group services via telehealth</strong>. Telehealth has been implemented across primary care and behavioral health services.</td>
</tr>
<tr>
<td>First Step Family Support Center</td>
<td>Clallam</td>
<td>First Step, a social services provider, helps to <strong>reduce barriers to accessing care</strong> by providing transportation for clients, particularly those on the rural west end of Clallam County.</td>
</tr>
<tr>
<td>Olympic Community of Health</td>
<td>Clallam, Jefferson, Kitsap</td>
<td>OCH released a regional <strong>behavioral health report</strong>, detailing the current state of behavioral health in the region, current gaps, and opportunities.</td>
</tr>
</tbody>
</table>

Major gaps

- The Olympic region has **significant workforce shortages** impacting all health-serving sectors. This persistent shortage includes difficulties in recruitment and retention of a qualified workforce. Disparities in reimbursement for behavioral health services compared with primary care, limit the ability of behavioral health agencies and substance use disorder providers to offer competitive pay. Kitsap county employers compete with Pierce and King County compensation.
- Lack of **reliable and efficient transportation** can lead to delayed or skipped medication, missed appointments, and postponed care. Public transportation is severely limited throughout most of the Olympic Peninsula. It is common for community members to travel to Bremerton and Seattle, four to five hours one-way by private vehicle from the West end of Clallam and Jefferson counties to access specialty care.
- Many communities across the Olympic region are without **broadband internet access**, particularly in rural areas of Jefferson and Clallam counties. And some communities with internet access have ineffective and slow connections as well as limited choice of service providers, resulting in difficulty accessing remote services. 3% of Kitsap residents do not have access to broadband compared with 15% and 17% in Clallam and Jefferson, respectively.
Example activities

- Support and increase effective and meaningful community-clinical linkages throughout the region to link people to a variety of needed services.
- Increase access to services including dental, medical, behavioral, and social needs through innovative and tailored solutions such as mobile services, pop-up clinics, integrated partnerships, and telehealth.
- Support and build upon efforts to achieve patient-centered, bi-directional integrated care between primary care and behavioral health.
- Implement strategies that increase the number of qualified health professionals such as increasing professional development opportunities and advocating for sustainable, fair reimbursement rates.
- Collaborate with local elected officials to advocate for expanded broadband to improve access and effectiveness of telehealth and digital registration for health care appointments in addition to improving the quality of life for community members.
- Work with health systems and transportation providers to identify and address transportation gaps.

References

2 Ibid.
3 Ibid.
4 Ibid.
Appendix 4: Long-term, Affordable, Quality Housing

Situational Overview

Olympic Community of Health (OCH) believes that all people deserve to live with dignity. Access to long-term, affordable, and quality housing is one of the most important determinants of health. With a vision of healthy people, thriving communities, OCH has prioritized housing as one of four focus areas beginning in 2022. Housing is a complex issue that no single sector or Tribe can tackle alone. Regional partners can strengthen their approach by collaborating on solutions catered to the unique housing needs of each community, county, and Tribe, while leaning on each other’s expertise, perspective, and skills. Together, we can create positive outcomes with collaborative, innovative, upstream, place-based solutions.

Background

Housing instability encompasses challenges including trouble paying rent/mortgage, overcrowding, moving frequently, spending a bulk of income on housing, and homelessness. There is an affordable housing shortfall and a small percentage of vacant homes in the Olympic region. Looking at fair market value for rentals, each county in the region rates as “very high” compared to the national average and more expensive than most of the state of Washington.¹

At a glance: 2020 housing across the Olympic region

<table>
<thead>
<tr>
<th></th>
<th>Clallam</th>
<th>Jefferson</th>
<th>Kitsap</th>
<th>WA State</th>
<th>Data Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population²</td>
<td>71,404</td>
<td>29,872</td>
<td>251,133</td>
<td>NA</td>
<td>2020</td>
</tr>
<tr>
<td>Median household income³</td>
<td>$49,913</td>
<td>$54,471</td>
<td>$71,610</td>
<td>$78,687</td>
<td>2020</td>
</tr>
<tr>
<td>Vacant houses⁴</td>
<td>1.1%</td>
<td>1.5%</td>
<td>1.3%</td>
<td>1.6%</td>
<td>2020</td>
</tr>
<tr>
<td>Poverty rate⁵</td>
<td>15.9%</td>
<td>13.3%</td>
<td>9.7%</td>
<td>9.8%</td>
<td>2020</td>
</tr>
<tr>
<td>Individuals experiencing homelessness⁶</td>
<td>198</td>
<td>139</td>
<td>524</td>
<td>NA</td>
<td>2020</td>
</tr>
<tr>
<td>Unemployment rate⁷</td>
<td>6.8%</td>
<td>6.1%</td>
<td>4.9%</td>
<td>4.8%</td>
<td>2017</td>
</tr>
<tr>
<td>Households spending over 30% of income on housing⁸</td>
<td>32.7%</td>
<td>32.7%</td>
<td>33.9%</td>
<td>33.9%</td>
<td>2012-2016</td>
</tr>
</tbody>
</table>

Clallam

The major causal factors for homelessness in Clallam are related to safe housing availability: low vacancy rates, high rental rates, low average salaries, and limited available affordable housing stock⁹. 35% of county residents live below 200% of the poverty level.

Jefferson

The county has an emergency-level lack of access to affordable housing for low-income households since 2017. Among those who are counted, children, the elderly, and veterans in Jefferson are disproportionately homeless. As of 2018, about 25% of all units were vacant for part of the year. These units are likely second or vacation homes. The increase of higher income residents creates rural gentrification, which widens income inequality and increases population turnover.¹⁰
**Kitsap**

Home values are steadily increasing while the housing inventory is decreasing. Kitsap County is expected to need an additional 1,480 units per year, exceeding the current building rate of 515 per year. The 2020 Kitsap Count Point in Time report notes 199 unsheltered individuals, a 15% increase from 2019. The most common responses to the cause of homelessness:

![Image with bar chart showing causes of homelessness]

**Examples of current efforts**

<table>
<thead>
<tr>
<th>Organization</th>
<th>County</th>
<th>Program/Project Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Makah Tribe</td>
<td>Clallam</td>
<td>The newly established Village of Hope, located on the Makah Indian Reservation, is a group of tiny homes and some older FEMA trailers that are being utilized to house Neah Bay's homeless population.</td>
</tr>
<tr>
<td>Dove House</td>
<td>Jefferson</td>
<td>Dove House provides housing for those experiencing domestic violence, homelessness, sexual assault, mental illness, addiction, general crimes, and other sources of trauma. Dove House offers one-to-one advocacy, therapy, and support to those recovering and also offers transitional housing to women and families called the Recovery Cafe.</td>
</tr>
<tr>
<td>Peninsula Housing Authority</td>
<td>Jefferson &amp; Clallam</td>
<td>Peninsula Housing Authority provides long-term rentals, rental subsidies, and homeownership programs in Jefferson and Clallam Counties. These section 8 housing options are available to low-income families in the area.</td>
</tr>
<tr>
<td>Olympic Community Action Programs</td>
<td>Jefferson &amp; Clallam</td>
<td>Olympic Community Action Programs provides residents of Jefferson and Clallam Counties with rental assistance, deposit assistance, and mortgage assistance.</td>
</tr>
<tr>
<td>St. Vincent de Paul</td>
<td>Kitsap</td>
<td>St. Vincent de Paul provides housing, food, and safety for women and children at their Birkenfeld-Stella Maris House. Once ready, they assist in finding safe shelter and provide rent and utility deposits and transitioning expenses to covered at no cost to them.</td>
</tr>
<tr>
<td>Coffee Oasis</td>
<td>Kitsap</td>
<td>Coffee Oasis helps support teens by providing job opportunities and housing for youth in Kitsap County.</td>
</tr>
</tbody>
</table>
Major gaps

- **People re-entering the community from systems of care**: People are frequently discharged from other systems of care, such as jails, hospitals, behavioral health programs, substance disorder treatment and foster care, into homelessness due to the lack of housing options.

- **Affordable housing shortage**: Severely cost-burdened households pay more than half their monthly income on rent. Prospective homeowners are also impacted by the lack of affordable housing.

- **Additional missing systems**: Engagement must be catered specifically for the needs of different cultures and experiences (programs specifically addressing extended care, veterans housing, safe and stable housing, and mental health services for youth of color and LGBTQ+ community members).

- **Health workforce shortage**: The housing shortage in all three counties impacts the local health workforce. Without quality and affordable housing options within a reasonable commute, the workforce is not supported in a way that allows them to effectively meet the health needs of the region.

Examples of activities

- Create an inventory of projects and funding across the region to identify gaps, maximize current efforts, build capacity, and expand partnerships

- Collaborate to create a region-wide housing plan

- Serve as an innovation center hub for funding and pilot projects

- Incorporate key elements of behavioral health, care coordination, and primary care services into congregate living settings

- Collaborate with the health care and social services sectors to support additional recovery, supportive, and transitional housing for those in recovery for substance use disorder or serious mental illness

- Data collection and evaluation to determine what, where, and how to scale and sustain promising solutions

- Leverage regional-reach to collaboratively advocate

References


3 Ibid.

4 Ibid.

5 Ibid.


8 Ibid.


Appendix 5: Grants
Future State Funding One-pager

Description: Grants are funds provided by an entity – frequently, a public body, charitable foundation, or a specialized grant-making institution – to an individual or another entity for a specific purpose linked to public benefit. Unlike loans, grants are not to be paid back. Grants are an opportunity for funds to pass through OCH, ultimately supporting multi-agency projects and community/regional responses in alignment with the OCH mission, vision, purpose, and focus areas.

Requirements: Each grant has its own requirements, qualifications, and timeline.

Limitations: Grants often come with guidelines and limitations guiding the use of funds. It is important to ensure that the values of the entity providing funds align with the values and goals of OCH and will not divert OCH activities away from established goals.

Sustainability: Grants are not sustainable in long-term planning, as the grant cycle is often year to year or season to season.

Alignment with focus areas: Grants are a strong fit if used to support specific projects within OCH focus areas (ex: 2021 Cambia funds being used to support stigma of substance addiction research and outreach). Specific projects to be identified in collaboration with partners, examples provided below.

- **Long-term, affordable, quality housing**
  Regional housing needs assessment and report
  Establish clinical services in tiny home villages/ temporary housing projects
  Affordable housing for regional healthcare providers
  Tribal- non-Tribal collaborative housing projects

- **Reduced substance misuse & addiction**
  Continuation of 2021 stigma research to include youth

- **Access to the full spectrum of care**
  Adopt and implement a regional health information exchange platform
  Expanded broadband to support telehealth services
  Funding for capital projects (dental clinics or chairs, for example)

- **individual needs are met timely, easily, & compassionately**
  Start-up funds to expand community-based care coordination groups within the Olympic region
  Training and professional development opportunities (Trauma Informed Care, NEAR sciences, etc.)
  Increase mobile services

Principles (note: these principles were approved by the Board in April 2019):

- Timeline and requirements align with staff and partner capacity and expertise
- Funds used to support community partners addressing community needs
- Work funded aligns with focus areas, connects with current work, and does not distract from set priorities
- Compete as little as possible, whenever possible collaborate and coordinate.
- Ability to develop a competitive proposal
- Worthwhile and commensurate funding amount

Potential sources and examples:

<table>
<thead>
<tr>
<th>Example</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robert Wood Johnson Foundation (Systems for Action: Systems and Services Research to Build a Culture of Health)</td>
<td>Systems for Action is a signature research program of the RWJF that builds a culture of health by rigorously testing new ways of connecting the nation’s fragmented medical, social, and public health systems.</td>
<td>Total Award Amount: Up to $500,000</td>
</tr>
<tr>
<td>Centers for Disease Control and Prevention (CDC)</td>
<td>CDC awards and administers grants and cooperative agreements to state and local governments, foreign ministries and associations, domestic non-profits/educational institutions, and domestic for-profit groups.</td>
<td>Varies with each grant</td>
</tr>
<tr>
<td>Group Health Foundation (GHF) Community Learning Grants</td>
<td>Community Learning Grants are a way GHF supports organizations who reflect and work closely with their communities. Through these grants, they learn what health equity means for people throughout the state and how they can support the solutions that different organizations are creating to dismantle systemic barriers and foster community well-being.</td>
<td>Range from $150,000 to $225,000 in total funding, or $50,000 to $75,000 a year</td>
</tr>
</tbody>
</table>
Appendix 6: Wellness Trusts
Future State Funding One-pager

Description: A wellness trust is a funding pool raised and set aside specifically to support community health initiatives that improve health outcomes of targeted populations. Trusts are embedded within—and managed by—the administrative organization of the wellness trust (in this case, OCH). The governing body of the trust establishes a process for determining when and to whom funds will be disbursed, within the parameters established at its creation, as well as which activities those funds will support.

Requirements: Requires community buy-in and clear articulation of value add.

Limitations: Limited to parameters established and communicated to investors.

Sustainability: Depending on the size of the pool, wellness trusts could be a sustainable source of long-term funds. OCH already has strong relationships across the Olympic region that may be interested in support a wellness fund.

Alignment with focus areas: A wellness fund could be used to address more of the one-time needs of partners in alignment with OCH focus areas (versus bigger, long-term projects that a grant could fund).

- Long-term, affordable, quality housing
- Reduced substance misuse & addiction
- Access to the full spectrum of care
- Individual needs are met timely, easily, & compassionately

Proposed principles:

- Funds used to support community partners addressing community needs
- Both, funding sources and projects funded, must aligns with focus areas, connects with current work, and does not distract from set priorities
- Wellness trust goals must reflect the needs of the communities it serves and should target priority populations who are particularly vulnerable to health and health care disparities
- Remain flexible in its decision-making process for funding prevention work; it must balance the need to fund effective programs in a sustained fashion with the desire to fund innovative initiatives
- Transparency in the decision-making process of the governing body and allocation of funds

Potential funding sources:

- Social impact bonds
- Hospital community benefit funds
- Private donations
- Managed care organizations
- Federal reserve bank
Appendix 7: Social Investment Funds
Future State Funding One-pager

**Description:** A social impact or social investment fund is an innovative funding stream that entails a contract to pay for better social/health outcomes under specific projects or work with part of the savings to be passed on to the original investor(s). Investors for this type of funding stream include private investors, philanthropy, or venture capitalists, with an emphasis on those with something to gain from the work (socially minded investors, health care providers, health plans, for example). This is a relatively nascent concept in the world of health reform with systems still being established and some early lessons learned. The nine Accountable Communities of Health (ACHs) submitted a draft concept paper related to this to the Health Care Authority in early 2020, with the goal of a sustainable source of funding to address determinants of health under a medical loss ratio with the managed care organizations.

**Requirements:** Requirements vary based on the directives of the investors. This is a high-risk funding stream for the investor with main details to be worked out. Typically, if the agreed-upon objectives are not achieved, investors receive neither a return nor repayment of their principal investment.

**Limitations:** This type of funding stream could start small and requires investors. This might be a more likely funding stream in collaboration with one or more ACHs.

**Sustainability:** Sustainability or additional funding is likely if the initial investment demonstrates a return to the investors.

**Alignment with focus areas:** Using social investment funds, OCH could work with partners to manage social investments, coordinate care and improve population health, well-being, and equity. It could be used to address locally directed social needs, such as housing/homelessness, food insecurity, transportation, and care coordination.

- **Long-term, affordable, quality housing**
- **Reduced substance misuse & addiction**
- **Access to the full spectrum of care**
- **Individual needs are met timely, easily, & compassionately**

**Proposed principles:**

- Funds used to support community partners addressing community needs
- Compete as little as possible, whenever possible collaborate and coordinate.
- Transparency with investors
- Both, funding sources and projects funded, must aligns with focus areas, connects with current work, and does not distract from set priorities

**Potential sources:**

- Philanthropy groups (Philanthropy NW, Seattle Foundation, etc.)
- Small, local, private investors (for example, Craft3 that has locations in the region)