

Olympic Community of Health

Agenda

Board of Directors Meeting

July 8, 1 pm to 3 pm

Location: Red Cedar Hall, Jamestown Tribal Center, 1033 Old Blyn Hwy, Sequim, WA 98382

Web: <https://global.gotomeeting.com/join/937538149>

Phone: +1 (872) 240-3311

Access Code: 937-538-149

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

Agenda (Action items are in red)

#	Time	Topic	Purpose	Lead	Attachment	Pg #
1	1:00	Board and guest introductions Housekeeping		Wendy Sisk		
2	1:10	Approve agenda	Action	Wendy Sisk	1. Board Agenda	1
3	1:15	Consent agenda	Action	Wendy Sisk	2. DRAFT: Board Minutes: June 10, 2019 3. Executive Director report	2-5
4	1:20	Audit report	Discussion	Tom Dingus, DZA	4. Audit Board Communication Letter 5. Audited Financial Statements 2018	6-22
5	1:40	Finance Executor Portal revenue recognition	Action	Hilary Whittington, Nathanael O'Hara	6. SBAR DSRIP Revenue Recognition	23-24
6	2:00	Data and targets update	Discussion	Siri Kushner	7. OCH P4Ps	25-26
7	2:30	Regional Natural Communities of Care (NCC) convening report	Discussion	JooRi Jun	8. June 2019 Regional NCC Summary	27
8	2:50	Reschedule November meeting	Discussion	Celeste Schoenthaler		
9	3:00	Adjourn	Action	Wendy Sisk		

August agenda items

- Quarter 2 financial statement
- Finance overview
- Restate 2019 budget
- Process for September elections
- Retreat

September agenda items

- Board elections
- PMEC/Intermediary metrics
- Digital Health Commons
- 2020 work plan

Olympic Community of Health
Board Meeting Minutes

Date: 06-10-2019	Time: 1:00-3:00	Location: Red Cedar Hall, Jamestown S’Klallam	
Chair: Roy Walker, <i>Olympic Area Agency on Aging</i>			
Members Attended: Bobby Beeman, <i>Olympic Medical Center</i> ; Brent Simcosky, <i>Jamestown S’Klallam Tribe</i> ; Gary Kreidberg, <i>Harrison Health Partner</i> ; Hilary Whittington, <i>Jefferson Healthcare</i> ; Kathy Morgan, <i>Olycap</i> ; Stephanie Lewis, <i>Salish Behavioral Health</i> ; Thomas Locke, <i>Jefferson County Public Health</i> ; Vicki Kirkpatrick, <i>Clallam County Public Health</i> ; Wendy Sisk, <i>Peninsula Behavioral Health</i>			
Non-Voting Members Attended: Caitlin Safford, <i>Amerigroup</i> ; Marissa Ingalls, <i>Coordinated Care</i> ; Susan Turner, <i>Kitsap Public Health District</i> ;			
Members Attended by Phone: David Schultz, <i>CHI Franciscan Harrison Medical Center</i> ; Laura Johnson, <i>United Healthcare</i> ;			
Guests and Consultants Attended by Phone: Amy Etzel, <i>Department of Health</i> ; Dan Vizzini, <i>Oregon Health Sciences University</i> ; Matthew Whitacre, <i>Lower Elwah Klallam Tribe</i>			
OCH Staff: Celeste Schoenthaler, Daniel Schafer, Debra Swanson, Margaret Moore			
Person Responsible for Topic	Topic	Discussion/Outcome	Action/Results
Roy Walker	Board and guest introductions Housekeeping	Chair calls to order	
Roy Walker	Approve Agenda	Approval of minutes. Draft of Board Minutes: May 13, 2019 Executive Director Report	LAST MONTH Minutes APPROVED unanimously
Roy Walker	Consent Agenda	Approval of Consent Agenda.	Consent Agenda APPROVED unanimously
Celeste Schoenthaler	2019 legislative and budget update	- OCH holding determination about revenue recognition until other ACH auditing firms make decisions, to ensure that OCH process is in alignment and gives a genuine picture of our financial position. - MTP payments to be disbursed late June. - Qualis/Comagine contract ended, reevaluating options for support to partners change plan goals.	

JooRi Jun & Miranda Burger	2019 winter site visit report	- JooRi and Miranda present summary of the 2019 Winter Site Visit Report - It is suggested to share specific stories as examples during the next site visit report.	
Stephanie Lewis & Celeste Schoenthaler	Integrated Managed Care	- The change from SBHO to ASO is very much in process and moving along. - The relationship with OCH has been very positive.	
Celeste Schoenthaler	Olympic Medical Center (OMC) 2018 payment correction	- A payment error occurred with OMC. This occurred prior to the launch of the ORCA system, at a time when staff was manually entering numbers. - All other numbers have been checked and confirmed that there were not any other errors made. - Celeste was informed immediately when this was discovered, and they present the board for 3 options for correcting it. - OCH presents three options for correcting this situation.	Motion to select Option 3; Pay OMC and correct overpayments to Clallam NCC partners with the June 2019 payment. Motion Passed One Abstention: Brent Simcosky
Roy Walker	Officer Elections	- Wendy Sisk self-nominated for President - Andrew Shogren was nominated for Secretary - Roy Walker will be Past President - The Treasurer seat is now vacant. - Jennifer Kreidler-Moss self-nominates for Treasurer, if someone will take on the VP role. - Tom Locke self-nominates for VP	Motion to approve the nominations for all officer positions. Motion passed
CHAIR	Adjourn	The meeting adjourned	

Acronyms

BOD: Board of Directors

OCH: Olympic Community of Health

MTP: Medicaid Transformation Project

SBAR: Situation. Background. Action. Recommendation.

Olympic Community of Health

Executive Director report prepared for the July 8, 2019 Board of Directors meeting

- Recent successes and notables
 - The Regional Natural Communities of Care convening was well-attended and touted as a success.
 - Progress to date reporting is open for the month of July. All change plan partners are required to complete this report via the ORCA system.
 - The date and location for the 3rd annual regional opioid summit are set. Friday September 13, 8:30-12:30 followed by a networking lunch. Chief Mike Lasnier from the Suquamish Police Department secured the House of Awakened Culture in Suquamish for the summit.
- Subcommittee reports/updates
 - Contract Monitoring and Compliance (CMAC) Committee: Did not meet.
 - Community and Tribal Advisory Committee (CTAC): CTAC met on June 18 and agreed to go on pause while OCH leadership determines the need and role for this committee. Members agreed that there is value in convening Community Based Organization and Social Services provider partners as a sector to strengthen connections and collaborations and learn from each other.
 - Finance Committee: Met on July 1 to discuss the audit report and recommendations for revenue recognition. Hilary Whittington kindly agreed to facilitate this meeting as her final act of OCH treasurer.
 - Performance, Monitoring and Evaluation Committee (PMEC): The next PMEC meeting is scheduled for July 29, 2-4pm. PMEC will finalize a charter, elect a new chair, and finalize the Implementation Partner intermediary metrics for distribution to the Board for review and approval in September.
 - Oral Health Steering Committee: Met for the first time on June 18. Maureen from the Arcora Foundation provided an overview of the Local Impact Network concept. The group will meet again in July to discuss anchor strategies and current oral health data.
 - 3-County Coordinated Opioid Response Project (3CCORP): The 3CCORP Steering Committee and workgroups have resumed meeting regularly in 2019. The Steering Committee will meet July 19, the Overdose Prevention Workgroup on July 31, the Prevention Workgroup on August 19, and the Treatment Workgroup on August 21. Topics include reviewing and updating the regional opioid response plan with new priorities and timelines as well as planning for the regional opioid summit.
- Upcoming meetings and events
 - Month of July – OPHCC 5210 Challenge
 - July 9 – ACH Executives Convening with Artemis (consultant group)
 - July 9 – SBHO Provider meeting
 - July 17 – Statewide oral health learning collaborative
 - July 18 – OCH Team Summer BBQ

- July 19 – 3CCORP Steering Committee
- July 23 – Health Care Oversight, the Joint Select Committee ACH update
- July 23 – OCH Executive Committee meeting
- July 25 – OCH Team Equity training
- July 29 – OCH PMEC meeting
- July 31 – Third semi-annual report due to HCA
- July 31 – 3CCORP Overdose prevention workgroup
- Staffing updates
 - Daniel Schafer’s last day was July 1.
 - Staff interviewed 3 candidates for the Communications Coordinator role at the end of June and will make a decision soon.
 - JooRi Jun’s final day with OCH is July 12. She is leaving to pursue other endeavors. Celeste will discuss next steps with the Executive Committee.
- Administrative updates
 - In a cost saving effort, staff recently updated our lease and arrangement with Vibe Coworks for our Poulsbo space to reduce the amount of space we lease.



DINGUS | ZARECOR & ASSOCIATES PLLC
Certified Public Accountants

Board of Directors
Olympic Community of Health
Port Townsend, Washington

We have audited the financial statements of Olympic Community of Health (Organization) for the year then ended December 31, 2018 and eleven-month period ended December 31, 2017, and have issued our report thereon dated July 1, 2019. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated November 5, 2018. Professional standards also require that we communicate to you the following information related to our audit.

Significant Audit Matters

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the Organization are described in Note 1 to the financial statements.

As described in Note 1 to the financial statements, the Organization adopted Accounting Standards Update No. 2016-14, *Not-for-Profit Entities* (Topic 958): *Presentation of Financial Statements of Not-for-Profit-Entities* (ASU) during the year ended December 31, 2018. Adoption of the ASU requires significant changes to the financial reporting model for not-for-profit entities, including changing from three classes of net assets to two classes: net assets with donor restrictions and net assets without donor restrictions. The ASU also requires certain information to be reported, including required disclosures about the liquidity and availability of resources. Accordingly, the ASU has been retrospectively applied to prior periods presented as if the ASU had always been used.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimate affecting the Organization's financial statement is the deferred contract revenue and investment fair value.

- Deferred contract revenue is estimated based on costs incurred.
- Investments are stated at fair value, which is determined by using the market quotations and other information available at the valuation date.

The financial statement disclosures are neutral, consistent, and clear.

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. Management has corrected all such misstatements. In addition, none of the misstatements detected as a result of audit procedures and corrected by management were material, either individually or in the aggregate, to the financial statements taken as a whole.

Disagreements with Management

For purposes of this letter, a disagreement with management is a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditors' report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated July 1, 2019.

Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the Organization's financial statements or a determination of the type of auditors' opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the Organization's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

Restriction on Use

This information is intended solely for the use of the Board of Directors and management of the Organization and is not intended to be, and should not be, used by anyone other than these specified parties.

Dingus, Zarecor & Associates PLLC

Spokane Valley, Washington
July 1, 2019

Olympic Community of Health

Financial Statements and
Independent Auditors' Report

December 31, 2018 and 2017



DINGUS | ZARECOR & ASSOCIATES PLLC
Certified Public Accountants

Olympic Community of Health
Table of Contents

	Page
<i>INDEPENDENT AUDITORS' REPORT</i>	1-2
<i>FINANCIAL STATEMENTS:</i>	
Statements of financial position	3
Statements of activities	4
Statements of cash flows	5
Notes to financial statements	6-13



DINGUS | ZARECOR & ASSOCIATES PLLC
Certified Public Accountants

INDEPENDENT AUDITORS' REPORT

Board of Directors
Olympic Community of Health
Port Townsend, Washington

Report on the Financial Statements

We have audited the accompanying financial statements of Olympic Community of Health (the Organization), which comprise the statements of financial position as of December 31, 2018 and 2017, and the related statements of activities and cash flows for the year ended December 31, 2018, and eleven-month period ended December 31, 2017, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Organization of as of December 31, 2018 and 2017, and the changes in its net assets and its cash flows for the year ended December 31, 2018, and eleven-month period ended December 31, 2017, in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As discussed in Note 1 to the financial statements, in 2018 the Organization adopted new accounting guidance, Financial Accounting Standards Board Accounting Standards Update No. 2016-14, *Not-for-Profit Entities* (Topic 958): *Presentation of Financial Statements of Not-for-Profit Entities*. Our opinion is not modified with respect to this matter.

Dingus, Zarecor & Associates PLLC

Spokane Valley, Washington
July 1, 2019

Olympic Community of Health
Statements of Financial Position
December 31, 2018 and 2017

ASSETS	2018	2017
<i>Current assets</i>		
Cash	\$ 511,818	\$ 5,953,951
Funds held by financial executor	5,084,896	-
Investments	4,565,597	-
Accrued interest receivable	1,302	-
Prepaid expenses	2,818	1,382
Total current assets	10,166,431	5,955,333
Total assets	\$ 10,166,431	\$ 5,955,333
LIABILITIES AND NET ASSETS (DEFICIT)		
<i>Current liabilities</i>		
Accounts payable	\$ 194,342	\$ 47,108
Accrued compensation and related liabilities	66,242	43,360
Deferred contract revenue	4,884,026	5,869,767
Total current liabilities	5,144,610	5,960,235
<i>Net assets (deficit) without donor restrictions</i>	5,021,821	(4,902)
Total liabilities and net assets without donor restrictions	\$ 10,166,431	\$ 5,955,333

See accompanying notes to financial statements.

Olympic Community of Health**Statements of Activities****Year Ended December 31, 2018, and Eleven-month Period Ended December 31, 2017**

	Year Ended December 31, 2018	Eleven-month Period Ended December 31, 2017
<i>Revenues, gains, and other support</i>		
Designated State Health Program funding	\$ 7,221,700	\$ -
Intergovernmental transfer funding	1,649,737	-
Contract revenue	1,032,944	588,735
Contributions	28,700	-
Investment income	68,058	-
Total revenues, gains, and other support	10,001,139	588,735
<i>Expenses</i>		
Distributions to partner organizations	3,912,100	-
Salaries and wages	463,417	258,884
Employee benefits	82,614	46,593
Professional fees	393,721	234,682
Supplies	9,411	9,075
Telephone	4,546	4,421
Insurance	5,316	1,024
Occupancy	33,593	16,141
Events	22,892	-
Other	46,806	22,817
Total expenses	4,974,416	593,637
Change in net assets (deficit) without donor restrictions	5,026,723	(4,902)
<i>Net deficit without donor restrictions, beginning of period</i>	(4,902)	-
Net assets (deficit) without donor restrictions, end of period	\$ 5,021,821	\$ (4,902)

See accompanying notes to financial statements.

Olympic Community of Health
Statements of Cash Flows
Year Ended December 31, 2018, and Eleven-month Period Ended December 31, 2017

	Year Ended December 31, 2018	Eleven-month Period Ended December 31, 2017
<i>Increase (Decrease) in Cash and Cash Equivalents</i>		
<i>Cash flows from operating activities</i>		
Contract receipts	\$ 47,203	\$ 6,458,502
Cash received from grants and other	28,700	-
Cash received from Designated State Health Program	7,221,700	-
Cash received from intergovernmental transfer	1,649,737	-
Investment income received	61,445	-
Cash paid for employee salaries and benefits	(523,149)	(262,117)
Cash paid to partner organizations	(3,775,460)	-
Cash paid to suppliers and others	(507,127)	(242,434)
Net cash provided by operating activities	4,203,049	5,953,951
<i>Cash flows from investing activities</i>		
Purchase of investments	(4,560,286)	-
Net (decrease) increase in cash and cash equivalents	(357,237)	5,953,951
Cash and cash equivalents, beginning of period	5,953,951	-
Cash and cash equivalents, end of period	\$ 5,596,714	\$ 5,953,951
<i>Reconciliation of Cash and Cash Equivalents to the Statements of Financial Position</i>		
Cash	\$ 511,818	\$ 5,953,951
Funds held by financial executor	5,084,896	-
Total cash and cash equivalents	\$ 5,596,714	\$ 5,953,951
<i>Reconciliation of Change in Net Assets (Deficit) Without Donor Restrictions to Net Cash Provided by Operating Activities</i>		
Change in net assets (deficit) without donor restrictions	\$ 5,026,723	\$ (4,902)
<i>Adjustments to reconcile change in net assets (deficit) without donor restrictions to net cash provided by operating activities</i>		
Unrealized gain on investments	(5,311)	-
Decrease (increase) in assets:		
Accrued interest receivable	(1,302)	-
Prepaid expenses	(1,436)	(1,382)
Increase (decrease) in liabilities		
Accounts payable	147,234	47,108
Accrued compensation and related liabilities	22,882	43,360
Deferred contract revenue	(985,741)	5,869,767
Net cash provided by operating activities	\$ 4,203,049	\$ 5,953,951

See accompanying notes to financial statements.

Olympic Community of Health
Notes to Financial Statements
Year Ended December 31, 2018, and Eleven-month Period Ended December 31, 2017

1. Organization and Summary of Significant Accounting Policies:

a. Organization

Olympic Community of Health (the Organization), a not-for-profit corporation, is an accountable community of health, one of nine in the state of Washington. Its purpose is to facilitate healthcare delivery transformation and community health improvement across the Olympic region. The region includes Clallam, Jefferson, and Kitsap Counties, in the territorial lands of the Sovereign Nations of the Hoh, Jamestown S’Klallam, Lower Elwha Klallam, Makah, Port Gamble S’Klallam, Quileute, and Suquamish Tribes.

The Organization’s primary funding source is through a Medicaid Transformation Project (MTP) that aims to improve health and wellness in Washington State. The MTP is a five-year agreement between the State of Washington and the Centers for Medicare and Medicaid (CMS). The MTP funding stages are design, pay for planning, pay for reporting, and pay for performance. The Organization earns incentive payments for completing project milestones, reporting on implementation metrics, and demonstrating improvement in health outcomes.

The Organization’s Board of Directors consists of leaders from tribal nations and health sectors. The Organization was incorporated in Washington in November 2016, and began operating February 1, 2017.

b. Summary of Significant Accounting Policies

Financial statement presentation – The financial statements of the Organization have been presented on the accrual basis of accounting. The Organization reports information regarding its financial position and activities according to two classes of net assets: without donor restrictions and with donor restrictions.

Use of estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and cash equivalents – For purposes of the statements of cash flows, the Organization considers all highly liquid investments with original maturity dates of three months or less to be cash equivalents. The Organization considers the funds held by the financial executor to be cash equivalents.

Funds held by financial executor – The Health Care Authority (HCA) contracts with a financial executor to provide a system for recording, processing, distributing, and reporting on the payment of incentive funds and other financial transactions between HCA, the Organization, and partnering organizations. The financial executor provides financial accounting and banking management support. Incentive payments earned by the Organization are held by the financial executor until distributed to partnering organizations and the Organization.

Prepaid expenses – Prepaid expenses are expenses paid during the year relating to expenses incurred in future periods. Prepaid expenses are amortized over the expected benefit period of the related expense.

Olympic Community of Health
Notes to Financial Statements (Continued)
Year Ended December 31, 2018, and Eleven-month Period Ended December 31, 2017

1. Organization and Summary of Significant Accounting Policies (continued):

b. Summary of Significant Accounting Policies (continued)

Accrued compensation and related liabilities – The Organization’s employees earn paid vacation at varying rates depending on their position and years of service. Unused vacation is accumulated and paid to the employee when the employee terminates employment; up to a maximum of 96 hours will be paid at termination of employment. The estimated amount of vacation payable for termination payments is reported as a current liability.

Net assets with donor restrictions and net assets without donor restrictions – Net assets with donor restrictions are those whose use by the Organization has been restricted by donors to a specific time period or purpose. Donor restricted contributions received during the reporting year for which the restrictions have been met during the same year are reported as net assets without donor restrictions. The Organization had no net assets with donor restrictions at December 31, 2018 and 2017.

Revenue recognition

Design funds – The Organization received \$6,000,000 from the Washington State Health Care authority in 2017. The Organization recorded deferred contract revenue when the funding was received. The Organization recognizes design funds based on progress towards performance objectives, with performance progress estimated based on costs incurred.

Pay for planning and pay for reporting (P4R) – The Organization earns incentive payments for submitting key P4R deliverables. P4R incentives are earned based on timely completion and reporting of milestones, timely and complete submission of recurrent deliverables, and timely and complete submission of “P4R metrics” collected for specific projects. The Organization recognizes revenue in the P4R stage when reports are submitted and accepted by HCA. The Organization is currently in the P4R stage.

Pay for performance (P4P) – The Organization will earn incentives for their Accountable Community of Health region improvement from baseline towards improvement targets and achievement of improvement targets during 2019, 2020, and 2021.

Incentives are received as Designated State Health Programs (DSHP) and Intergovernmental Transfer (IGT) funding. The IGT receipts and distributions are presented as a net funding source by the Organization. The two IGT transactions are interrelated and the net transaction is intended as a funding source for the Organization.

IGT funding occurs as follows:

- Public hospitals providing funds to the State of Washington.
- CMS then matches the funds received from the public hospitals.
- The public hospital and CMS funds are distributed by the State of Washington to the Organization.
- The Organization retains 37.5 percent of the funding and distributes 62.5 percent to the public hospitals.

Olympic Community of Health
Notes to Financial Statements (Continued)
Year Ended December 31, 2018, and Eleven-month Period Ended December 31, 2017

1. Organization and Summary of Significant Accounting Policies (continued):

b. Summary of Significant Accounting Policies (continued)

Contributions – Contributions received are recorded as with donor restrictions or without donor restrictions, depending on the existence of any donor restrictions. Contributions that are restricted by the donor are reported as increases in net assets without donor restrictions if the restrictions expire in the fiscal year in which the contributions are recognized. The Organization had no contributions with donor restrictions for the periods ended December 31, 2018 and 2017.

Donated equipment, materials, and investments are reflected as contributions in the accompanying financial statements at their estimated fair value at the date of receipt.

Gifts of long-lived assets such as land, buildings, or equipment are reported contributions as without donor restrictions unless the donor has restricted the contributed asset for a specific purpose. Gifts of long-lived assets with explicit restrictions regarding their use and contributions of cash that must be used to acquire capital assets are reported as contributions with donor restrictions. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service. The Organization reclassifies with donor restrictions to without donor restrictions at that time.

Investment income – Investment income or loss (including realized gains and losses on investments, unrealized gains and losses on investments, interest and dividends, and investment expenses) is included in the changes in net assets without donor restrictions revenue.

Credit risk – The Organization maintains its cash balance with a local bank. Accounts are insured by the Federal Deposit Insurance Corporation up to \$250,000. The bank deposits may exceed federally insured limits at times and at year end. The Organization has not experienced any losses in cash balances and management does not believe it is exposed to any significant credit risk.

Income taxes – The Organization is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. Accordingly, no provision for income taxes is necessary. The Organization evaluates uncertain tax positions whereby the effect of the uncertainty would be recorded if the outcome was considered probable and reasonably estimable. As of December 31, 2018 and 2017, the Organization had no uncertain tax positions.

Subsequent events – The Organization has evaluated subsequent events through July 1, 2019, the date on which the financial statements were available to be issued.

Change in accounting principle – The Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2016-14, *Not-for-Profit Entities* (Topic 958): *Presentation of Financial Statements of Not-for-Profit Entities*. ASU No. 2016-14 requires significant changes to the financial reporting model of organizations that follow FASB not-for-profit rules, including changing from three classes of net assets to two classes: net assets with donor restrictions and net assets without donor restrictions. The ASU also required changes in the way certain information is aggregated and reported by the Organization, including required disclosures about the liquidity and availability of resources. The new standard was effective and was implemented in the year ended December 31, 2018, and was required to be implemented on a retrospective basis. The standard impacts the presentation of net assets and the disclosures related to liquidity and availability.

Olympic Community of Health
Notes to Financial Statements (Continued)
Year Ended December 31, 2018, and Eleven-month Period Ended December 31, 2017

1. Organization and Summary of Significant Accounting Policies (continued):

b. Summary of Significant Accounting Policies (continued)

Upcoming accounting pronouncements – In May 2014, the FASB issued ASU No. 2014-09, *Revenue from Contracts with Customers* (Topic 606), which will supersede the current revenue recognition requirements in Topic 605, *Revenue Recognition*. The ASU is based on the principle that revenue is recognized to depict the transfer of goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The ASU also requires additional disclosure about the nature, amount, timing, and uncertainty of revenue and cash flows arising from customer contracts, including significant judgments and changes in judgments and assets recognized from costs incurred to obtain or fulfill a contract. The new guidance will be effective for the Organization's year ending December 31, 2019. The ASU permits application of the new revenue recognition guidance to be applied using one of two retrospective application methods. The Organization has not yet determined which application method it will use. The Organization does not expect that this standard will have a significant impact on the Organization's main revenue stream; however, management is still assessing the actual impact.

In February 2016, the FASB issued ASU No. 2016-02, *Leases* (Topic 842), which will supersede the current lease requirements in Accounting Standards Codification (ASC) 840. The ASU requires lessees to recognize a right-of-use asset and related lease liability for all leases, with a limited exception for short-term leases. Leases will be classified as either finance or operating, with the classification affecting the pattern of expense recognition in the statement of activities. Currently, leases are classified as either capital or operating, with only capital leases recognized on the statement of financial position. The reporting of lease-related expenses in the statements of activities and cash flows will be generally consistent with the current guidance. The new lease guidance will be effective for the Organization's year ending December 31, 2020, and will be applied using a modified retrospective transition method to the beginning of the earliest period presented. The new lease standard is expected to have a significant effect on the financial statements as a result of the leases for rented office space and medical equipment being reported as liabilities on the statement of financial position. The effect of applying the new lease guidance on the financial statements will be to increase long-term assets and to increase short-term and long-term lease liabilities. The effects on the results of operations are not expected to be significant as recognition and measurement of expenses and cash flows for leases will be substantially the same under the new standard.

Olympic Community of Health
Notes to Financial Statements (Continued)
Year Ended December 31, 2018, and Eleven-month Period Ended December 31, 2017

2. Designated State Health Program and Intergovernmental Transfer Funding:

The Organization recognized the following incentives in 2018:

DSHP Funding:

Project Plan	\$ 4,594,020
Semiannual Reporting Period of January-June 30, 2018	<u>2,627,680</u>
	<u>\$ 7,221,700</u>

IGT Funding:

Receipts:

Project Plan	\$ 2,621,498
Semiannual Reporting Period of January-June 30, 2018	<u>1,777,800</u>
	<u>\$ 4,399,298</u>

Distributions:

Project Plan	\$ 1,638,436
Semiannual Reporting Period of January-June 30, 2018	<u>1,111,125</u>
	<u>2,749,561</u>

Net IGT Funding	<u>\$ 1,649,737</u>
-----------------	---------------------

3. Liquidity and Availability of Financial Assets:

The Organization's financial assets available within one year of the statement of financial position date for general expenditures are as follows:

	2018	2017
Cash	\$ 511,818	\$ 5,953,951
Funds held by financial executor	5,084,896	-
Investments	4,565,597	-
Interest receivable	1,302	-
Financial assets available to meet cash needs for general expenditures within one year	\$ 10,163,613	\$ 5,953,951

As part of the Organization's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due. In addition, the Organization invests cash in excess of daily requirement in investments. See Note 4 for disclosures about investments.

Olympic Community of Health
Notes to Financial Statements (Continued)
Year Ended December 31, 2018, and Eleven-month Period Ended December 31, 2017

4. Investments:

Investments consisted of the following:

	2018	2017
US treasury note	\$ 2,002,858	\$ -
Money market	2,562,739	-
	\$ 4,565,597	\$ -

5. Fair Value Measurements:

The three levels of the fair value hierarchy are defined as follows:

- **Level 1** – Valuations for assets and liabilities traded in active exchange markets, such as the New York Stock Exchange. Level 1 also includes U.S. Treasury and federal agency securities and federal agency mortgage-backed securities, which are traded by dealers or brokers in active markets. Valuations are obtained from readily available pricing sources for market transactions involving identical assets or liabilities.
- **Level 2** – Valuations for assets and liabilities traded in less active dealer or broker markets. Valuations are obtained from third-party pricing services for identical or similar assets or liabilities.
- **Level 3** – Valuations for assets and liabilities that are derived from other valuation methodologies, including option pricing models, discounted cash flow models and similar techniques, and not based on market exchange, dealer, or broker traded transactions. Level 3 valuations incorporate certain assumptions and projections in determining the fair value assigned to such assets or liabilities.

Financial assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Organization's assessment of the significance of a particular input to fair value measurement requires judgment and may affect the valuation of fair value assets and liabilities and their placement within the fair value hierarchy levels.

Investments are stated at fair value, which is determined by using market quotations and other information available at the valuation date. The Organization's investments are considered to be Level 1 within the fair value hierarchy.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Organization believes its valuation methods are appropriate and consistent with the other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Olympic Community of Health
Notes to Financial Statements (Continued)
Year Ended December 31, 2018, and Eleven-month Period Ended December 31, 2017

6. Retirement Plan:

The Organization offers its employees the option of participating in a SEP-IRA Plan (the Plan). The Plan, available to all employees who meet the eligibility requirements, permits them to defer a portion of their salary until future years.

Participation in the Plan is voluntary. Each qualified employee will become eligible and fully vested in the Plan after three months of employment. The Organization will make cash contributions of three percent of the employee's salary to the Plan. During the year ended December 31, 2018, and eleven-month period ended December 31, 2017, the Organization contributed approximately \$14,000 and \$8,000 to the Plan on behalf of employees.

All amounts of compensation deferred and matching contributions under the Plan, all property and rights purchased with those amounts, and all income attributable to those amounts, property, or rights, are held in trust for the exclusive benefit of employee plan participants. Consistent with this, the Organization has no rights to these monies and, therefore, plan assets and liabilities are not reported on the Organization's financial statements.

7. Functional Expenses:

The Organization provides various programs and other activities to clients within its geographic location. Accordingly, certain costs have been allocated among the programs and supporting services benefited as follows:

	Year ended December 31, 2018			
	Program Services	Management and General	Fundraising	Total
Distribution to partner organizations	\$ 3,912,100	\$ -	\$ -	\$ 3,912,100
Salaries and wages	255,117	205,008	3,292	463,417
Employee benefits	48,683	33,338	593	82,614
Professional fees	352,468	41,253	-	393,721
Supplies	5,269	4,137	5	9,411
Telephone	2,025	2,492	29	4,546
Insurance	-	5,316	-	5,316
Occupancy	14,586	18,765	242	33,593
Events	22,507	385	-	22,892
Other	24,466	21,845	495	46,806
Total	\$ 4,637,221	\$ 332,539	\$ 4,656	\$ 4,974,416

Olympic Community of Health
Notes to Financial Statements (Continued)
Year Ended December 31, 2018, and Eleven-month Period Ended December 31, 2017

7. Functional Expenses (continued):

	Eleven-month Period Ended December 31, 2017		
	Program Services	Management and General	Total
Salaries and wages	\$ 165,769	\$ 93,115	\$ 258,884
Employee benefits	29,568	17,025	46,593
Professional fees	213,617	21,065	234,682
Supplies	9,075	-	9,075
Telephone	-	4,421	4,421
Insurance	-	1,024	1,024
Occupancy	-	16,141	16,141
Other	21,166	1,651	22,817
Total	\$ 439,195	\$ 154,442	\$ 593,637

The financial statements report certain categories of expenses that are attributable to program, fundraising, or management and general. Therefore, these expenses require allocation on a reasonable basis that is consistently applied. The expenses that are allocated include salaries and wages, employee benefits, telephone, insurance, and occupancy, which are allocated on the basis of estimates of time and effort.

8. Related-Party Transactions:

The Organization distributed approximately \$2,161,000 to partner organizations with representation on the Organization's Board of Directors.

Olympic Community of Health

S.B.A.R. DSRIP Revenue Recognition
Presented to the Finance Committee on July 1, 2019
Presented to the Board of Directors on July 8, 2019

Situation

Olympic Community of Health (OCH) receives revenues related to the Medicaid Transformation Project (MTP), that are held in trust by the firm Public Consulting Group in a portal called the Financial Executor (FE). This document will refer to these revenues as FE revenues. These funds are earned by OCH and the partners of the Olympic region for reporting, performance, and Value-Based Payment (VBP) incentives. While OCH exercises considerable control over the distribution of the FE revenues, they are not currently recognized as OCH revenue on our financial statements.

Background

OCH and its partners earn FE revenue from three specific sources. **Pay for Reporting (P4R)** revenue is earned based on semi-annual reporting (SAR) and subsequent scoring of progress to achieve project milestones, measures, and metrics set forth in the region's MTP implementation plan. **Pay for Performance (P4P)** revenue is earned annually based on the region's performance to achieve statewide milestones during 2019, 2020, and 2021; however, there is approximately a two-year lag time required for HCA and its independent assessor to gather data on a set of statewide goals agreed to by HCA and CMS, resulting in payments of this nature being made through 2023. **VBP incentives** are earned based on related reporting milestones.

HCA utilizes dedicated state resources, investments by intergovernmental transfer (IGT) partners, and matching funds from the Centers for Medicare and Medicaid Services (CMS) to establish semi-annual pools to distribute FE portal funds to Accountable Communities of Health (ACH).

While FE portal funds were received in 2018 and 2019, it has not been standard practice to recognize these funds on OCH financial statements. DZA, OCH's audit firm, provided recommendations to staff based on consultation with two other ACHs and their own level of expertise.

Action

Because OCH exercises considerable discretion over who will receive FE revenues in the Olympic region, and in what amount, the auditors at DZA, OCH staff and the OCH Finance Committee agree that FE revenues should be recognized on OCH financial statements.

There is difficulty in estimating FE revenues that will be distributed to the OCH region. For instance, there is a degree of uncertainty at the state level over the amount of funds which will be made available to the ACHs. In addition, the substantial data lag around P4P makes it difficult to determine the level at which the Olympic region will realize this type of FE revenue. Therefore, we recommend recognizing FE revenue when award letters detailing the amount and nature of funds are received from the independent assessor, Myers and Stauffer. We also recommend reporting the netted amounts of intergovernmental transfers (amounts remaining once ACHs have made disbursements to the public hospital contributors) in the financial

statements, with the gross amounts being listed in the notes to the financial statements. This requires a vote of the OCH Board of Directors to both correct prior financial statements and for future revenues earned.

Recommended Motion

The OCH Board of Directors approves the recognition of Delivery System Reform Incentive Payment (DSRIP) funding in the Financial Executor Portal on OCH's income statement and balance sheet, following the timing recommendations from audit firm DZA:

- Project Plan – Recognize \$4,594,020 (Designated State Health Program [DSHP]) and \$983,062 (IGT) on Feb 14, 2019 (Gross IGT earnings of \$2,621,498 to be disclosed in notes to financial statement)
- SAR 1 – Recognize \$2,627,680 (DSHP) and \$666,675 (IGT) on October 1, 2018 (Gross IGT earnings of \$1,777,800 to be disclosed in notes to financial statement)
- SAR 2 – Recognize \$3,536,458 (DSHP - \$300,000 VBP; \$3,236,458 P4R) and \$438,398 (IGT) on April 5, 2019 (Gross IGT earnings of \$1,169,060 to be disclosed in notes to Financial Statement)
- Moving forward, recognize FE portal funds when award letters detailing the amount and nature of FE revenues are received from Myers and Stauffer, the independent assessor.

	National	WA	OCH Region			2017OCH	2019OCH	Clallam			Jefferson			Kitsap		
Measure Name	Benchmark	Rate	Num	Den	Rate	Baseline	Target	Num	Den	Rate	Num	Den	Rate	Num	Den	Rate
1 Acute Hospital Utilization, per 1000 Members	-	59	1,726	30,666	56	-	-	505	8,079	63	156	3,104	50	1,065	19,483	55
2 All-Cause ED Visits, per 1000 MM	-	52	49,587	775,517	64	-		10,233	201,207	51	3,472	69,641	50	35,882	504,669	71
All-Cause ED Visits, per 1000 MM - ages 0-17	-	36	13,992	326,656	43	42	41	2,639	85,265	31	814	24,276	34	10,539	217,115	49
All-Cause ED Visits, per 1000 MM - ages 18 - 64	-	67	35,425	446,650	79	79	78	7,557	115,289	66	2,634	44,991	59	25,234	286,370	88
All-Cause ED Visits, per 1000 MM - ages 65+	-	54	170	2,211	77	69	68	37	653	57	24	374	64	109	1,184	92
3 Antidepressant medication management – Acute (12 weeks)	64%	51%	742	1,415	52%	54%	55%	179	372	48%	64	94	68%	499	949	53%
Antidepressant medication management - Continuation (6 months)	49%	35%	498	1,415	35%	38%	39%	120	372	32%	41	94	44%	337	949	36%
4 Child and adolescent access to primary care	-	91%	21,814	24,142	90%	-		5,909	6,442	92%	1,612	1,826	88%	14,293	15,874	90%
Child and adolescent access to primary care - ages 12-24 months	98%	97%	1,479	1,536	96%	96%	96%	390	411	95%	104	108	96%	985	1,017	97%
Child and adolescent access to primary care - ages 2-6 years	93%	88%	6,483	7,453	87%	86%	87%	1,833	2,064	89%	415	508	82%	4,235	4,881	87%
Child and adolescent access to primary care - ages 7-11 years	96%	92%	6,102	6,719	91%	91%	92%	1,661	1,796	92%	459	513	89%	3,982	4,410	90%
Child and adolescent access to primary care - ages 12-19 years	96%	92%	7,750	8,434	92%	91%	92%	2,025	2,171	93%	634	697	91%	5,091	5,566	91%
5 Childhood Immunization Status (Combo 10)	-	37%	516	1,552	33%	-	-	-	-	-	-	-	-	-	-	-
6 Chlamydia Screening- ages 16-24 years	72%	52%	1,227	2,446	50%	50%	52%	330	637	52%	103	227	45%	794	1,582	50%
Chlamydia Screening- ages 16-20 years	-	48%	597	1,358	44%	-		168	364	46%	57	151	38%	372	843	44%
Chlamydia Screening- ages 21-24 years	-	58%	630	1,088	58%	-		162	273	59%	46	76	61%	422	739	57%
7 Comprehensive Diabetes Care: Eye Exam (Retinal) Performed	-	44%	938	2,261	41%	-	-	208	581	36%	73	163	45%	657	1,517	43%
8 Comprehensive Diabetes Care: HBA1c Testing	95%	84%	1,862	2,261	82%	84%	85%	482	581	83%	135	163	83%	1,245	1,517	82%
9 Comprehensive Diabetes Care: Medical Attention for Nephropathy	95%	87%	1,934	2,261	86%	85%	86%	490	581	84%	141	163	87%	1,303	1,517	86%
10 Contraceptive Care – Most and Moderately Effective Methods	-	29%	3,372	10,912	31%	-		820	2,749	30%	329	1,020	32%	2,223	7,143	31%
Contraceptive Care – Most&Moderately Effective Methods- ages 15-20 years	-	30%	1,061	2,771	38%	-	-	282	730	39%	134	258	52%	645	1,783	36%
Contraceptive Care – Most&Moderately Effective Methods- ages 21-44 years	-	29%	2,311	8,141	28%	-	-	538	2,019	27%	195	762	26%	1,578	5,360	29%
11 Contraceptive Care – Postpartum	-	41%	370	925	40%	-		107	248	43%	25	81	31%	238	596	40%
Contraceptive Care – Postpartum- ages 15-20 years	-	45%	35	69	51%	-	-			SUPP			SUPP	24	43	56%
Contraceptive Care – Postpartum- ages 21-44 years	-	41%	335	856	39%	-	-	98	225	44%	23	78	29%	214	553	39%
12 Dental Sealants for Children at Elevated Caries Risk																
Dental Sealants for Children at Elevated Caries Risk - ages 6-9 years							-									
Dental Sealants for Children at Elevated Caries Risk - ages 10-14 years							-									
13 Follow-up After ED Visit for Alcohol & Other Drug Abuse/Dependence: 7 days	-	26%	225	845	27%	-	-	108	303	36%	23	78	29%	94	464	20%
Follow-up After ED Visit for Alcohol & Other Drug Abuse/Dependence: 30 days	-	35%	323	845	38%	-	-	149	303	49%	31	78	40%	143	464	31%
14 Follow-Up after ED visit for Mental Illness: 7 days	-	66%	290	424	68%	-	-	86	107	80%	34	44	77%	170	273	62%
Follow-up After ED Visit for Mental Illness: 30 days	-	77%	330	424	78%	-	-	92	107	86%	39	44	89%	199	273	73%

	National	WA	OCH Region			2017OCH	2019OCH	Clallam			Jefferson			Kitsap		
Measure Name	Benchmark	Rate	Num	Den	Rate	Baseline	Target	Num	Den	Rate	Num	Den	Rate	Num	Den	Rate
15 Follow-up After Hospitalization for Mental Illness: 7 days	-	69%	197	255	77%	-	-	38	46	83%	15	19	79%	144	190	76%
Follow-up After Hospitalization for Mental Illness: 30 days	-	85%	231	255	91%	-	-	43	46	93%	16	19	84%	172	190	91%
16 Medication Management for People with Asthma (75%)	50%	32%	240	651	37%	35%	37%	48	143	34%	28	58	48%	164	450	36%
17 Mental Health Treatment Penetration	-	52%	11,704	21,827	54%	-		3,006	5,656	53%	1,082	1,936	56%	7,616	14,235	54%
Mental Health Treatment Penetration - 6-17 years	-	63%	3,564	5,393	66%	65%	66%	921	1,345	68%	231	362	64%	2,412	3,686	65%
Mental Health Treatment Penetration - 18-64 years	-	47%	8,133	16,421	50%	49%	50%	2,083	4,309	48%	849	1,572	54%	5,201	10,540	49%
Mental Health Treatment Penetration - 65+ years	-	32%			SUPP	29%	29%			SUPP			SUPP			SUPP
18 Patients Prescribed Chronic Concurrent Opioids and Sedatives - all ages	-	22%	979	4,533	22%	22%	22%	244	1,624	15%	169	528	32%	566	2,381	24%
19 Patients Prescribed High-dose Chronic Opioid Therapy: >50 mg MED	-	35%	1,836	4,533	41%	41%	40%	669	1,624	41%	262	528	50%	905	2,381	38%
Patients Prescribed High-dose Chronic Opioid Therapy: >90 mg MED	-	17%	993	4,533	22%	23%	22%	374	1,624	23%	142	528	27%	477	2,381	20%
20 Percent Arrested - 18-64 years	-	7%	2,844	39,228	7%	-	-	660	10,078	7%	268	3,965	7%	1,916	25,185	8%
21 Percent Homeless (Narrow Definition)	-	3%	2,180	67,268	3%	-		666	17,367	4%	188	6,061	3%	1,326	43,840	3%
Percent Homeless (Narrow Definition) - 0-17 years	-	1%	198	27,806	1%	1%	1%			SUPP			SUPP	110	18,528	1%
Percent Homeless (Narrow Definition) - 18-64 years	-	5%	1,982	39,228	5%	5%	5%	594	10,078	6%	172	3,965	4%	1,216	25,185	5%
Percent Homeless (Narrow Definition) - 65+ years	-	1%	0	234	0%	2%	2%	0	69	0%	0	38	0%	0	127	0%
22 Periodontal Evaluation in Adults with Chronic Periodontitis	-	49%	967	2,606	37%	-	-	318	758	42%	100	201	50%	549	1,647	33%
23 Plan All-Cause Hospital Readmissions – 18-64 years	-	14%	232	1,818	13%	12%	12%	37	491	8%	25	140	18%	170	1,187	14%
24 Primary Caries Prevention Intervention by Primary Care Medical Providers	-	5%	205	9,569	2%	2%	2%			SUPP			SUPP	143	6,397	2%
25 Statin Therapy for Patients with Cardiovascular Disease (Prescribed)	-	66%	165	278	59%	-	-	48	87	55%	12	20	60%	105	171	61%
26 Substance Use Disorder Treatment Penetration	-	32%	2,438	7,043	35%	-		918	2,160	43%	196	590	33%	1,324	4,293	31%
Substance Use Disorder Treatment Penetration - 12-17 years	-	33%	113	300	38%	39%	40%	67	107	63%	12	31	39%	34	162	21%
Substance Use Disorder Treatment Penetration -18 -64 years	-	32%	2,325	6,738	35%	32%	32%	851	2,051	41%	184	558	33%	1,290	4,129	31%
Substance Use Disorder Treatment Penetration - 65+ years	-	9%	0		SUPP	0%	0%	0		SUPP	0		SUPP	0		SUPP
27 Substance Use Disorder Treatment Penetration (Opioid)	-	46%	1,050	2,707	39%	-		448	1,025	44%	56	190	29%	546	1,492	37%
Substance Use Disorder Treatment Penetration (Opioid) - 18-64 years	-	46%	1,050	2,705	39%	-	-	448	1,024	44%	56	190	29%	546	1,491	37%
Substance Use Disorder Treatment Penetration (Opioid) - 65+ years	-	19%	0		SUPP	-	-	0		SUPP	0		SUPP	0		SUPP
28 Timeliness of Prenatal Care	-	80%	987	1,250	79%	-	-	-	-	-	-	-	-	-	-	-
29 Utilization of Dental Services	-	46%	24,963	66,959	37%	-		6,845	17,321	40%	1,873	6,024	31%	16,245	43,614	37%
Utilization of Dental Services- ages 0-20 years	-	63%	17,159	31,061	55%	55%	56%	4,650	8,073	58%	1,240	2,340	53%	11,269	20,648	55%
Utilization of Dental Services- ages 21+	-	26%	7,804	35,898	22%	21%	22%	2,195	9,248	24%	633	3,684	17%	4,976	22,966	22%
30 Well-child visits - 3-6 years	85%	63%	3,708	6,166	60%	61%	63%	941	1,705	55%	243	418	58%	2,524	4,043	62%
31 Well-Child Visits in the First 15 Months of Life: 6+ visits	-	61%	768	1,300	59%	-	-	-	-	-	-	-	-	-	-	-

Summary of 2019 Regional Natural Community of Care Convening

Attendees:

Clallam	24
Jefferson	9
Kitsap	22
Other partners	9
Total	64

The 2019 regional Natural Community of Care convening took place on June 25 at the Jamestown S’Klallam Tribe Red Cedar Hall. Based on initial review of evaluations by participants, the convening successfully achieved its objectives:

1. To create space for sharing knowledge in alignment with the work and goals of the collective Olympic Community of Health
2. To build and strengthen partnerships across the region
3. To learn about early successes and best practices of partner work

The day started with a warm welcome from the Jamestown S’Klallam tribe. Data focusing on 2019 targets for the region framed the networking sessions to follow. There were two networking sessions: Within sector (primary care, behavioral health, and community-based organizations & social services) and then by Natural Community of Care (Clallam, Jefferson, and Kitsap). Highlights of successes and challenges of transformation work from the networking sessions include:

- The successful launch of a community paramedicine program in Clallam and police navigator program in Jefferson to reduce Emergency Department visits
- Successes in broadening the Opioid Use Disorder (OUD) treatment system from an abstinence-only model to a more comprehensive approach, which has positioned the region as a leader in OUD treatment in the state
- Integration of dental services in primary care sites across the region
- Challenges in developing and attracting a workforce leading to unfilled clinical positions
- The need for better recognition of the value and services that community-based organizations and social services bring to the clinical community.

In the afternoon, three partners were invited to share success stories around PreManage implementation, LGBTQ health equity practices, and care coordination between Substance Use Disorder (SUD) counseling services and MAT prescribers. The day ended with a creative activity that gave partners an opportunity to share their vision of what success will look like in the region at the conclusion of Medicaid Transformation.

Partners stated that the convening was a “nice mix of doing, sharing, and listening,” and that it was a “well-structured and facilitated day.” Networking, collaborating, and hearing success stories were highlighted as the things people most liked about the day.

Request for topics for future convenings include more success stories, tribal presentations, deep dives into a specific project area, and discussions on sustainability. Several participants suggested shortening future convenings to half a day.

Partners noted participants missing at the convening were housing, law enforcement and the Hoh, Makah, and Quileute tribal nations.