Community Health Network of the San Juans
June 2026 Network Update

What We're Celebrating!

June marked the Network's first in-person and virtual all-islands gathering since the April convening, bringing together partners from across San Juan, Orcas, and Lopez for a shared check-in on progress across all three workgroups. The gathering reflected what the Network has been building toward: real cross-island conversation, grounded in concrete work that is already moving.

The June 16th hybrid gathering drew participants from all three islands simultaneously — meeting in-person on each island before joining together via Zoom. Workgroup members shared updates on focus areas, early partnerships, and next steps, and the gathering provided an opportunity to strengthen connections across organizations and sectors that don't always have a regular venue for coordination.

We are also celebrating a major milestone: the Orcas Island Health Care District and Orcas Fire & Rescue have approved a joint agreement to launch a Mobile Integrated Health (MIH) pilot on Orcas Island. MIH programs bring licensed health professionals directly to people in their homes or community settings, connecting those with chronic conditions or limited access to routine care with the right level of support before a crisis occurs. The Orcas program will look for opportunities to collaborate with San Juan Island's Community Paramedicine program and with the Lopez Island MIH effort as it develops — building toward a coordinated, county-wide approach to community-based care.

Insurance Access & Navigation Workgroup

Participants: Justin Paulsen (San Juan County Council), Rachel Lucy (PeaceHealth), Lindsay Jennings (Orcas Island Community Foundation), Amy Harley (San Juan County Health Officer), Yubi Schollmeyer (Joyce Sobel Family Resource Center), Patty Codd (Island Hospital), Iris Graville (Lopez Island Health Care District)

In June, the workgroup focused on bringing in health systems voices and contributions from other service providers across the county to strengthen the landscape document — a county-wide map of payer mix, services, clinic models, and referral pathways across all three islands. The workgroup prioritized grounding it in the direct knowledge of clinical and community partners, and drew on available state and national data sources on insurance coverage — though it's worth noting that reliable data on current coverage shifts is limited, as the effects of people dropping or losing coverage are still emerging and difficult to capture in real time.

In July, the workgroup will review the landscape document in its current state and begin selecting project focus areas. The workgroup is also looking at how to work across the Network

to identify shared health metrics — such as well-child checks, diabetes management, and Medicare annual wellness visits — as meaningful, measurable indicators of impact that connect to what local health systems are already tracking.

Transportation & Mobile Health Services Workgroup

Participants: Kyra Dyer (Orcas Community Resource Center), Alison Sanders (Coalition for Orcas Youth / Orcas Island Health Care District), Debbie Haagenson (Island Rides), Richard Uri (San Juan County Human Services), Rene Denman (Steps), Tyler Cornell (San Juan County Senior Services), Tess White (Steps), Kristen Rezabek (SJC Health and Community Services), Melissa Martin (SJI Community Foundation)

The workgroup continued advancing its three defined work areas, with the flight membership public education effort producing its first tangible deliverable: a public-facing one-page guide to medevac membership programs in San Juan County. The guide is designed for broad community distribution and will be paired with a dedicated webpage through Orcas Fire & EMS that centralizes sign-up links for all three medevac companies. Distribution planning across the islands is underway.

Work also continued on mapping off-island transportation resources and identifying gaps in inter-regional connectivity — particularly for residents traveling to mainland care — and on beginning to assess appetite among health systems for expanded visiting and mobile health services.

Care Coordination Workgroup

Participants: Melissa Martin (San Juan Island Community Foundation), Heidi Bruce (SJC Senior Services), Edee Scriven (Lopez Island Hospital District), Katherine Bryant Ingman (Catherine Washburn Medical Association), Theresa Loya (Peace Island Medical Center), Adam Bigby (Lopez Fire/EMS), Nathan Butler (San Juan Hospital District #1); CHW-focused meetings also included representatives from the Lopez Island, Orcas Island, and San Juan Island family resource centers

Both island Mobile Integrated Health (MIH) efforts continued advancing in June. On Orcas, the interlocal agreement between the Orcas Island Health Care District and Orcas Fire & Rescue was finalized! — This a key structural milestone for the Orcas MIH pilot. On Lopez, the community needs assessment survey is advancing in preparation for a Lopez MIH pilot, pending final approval.

CHW coordination work continued on multiple fronts. Trillium conducted interviews with Community Health Workers from each of the three island resource centers, as well as a San Juan County CHW, to gather their in-the-field knowledge of what they are seeing as community needs. This directly addresses a workgroup goal of aligning CHW training and services with evolving community need. Diabetes support and Medicaid enrollment navigation support emerged as important areas of CHW work across the islands.

Cross-island planning also continued around sustainable CHW funding strategy, a shared countywide training structure, and Medicaid/Medicare reimbursement readiness. The three family resource centers remain central to this work, with a coordinated timeline extending through fall 2026.

Behavioral Health Access — Incoming Fourth Workgroup

The Network is bringing Behavioral Health Access on as a fourth workgroup, which will meet for the first time in July. Behavioral health has been consistently named as a critical priority across community input sessions, the Community Health Assessment, and workgroup conversations — and the Network is now positioned to support a dedicated workgroup focused on access to behavioral health services across the islands. More details on structure, focus areas, and participants to come.

In Summary: What Moved Forward in June — Process Wins

- **First all-islands hybrid gathering:** Network partners from all three islands convened simultaneously in June, sharing updates across workgroups and strengthening cross-island relationships.
- **Health systems voices brought into landscape mapping (Insurance Access):** The workgroup expanded the landscape document by actively recruiting clinical and service provider input — moving toward a picture grounded in direct systems knowledge.
- **First public-facing deliverable (Transportation):** A draft one-pager on medevac membership programs is complete and has gone through initial rounds of feedback with the workgroup. Next steps are streamlining how community members find this information online and in public settings, and getting updated materials into the hands of community partners across the islands.
- **CHW field knowledge gathered (Care Coordination):** Interviews with CHWs from all three islands surfaced community needs — including diabetes support and Medicaid enrollment navigation — that will shape training and service alignment going forward.
- **MIH advancing on both Orcas and Lopez (Care Coordination):** The Orcas interlocal agreement is near finalization; the Lopez needs assessment is progressing toward a pilot launch.
- **Behavioral health added as fourth workgroup:** The Network is expanding its scope to formally address behavioral health access, with a first meeting scheduled for July.

Save the Date

San Juan County Community Health Network — Fall Convening

September 17, 2026 | 9:30 AM – 12:30 PM | Lopez Island Community Center

Join us for the Community Health Network's fall gathering — a cross-sector, in-person convening bringing together health systems, community organizations, and partners from across all three islands. We'll share progress from the Network's workgroups, review what

we've learned since spring, and work together to sharpen priorities for the months ahead. Light refreshments provided.

Get Involved

The Community Health Network is a community effort — your voices and knowledge are essential to the work. If you are interested in following along, attending a workgroup meeting, or getting more involved, reach out to:

Trillium Swanson | trilliums@orcashealth.org

Community Health Network of the San Juan Islands

Draft Project Management Timeline — Network-Wide & By Workgroup

Summer 2026

Project Area	Goal	Objective	Performance Indicator	By When	Key / Lead Agencies
Steering Committee — Network-Wide Work					
Network Funding	Secure sustained funding for Network-wide Project Management	• Finalize and formally document the OIHCD Model C fiscal sponsorship arrangement • Identify and pursue 2–3 funding sources (grants, health district contributions) to sustain the PM role beyond its current term	• Fiscal sponsorship agreement executed • Funding secured or firmly committed to sustain the PM role through at least 2027	Before September 2026	• Orcas Island Health Care District (fiscal sponsor) • Steering Committee • All three hospital districts
Governance & Steering Committee Composition	Formalize the governance framework and confirm Steering Committee membership as the Network matures.	• Adopt the governance framework document • Assess whether additional sectors (e.g., EMS, schools) should be added to the Steering Committee	• Governance framework formally adopted • Any new members recruited and onboarded	Fall 2026	• Steering Committee (3 hospital districts, 3 resource centers, SJC Health & Community Services)
Monthly Public Reporting	Keep the community informed with regular, plain-language progress reports.	• Project Manager drafts report per the governance template; workgroup reps review for accuracy before publication	• Reports published on a consistent monthly/bi-monthly cadence • Each report includes both process and concrete wins	Ongoing, monthly	• Project Manager (Trillium) • Steering Committee
Community Convenings	Sustain broad, cross-sector, cross-island engagement through in-person and hybrid gatherings.	• Hold hybrid community meetings accessible from all three islands • Plan a fall 2026 Network convening to share workgroup progress countywide and gather further input	• Convenings held with representation from all three islands • Community feedback documented and shared with workgroups	Fall 2026 (date TBD)	• Steering Committee • Project Manager
Transportation & Mobile Health Workgroup					
Travel to Off-Island Services (Interregional Connectivity)	Improve reliable transportation to off-island care and coordinated return-home/discharge support.	• Pilot improved discharge-planning coordination with PeaceHealth St. Joseph • Explore a small emergency fund for hotel/taxi costs for patients returning home (likely a fund per island)	• Discharge-planning pilot designed and launched • WSDOT and Port of Orcas grant outcomes known • Decision made on TVP reactivation	Pilot design by fall 2026	• PeaceHealth St. Joseph • Island Rides • SJC Human Services

Project Area	Goal	Objective	Performance Indicator	By When	Key / Lead Agencies
		• Support Island Rides' WSDOT grant (paid Orcas drivers) and Port of Orcas ferry-shuttle grant • Explore reactivating the Transportation Voucher Program (TVP) with anacortes taxi providers (Richard did this, DOA)			• Port of Orcas (pending their receiving a WSDOT grant for Orcas-based electronic transit services)
Visiting Health Services (Mobile & Distributed Care)	Understand current visiting/mobile services and referral pathways across islands, using the county dental program as a model for future expansion.	• Contribute transportation/visiting-service input to the Insurance workgroup's county-wide mapping worksheet • Revisit and define a concrete project once community needs and system readiness are better understood	• Mapping worksheet input complete • Decision made on whether/how to pursue a dedicated visiting-services project	Mapping input by Q3 2026; project decision by Q4 2026	• Transportation workgroup • Insurance workgroup • Island Hospital, PeaceHealth, Sea Mar
Flight Membership Enrollment & Public Education	Ensure all residents understand emergency air transport options and can access enrollment support, relieving EMS of this informal burden.	• Publish plain-language public education materials on the three medevac programs, costs, and Medicaid coverage • Establish coordinated enrollment support across islands through resource centers and EMS	• Public education materials published and distributed (e.g., via island fire/EMS websites) • Number of residents assisted with enrollment tracked • Partner commitment secured from EMS and resource centers	Materials published summer 2026 (in progress); enrollment support structure by fall 2026	• Orcas Fire & EMS • Three air transport companies • Family Resource Centers (all islands) • EMS departments (all islands)
Insurance Access & Health Services Navigation Workgroup					
County-Wide Care Landscape Mapping	Build an evidence base of payer mix, clinic models, services, and referral pathways across all three islands before selecting a project.	• Complete data-gathering worksheet with health systems input (Island Hospital and PeaceHealth completed May) • Incorporate an equity lens for LGBTQ+, uninsured/underinsured, and Medicaid-transition populations	• Completed county-wide mapping dataset • Documented service and coverage gaps by island and population	Complete by summer 2026 (complete)	• PeaceHealth • Island Hospital • SJC Council • Orcas Island Community Foundation • SJC Health Officer
Medicaid Coverage Retention	Minimize coverage loss by helping at-risk individuals navigate annual documentation updates and work requirement exemptions.	• Map all existing "helper" organizations (health systems, resource centers, Compass Health, etc.) and their current re-enrollment support capacity by __ • Identify the top 3–5 recurring causes of preventable coverage loss during re-enrollment • Develop and distribute a shared, cross-agency re-enrollment/exemption-verification toolkit or checklist?	*Still in progress*		

Project Area	Goal	Objective	Performance Indicator	By When	Key / Lead Agencies
		• Track number of individuals assisted through re-enrollment support and resulting coverage retention rate year-over-year?			
Preventative Care for the Uninsured	Identify and deploy consistent, islands-wide access points for vital preventative care, physicals, and specialized screenings (e.g., mammograms, cervical cancer education), with a focus on individuals opted out of the insurance marketplace.	• Inventory current preventative care access points across all islands and identify coverage gaps by island • Establish at least one consistent, recurring access point per island for physicals and key screenings within 12 months? • Set a target number/percentage of uninsured individuals reached with preventative services annually? • Develop outreach materials specifically for individuals who have opted out of the marketplace?	*Still in progress*		
Marketplace Advocacy	Partner with state-level advocacy networks and legislative resources to address structural inequalities stemming from the county's single-provider marketplace monopoly.	• Identify and establish contact with relevant state-level advocacy/legislative partners within 6 months • Document specific structural harms caused by the single-provider monopoly to support advocacy efforts? • Draft a shared advocacy position or set of policy recommendations with partner organizations? • Track legislative or regulatory engagement (meetings held, testimony given, proposals submitted) over the year	*Still in progress*		
Care Coordination Workgroup					
Mobile Integrated Health (MIH)	Connect people with complex or chronic needs to appropriate care before a crisis occurs, reducing ED	• Finalize the Orcas interlocal agreement between OIHCD and Orcas Fire & Rescue	• Orcas interlocal agreement signed • Lopez MIH pilot approved • Cross-island MIH resource-sharing established	Orcas agreement by fall 2026; Lopez pilot decision by	• Orcas Island Health Care District • Orcas Fire & Rescue • Lopez Island Hospital District • Village at Home (San Juan)

Project Area	Goal	Objective	Performance Indicator	By When	Key / Lead Agencies
	visits, through MIH programs on all three islands.	• Advance the Lopez Island community needs-assessment survey toward pilot approval • Connect to and share learnings between new programs andSJI's existing home-visit model (Village at Home)		fall/winter 2026	
Sustainable Funding for CHW Programs	Move from fragmented, island-by-island CHW grant dependency toward a unified, countywide funding approach.	• Map current funding sources, grant end dates, and anticipated gaps across all three resource centers (completed June '26) • Develop a coordinated countywide funding strategy	• Funding landscape mapping complete • 2–3 viable funding opportunities identified • At least one collaborative grant application submitted	Map complete end of June 2026 (done); opportunities/ ask drafted by August 2026; application submitted by fall 2026	• Lopez, Orcas & San Juan Family Resource Centers
Countywide CHW Training Structure	Build an annual, bilingual training structure grounded in what CHWs actually encounter, with room for peer connection across islands.	• Conduct structured capacity interviews with CHWs at each resource center • Develop a coordinated annual training calendar tied to interview findings • Launch the first coordinated training under the new structure	• Interviews complete • Findings shared with CHWs and directors • Training calendar published; first training session held	Interviews by end of June 2026 (done); findings shared July 2026; calendar Aug–Sept 2026; first training fall 2026	• Family Resource Centers (all three islands) • Community Health Workers
Medicaid/Medicare Reimbursement Readiness	Position the county for CHW Medicaid/Medicare reimbursement as pathways expand, alongside state-level advocacy.	• Explore a CHW Medicare billing pilot with the San Juan County Public Hospital District (done; currently paused) • Align local CHW training/supervision with WA Health Care Authority (HCA) reimbursement standards (essentially already happening) • Expand OCRC ACH Care Coordination Hub grant (Medicaid dollars from HCA) to Lopez and SJI • Explore point-in-time reimbursement as a medicaid $ capture route	• HCA standards review complete • Advocacy coalition(s) identified and engaged • Billing pilot partnership scoped • All CHWs receiving some funds through ACH grant • Point-in-time Medicaid reimbursement pathways formally explored and documented	HCA review by summer 2026; coalitions identified by fall 2026; work ongoing into 2027	• San Juan County Public Hospital District • Family Resource Centers • WA State Health Care Authority • NSACH
Behavioral Health Access Workgroup					

Project Area	Goal	Objective	Performance Indicator	By When	Key / Lead Agencies
Substance use disorder (SUD)	Close the most significant gap in the behavioral health system by making SUD assessment fast and accessible enough that it no longer serves as the primary barrier to treatment.	• Reduce the average wait time between referral and completed SUD assessment • Identify and document all current SUD assessment pathways available across the islands, including gaps by location • Establish at least one faster, low-barrier assessment option or new/improved relationship with a provider (serving all three islands)	• Average number of days from referral to completed SUD assessment, tracked quarterly • Completion of a countywide SUD assessment pathway map, including identified gaps by island • Number of low-barrier/same-day SUD assessment slots or programs established within 12 months		
Mental Health Assessment access and speed	Ensure timely mental health assessment access for all community members, regardless of insurance status, so coverage gaps no longer delay or prevent people from getting care.	• Reduce average time to a completed mental health assessment, particularly for uninsured or underinsured individuals • Identify and document alternate assessment routes for individuals without adequate coverage (e.g., providers who assess regardless of insurance status) • Track number of individuals who experienced a delayed or denied assessment due to coverage gaps	• Average number of days from request to completed mental health assessment, disaggregated by insurance status? • Number of documented assessment options available to uninsured/underinsured individuals • Number of reported cases where assessment was delayed or denied due to insurance status, tracked quarterly		
Medication management	Help people stay consistently and safely on needed medications — including MAT — both in ongoing community life and during high-risk transition periods, to reduce relapse, disengagement, and preventable crises.	• Increase the number of individuals connected to MAT within a defined target window of identified need • Establish consistent, coordinated support for medication management during care transitions (e.g., re-entry from jail or psychiatric hospitalization) • Reduce reported instances of medication lapses or mismanagement during the first 30 days post-transition	*Still in progress*		

Community Health Network — Insurance Access & Services Navigation Workgroup

Insurance & Services Snapshot– San Juan Islands

July 2026

This document distills what we've gathered so far into a focused picture for the purposes of narrowing down work areas for the Insurance & Services Navigation Workgroup. It is a snapshot and not put forth as a complete analysis.

1. THE COVERAGE LANDSCAPE — WHAT WE KNOW

Population / Coverage Type	Key Data Point	What It Means for Our Work
Uninsured (under 65)	~9% according to NIH 2023 data	*Trending to worse as Medicaid redeterminations continue.*
Medicare	~35% of county residents; median age 56.7	*The largest single payer by share of population. Underserved by telehealth restrictions reinstated in 2025.*
Medicare Advantage	18.2% of Medicare eligibles (2022)	*Growing segment. PeaceHealth and Island Health have confirmed MA contracts; Sea Mar unknown.*
Medicaid (Apple Health)	52% of SJC Medicaid on Molina (~1,802 people)	*Molina is the dominant managed care plan. Enrollment data by island will sharpen outreach strategy.*
Medicaid — children	37% of SJC Medicaid enrollees are under 19 (~1,278)	*Largest age cohort on Medicaid. Pediatric wellness visit gaps are documented in the CHA.*
Medicaid — Hispanic	15% of SJC Medicaid (~535 people)	*Spanish-language outreach is critical; Sea Mar's FQHC model is the strongest institutional match.*
ACA Marketplace	Ambetter only; 25–30% rate increase for 2026; no bronze plans	*Most vulnerable private insurance market in the state. Rate shock will push some toward uninsured or Medicaid.*
Self-pay / DPC	Several on-island practices operate cash-only or subscription models	*These patients may be insured but paying out-of-pocket by choice — not the same as uninsured.*

Where coverage is headed — and who is most at risk

Three overlapping trends will likely increase demand for charity care and FQHC-level services in the next 12–24 months:

- **Medicaid redeterminations:** Statewide, ~469,000 people were disenrolled after pandemic-era continuous coverage ended. Some San Juan County residents were affected and may now be uninsured or on the marketplace.
- **ACA marketplace fragility:** Ambetter is the only insurer in San Juan County. Premiums rose 25–30% for 2026; no bronze plans offered. People priced out who don't qualify for Medicaid will become uninsured.

- **Medicare telehealth rollback:** Most Medicare telehealth appointments now require in-person visits (except behavioral health/SUD). For island elders this means traveling off-island or going without — increasing ER utilization risk.
- **Sea Mar opening on Lopez (June 26, 2026):** The first FQHC presence in San Juan County arrives just as these pressures intensify. FQHCs are legally required to serve all patients regardless of ability to pay, with sliding-scale fees.

2. SERVICE GAPS BY ISLAND

A high-level scan, not a complete inventory. Meant to surface structural gaps, not catalog every provider.

Service	San Juan Island	Orcas Island	Lopez Island
Primary care (insured)	Yes — PeaceHealth + DPC options	Yes — Island Health + DPC options	Limited — Sea Mar opens June 26
Primary care (Medicaid)	Yes — PeaceHealth accepts Medicaid	Yes — Island Health accepts Medicaid	Limited — Sea Mar opens June 26; no prior FQHC
Pediatrics		Yes — Island Health (Dr. Buxbaum)	Unknown
Prenatal care	Limited — off-island for most OB/delivery; midwife (Blythe Parker) now on-island	Limited — OB/GYN rotating 3 days/month; delivery off-island	
Reproductive & sexual health	Yes —Planned Parenthood; Ancora Clinics (women's health); OISHA partnership (Orcas)	Limited — Salish Sea Medical; OISHA; rotating OB/GYN; Planned Parenthood details needed	Limited —; Sea Mar may offer; possible that PP will send new local provider over 1-2 times/month
Dental (Medicaid)	Limited — DentALL clinic days; Fish for Teeth	Limited — Orcas Community Dental Clinic (Medicaid/uninsured)	Limited — DentALL mobile clinic, monthly
Dental (private)	Yes — independent dentists	Yes — independent dentists (no Medicaid)	Yes — Bayview Dental (no Medicaid)
Behavioral health	Limited — Integrated BH at PeaceHealth; Compass Health: Outpatient (Medicaid), Peer Support, SUD, Crisis; private practices (many no insurance)	Compass Health: Outpatient (Medicaid), Peer Support, SUD, Crisis; private practices (many no insurance);	Compass Health: Outpatient (Medicaid), Peer Support, SUD, Crisis; private practices (many no insurance); nearest Sea Mar BH is Oak Harbor
Vision		Yes — SJ Vision Source	No confirmed on-island
Specialty care (visiting)	Yes — PeaceHealth rotating specialists	Limited — mammography, pain, surgery, OB/GYN rotating	No — pending Sea Mar development

Lab / imaging	Yes — full at Peace Island; lab services more expensive	Limited — phlebotomy only; x-rays yes; advanced imaging off-island	Limited — phlebotomy, limited radiology
Audiology	Island Hearing	No confirmed on-island	No confirmed on-island
PT / OT	Yes — PeaceHealth Therapy & Wellness	Yes — OIPT (independent)	Yes — Lopez Island PT
Insurance enrollment help	Yes — PeaceHealth + Joyce Sobel FRC	Yes — Island Health + OCRC	Yes — Sea Mar (opening) + LIFRC
CHW / care coordination	Yes — Joyce Sobel FRC; SJC CHWs	Yes — OCRC; SJC CHWs	Yes — LIFRC; SJC CHWs
Transportation to care	Limited — Island Rides; SJC Travel Vouchers	Limited — Island Rides; SJC Travel Vouchers; Ride Share	Limited — Island Rides; SJC Travel Vouchers
ACA in-network primary care	Yes — PeaceHealth in-network for Ambetter	Yes — Island Health in-network for Ambetter	Yes — Sea Mar in-network for Ambetter

Ambetter network — on-island primary care is in-network, but off-island referrals often aren't

PeaceHealth, Island Health, and Sea Mar all accept Ambetter for on-island primary care. However, when patients are referred off-island for specialty or hospital care, those providers are frequently out of network for Ambetter — and there is very little prospect that mainland specialty providers will begin accepting Ambetter given the small San Juan County patient volume. For residents on Ambetter, the insurance gap isn't at the front door; it's at the referral stage.

3. POPULATIONS MOST LIKELY TO FACE ACCESS BARRIERS

These are the groups the data points to most clearly — a starting point for thinking about who we are designing for.

Medicaid-enrolled children (under 19)

Largest age cohort on Medicaid (~1,278 county-wide). CHA data flags pediatric wellness visit rates as below state average. CHWs equipped to connect families to pediatric wellness visits would directly address a documented gap.

Spanish-speaking / Latino residents

~15% of Medicaid enrollees (535 people) are Hispanic. Sea Mar was founded to serve this population and is the strongest institutional match. Targeted Spanish-language outreach — especially for Molina enrollees — is a high-leverage opportunity.

Older adults on Medicare

~35% of county residents are Medicare-eligible. The 2025 telehealth rollback disproportionately affects this group, who often have the hardest time traveling off-island for

specialist care. Medicare Advantage enrollment is growing but in-network access varies significantly by plan and island.

Uninsured and newly uninsured
Current uninsured rate ~6%, expected to rise. PeaceHealth and Island Health both have financial assistance programs. Sea Mar (FQHC) is the clearest safety net anchor — legally required to serve all regardless of ability to pay, especially important as Lopez's only FQHC option.

Ambetter enrollees — at the referral stage
On-island primary care is now in-network for Ambetter across all three islands. The gap emerges when patients are referred off-island — specialty and hospital providers on the mainland are frequently out of network, with little likelihood of that changing given San Juan County's small patient volume.

LGBTQ+ residents
LGBTQ+ individuals across the islands face particular difficulty navigating services — not because services are absent, but because many are not designed or perceived as welcoming to people with LGBTQ+ identities. This is a cross-cutting issue that touches every service area in this mapping. A priority for the Network's work going forward is identifying ways to help services across all three islands become more welcoming to LGBTQ+ community members — in practice, not just in policy. This may include how referrals are made, how intake forms are designed, how providers are trained, and how CBOs communicate about available services.

People needing behavioral health care
BH is explicitly out of scope for this workgroup — but the access gap creates downstream pressure on primary care and ER utilization that is very much in scope. Compass Health operates across all three islands (outpatient Medicaid, peer support, SUD services, and crisis services), and the Medicare telehealth exemption for BH/SUD is one of the few remaining telehealth flexibilities worth flagging as an asset.

4. STEPS AS A MODEL FOR CBO–HEALTH SYSTEM INTEGRATION

Steps (early intervention services, birth–age 5) is the clearest example in the county of a CBO operating with formal, documented referral relationships across health systems, schools, and community partners. It is worth holding up as a model as we think about what deeper CBO–health system integration could look like in other service areas.

Why Steps matters as a reference point:

- **Payer mix reflects the Medicaid-heavy population that early intervention serves:** 56% Medicaid, 37% private, under 1% uninsured. This shows that formal CBO programs can serve predominantly Medicaid populations sustainably.
- **Referral pathways are formal and diversified:** 33% from medical providers, 30% from community partners, and 37% from self-referral. Self-referral as the single largest source signals that community awareness campaigns have real impact.
- **The model works across all three islands:** Steps serves San Juan County broadly, demonstrating that county-wide CBO infrastructure with island-specific delivery is achievable.

- **It points to a question for other service areas:** Where else could formalizing referral relationships between CBOs and health systems create trackable, fundable pathways to care?

5. THE COUNTY DENTAL PROGRAM: A MODEL FOR CROSS-ISLAND COLLABORATION

The San Juan County community dental program is the best existing proof that county-wide, cross-island service delivery is achievable here — and that it can serve Medicaid and uninsured populations at meaningful scale. It is worth understanding as a template for how other service areas might develop.

What it is and what it has achieved:

- **Before the program launched,** only one dental provider in the county accepted Medicaid patients under age 8, and no dentists accepted adults on Medicaid. The program was built to close that gap.
- **In 2024:** 44 community dental clinics (40 on Orcas, 4 on San Juan Island), 524 total appointments, 258 unique patients served, and an estimated $274,000 in dental care provided.
- **The program has evolved from mobile to permanent:** Orcas Island transitioned from a mobile van to a permanent clinic location in 2025, operating every Tuesday and every other Friday and Saturday. Lopez joined in April 2025 with a mobile van. San Juan Island runs scheduled clinic days through Fish for Teeth, San Juan Island Dental, and DentALL.
- **DentALL brings Spanish-speaking team members** to every clinic location — a model for how language access can be embedded into service delivery, not bolted on.

The partnership structure — what makes it work:

- **County backbone:** San Juan County Health & Community Services coordinates countywide, serving as the organizing infrastructure without being the sole operator.
- **Health district anchors:** Orcas Island Health Care District and Lopez Island Hospital District provide local institutional support and legitimacy on their respective islands.
- **Clinical providers:** DentALL (lead provider); Fish for Teeth and San Juan Island Dental on San Juan Island.
- **Community foundations and funders:** Orcas Island Community Foundation, SJI Community Foundation, and North Sound ACH (Oral Health LIN grant funding).
- **Logistics and access:** Orcas Fire and Rescue; Mercy Flights and Angel Flights NW (flying providers to Orcas).
- **Community outreach:** OCRC and LIFRC — demonstrating that resource centers can carry real operational weight, not just coordination.

Why this model is relevant to insurance access work:

- Shared county-wide infrastructure with island-specific delivery is achievable in this geography — the dental program proves it.
- Medicaid billing can serve as a sustainability mechanism once the model is established — not dependent on perpetual grant funding.
- A program can start mobile and transition toward a more permanent presence as volume justifies it.
- **A caveat:** Dental care has structural advantages that don't fully transfer — equipment is portable, services are episodic, and there's no licensing complexity around crossing care

settings. Other mobile or visiting services face different regulatory and reimbursement terrain. But the organizing model is transferable.

6. ANCHOR TO WHAT HEALTH SYSTEMS ARE ALREADY MEASURING

The CHA (page 60) identifies indicators where San Juan County performs below the state average. Several map directly onto clinical quality measures that PeaceHealth, Island Health, and Sea Mar are already tracking internally. Rather than inventing new metrics, we can ask the health systems what they measure — and find the overlap.

Potential CHA-aligned quality metrics worth exploring with health systems:

- Mammography screening rates (well-documented gap in islands)
- Diabetes management / A1C testing (Medicaid population especially)
- Medicare Annual Wellness Visits (large Medicare-eligible population)
- Well-child visits / childhood wellness (ages 3–21, Medicaid cohort)
- EMS utilization / avoidable ER visits (Medicare/uninsured populations)
- Pediatric developmental screening referrals (Steps model)

7. WHAT SEA MAR'S ARRIVAL ON LOPEZ CHANGES (JUNE 26, 2026)

Sea Mar opening on Lopez is the single most significant structural change in the county's health landscape right now.

- **Lopez will have its first FQHC:** legally required to serve all patients regardless of ability to pay, with a sliding fee scale. This changes the safety net on Lopez fundamentally.
- **Sea Mar accepts Medicaid system-wide,** including Apple Health managed care and serving undocumented patients. For Lopez's Medicaid and uninsured population, this is a major access expansion.
- **Sea Mar is in-network for Ambetter,** meaning Lopez residents with marketplace coverage will have in-network primary care on-island for the first time.
- **Sea Mar will need to build referral pathways** to LIFRC, to EMS, to off-island specialists. The Network can play a direct role in helping this happen faster.
- **Sea Mar may eventually expand to other islands.** Orcas and San Juan Island do not currently have FQHC presence. As the uninsured rate rises, this becomes more relevant.

SCommunity Health Network of the San Juans — Insurance Access & Navigation Workgroup

Health System Mapping Template: Payer Mix, Services & Referral Pathways

Strategic Directions — Emerging Themes & Opportunities

1. Use Quality Metrics to Identify Shared Priorities Across Health Systems

The 2023 San Juan County Community Health Assessment (CHA, page 60) identifies multiple health indicators where the county performs worse than the state average. This creates a concrete, data-grounded opportunity: if we can identify which clinical quality metrics PeaceHealth, Island Health/Orcas, and Sea Mar are already tracking internally (e.g., mammogram screening rates, diabetes management, Medicare annual wellness visits, childhood wellness visits for ages 3–21), we may find significant overlap with the CHA's flagged indicators. Aligning CHW outreach and CBO support around those shared metrics would both move the needle on documented community needs and give the health systems a compelling, partnership-based argument for their own quality improvement work.

2. Equip CHWs to Drive Measurable Change on Known Indicators

Community Health Workers (CHWs) are already embedded on all three islands through the resource centers. If CHWs were specifically equipped and supported to help patients with A1C access testing, scheduling wellness visits for children ages 3–21, and connecting Medicare-eligible seniors to annual wellness visits, this would create a trackable pipeline from CBO outreach to clinical outcomes. The CHA's indicators provide a ready-made measurement framework — a compelling story for funders and health system partners alike.

3. Leverage Medicaid Enrollment Data to Target Outreach

The HCA Apple Health Medicaid Client Dashboard (https://hca-tableau.watech.wa.gov) provides San Juan County-level breakdowns of Medicaid enrollment by plan and demographic group. Key data points: 52% of San Juan County Medicaid beneficiaries are on Molina (approximately 1,802 individuals); 15% are Hispanic (approximately 535); and the largest age group is children under 19 (37%, approximately 1,278). These numbers can sharpen our targeting — for example, Spanish-language outreach for Molina enrollees, or pediatric wellness visit campaigns for the under-19 cohort. Dr. Amy Harley's Medicaid 101 presentation (December 2025) also provides useful context on Medicaid enrollment percentages by island community and is worth circulating to workgroup members.

Note on "Self-Pay" in payer mix data: When reviewing payer mix visuals, "Self-Pay" does not necessarily mean uninsured. It can include patients who have insurance but are paying out-of-pocket for a given service, or those in high-deductible plans. Interpret self-pay percentages with this in mind; uninsured rate data is tracked separately (see Section 1).

4. Clarify the Role of Off-Island Care & Multiple Providers

While PeaceHealth Peace Island is the only hospital in the San Juan Islands, residents access care through a diverse ecosystem of providers — on-island clinics, independent and DPC practices, naturopathic providers, telehealth, and off-island specialists. Any collaboration model needs to account for this complexity: people regularly go off-island for care, and the outpatient landscape on each island is distinct. The mapping in Sections 2 and 3 is intended to surface the full picture, not just the three anchor health systems.

5. Steps as a Model for CBO–Health System Integration

Steps (early intervention services, birth–age 3) provides a strong example of a CBO that is deeply integrated with health system referral pathways — receiving referrals from medical providers (33%), community partners (30%), and parents (37%). In 2025, Steps served 23 San Juan County clients on weekly, bi-weekly, or monthly schedules. Their payer mix (56% Medicaid, 37% private, <1% uninsured/unknown) shows that early intervention services are reaching a Medicaid-heavy population. Steps' model — formal referral relationships, mixed funding, and measurable reach — could serve as a template for thinking about how other CBOs formalize their relationships with health systems.

Section 1 — Insurance & Payer Mix

Notes on coverage overall in San Juan County:

Uninsured rate (all ages under 65): Between 2023 and 2024, the uninsured rate in San Juan County declined from about 6.8% to 6.0%. This is relatively low compared to national averages and reflects Washington State's Medicaid expansion. For context, the broader trend across the state has been a steady decline in uninsured rates since the ACA, though a reversal began emerging after the end of the pandemic-era Medicaid continuous coverage requirement in 2023, when states resumed eligibility redeterminations and many people were disenrolled.

Medicare: San Juan County has a notably older population — the 2023 median age is 56.7, which means a large share of residents are Medicare-eligible. In March 2021, San Juan County had 6,276 Medicare eligibles, with 16.5% enrolled in Medicare Advantage plans. By March 2022, that grew to 6,470 Medicare eligibles, with 18.2% in Medicare Advantage. Given a county population of roughly 18,000, Medicare likely covers around 35% of residents — well above state and national averages.

Medicaid: County-level Medicaid enrollment data isn't broken out in publicly available sources I could access. Washington's overall Medicaid enrollment has fluctuated with the pandemic unwinding — about 469,000 people were disenrolled statewide during the unwinding of pandemic-era rules, which likely affected San Juan County residents as well.

Insurance / Payer Type	PeaceHealth	Sea Mar	Island Health / Orcas	Notes / Known Issues
Apple Health / Medicaid	☑ Yes ☐ No ☐ Unknown	☑ Yes ☐ No ☐ Unknown	☑ Yes ☐ No ☐ Unknown	All three accept Apple Health. PeaceHealth Peace Island contracted with AmeriGroup, Coordinated Care/Centene, CHPW, and Molina managed Medicaid plans (2025). Sea Mar and Island Health accept Medicaid system-wide.
Medicare (Traditional / Fee-for-Service)	☑ Yes ☐ No ☐ Unknown	☑ Yes ☐ No ☐ Unknown	☑ Yes ☐ No ☐ Unknown	All three accept traditional Medicare. NOTE: As of 2025, Medicare telehealth is restricted for most appointments — now requires in-person visits, except behavioral health and substance use treatment. Creates significant access burden for island patients.
Medicare Advantage — specify plans if known	☑ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☑ Unknown	☑ Yes ☐ No ☐ Unknown	PeaceHealth Peace Island: AmeriGroup/WellPoint MA, Devoted Health, Humana, Molina, United Healthcare MA (incl. SNP), Wellcare. Island Health/Orcas: Humana, United Healthcare, Wellcare, Optum. Sea Mar:

				Medicare Advantage contracts not publicly listed — verify directly.
Ambetter (Exchange / QHP)	☑ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☑ Unknown	☐ Yes ☐ No ☑ Unknown	PeaceHealth Friday Harbor and Island Health on Orcas r is in-network for Ambetter; Sea Mar will be upon opening on Lopez
Other Exchange / Marketplace plans	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☑ Unknown	☐ Yes ☐ No ☑ Unknown	San Juan County is the only county in Washington state with a single ACA marketplace insurer (Ambetter only) after LifeWise exited the market in 2025. No other exchange plans available. Ambetter rates increased 25–30% for 2026; no bronze plans available in the county.
Employer-sponsored / commercial insurance	☑ Yes ☐ No ☐ Unknown	☑ Yes ☐ No ☐ Unknown	☑ Yes ☐ No ☐ Unknown	PeaceHealth Peace Island: Aetna, Cigna PPO, Premera/LifeWise PPO, Regence BlueShield (contract through 6/30/2025 — verify renewal), First Choice, Multiplan/PHCS, Uniform Medical Plan. Island Health: Aetna, Cigna, Premera, Regence, LifeWise, First Choice, Blue Cross WA, HMA, Humana, Kaiser, UMP. Some San Juan County employer group plans dropped coverage in 2025–26 due to rising costs.
Uninsured — sliding scale / self-pay	☑ Yes ☐ No ☐ Unknown	☑ Yes ☐ No ☐ Unknown	☑ Yes ☐ No ☐ Unknown	PeaceHealth has a financial assistance/charity care program. Sea Mar (FQHC) is required by law to offer a sliding fee scale — serves all patients regardless of ability to pay, with discounts based on household income and size. Island Health has a Financial Assistance Program for free or discounted care based on income and family size.
TRICARE / VA	☑ Yes ☐ No ☐ Unknown	☑ Yes ☐ No ☐ Unknown	☑ Yes ☐ No ☐ Unknown	PeaceHealth Peace Island: TriWest/TRICARE HMO-Prime, US Family Health Plan (TRICARE

				Prime Option), VA CCN/TriWest. Island Health: lists TRICARE and Uniform Services Family Health Plan. Sea Mar: accepts military insurance including TRICARE across locations.

Estimated payer mix (% of patients) — complete if data available from each system:

	PeaceHealth	Sea Mar Community Health Centers (FQHC)	Island Health – Orcas Clinic (RHC)
Approx. % Medicaid	10% (Medical Center) 10% (in the Clinic))		18%
Approx. % Medicare	65% (Medical Center) 55% (in the Clinic)		23%
Approx. % Commercial	20% (Medical Center) 30% (in the Clinic)		33%
Self-Pay	Self-Pay 2.6% (Medical Center) 2.2% (in the Clinic)		
Uninsured			6%
Data source & year	*Source is PeaceHealth, pulled June 2026.*		*Source is Island Hospital, pulled June 2026.*

Section 2 — Services Offered

For each service area, note whether it is available on-island, available but requires off-island travel, offered via telehealth only, or not available. Add capacity notes where known.

	PeaceHealth (CAH)	Sea Mar Community Health Centers (FQHC)	Island Health / Orcas Clinic (RHC)	Other Providers
Primary Care				
Primary / family care	*On-island (San Juan/Friday Harbor). Family medicine clinic M-F 8am-5pm, ER 24/7.*	*Not available on San Juan Islands. Nearest Sea Mar clinic is Oak Harbor (Island County). Not a direct provider in San Juan County.*	*On-island: Two full-time family medicine doctors and PAs handle adult/geriatric care.*	San Juan Island: Independent primary care is available via Eventide (Dr. Stacie Vilendrer), a Direct Primary Care (DPC) practice on a monthly membership model ($110/mo adults 18-64; $145/mo for 65+; dependents included). Also available via Ancora Clinics, an out-of-pocket medical cottage clinic ($75 for 30 mins up to $175 for a 90-min initial evaluation). Orcas Island: Private independent care available via Salish Sea Medical (Dr. Camille Fleming), a DPC practice on an all-inclusive annual, age-scaled subscription ($2,100-$3,120/year for adults). Traditional private fee-for-service primary care also available at Orcas Island Family Medicine, PC, which manages standard commercial insurance billing.
Pediatrics	*On-island (Orcas Island). Family medicine M-F 8am-4:30pm; after-hours on-call 7 days/week. ~1,000 visits/month, ~4,000 unique patients/year.*	*On-island. Family medicine clinic serves pediatric patients. PeaceHealth family medicine trained in both pediatric and adult medicine.*	*Yes, Dr Buxbaum: hours:*	
Women's health / OB-GYN	*On-island (Orcas). Part-time pediatrician on staff. Also served by family medicine providers.*	*On-island. Gynecology clinic at Peace Island; OB services not confirmed on-island — likely off-island for deliveries. No hospital birth center confirmed at PIMC.*	*On-island (Orcas). Part-time pediatrician on staff. Also served by family medicine providers.*	*Prenatal care generally has to be done off island;

				-there is a midwife, Blythe Parker, now doing care and delivering babies on the islands San Juan Island: Ancora Clinics provides dedicated clinical women's health services specializing in hormonal transitions, menopause management, and routine gynecologic exams. San Juan Holistic Health (Dr. Susan J. Alvord, ND, ARNP) offers integrated gynecological wellness physicals and hormone balancing. Orcas Island: Salish Sea Medical provides menopause counseling, routine gynecological checkups, and partners with the Orcas Island Sexual Health Alliance (OISHA) to offer local, confidential reproductive healthcare. On-island (Orcas). Women's health listed as a service at Island Primary Care - Orcas. Deliveries off-island. Planned Parenthood: need details of services
Geriatrics/Internal Medicine	*On-island. Gastroenterology and cardiology specialists on visiting basis. Anticoagulation clinic on-site. Primary care team handles geriatric patients.*	*Not available in San Juans.*	*On-island (Orcas). Two full-time family medicine doctors and PAs handle adult/geriatric care. No dedicated geriatrician listed.*	San Juan Island: Eventide and Ancora Clinics manage age-related chronic illnesses for adult populations within their membership or time-billed panels. Orcas Island: Washington Institute of Natural Sciences / Orcas Community Integrative Medicine Clinic (Dr. Vincent Shu, board-certified Internist and Cardiologist) provides

				comprehensive internal medicine and cardiac-focused geriatric primary care, including home care and medical house calls for local seniors.
Primary Care Alternative / Naturopathic				San Juan Island: San Juan Holistic Health (Dr. Susan J. Alvord, ND, ARNP) and Living Medical Arts (Dr. Mandy Gulla, ND) both provide private naturopathic primary family medicine, lifestyle guidance, and functional lab assessments. They operate on an out-of-pocket basis; Dr. Alvord's ARNP credentials mean certain diagnostics or services may qualify for standard commercial insurance billing or out-of-network reimbursement. Orcas Island: Dr. Meryl McBride, ND provides holistic naturopathic medical care, botanical therapeutics, and lifestyle medicine out of the Healing Arts Center in Eastsound, on a case-complexity cash-pay scale.
Gender Affirming Care				
Public Health Safety Net				San Juan County Health & Community Services (HCS) serves as the essential public health safety net for residents who fall outside the panels of private practices or regional hospital clinics. HCS deploys rotating, targeted clinical and preventive services

				across fixed sites on San Juan Island (145 Rhone St, Friday Harbor), Orcas Island (62 Henry Rd, Eastsound), and Lopez Island (23 Pear Tree Ln), supplemented by the mobile Luci B Community Wellness Van. Services focus on disease prevention and early intervention: routine child and adult immunization clinics (VFC/AVP), confidential reproductive healthcare, contraceptive management, and STI/HIV screening/treatment. Wrap-around services include WIC, early childhood developmental screening, Senior Nutrition Program (Meals on Wheels)
Behavioral Health				
Mental health counseling	*PeaceHealth clinic has integrated behavior health in our primary care clinic. This is a mental health professional.*	*Not available in San Juans–(nearest Sea Mar behavioral health is Oak Harbor). Sea Mar operates 39 BH clinics statewide but none confirmed in San Juan County.*	*On-island (Orcas) — limited. Island Psychiatric Services (Carla Weston, PMHNP) operates independently on Orcas. Island Primary Care – Orcas coordinates referrals; telehealth also available.*	San Juan Island: Eventide and Ancora Clinics manage age-related chronic illnesses for adult populations within their membership or time-billed panels. Orcas Island: Washington Institute of Natural Sciences / Orcas Community Integrative Medicine Clinic (Dr. Vincent Shu, board-certified Internist and Cardiologist) provides comprehensive internal medicine and cardiac-focused geriatric primary care, including home care and medical house calls for local seniors.

Substance use treatment				
Psychiatric medication mgmt		*Not available*		
Specialty & Ancillary				
Dental	*Not available at PeaceHealth Peace Island. No dental clinic listed. Patients referred to independent dentists (Friday Harbor Dentistry, Island Dental LLC).*	*Not available in San Juans. Sea Mar operates dental clinics in Oak Harbor (Island County) but none confirmed in San Juan County.* Mobile clinic - DentAll once monthly at Lopez Island Family Resource Center; Medicaid and sliding fee scale Bayview Dental - private dentist; does not accept Medicaid	*On-island (Orcas) — limited, community-based. Orcas Community Dental Clinic (launched May 2024, operated in partnership with OIHCD, OICF, OCRC, and SJC HCS) serves Medicaid/uninsured patients. Independent private dentists also on-island (Orcas Island Dentistry, Whalestooth Dental).*	
Vision (Optometry vs. Opthalmology (MD)	*Unknown. No optometry or ophthalmology listed at Peace Island locations. Likely off-island referral.*	*Not available on San Juan Islands.*	*No Optometry services provided for Orcas clinic or health system.*	*SJ Vision Source has locations on Orcas and SJI*
Pharmacy	*On-island (San Juan/Friday Harbor). No PeaceHealth pharmacy listed at Peace Island; independent pharmacies on San Juan Island serve patients.*	Lopez Island Pharmacy	*On-island (Orcas). Ray's Pharmacy (independent) in Eastsound serves Orcas Island patients.*	
Lab / diagnostic imaging	*On-island. Lab: M-F 8am-5pm, most routine tests on-island; complex labs sent to PeaceHealth St. Joseph Bellingham. Imaging: X-ray, ultrasound, CT, mammography, bone densitometry, echocardiography, MRI (mobile basis) — all on-island at Peace Island.*	Lab phlebotomy and limited radiology at Lopez Island Medical Clinic	*On-island (Orcas). Lab phlebotomy available by appointment 9am-2:30pm. Courtesy labs for outside providers accommodated. Some tests processed off-island.*	
Audiology	*Unknown. Not listed in Peace Island services. Likely off-island referral.*	No audiology at Lopez Island Clinic	No Audiology services provided for Orcas Clinic or health system.	

Speech Therapy				
Physical / occupational therapy (birth through adulthood)	*On-island. Therapy and Wellness clinic listed at Peace Island (360-856-7242). Confirm scope (PT/OT/both) and age range directly.*	Lopez Island Physical Therapy	*On-island (Orcas) — limited. Orcas Island Physical Therapy (OIPT) is an independent practice on Orcas. Not affiliated with Island Health but a community resource.*	*STEPS provides in-home early intervention services for children birth to age 3 with developmental delays, disabilities, and developmental disorders across the San Juan Islands. Services include physical, occupational, speech, and feeding therapy, infant toddler education, and parent coaching. Families can self-refer or be referred by a provider.*
Neurodevelopment birth to age 5				*Steps– infant mental health, developmental specialists, speech therapy*
Visiting Specialists (services offered on schedule)	*On-island (San Juan). Confirmed visiting specialties include: Cardiology, Gastroenterology, Orthopedics, Cancer/oncology (Deanna J. Anderson Cancer Care Center), Gynecology, Pediatrics, as well as diabetic education Frequency and full list: verify directly with PeaceHealth.* *Bellingham ENT is co-located twice a month at the clinic*	Possible as Sea Mar gets established; currently no visiting specialists	*On-island (Orcas).* *-Mammography screenings via Assured Imaging on rotating schedule.* *-Interventional pain (2 days/month)* *-general surgery (1 day/month)* *-Obgyn (3 days/month)*	
Support & Wrap-Around Services				
Insurance enrollment navigation	*Yes — financial counselors available; can help patients apply for Apple Health, financial assistance programs. Call 877-202-3597.*	*Yes — customer service reps in all clinics help patients enroll in Apple Health, Healthplanfinder, Medicare, and other programs.*	*Yes — Island Health offers health insurance counseling including ACA exchange enrollment, Medicaid, and Medicare guidance.*	*Orcas Community Resource Center, Lopez Island Family Resource Center and Joyce Sobel Family Resource Center all provide assistance to community members in applying for insurance.*
Care coordination (Case Management,	*Yes — care coordination for off-island specialist referrals; telemedicine*	*Yes — care coordination is a core FQHC service; social workers and care managers on staff system-wide.*	*Yes — patient care coordination listed as a service at Island Primary Care – Orcas.*	• *Orcas Community Resource Center, Lopez Island Family Resource Center and Joyce Sobel Family Resource*

Care Management, Complex Care, Health Related Social Needs (HRSN) Support.)	*coordination with PeaceHealth St. Joseph Bellingham.*			*Center all provide services that are very akin to case management for community members, helping folks navigate to and between systems as needed. All three islands have Community Health Workers on staff.*
Interpretation / language access	*Languages available: English; Spanish (bilingual staff or interpreter services available). Other languages via interpreter services — verify directly with PeaceHealth Peace Island.*	*Languages available: English and Spanish (bilingual staff throughout Sea Mar system). Multiple other languages via interpreter services. Sea Mar founded to serve Latino/Spanish-speaking community.*	Languages available: English confirmed. Spanish and other languages via interpreter services	
Transportation assistance	*Unknown. No transportation program confirmed on PeaceHealth Peace Island website. Verify directly.*	*Yes (limited) — Sea Mar offers transportation through the Access program for patients unable to access clinic due to disability or age. Established in other service areas, not currently on Lopez*	*Unknown. Mercy Flights (volunteer pilot program) operates on Orcas for off-island medical transport — not operated by Island Health directly. Island Health offers*	• *SJC Travel Voucher Program* • *Island Rides*
Islands / Sites Served				
Orcas Island			*Yes — Island Primary Care – Orcas is the primary clinic; permanent staffing M-F. After-hours on-call 7 days/week.*	
Lopez Island		*Yes*		
San Juan Island	*Yes — Peace Island Medical Center in Friday Harbor is the primary on-island facility. 24/7 ER; clinic M-F 8am-5pm.*			

Other islands / outreach				

Section 3 — Referral Pathways

Map the formal and informal referral relationships between systems and to off-island specialty providers. Note whether pathways are formal (written agreement), informal (relationship-based), unclear, or absent. Flag insurance-specific friction points.

Referrals FROM →	→ PeaceHealth	→ Sea Mar	→ Island Health	→ Off-Island Specialty (Whatcom / Skagit / King)
From other provider/referral source (*specify)				
From PeaceHealth				
From Sea Mar				
From Island Health				
From uninsured / no provider				

1. What are your most common referral sources for patients? Self referrals, IH and outside specialists
How do referrals typically arrive — phone, fax, EHR portal, informal call, self-referral? **Self-referrals by phone, IH Specialist by EMR, outside specialist by fax.**
2. How often do you receive patients from Peace Island/Island Health (respectively)? Does this happen at all? **Yes, happens occasionally**

3. When you need to refer a San Juan County patient to off-island specialty care — Whatcom, Skagit, King County — what does that process look like from your end? **A referral order is place by PCP and EHR routes to appropriate location. IH Referral Coordinator processes referral and/or authorization as needed for the referred service.**
What are the most common referrals your system makes? To where, and to what services?
Cardiology – to IH and Peace Health
PT – Orcas Island PT
Orthopedics – IH, Skagit Regional
Colonoscopy – IH
Surgery – IH, Swedish
Infusion – Peace Island Referrals *to these health providers*– what are the referral pathways that these health systems have to receiving referrals–

General statement around EMS, where are fly-offs going most commonly

What are the informal relationships that exist for charity care

Steps referrals– NICU referrals, preschools, self referral, Buxbaum (any PCPs), Peace Island (who are these referrals coming from)

Care Coordination post-discharge– what are the services available

Known referral gaps or friction points (describe below):

1. AMBETTER NETWORK GAPS (CRITICAL): As of 2025, Ambetter (the only ACA marketplace insurer in San Juan County) had NO in-network providers on Orcas or Lopez. Only PeaceHealth Friday Harbor confirmed in-network. Patients on Ambetter on Orcas and Lopez cannot access in-network primary care on their island.

Section 4 — Financial Assistance & Safety Net Programs

Document available programs at each system for uninsured or underinsured patients. Note eligibility thresholds, application processes, and any awareness gaps.

Program / Policy	Details (eligibility, amounts, process)	Gaps / Notes
PeaceHealth		
Charity care / financial assistance policy PeaceHealth offers 100% discounting to all patients 0-300% of the FPL and, and 70-85% discounts for those in the 301-400% range. There is no dependency on location for this program. Also – The 4% cap is not part of our program. We do offer expanded Financial Assistance which is called Catastrophic Financial Assistance which caps patient out of pocket at 10% of annual income.No patient denied care. Apply before, during, or after treatment via MyPeaceHealth portal, mail, or in person. Contact: 877-202-3597.		

Payment plan options Yes — minimum payment amount is $25 dollars and depending on balance can go up to 60 months.	Minimum $50/month may be a barrier for very low-income patients.	
Sea Mar (FQHC — sliding fee required by law)		
Sliding fee scale (required) — income thresholdsRequired by FQHC law. All patients served regardless of ability to pay. Discounts based on household size and annual income at every level. Sliding fee applied to uncovered insurance balances as well. If patient cannot pay, they pay any amount they can.	Sliding fee schedule at seamar.org/sliding-fee.html. Sea Mar serves all persons regardless of immigration status. Catherine Washburn Medical Assoc. also offers assistance with medical costs.	
Other programsCustomer service reps at every clinic assist with Apple Health, Healthplanfinder, Medicare, SNAP/Basic Food enrollment. WIC, Maternity Support Services, home care, social services. In-clinic pharmacies at many locations provide medications at reduced costs.	Availability of specific programs at any Sea Mar location must be confirmed locally. No Sea Mar clinic confirmed in San Juan County currently. Sea Mar will open on Lopez Island June 26, 2026.	
Island Health / Orcas Clinic		
Charity care / financial assistance policyYes — Island Health Financial Assistance Program provides free or discounted care based on family size and income, including for insured patients with remaining balances. Apply at clinic or via islandhealth.org. Contact: 360-299-1378 or FAA@islandhospital.org.	Covers Island Health charges. Independent providers billing separately (visiting specialists, etc.) may not be covered.	
Sliding fee scaleYes — income-based discounts available. Island Primary Care – Orcas is an RHC (Rural Health Clinic), not an FQHC, so sliding fee is a policy choice rather than a federal mandate.	RHC status means no federal legal requirement for sliding fee scale — important distinction from Sea Mar's FQHC obligation.	
Payment plan optionsYes — extended payment plans available with minimum $50/month and maximum 12-month extension. Co-pays due at time of service.	Contact Patient Accounts at 360-299-1378 proactively before account becomes delinquent.	

Section 5 — CBO Profile: Steps Early Intervention Services

Steps is a community-based early intervention program providing in-home and community services to children birth through age 3 across the San Juan Islands. It operates as a CBO with formal referral relationships with medical providers, schools, and community partners, and serves a predominantly Medicaid population. Data below reflects 2025 San Juan County totals.

Services Offered

Service Area	Details
Therapy Services	Physical therapy, occupational therapy, speech therapy, and feeding therapy — all provided in-home or in community settings
Developmental & Educational Support	Infant toddler education; developmental specialist services for children with delays, disabilities, and developmental disorders
Infant Mental Health	Infant and toddler mental health support; social-emotional developmental assessment and intervention
Family Support & Parent Coaching	Parent coaching and family training integrated into all service delivery; caregivers are active participants in therapy goals
Population Served	Children birth through age 3 with developmental delays, disabilities, or developmental disorders; all islands in San Juan County
Visit Frequency (2025)	23 clients in San Juan County served on weekly, bi-weekly, or monthly visit schedules

Insurance / Payer Mix (2025)

Payer Type	% of Clients	Notes
Medicaid (Apple Health)	56%	Majority payer; early intervention services are billable under Apple Health for eligible children
Private Insurance	37%	Commercial plans; specific plans not listed — verify with Steps directly
Uninsured / Unknown	<1%	Very low uninsured rate — Medicaid eligibility covers most children who qualify for early intervention

Referral Pathways

Referral Source	% of Referrals (2025)	Notes
Medical Providers	33%	Includes PCPs and pediatricians (e.g., Dr. Buxbaum, PeaceHealth providers); indicates established clinical referral relationships
Community Partners	30%	Includes preschools, early childhood programs, NICU referrals, and resource centers; reflects strong CBO network integration

Parents / Self-Referral	37%	Largest single source; families can self-refer directly without a provider order — lowers access barriers significantly

Electronic medical record–

Island Hospital: Meditech Expanse;

Peace Health: Epic

Sea Mar: Epic Multicare

Telehealth Platforms used:

Island Hospital:

Section 6 — Data Sources Used & Remaining Gaps

Data sources consulted to complete this template	Cells still unknown — and who will follow up
PeaceHealth 2025 Northwest Network Insurance Providers PDF (peacehealth.org); Island Health Billing and Insurance page (islandhealth.org); Sea Mar insurance and sliding fee documentation (seamar.org); San Juan Journal and Islands Weekly reporting on ACA marketplace (Oct–Nov 2025); Orcas Island Health Care District website and clinic updates (orcashealth.org); Washington State Office of Insurance Commissioner; HRSA/FQHC designations; visitsanjuans.com emergency services directory; Washington Health Benefit Exchange (wahbexchange.org) — county-level plan landscape data (2025 Advisory Committee presentation); DataUSA/Census ACS data for San Juan County (population, uninsured rate, median age); CMS Medicare Advantage enrollment data for San Juan County (via MedicareWire/medicarewire.com); Washington OIC 2025–2026 Medicare Advantage plan listings for San Juan County. Section 1 (payer mix %) and Sea Mar San Juan County presence require direct follow-up with each organization.	*List section/row and assigned follow-up person*

Template completed by: _____ Date: _____

EMERGENCY AIR TRANSPORT

What every island resident needs to know about flight memberships.

Three air ambulance companies serve San Juan County. You need a membership with all three — you can't predict which one will respond.

- → Each membership covers **you, your spouse, and your dependents.**
- → Memberships cost **$39–$85/year** per company.
- → With all three, you pay **nothing out of pocket** if airlifted.
- → Without them, **you will receive a bill.**

ON MEDICAID (APPLE HEALTH)?

You're already covered. Medicaid pays for emergency air transport in full — you do not need, and cannot purchase, a membership with any of these companies.

THE THREE COMPANIES — SIGN UP WITH EACH ONE

Island Air Ambulance
Fixed-wing · Based in Friday Harbor · $39/year
Requires health insurance. Medicare members welcome.

Airlift Northwest
Helicopter · UW Medicine · ~$60/year
Requires health insurance. Medicare members welcome.

Lifeflight Network
Helicopter & fixed-wing · From ~$85/year
Does not require insurance to enroll — best option if you are uninsured.

SIGN UP & GET MORE INFORMATION

orcasfireems.org/flight-memberships

Links to all three companies — kept up to date by Orcas Fire & EMS.

Need help signing up? Contact your island's **Fire/EMS** department or your **local resource center.**

Overview: How the membership system works

Memberships through these services act as a non-insurance supplement to your existing insurance — they cover the out-of-pocket costs (co-pays, deductibles) that your insurance doesn't pay. San Juan County residents are generally advised to hold all three.

Island Air Ambulance *Fixed-wing aircraft, based in Friday Harbor*

- **Medicare:** Supplemental insurance plans may cover out-of-pocket co-pays and deductibles — residents should check with their carrier.
- **Medicaid (Apple Health):** Medicaid includes coverage for transports with no out-of-pocket cost to the recipient, so no membership is required unless there are also other types of insurance in the household.
- **Uninsured:** Those with no health insurance are not eligible for membership, but are still eligible for service. They would receive a bill for the full cost of transport.
- **Undocumented residents:** Health insurance with an ambulance benefit is a requirement for membership. Undocumented residents who cannot obtain insurance are not eligible for membership but can still receive transport — they would be billed directly.
- **Cost:** Approximately $55/year per household (introductory pricing has been offered at $39)
- **Financial assistance/payment plans:**
    - Island Air Ambulance focuses heavily on keeping out-of-pocket costs low via its localized membership program and integration with existing insurance frameworks (like Apple Health/Medicaid, which incurs $0 out-of-pocket costs for the patient).
    - Direct Financial Assistance: Does not advertise an independent, formal endowment or sliding-scale charity care application on its primary site.
    - Individual Arrangements: Their billing team handles insurance denials and individual billing hardships on a case-by-case basis. They work directly with patients to establish payment arrangements for uninsured or underinsured residents facing a full bill.

Airlift Northwest (UW Medicine) *Helicopter, nonprofit program of the University of Washington*

- **Medicare:** Covered under Medicare's ambulance benefit. Medicare may pay for emergency air transport when ground transport isn't sufficient; patients pay 20% of the Medicare-approved amount plus the Part B deductible. A membership covers that remaining cost.
- **Medicaid:** Per government regulations, individuals covered by Medicaid are not eligible and should not apply for membership — but notably, Airlift NW provides around $2.5 million in charity flights a year, and Medicare or Medicaid patients fly free of charge.

- **Uninsured:** Membership requires primary health insurance and U.S. residency. Uninsured individuals cannot purchase a membership and would face the full cost of transport.
- **Undocumented residents:** Membership requires primary insurance and U.S. residency, so undocumented residents without insurance are not eligible for membership. Transport would still be provided in an emergency, but a bill would follow.
- **Cost:** $60/year per household
- **Financial assistance/payment plans:** Because Airlift Northwest is a nonprofit program of the University of Washington Medicine system, patients have access to **UW Medicine's comprehensive Financial Assistance (Charity Care) policy**.
    - **Income Thresholds:** They offer a structured, tiered discount system based on the Federal Poverty Level (FPL) and household size once third-party insurance has been exhausted.
    - **100% Discount:** Patients with a gross family income between **0% and 300% of the FPL** qualify for a full 100% financial assistance discount on both facility and professional services.
    - **Partial Discounts:** Patients between **301% and 400% of the federal poverty level** can qualify for partial sliding-scale discounts (ranging from 50% to 75% depending on the specific flight/discharge dates)

Lifeflight Network *Helicopter, serves WA/OR/ID/MT*

- **Medicare:** Covered under Medicare's ambulance benefit; a membership covers remaining patient responsibility.
- **Medicaid:** Per government regulations, individuals covered by Medicaid are not eligible for Life Flight Network membership and should not apply.
- **Uninsured:** This is where Lifeflight stands apart from the other two. Unlike Island Air and Airlift NW, *Lifeflight does not require primary health insurance to be a member. This is significant for uninsured and potentially undocumented residents.*
- **Undocumented residents:** Because Lifeflight does not require proof of insurance for membership, it is the one company where undocumented residents may be able to purchase coverage. This should be verified directly with Lifeflight, as this is a critical detail for vulnerable community members.
- **Cost:** Starting at $85/year; various plans available including air, ground, and combined
- **Financial assistance/payment plans:** Life Flight Network operates its own dedicated **Foundation**, supported by donor contributions, which funds a structured financial assistance program.
    - **Sliding Fee Scale:** They provide financial assistance on a sliding fee scale to patients who face significant out-of-pocket bills after an emergent transport.
    - **Application Process:** Patients must submit a formal Financial Assistance Application Form within 30 days of receipt. It requires full documentation of household income (such as W-2s, tax returns, or pay stubs) and a disclosure of household assets.

- **Management:** Their program is administered through their Patient Financial Services Department and processed confidentially to determine adjusted financial responsibility.

How the “Household” memberships work

- **Island Air Ambulance** ($39/year): One household membership covers all household members listed on the account. There's no stated maximum number of people — you simply add or remove members by logging into your account or calling their office. Members must have insurance with an ambulance benefit; Medicaid holders are not eligible.
- **Airlift Northwest** ($60/year): Coverage extends to a spouse or unmarried partner and children claimed as dependents on your current income tax return. New household members added after the membership takes effect require written notice to Airlift Northwest, including name, date of birth, relationship, and primary insurance information. Newborns must be added within 30 days. No stated maximum. Health insurance is required. UW Medicine
- **Life Flight Network** ($85/year): Membership benefits extend to the primary member, their spouse or domestic partner, and family members living at the same residence who are age 24 or younger, disabled, or age 65 or older. So Life Flight's household coverage is more restricted by age and status than the other two — adult children between 25 and 64 who aren't disabled would not be covered under a household membership. Life Flight Network
- A few things worth flagging: none of the three providers publish a hard cap on the number of household members you can add, but Life Flight's eligibility rules mean larger households with working-age adults may not all be covered under one membership. Also worth noting that Medicare and Medicaid patients fly free of charge, so membership isn't recommended for those patients — relevant context for the work you're doing around who actually needs to be enrolled

Key takeaways for the workgroup

- **Medicaid enrollees** do not need memberships with any of the three companies — their flights are covered.
- **Medicare enrollees** face a 20% cost-sharing gap that a membership would cover; Island Air and Airlift NW memberships are designed for this.
- **Uninsured residents** cannot purchase memberships with Island Air or Airlift NW, and would face full billing after transport.
- **Lifeflight's no-insurance-required membership policy** makes it the most accessible option for uninsured and potentially undocumented residents — and is worth highlighting in any public education effort.
- All three companies will transport anyone in a medical emergency regardless of membership or insurance status; the membership only affects what happens with the bill afterward.

If a resident is uninsured or undocumented and faces a massive post-transport bill:

1. **Airlift Northwest** provides the most robust, legally protected safety net via the UW Medicine Charity Care policy (up to 400% FPL).
2. **Life Flight Network** offers a formal sliding-scale application backed by its foundation.
3. **Island Air Ambulance** relies on individualized payment plans and case-by-case billing accommodations.