Integrated Community Care
At-home Care and Care Coordination for Out-of-clinic Services on Orcas Island & Recommendations for Action

August 2025

Introduction

In summer of 2025, stakeholders on Orcas Island gathered to build consensus and shared understanding about the greatest unmet needs on Orcas Island pertaining to healthcare. The goal of this stakeholder group was to prioritize project areas for funding and development in order to improve care coordination across systems of care on and off Orcas Island island.
This workgroup of stakeholders included representatives from San Juan County Senior Services, Hospice of the Northwest, Orcas Community Resource Center, Orcas Island Health Care District, Orcas Fire & Rescue and Island Primary Care - Orcas.
The group agreed upon several areas of need: Home-based care, discharge follow-up, care management and coordination, dementia-care, transportation, in-community services and assisted living. This report provides background on the current state of these facets of the Orcas community care landscape, prioritizes categories of need based on feasibility, urgency, and funding potential, and defines recommendations for work focus areas going forward.

A. Home-based Care

Current state of medical in-home care on Orcas Island:

1. **Hospice of the Northwest:**
    - **a.** Services offered: nursing, social work and spiritual services for those with a 6 month or less prognosis but care may expand over 1-2 years - on-island nurse case management. MSW Social Worker provides end of life planning, referral to community services and counseling. Hospice Nurse coordinates the procurement of Durable medical equipment and prescribes medications associated with the hospice diagnosis.
    - **b.** Number served monthly on Orcas Island in 2025: 6-8 clients; 22 unique clients served on Orcas between January and September 2025.
    - **c.** Cost/reimbursement options: Medicare, Medicaid, private insurance, private pay, charity

d. Limitations of services: no caregiving provided only intermittent visits of professionals; only for those meeting medicare guidelines and hospice guidelines

2. **Alpha Home Health & Hospice:**
    a. Services offered: Home visitation for skilled nursing, OT, PT and Speech Therapy services
    b. Number served monthly on Orcas Island in 2025: 7-10 unique patients per month
    c. Cost/reimbursement options: Medicare, Medicaid, private insurance, and out-of-pocket payments
    d. Limitations of services: No hospice in SJC; spread thin between multiple islands; delays/cancellations (due to ferries) for inter-island home visits. There is one Registered Nurse doing all visits, no Licensed Practical Nurse, one Physical Therapist with no back-ups and no Physical Therapist assistants, one Occupational Therapist, no speech therapist available, no home-health bath aides, no medical social worker (for the last five years or more).

Current state of Caregiving (non-medical; ADL needs) on Orcas Island:

3. **Unpaid family members & friends providing care for loved-ones**
    a. Common demographics of unpaid caregivers: most are spouses; some are other family members and/or friends
    b. Number of unpaid caregivers on Orcas Island in 2025 (calculated estimation): 1,200 (Estimate calculated from the CDC's 2015-2018 Behavioral Risk Factor Surveillance System survey which found that 20% of US population regular care or assistance to a friend or family member with a health problem or disability x 6,000 Orcas population)
    c. Family Caregiver Support Program: State-funded program that offers family caregiver support group, case coordination, monthly massage therapy, caregiver counseling (there are currently two contracted mental health providers on Orcas), legal and/or dementia specialist (contracted therapist who specializes in dementia based in Bellingham; sessions are telehealth).

4. **Informal network of private caregivers**
    a. Services offered: hourly, daily and 24 hour caregiver services. Approximately 10 have Certified Nursing Assistant license, some have Health Care Aid license (exact number currently unknown), many do not have any license (exact number currently unknown).
    b. Number of caregivers in practice on Orcas Island in 2025 (approx): 35-50

   c. Number served monthly by private caregivers on Orcas Island in 2025 (approx): 50 clients
   d. Cost/reimbursement options: $35-$50/hr for private pay.

Strengths within Orcas Island's in-home care landscape:

1. San Juan County Senior Services Aging & Family Case Coordinator: Offers complex case coordination, local and regional resource referrals (including Medicaid and private pay in-home caregiving), social service advocacy, oversees Family Caregiver Support Program to connect unpaid caregivers with an array of supports, works collaboratively with Hospice of the NW, home-delivered meal program, and other community-based supports.
2. The current Hospice of the Northwest RN lives on Orcas Island and manages a text thread to connect individuals seeking care with an extensive list of caregivers on the island; she collaborates with Senior Services to connect individuals with care.

Overall Challenges/limitations within Orcas Island's in-home Care Landscape

1. Cost to individuals and families seeking care: $35-$50/hr for private pay, difficult to access caregivers that qualify for long-term insurance plans. Many adult children of older adults living on Orcas live off-island and have difficulty coordinating caregivers from afar.
2. Limited number of caregivers are contracted with Medicaid: difficult to recruit and train due to low reimbursement rates (starting wage is $20 per hour)
3. Long term care insurance is effectively impossible to use here.
4. Lack of an organized referral platform to connect individuals with caregivers; there is a directory of caregivers that was previously managed by Lahari called the Orcas Caregiving Directory, but it is not currently being updated or managed.
5. Challenges often arise in connecting individuals with volunteers to address issues such as garbage on their property or other safety and hygiene issues that are outside the scope of caregiving, such as ADA accessibility updates and home repair, and other challenging or undesirable work.
6. High incidences of complex homebound cases involving hoarding/dementia and/or substance use.
7. Amongst the informal network of caregivers, there is an unknown skillset and training of providers
8. Difficult for families to coordinate caregiving services.
9. Those who are socially isolated are far less likely to be connected to any of these services

B. Discharge Follow-up

ER Discharge
Current state of ER discharge follow-up on Orcas Island:

1. **Orcas EMS Follow-up for medical flights to mainland or Friday Harbor emergency rooms:** Post medical flight to an off-island ER, Dr. Matthew Russel, the OIFD Medical Program Director-Delegate who does Quality Assurance/Quality Control and Run Review with all responders, gathers pertinent patient information with assistance from paramedics into a single, virtually stored form. This process involves accessing the hospital's electronic records system. This follow-up does not occur in real time, and is not completed for purposes of patient follow-up and service coordination. The information is used for monthly chart reviews. If an EMS provider seeks to provide follow-up care for a patient, they send a message directly to Dr. Russel requesting patient information. Generally the air medical resources call OIFD post-transport with updates on the patient's condition en-route and/or pertinent information they may have gleaned about the patient's condition/outcome.

2. **Transportation coordination at ER discharge:**
    - **a.** Family & Friends: For those with financial means and social and familial support, transportation post-hospitalization is coordinated by patient, family and friends.
    - **b.** Inconsistent coordination for those without social connections and lack of financial means. While there is a current lack of data on what percentage of the population is struggling with this, it is acknowledged as a problem by all direct service providers who interact with this population. For those without financial means, social and familial support, transportation at discharge is unpredictable. When the Orcas Community Resource Center (OCRC) knows of someone who has been flown off, they do what they can to provide support in coordinating transportation for the individual home. OCRC Program Manager notes that they do not have a system for tracking this kind of assistance, but notes that she can think of five individuals they assisted in the past year with this kind of logistics. There is not currently a system by which individuals with no social connections are consistently connected to a transportation support plan at discharge from whichever ED they are exiting, so it is possible for someone to have to find their own way back to the Island.
    - **c.** Emergency Departments and other non-emergency medical providers do not consistently contact Senior Services, Hospice or ORCR at discharge to coordinate passage home for those without social and familial support.

   d. North West Regional Council provides direct transportation coordination support for Medicaid individuals who enter the Skagit and Peace Health ER, via embedded NWRC social workers at those hospitals. When a patient enters the ER who qualifies for their services, the NWRC social worker provides them with support in discharge planning.

3. **Follow-up services once returned home (Medication reconciliation, home safety assessments, service referral**): Gaps exist between existing systems of discharge and follow-up/ongoing care, no current coordinated exists. San Juan County Senior Services Aging & Family Case Coordinator sometimes gets calls from discharge planners, sometimes receives calls from family members, occasionally from EMT Rita Harvey but not as a part of a formal practice within EMS. Likewise Debra O'Conner, Hospice of the Northwest Hospice Nurse often will coordinate/provide necessary care to individuals returning home from ER visits that are either existing Hospice clients or individuals she knows about via social connections or Heidi.

4. **Discharge from non med-flight ER referrals**
   a. EMS Follow-up for medical referrals not requiring med flights: There is inconsistent follow-up for these cases when a patient refuses care/transport, or when a non fly-off ER recommendation is made. One OIFD Paramedic notes: "Some of us take the time to call the patients back on our next shift, but there is no standardized process for this, and it all depends on how much time we have on shift to get to this."

Non ER Discharge

1. Discharge from operations and nursing homes: A great range of discharge coordination occurs, given the variety of institutions that an Orcas resident may utilize for medical services, and the diversity of on and off-island primary care providers that residents are connected with.
   Challenges/limitations: The greatest need identified in this area is for a system that better ensures that those who are being discharged with need for support upon returning to Orcas (skilled nursing, help acquiring durable medical equipment, education) are quickly connected with needed resources.

C. Transportation

Current state of non-emergency transportation services available on Orcas Island and for Orcas Islanders seeking off-island care:

1. **Island Rides**: Island Rides "offers free or by donation transportation to San Juan County residents in need of access to essential services, including seniors and persons with disabilities, who do not drive and/or do not have access to other transportation." ADA accessible vans on each island. Have
   Challenges/limitations: Island Rides is run by volunteers with limited hours (M-F 10am-3pm). They are not available to drive people to the first ferry off the island. When individuals going to off-island medical appointments need to catch that early ferry, this service is not available to them. Island Rides is also unavailable for any ferries returning to Orcas after 3pm.
2. **San Juan County Travel Voucher Program:** The Travel Voucher Program is managed by San Juan County and administered via the Orcas Community Resource Center. Travel vouchers are available to San Juan County residents who are 60 or older, disabled (either temporarily or permanently) or who made under $25,000 in the last year.
   Challenges/limitations: The San Juan Travel vouchers provide enrollees a $300 credit to be used for ferries or local taxis. The County contracts with 2 Orcas Island taxi drivers, who charge very high rates (upwards of $40-$60 per ride to ferry). Travel vouchers can be maxed out fairly quickly by the high cost of taxi services on Orcas.
3. **Recovery Rides:** For those seeking voluntary in-patient substance-use treatment, Recovery Rides arranges transportation and a volunteer to accompany the individual seeking treatment to their destination facility.
   Challenges/limitations: Specific service for those seeking in-patient treatment; not for medical appointments generally. At this time, no recovery supports pre or post treatment.
4. **Medicaid Transportation benefit:** The vast majority of Medicaid recipients qualify for the Medicaid Transportation benefit, administered by North West Regional Council (NWRC). This benefit includes pre-arranged taxi services, bus passes & ferry tickets, as well as reimbursement for travel in one's personal vehicle.
   Challenges/limitations:
   - OCRC states that many people don't use it because NWRC requires advance notice (at least 2 full business days according to the NWRC website), proof of car registration, valid license, insurance.
   - No taxi driver on Orcas has been willing to sign up as a Medicaid transportation driver, due to the burden of billing. NWRC also states that data has been a barrier in SJC; they have not been able to assess "how many people with Medicaid that would need taxi service" in order to determine if they need to contract with a transportation service here.

- It is required that individuals choose the nearest possible specialist/provider for their care.
- Certain Medicare program recipients do not qualify for the Medicaid Transportation Benefit: SLMB, QI-1, and QMB members.

5. **Mercy Flights:** A volunteer-based initiative providing free transportation via private aircraft for individuals needing to travel to medical facilities. This is a transportation service, not a medical flight service. In addition to returning individuals from hospital stays, they are able to transport the family of individuals who have been flown off for a medical emergency to meet the patient at the hospital. These flights are coordinated by the Orcas Aviation Association (OAA) and are flown by volunteer pilots who donate their time, aircraft, and fuel. Generally the pilot can also provide transportation between the airport and the medical facility; Mercy flights currently have cars in Bellingham and Skagit, but not in Anacortes. In Anacortes, Mert's Taxi meets them.
   Challenges/limitations:
   - Pilot availability: The pool of pilots is limited; weather and the timing of a flight request further limit the number of pilots who are rated and/or willing to respond.
   - Patients need to be relatively ambulatory in order to board Mercy Flights plane; depending on the plane, you need to do the equivalent of climbing a short stepladder and/or reaching up for a handle to access the cockpit.

D. Care Navigation, Management and Coordination

Current State of care management and coordination services on Orcas Island:

1. **San Juan County Senior Services**
   Case Coordination Services:
   San Juan County Senior Services Aging & Family Case Coordinator provides ongoing individual assistance with referrals, advocacy and complex needs related to aging, adults with disabilities; home or office visits.
   Challenges/Limitations: Services are primarily available for those 60 and older, and disabled adults, though the Case Coordinator will help with referrals for those outside those demographics.
2. **San Juan County Community Health Services**
   Case Coordination Services:

A Public Health Social Worker provides social worker and case coordination services to the clients of the San Juan County Health & Community Services (HCS) Department, focusing on pregnant and postpartum people and their families enrolled in Growing Families and WIC, and on seniors receiving services through the County's senior services programs.

Challenges/Limitations: Limited availability– the Public Health Social Worker comes to Orcas once per week, on Wednesdays.

3. **Orcas Community Resource Center**

   Care Navigation/Care Coordination Services:

   1. Health insurance enrollment assistance with a focus on Medicaid
   2. Provide direct financial support for medical bills and prescriptions
   3. Help complete medical financial assistance applications for surrounding clinics and hospitals
   4. Coordinate with healthcare providers on behalf of OCRC clients when needed
   5. Facilitate access to mental health and substance abuse treatment referrals
   6. Provide a private space, technology and tech assistance for individuals seeking telehealth appointments.
   7. Coordinate transportation and hotel reservations for off-island medical appointments.

   Challenges/Limitations: At this time OCRC staff do not meet clients outside of the OCRC building, such as at medical or other appointments, but are available for phone calls and in-person meetings at OCRC. Limited referrals come to

4. **Island Primary Care - Orcas:**

   Transitional care management services:

   a. Nurse calls within 48 hours of discharge. Focus is on medication reconciliation (many patients are continuing previous medication regimens plus the new meds from the hospital which is effectively doubling their medications in some cases)
   b. Follow-up visit with Primary Care physician/APP within 1-2 weeks depending upon the situation
   c. Island Health nurses contact patients discharged from any hospital (not just IH), *if we have knowledge of the discharge.*

   Challenges/Limitations: Specific chronic disease management focused, available only to those discharged from Island Hospital.

5. **Hospice of the Northwest**

   Care management services: The patient will be followed by a team that includes a Registered Nurse Case manager, a social worker and spiritual counselors to support the

end of life process. Referral to services can be from hospital, local clinic, community or a family member.

Challenges/Limitations: Available to those who are eligible for and enroll in Hospice services.

Overall limitations to care navigation, management and coordination on Orcas Island:

1. There is an acknowledgement amongst stakeholders that improvement is needed in coordination at discharge from out-of-county ER visits.
2. There could be benefit in increased coordination and referral collaboration between Island Primary Care Orcas & Senior Services.
3. The most common current method by which individuals are connected with short or long-term caregiving is based upon the local knowledge and personal relationships of both the Senior Services Case Manager and the Hospice of the Northwest Hospice Nurse. This is not a resilient or sustainable method for connecting individuals with at-home care services.
4. Lack of community knowledge about available care resources locally/lack of knowledge about how to find care.

E. Dementia Care

1. **Current state of Dementia care on Orcas Island:**
    a. **Dementia Friendly Orcas:** This group of local volunteers focuses on engaging all sectors of the community in understanding the scope and impact of memory loss and dementia on Orcas Island. As the group identifies needs for improvement, they provide education, community support, and resources that people living with dementia, their families, and caregivers need to live fully and safely.
    b. **Orcas Senior Center:** Offers dementia-inclusive community meals, classes, and workshops.
    c. **Island Rides:** Offers dementia-inclusive on-demand or scheduled transportation, by donation; home delivery of prescriptions, and Food Bank provisions
    d. **San Juan County Senior Services:**
        i. **Aging & Family Case Coordination:** Ongoing individual assistance with referrals, advocacy and complex needs related to dementia; home or office visits.
        ii. **Coordinate Home-Delivered Meals**, a helpful support to many people living alone with dementia and/or those with caregivers.

e. **Partners in Care Social Respite Program:** An Orcas Island Lions Club program that offers weekly respite sessions for family caregivers. Held Mondays from 11am – 3pm at the Orcas Senior Center. Trained volunteers and a certified caregiver provide meaningful engagement for care partners while caregivers take a much-needed break.
f. **Unofficial relationships across the community which support individuals with Dementia**: There are multiple businesses that, while not trained in an official capacity to monitor for dementia-like behaviors in the community (Banner Bank & Orcas Veterinary Services), watch for signs of concerning behavior change in the aging population and will reach out to Senior Services to report concerns. Additionally, there are community activities such as Art with Carla and the Ukelele group which are welcoming spaces for people with dementia.

Overall limitations to Dementia Care on Orcas Island:

1. Limited, high-quality adult day-care services (Orcas Loving Care and Partners in Care are the only formalized "respite" care programs currently available, aside from in-home caregiving)
2. Need for local, residential assisted living/memory care center (Orcas Loving Care only has slots for three full-time residents, no other options on Orcas)
3. limited number of caregivers trained in dementia care.
4. High costs of in-home caregivers (current average is $40-50/hr.)
5. Need for enhanced coordination of caregivers schedules/availability (a functioning website or app would be helpful)
6. Need for mobile medical providers to do home visits with clients with dementia (this could be an RN, ARNP, MD, etc; ideally paired with a social service provider)
7. Need for enhanced/consistent communication from medical providers to social service providers (such as the Senior Services Aging & Family Case Coordinator) regarding clients with dementia.

F. In-Community Services

1. **Behavioral Health services**
   Strengths:

a. Compass Health is a Medicaid-accepting behavioral health provider that offers services to San Juan County, including Substance Use Disorder services, peer-support, out-patient behavioral health, peer-support services, behavioral health counseling for youth, and crisis services (including Designated Crisis Responders).
b. Virtual counseling options & telehealth for Psych services have made rural access to behavioral health services easier in the last decade
c. Behavioral Health Tax funds are dedicated to subsidizing behavioral health care on Orcas Island (and County-wide) through the Community Wellness Program, administered through the Community Resource Center.
d. Bilingual Behavioral Health services are available to San Juan County residents via Consejo Counseling.

Challenges/Limitations:

e. Compass Health's outpatient services are limited, inconsistent and unpredictable due to high turnover of staff and therefore limited availability of providers.
f. The vast majority of behavioral health counselors/therapists on Orcas do not accept Medicaid, and many do not accept any insurance.
g. Services for children and youth are limited.
h. Severely limited in-person Spanish-speaking behavioral health options in SJC.

2. Social Services

a. Orcas Island Community Resource Center: Staff provide help with applying for Medicaid and/or other social service-related supports, including rental/mortgage assistance, energy assistance, and household essentials.
b. Orcas Island Food Bank: Distribute food at no charge to Islanders, including dietarily specific options and delivery.
c. Peach Pit Youth Center: Youth-driven day center and event-space for all youth. Offer case-management support to youth and young adults to manage life transitions.

3. Alternative medicine services

a. Orcas Community Integrative Medicine Services
b. Wildflower Integrative Wellness
c. Healing Arts Center

4. Specialty services (Ex: Chemotherapy & dialysis)

a. Orcas Islanders need to coordinate these services off-island, though some services are available on Friday Harbor at Peace Island Medical Center.

5. Preventative education services

a. Senior Center: Hosts several clinics throughout the year, most notably including a mammogram van, foot-care & audiology.

b. Senior Services: Offers Powerful Tools for Caregivers, a six week weekly class that "helps caregivers take better care of themselves while providing for a friend or relative".

Challenges/limitations to preventative education services:

1. Senior Services found that the Chronic Disease Self-management series that they attempted to facilitate was challenging to recruit for because they do not provide health services related to Chronic Disease.
2. More effort could be made to define goals for, organize and promote population-wide yearly preventative screening clinics, such as for colorectal cancer, diabetes, glaucoma, etc, with an emphasis on making services available for those who lack insurance.
3. When someone comes from off-island to offer a class, as is the case with what Island Health can offer, there are limitations to how helpful that instructor can be in terms of connecting participants with the concrete local resources relevant to the topic of their workshop.
4. Screenings must be tied to support for coordination of necessary follow-up.

6. Immigrant services

1. Orcas Island Community Resource Center currently has two bilingual Community Health Workers who are available to provide support to Spanish-speaking community members trying to navigate the health system.

Challenges/limitations:

1. Professional translation services are challenging to coordinate.
2. No financing options or financial assistance available for undocumented immigrants who are not eligible for medical flight company memberships.
3. Care for uninsured immigrants is difficult to coordinate given lack of financial resources.

G. Assisted Living

Current state of assisted living on Orcas Island:

Orcas Loving Care: A private Licensed Adult Family Home, licensed for a maximum of six residents, with current capacity for three residents. They currently accept one Medicaid resident at a time. They currently have two individuals enrolled in daycare services on-site, two days per week, and have capacity for 3 daycare recipients, Monday through Friday.

Recommendations for Action

The priorities for change were determined by a collaborative process, based upon the initial brainstorm conducted by this workgroup, and subsequent discussions and research carried out to explore each of the seven brainstormed areas. The recommendations for action are summarized as follows:

1. Coordinated Caregiving System
2. Mobile Integrated Health (MIH) Development
3. Emergency & Off-Island Care Coordination
4. Travel & Transportation Access
5. Health Education & Screening Services
6. Sustaining Long-term Care on Orcas

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1. Coordinated Caregiving System

Project Participants/Advisors: Orcas Island Health Care District (lead), San Juan County Senior Services, Debra O'Conner, with collaboration with Orcas Island Fire District

A. RN Care Manager Role

- Define position scope
- Determine funding and administrative home (OFD or OIHCD, other).

B. Caregiver-Client Referral Network

- Design and build system: website + job-posting app for client-caregiver matching.
- Integrate with the care manager role/Mobile Integrated Health.

C. Streamlined Certification & Training

- Map current caregiver certification needs and pathways.
- Simplify and localize training for new and existing caregivers.
- Determine pathways for funding/subsidizing certification process.

D. Caregiver Network Development

- Poll all known caregivers on Orcas to assess the current landscape.
- Organize regular networking events and education sessions.

- Build communication infrastructure; email, job-posting app.

E. Affordability of Care

- Explore subsidy models.
- Development of caregiver billing support for those who are willing to accept Medicaid.
- Explore public-private partnerships to fund care for low-income residents.

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2. Mobile Integrated Health (MIH) Development

Project Participants/Advisors: Orcas Island Fire District (lead), Orcas Island Health Care District, with collaboration with Debra O'Conner, San Juan County Senior Services, and Orcas Community Resource Center

A. MIH Program Structure

- Design roles and define population focus and goals of program
- Investigate Community Health Worker role in the MIH model.
- Align with Coordinated Caregiving RN role where applicable.
- Clarify how the clinic or other medical infrastructure might (or might not) be able to support.

B. Reimbursement models & budget planning

- Research required certifications for EMTs (e.g. CHW, Peer Navigator) to capture medicaid dollars or grants.
- Explore collaboration and cost-sharing with other entities to expand possible scope of program.
- Develop a financial model for the program for 2026–2027.

C. Referral Management System

- Choose a platform for tracking referrals across caregivers, providers, and services.
- Build stakeholder buy-in for referral platform adoption and/or data-sharing.

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3. Emergency & Off-Island Care Coordination

Project Participants/Advisors: Orcas Island Health Care District (lead), Orcas Island Fire District, San Juan County Senior Services, and Orcas Community Resource Center

A. Emergency Room Communication & Discharge Planning

- Conduct outreach to all regional ERs to assess current discharge practices, build relationships.

B. Explore options for continual education and outreach to regional ERs regarding particularities of discharge planning for San Juan County residents

- Link this process with MIH program development and Coordinated Caregiving System development.
- Develop plan for improving systems of communication between ERs and Orcas-based social services to ensure all Islanders have adequate support in traveling home from ER. (ex: ER discharge resources packet sent with patients on med flights).

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4. Travel & Transportation Access

Project Participants/Advisors: Orcas Island Health Care District (lead), Orcas Island Fire District, San Juan County Senior Services, and Orcas Community Resource Center

A. Medicaid Reimbursement for Transport

- Explore pathways to capture more Medicaid transportation benefit dollars in-county.
- Research feasibility for getting Island Rides and local taxis on Medicaid's provider list.

B. Transportation Expansion

- Collaborate with Island Rides to explore the possibility of expanding hours and service areas.
- Evaluate gaps in current transportation (e.g., evenings, medical appointments).
- Tie in with care coordination and MIH referrals.

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5. Health Education & Screening Services

Project Participants/Advisors: Orcas Island Health Care District (lead), San Juan County Senior Services, Orcas Island Senior Center, Island Primary Care Orcas, Orcas Community Resource Center

Assess priority Health Areas for education & screening services

- Identify the most critical health topics for Orcas Island residents.
- Ensure health education and screening services are inclusive and accessible for all Orcas Island residents.

- Develop partnerships between service providers, San Juan County and local/regional entities to carry out services.

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6. Sustaining Long-Term Care on Orcas

Project Participants/Advisors: Orcas Island Health Care District (lead)

A. Orcas Loving Care Support

- Conduct outreach to assess Orcas Loving Care's current and projected needs.
- Explore partnerships with the home-based care project.

B. Billing & Subsidy Infrastructure

- Provide technical assistance for billing if needed.
- Build capacity to support patient access via subsidy or co-pay programs.