

Mobile Integrated Health (MIH) Proposal Packet

A Collaborative Initiative Between

Orcas Island Fire & Rescue (OIFR)



And

Orcas Island Health Care District (OIHCD)

Orcas Island
Health Care
District

Date: September 24th, 2025

Cover Letter: To OIFR Board of Fire Commissioners

Date: October 6th, 2025

To: Board of Fire Commissioners, Orcas Island Fire & Rescue

From: Chief Chad Kimple, Orcas Island Fire & Rescue

Subject: Proposal for Mobile Integrated Health (MIH) Program Partnership with OIHCD

Dear Commissioners,

Orcas Island Fire & Rescue (OIFR) is pleased to submit the attached proposal for a Mobile Integrated Health (MIH) program in collaboration with the Orcas Island Health Care District (OIHCD).

This program represents a joint investment in our community's health and resilience by expanding healthcare access, preventing avoidable hospital transports, and addressing both medical and behavioral health needs through a coordinated island-based model.

OIFR is committed to contributing \$25,000 in direct funding along with the following equipment and resources dedicated to MIH:

- 1 × LifePack 15 Cardiac Monitor
- Mobile Integrated Health equipment
- Response SUV for MIH visits
- Laptop/Tablet/Cell Phone for mobile documentation and communication

Additionally, OIFR will train two EMTs as MIH intake and resource coordinators. OIFR will also employ one Registered Nurse (RN) at 0.6 FTE with benefits, who will serve as the MIH Program Lead Nurse.

We respectfully request OIHCD's support of up to \$175,000 annually, which will fund personnel, training, and operations, as well as cover licensing for MIH software, a secure reporting and referral platform.

This initiative has the potential to reduce unnecessary emergency transports, improve chronic disease management, strengthen behavioral health supports, and ultimately lower costs while improving quality of life for residents.

Sincerely,

Chief Chad Kimple
Orcas Island Fire & Rescue

Cover Letter: To OIHCD Board of Commissioners

Date: October 16th, 2025

To: Board of Commissioners, Orcas Island Health Care District

From: Superintendent Chris Chord, Orcas Island Health Care District

Subject: Mobile Integrated Health (MIH) Program Proposal with OIFR

Dear Commissioners,

On behalf of the Orcas Island Health Care District (OIHCD), I am pleased to present the Mobile Integrated Health (MIH) program proposal, developed in partnership with Orcas Island Fire & Rescue (OIFR).

This program represents a significant step forward in delivering proactive, community-based healthcare that reduces preventable transports, supports chronic disease management, and expands behavioral health access.

OIHCD's role will be to provide up to \$175,000 annually to fund staffing, training, and operations, including licensing for MIH software, a secure reporting and referral platform. OIFR will contribute \$25,000, a LifePack 15 cardiac monitor, ALS equipment, a dedicated response SUV, and a Toughbook laptop. Together, these contributions ensure a well-supported launch of this innovative program.

We look forward to the Board's review, discussion, and approval of this collaborative initiative.

Sincerely,

Superintendent Chris Chord
Orcas Island Health Care District

Executive Summary

Mobile Integrated Health (MIH) Program
OIFR + OIHCD Partnership

Program Goals:

- Reduce avoidable EMS transports and hospitalizations.
- Provide in-home medical support for chronic disease, post-discharge follow-up, and behavioral health.
- Expand resource access for vulnerable and mobility challenged residents.
- Strengthen care coordination and referrals across island health resources.

OIFR Commitments:

- \$25,000 in direct funding.
- LifePack 15 Cardiac Monitor, MIH equipment, MIH response SUV, and Toughbook laptop.
- Train EMTs to conduct MIH intake and resource coordination.
- Employ one 0.6 FTE RN with benefits as MIH Program Lead Nurse. 1-year only

OIHCD Commitments:

- Fund up to \$175,000 annually.
- Provide licensing/support for MIH reporting software.
- Ensure program evaluation and fiscal accountability.

Benefits:

- Improved access to healthcare at home.
- Reduced strain on EMS and emergency departments.
- Expanded behavioral health support through resource coordination.
- Data-driven reporting to guide sustainability.
- Stronger partnership between OIFR and OIHCD.
- Filling healthcare gaps in rural medicine.

Full Proposal

Program Objectives

1. Improve access to care for homebound and underserved residents.
2. Provide early intervention through intake, screening, and referral.
3. Enhance chronic condition management to prevent hospitalizations.
4. Support behavioral health and recovery through care coordination.
5. Strengthen data-driven outcomes through secure reporting and evaluation.

Roles & Contributions

OIFR Commitments:

- \$25,000 financial contribution.
- 1 × LifePack 15 Cardiac Monitor, MIH equipment, response SUV, Laptop/Cellphone/Tablet.
- Train EMTs as MIH intake and Resource Coordination.
- Employ one 0.6 FTE RN with benefits as MIH Program Lead Nurse.

OIHCD Commitments:

- Up to \$175,000 annually for staffing, training, Julota licensing, and program operations.
- Program oversight and accountability.

Staffing & Compensation

EMS Response (911 Calls):

- Volunteer EMTs remain stipend-based (\$30 per call, \$20 per drill).

Mobile Integrated Health (MIH):

- EMTs trained as MIH Intake and Care Resource Coordination: hourly \$25–\$32.

Registered Nurse:

- One RN, 0.6 FTE with benefits. Hourly equivalent ~\$45–\$65. Serves as MIH Program Lead Nurse.

RN Scope of Services:

- Medication reconciliation following hospital discharge.
- Chronic disease monitoring (e.g., diabetes, hypertension, CHF).
- Wound care and dressing changes.
- Vital signs and symptom assessments for PCP follow-up.
- Transitional Care Management (TCM) visits.
- Chronic Care Management (CCM) as part of PCP-ordered plans.
- Patient and family education on disease management and medications.
- Care coordination via MIH software referrals and follow-up tracking.

Budget Projection – 12 Month Pilot

Category

Cost Estimate

Personnel (RN, 0.6 FTE w/ benefits)	\$90,000–\$100,000
EMT MIH Hourly (6-12 hrs/wk @ \$28 avg)	\$20,000
EMT and/or RN Training	\$10,000
Program Software	\$15,000
Medical Supplies & Consumables	\$8,000
Training Materials	\$5,000
Administration & Reporting	\$7,000
Contingency (5%)	\$10,000
Total Annual OIHCD Commitment	\$165,000–\$175,000
OIFR Contribution (separate)	\$25,000 + LifePack 15 (Including annual maintenance [\$2,000]) + MIH equipment, + SUV (Current value of \$30,000) plus annual maintenance & fuel costs (\$3,000), Laptop, Cellphone, Other communication equipment (\$2,000)

Funding & Reimbursement Considerations

Registered Nurse (RN) services, particularly those tied to physician-ordered care plans, medication reconciliation, post-discharge follow-up, and chronic disease management, may qualify for reimbursement under Medicare (Chronic Care Management, Transitional Care Management) and certain Medicaid managed care contracts.

OIFR cannot directly bill for RN services, as fire districts are not licensed clinics. However, OIFR may pursue contracts or Memorandums of Understanding (MOUs) with local clinics and hospitals. In these arrangements, the clinic bills Medicare/Medicaid for Transitional or Chronic Care Management services, the OIFR RN delivers the service, and OIFR receives reimbursement through a shared funding agreement.

Additionally, OIFR and OIHCD will monitor state and federal policy developments that may create direct reimbursement pathways for MIH/CARES programs and will pursue opportunities for value-based care partnerships and grant funding.

Clinic Designation and Billing Authority:

Under current law, fire protection districts in Washington are not recognized as clinics or direct billing entities for outpatient services. As a practical alternative, OIFR may use MOUs with clinics/hospitals for shared reimbursement, while tracking legislative efforts to expand MIH reimbursement.

Program Authority (RCW Reference)

This Mobile Integrated Health (MIH) program is authorized under RCW 35.21.930, which permits fire departments and fire protection districts to develop Community Assistance, Referral, and Education Services (CARES) programs.

Under this statute, OIFR may:

- Establish a program to identify and assist residents who frequently rely on 911 and emergency services for low-acuity needs.
- Employ or contract with healthcare professionals, including EMTs and paramedics, under the supervision of the agency's medical program director.
- Collaborate with healthcare and social service providers to improve patient outcomes and reduce unnecessary emergency department use.
- Establish and collect reasonable charges for such services, if approved by resolution of the Board of Fire Commissioners.

This program will operate within the scope of RCW 35.21.930, with medical oversight provided by OIFR's Medical Director, and in close coordination with each patient's primary care provider.

Clinical Oversight

- Medical direction provided by OIFR's Medical Director.
- All care coordinated with each patient's Primary Care Provider (PCP).
- RN (0.6 FTE) serves as MIH Program Lead Nurse, responsible for day-to-day clinical operations, intake coordination, and reporting.

Governance & Oversight

- Joint Oversight Committee includes:
 - 2 Commissioners from OIFR
 - 2 Commissioners from OIHCD
 - Fire Chief (OIFR)
 - Superintendent (OIHCD)
- Committee meets quarterly to review finances, staffing, and outcomes.
- Annual report prepared and submitted to both Boards.

Interlocal Agreement

- A formal Interlocal Agreement (ILA) under RCW 39.34 will be executed.
- Filed with San Juan County Auditor or posted on agency websites.
- Defines funding, governance, liability, and termination conditions.

Evaluation Metrics

- 911 Diversion: Number of non-emergent calls redirected to MIH resources instead of EMS transport.
- Patient Outcomes: Improved chronic disease management, medication adherence, and reduced hospital readmissions.
- Care Coordination: Volume of referrals made through MIH Software to primary care, behavioral health, and social services.
- Financial Impact: Estimated healthcare cost savings for patients, OIHCD, and insurers.
- Satisfaction: Surveys of patients, families, and providers regarding MIH services.

Implementation Timeline (12-Month Pilot Launch)

Month 1–2:

- Approval by OIFR and OIHCD Boards.
- Draft and execute Interlocal Agreement (RCW 39.34).

Month 2–3:

- Recruit and onboard 0.6 FTE RN (Program Lead Nurse).
- Begin EMT training for Peer Resource Counselor and Agency Affiliated Counselor credentialing.

Month 3–4:

- Configure and deploy MIH software.
- Establish patient intake and referral workflows.

Month 4–5:

- Launch MIH pilot with first patient visits.
- Begin data collection and reporting.

Quarterly (ongoing):

- Oversight Committee meetings to review outcomes, finances, and program adjustments.

Month 12:

- Produce full program evaluation report.
- Present recommendations for continuation, expansion, or modification of MIH program.

Signatures

Chad Kimple

Fire Chief Chad Kimple, Orcas Island Fire & Rescue
Date: 10/03/2025

Chris Chord

Superintendent Chris Chord, Orcas Island Health Care District
Date: 10/03/2025