

October 31, 2016

Mr. Chase Napier
Community Transformation Manager
Office of Health Innovation and Reform
Washington State Health Care Authority
Olympia, WA 98504

Dear Mr. Napier:

On behalf of the Olympic Community of Health (OCH), it is our pleasure to submit the enclosed interim report for contract K1434. We included developments since our report from July 29, 2016 in three categories.

1. Reflection: Milestone and Concern

- a. A milestone for the OCH is the adoption of our first set of bylaws (attachment 1), a signal of an underlying shared commitment to each other and our work.
- b. To the best of our ability, the OCH is navigating concurrent and parallel tracks of: 1) incorporating as a separate legal entity, 2) de-coupling from our current Host Organization, 3) identifying a new Host Organization and administrative structure, 4) launching the Opioid Project, 5) leading ongoing regional health assessment and planning, and 6) preparing for the Waiver. Each one of these activities requires careful attention to detail, planning, strategy, and close involvement with the OCH Leadership. As we balance all six together, we are at risk of de-stabilizing our new entity, which is in direct conflict with our most critical priority at the moment to ensure OCH sustainability: building trust and commitment to each other.

2. Organization and Governance

- a. **Governance:** There has been swift forward progress in this area. The following governance documents were discussed and/or approved. Documents approved by the Board are denoted with a single asterisk (*); documents approved by the Executive Committee awaiting Board discussion and approval are denoted by a double asterisk (**). Please refer to the dates in the footers of each document to understand where the document is in its evolution and when we hope to see it adopted:
 - o Bylaws (attachment 1) *
 - o Conflict of Interest Policy (attachment 2) **
 - o Finance Committee (attachment 3)
 - o New Member policy (attachment 4) *
- b. **Administrative Organizational Structure:** We are committed to a smooth transition toward becoming a new legal entity with the support of a new Host Organization and one or more Administrative Service Organizations. Our goal is to approve a transition plan on November 7th, or at the latest, December 12th, with the aim of a direct contract between the OCH and the HCA in January 2017 for the next round of SIM funding. Details on our effort are included in the documents listed below, including activities and timeline:

- SBAR Proposed Transition Plan (attachment 5) **
 - Transition Work Plan (attachment 6)
 - Host Organization Survey (attachment 7)
 - OCH Proposed Structure Diagram (attachment 8) **
- c. **Personnel Organizational Structure:** The OCH is leaning towards a model where all OCH staff are employed directly by the OCH. At this stage, this includes an Executive Director, Program Coordinator, and part-time Administrative Assistant. We hope to have an employment contract between the ED and OCH Board before the end of January. We also hope to hire the Program Coordinator in the beginning of January to ensure a smooth transfer of knowledge from the current staff employed by the Host Organization to new OCH staff. Depending on continued funding for the Opioid Project (see item 3. on the next page), the team may also include a Three-County Opioid Project Director. For now, the first three positions have been incorporated into the 2017 budget. Once we have a better idea of the projects and administrative funding under the Waiver, the OCH team will likely grow.
- Program Coordinator Job Description (attachment 9) **
 - Opioid Contractor Contract (attachment 10)
 - 2017 OCH Budget (attachment 11) **
- d. **Engagement and Communications:** Since our last report, the OCH team launched our website: www.olympicCH.org. This website has been met with praise from Board Members and community partners, and is a credit to the IT and administrative team in our Host Organization, Kitsap Public Health District. Along with providing basic information, the website serves several key functions, including a library of up-to-date meeting materials and a community input form. We began distribution of an [e-newsletter](#) that links to the website and our newly active accounts on [Facebook](#), [Twitter](#), and [Instagram](#). We are using Mail Chimp which allows us to easily track sign-ups, engagement, and reach of each distribution. Individuals have been visiting the website, signing up for our e-newsletter, and contacting us directly. We regularly use [Survey Monkey](#) as a tool to gather information from the community and targeted partner groups on topics ranging from our regional health improvement plan to law enforcement naloxone practices.

In addition to our growing virtual presence, we also continue to hold quarterly convenings that are open to the public. Our next convening will be a summit planned for January. We will continue to improve our engagement strategies by exploring other techniques such as local town hall forums.

All Board meetings are open to the public and recorded. Materials and recordings are posted online with open access. Of note, we are experiencing some technical issues due to the size of the mp3 files.

Finally, the Regional Health Assessment and Planning Committee is now comprised of over 30 individuals representing all three counties and numerous sectors. All Tribes are invited to participate on this committee. The RHAP Committee assists staff in keeping up-to-date on key issues that communities face. They also assist staff in synthesizing information, prioritizing health issues, and identifying potential strategies to address these issues. This committee is developing as the OCH develops a clearer picture of the next 2-3 years of work. It may develop into one of several mechanisms to support accountability and transparency of the OCH.

- OCH Partner Convening, September 12 Agenda (attachment 12) **
- Regional Health Needs Assessment Work Plan (attachment 13)

3. Three-County Coordinated Opioid Response Planning and Assessment Project Update

The OCH was very pleased that our SIM project proposal was approved as submitted and did not receive a request for additional information from the Center for Community Health and Evaluation (CCHE). As soon as our contract was executed in mid-September, we hired a project contractor and by early October, we were running at a full sprint. The project team includes the Executive Director of the OCH, the Administrator of the Salish Behavioral Health Organization, a project contractor, an epidemiologist, and an administrative assistant. The project milestones shared here cover only five weeks of work.

We have convened a Steering Committee comprised of representatives from across multiple sectors and all 3 counties in our region, the first meeting is scheduled for November 3, 2016. We are planning an Opioid Summit that is scheduled for January 30, 2017. In only 5 weeks, OCH project staff have participated in dozens of meetings, both in-person and virtual, with community partners, both public and private, and state partners. We track our activity in an engagement log and have established a list of key data resources. We are compiling a growing roster of people who have expressed an interest in getting involved in this project. On October 21st, we distributed our first [project update](#) and plan to circulate regular updates given our fast pace and deep interest from community and state agency partners.

We are on track and moving quickly. A major concern is the identification of continued funding to support the implementation plan that comes out of this planning and assessment phase.

- Work Plan (attachment 14)
- Steering Committee Charter (attachment 15)
- Engagement Log (attachment 16)
- Data Source List (attachment 17)
- Opioid Project Executive Summary (attachment 18)

If you require any additional information, please do not hesitate to contact us. Many of our materials are available online at www.olympicCH.org. As always, thank you for your flexibility, partnership, and continued investment in the OCH.

In Partnership,



Elya Moore, PhD
Executive Director, Olympic Community of Health
Supported by Kitsap Public Health District

BYLAWS
OF
Olympic Community of Health

**ARTICLE I.
NAME**

The name of the corporation shall be The Olympic Community of Health, and it is referred to in these Bylaws as the "OCH."

**ARTICLE II.
PURPOSES**

Section 1. Purposes. The purposes for which the OCH is formed, and the business and objectives to be carried on and promoted by it, are as follows:

To operate exclusively for charitable, scientific, and educational purposes, and to advance the goal of the OCH to improve the overall health and wellbeing of our communities and Tribes across Clallam, Jefferson and Kitsap counties through a collaborative approach focused on sustainable and equitable solutions.

Section 2. Dedication of Assets. The property of the OCH is irrevocably dedicated to charitable purposes. No part of the net earnings, properties or other assets of the OCH shall inure to the benefit of any private person or individual, or to any member, Director or officer of the OCH. Notwithstanding the foregoing, this Section shall not prevent payment to any such person of reasonable compensation for services performed for the OCH in effecting any of its public or charitable purposes, provided that (i) compensation is permitted by these Bylaws and approved by resolution of the Board, and (ii) no such person or persons shall be entitled to share in the distribution of, and shall not receive, any of the corporate assets on dissolution of the OCH.

**ARTICLE III.
DEFINITIONS**

The following terms used in these bylaws are defined as follows:

"Administrative Service Organization" means the organization that supports and facilitates the business and activities of the OCH. Such activities may include: payroll services, benefits administration, human resources, information technology, data analytics and evaluation, and communications.

"Board" means the Board of Directors of the OCH.

"Committee" means two or more individuals who are assigned to work on a specific issue, and are interdependent in the achievement of a common goal.

"Community Member" means a representative of the community that represents a priority health issue or a local health coalition of community members.

"Conflict of Interest" means a situation in which a Director has the potential to vote on a matter that would provide direct or indirect financial benefit to that Director or their immediate family or to any agency with which that member is affiliated.

"Director" means an individual appointed as a member of the Board of Directors.

"Executive Committee" means the Board of Directors President, Vice-President, Secretary, Treasurer, and At-Large.

"Executive Director" means the senior operating officer of the OCH.

"Financial Interest" means a person having directly or indirectly, through business, investment, or family:

- An ownership or investment interest in any entity with which the Organization has a transaction or arrangement,
- A compensation arrangement with the Organization or with any entity or individual with which the Organization has a transaction or arrangement, or
- A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the Organization is negotiating a transaction or arrangement.

"Health" means the state of complete physical, mental and social well-being, and not merely the absence of disease and infirmity. These include the conditions in which people work, live, play and contribute.

"Material" describes information that, if omitted or misstated, could influence the economic decisions of users taken on the basis of the financial statements. Materiality therefore relates to the significance of transactions, balances and errors contained in the financial statements. Materiality defines the threshold or cutoff point after which financial information becomes relevant to the decision making needs of the users. Information contained in the financial statements must therefore be complete in all material respects in order for them to present a true and fair view of the affairs of the entity. Materiality is relative to the size and particular circumstances of individual companies.

"Member" means a person admitted to the OCH Partner Group as provided in Article VII.

"Organization" means any group of people who have joined together for a particular purpose, ranging from social to business, and usually meant to be a continuing organization. It can be formal, with rules and/or bylaws, membership requirements and other trappings of an organization, or it can be a collection of people without structure.

"Regional Health Improvement Plan" means a mechanism through which key partners in a community representing whole-person health plan, facilitate and coordinate activities required for transformation of the community's health system.

"Regional Service Area" means the region jointly designated by the Health Care Authority (HCA) and Department of Social and Health Services (DSHS) for Medicaid purchasing of physical and behavioral health care, in alignment with Accountable Community of Health regions.

"Sector" means a category of organizations, governments, businesses and/or individuals who share the same or related mission, product or service within the Regional Service Area. (For example, Social Services, Hospitals, Transportation, Federally Qualified Health Centers, Philanthropy, Housing, Community Based Organizations, Consumer Representative, Public Health, Managed Care Organizations)

“Tribe” means an American Indian or Alaska Native tribal entity that is recognized as having a government-to-government relationship with the United States, with the responsibilities, powers, limitations, and obligations attached to that designation, and is eligible for funding and services from the Bureau of Indian Affairs.

ARTICLE IV. BOARD OF DIRECTORS – DUTIES AND PRINCIPLES

Section 1. Power and Duties.

1.1 **Powers.** Prudent management of all the affairs, assets, property and goodwill of the OCH shall be vested in a Board of Directors. The Board may delegate the management of the day-to-day operation of the business of the corporation to a management company, committee (however composed), or other person, provided that the activities and affairs of the corporation shall be managed and all corporate powers shall be exercised under the ultimate direction of the Board of Directors. Directors shall not delegate or proxy their respective responsibilities and rights as members of the Board pursuant to these Bylaws and required under federal and state law.

1.2 **General Duties.** The Board will provide strategic direction and work in partnership with the Partner Group and workgroups on approved projects. They shall act as liaison for the OCH to Washington State Health Care Authority on funding, governance, alignment of state initiatives with regional preferences and other topics that may arise. They shall serve as voice for the OCH to other, relevant offices in Olympia and to local, elected officials. The Board secures funding for core collaborative activities of the OCH partners that benefit the shared aims of the organization, and oversees and develops the sustainability plan for the corporation. They ensure that the corporation obeys applicable laws and acts in accordance with ethical practices, that it adheres to its stated corporate purposes, and that its activities advance its mission.

Section 2. **Number.** The number of Directors shall be determined from time-to-time by a vote of the Board but shall consist of not less than fifteen (15) and not more than twenty-nine (29). Other than as to the initial Board, the number of Directors may at any time be increased or decreased by the Board who shall have the power to elect additional Directors at any regular or special meeting of the Board. The change in number of Directors shall not however, diminish the term of any incumbent director, whose term may be diminished only as provided by law and these Bylaws.

Section 3. **Board Representation by Sector and Tribe.** Each Board member shall either represent a Tribe or a designated Sector established by the Board. Board membership may include representation up to the maximum number of directors pursuant to Section 2 hereof. No Sector shall have more than one designated member on the Board of Directors. A sector may designate an alternate member if desired. The Board may add or modify Sectors that should be represented by a vote of the Board. Tribes may alternate designated members on the Board of Directors, with each Tribe represented by one vote on the Board of Directors. The Executive Director shall maintain a list of the Sectors and Tribes for representation on the Board.

Section 4. Nomination and Election of Directors.

4.1 **Board Sector Representative Nomination Process.** Candidates for Board members shall be nominated by each Sector. The nominations will be referred directly to the Board for approval. In the event a Sector cannot nominate a representative within thirty (30) days, the Board, either directly or through Committee, will solicit, receive and vet nominations, and recommend a sector representative to the Board.

4.2 Tribe Representative Nomination Process. Tribes may appoint alternate representatives as desired on the Board of Directors. Tribal representation on the Board of Directors is voluntary.

4.3 Election. The Board approves Sector membership to the Board and elects its Board Sector Directors. Directors may be elected at the annual meeting, or at any regular or special meeting of the Board. The Board does not have authority to confirm or deny Tribal appointments.

Section 5. Term of Office. During the first year after adoption of these Bylaws, Directors shall be elected to an initial one-year (1) term. For the purpose of staggering the terms, following the initial one-year term, thirty (30%) of the Board of Directors shall serve a one (1) year term and the remaining Directors shall serve a two (2) year term. The initial groups shall be determined by a lottery. Thereafter, each Director's term of office shall be for two (2) years, which shall end on the latter of the date of the annual meeting or succession of a new director. At the end of three (3) consecutive terms, each sector has the option to nominate the same Candidate or to nominate a new Candidate to represent the sector on the Board. Term of Office does not apply to Tribes.

Section 6. Compensation. The Directors shall receive no compensation for services for and on behalf of the OCH.

Section 7. Meetings.

7.1 Annual Meeting. An annual meeting of the Board shall be held each year in the autumn (between September and November), prior to December 31. At this meeting the Board may approve a budget for the activities of the OCH for the following year, and elect new Board members.

7.2 Regular Meetings. Regular Board meetings shall be scheduled at the discretion of the Board, but are required not less than four (4) times per year. By resolution, the Board may specify the date, time and place for the holding of regular meetings without other notice than such resolution.

7.3 Special Meetings. Special meetings of the Board may be called at any time by the President or any five (5) members of the Board, whereupon the Secretary shall give notice as specified by the Board to each Board member.

7.4 Meetings by Electronic Connectivity. Members of the Board or any committee designated by the Board may participate in a meeting of such Board or committee by means of a conference telephone, webinar, or similar communications equipment by means of which all persons participating in the meeting can hear each other at the same time. Participation by such means shall constitute presence in person at a meeting.

7.5 Place of Meetings. All meetings shall be held at the principal office of the corporation or at such other place within or without the State of Washington designated by the Board, by any persons entitled to call a meeting or by a waiver of notice signed by all Directors.

7.6 Notice of Special Meetings. Notice of special Board or committee meetings shall be given to a Director in writing or by personal communication with the Director not less than three days before the meeting, with as much notice as possible. Notices in writing may be delivered or mailed to the Director at his or her address shown on the records of the corporation or given electronic transmission. Neither the business to be transacted at, nor the purpose of any special meeting need be specified in the notice of such

meeting. If notice is delivered by mail, the notice shall be deemed effective when deposited in the official government mail properly addressed with postage thereon prepaid.

7.7 Waiver of Notice.

A. In Writing. Whenever any notice is required to be given to any Director under the provisions of these Bylaws, the Articles of Incorporation or applicable Washington law, a waiver thereof in writing, signed by the person or persons entitled to such notice, whether before or after the time stated therein, shall be deemed equivalent to the giving of such notice. Neither the business to be transacted at, nor the purpose of, any regular or special meeting of the Board need be specified in the waiver of notice of such meeting.

B. By Attendance. The attendance of a Director at a meeting shall constitute a waiver of notice of such meeting, except where a Director attends a meeting for the express purpose of objecting to the transaction of any business because the meeting is not lawfully called or convened.

7.8 Quorum. A simple majority of the full Board of Directors then in office at the beginning of each meeting shall constitute a quorum for the transaction of business.

7.9 Alternative Representation. In the event a Director is unable to attend a board meeting, the Director may authorize a representative to attend as a guest at a board meeting, provided that such Director provides reasonable notice to the Board. Only attendance by Directors, or previously appointed alternates within the Sector, will constitute a quorum and for the purposes of voting on business items.

Section 8. Voting and Manner of Acting.

8.1 Board Actions. Each Director, or previously approved alternate, and each Tribe will have one (1) vote. The act of the majority of the Directors present at a meeting at which there is a quorum shall be the act of the Board, unless the vote of a greater number is required by these Bylaws, the Articles of Incorporation or applicable Washington law.

8.2 Presumption of Assent. A Director at a Board meeting at which action on any corporate matter is taken shall be presumed to have assented to the action taken unless his or her dissent or abstention is entered in the minutes of the meeting, or unless such Director files a written dissent or abstention to such action with the person acting as secretary of the meeting before the adjournment thereof, or forwards such dissent or abstention by registered mail to the Secretary of the corporation immediately after the adjournment of the meeting. Such right to dissent or abstain shall not apply to a Director who voted in favor of such action.

8.3 Action by Board Without a Meeting. Any action which could be taken at a meeting of the Board may be taken without a meeting if a written consent setting forth the action so taken is signed by each of the Directors. Such written consents may be signed in two or more counterparts, each of which shall be deemed an original and all of which, taken together, shall constitute one and the same document. Any such written consent shall be inserted in the minute book as if it were the minutes of a Board meeting.

Section 9. Resignation. Any Director may resign at any time by delivering written notice to the President or the Secretary at the registered office of the corporation, or by giving oral or written notice at any meeting of the Directors. Any such resignation shall take effect at the time specified therein, or if the time is

not specified, upon delivery thereof and, unless otherwise specified therein, the acceptance of such resignation shall not be necessary to make it effective.

Section 10. Removal from Office. Directors are expected to regularly attend Board meetings; however, they shall notify the President or Executive Director with appropriate notice if they are not able to attend such meeting. Absences from more than one-third (1/3) of the regularly scheduled meetings in any given calendar year may be grounds for removal.

Section 11. Vacancies on Board of Directors. Sector representatives are responsible for identifying and forwarding candidates to the Board to fill vacant positions. Vacancies occurring on the Board may be voted on and ratified at any regular or special Board meeting by the remaining Directors. Newly elected Directors shall serve the remaining term of the vacant position.

Section 12. Duty of Loyalty. Directors shall put the OCH interests ahead of their own when making all decisions in their capacities as corporate fiduciaries. They must act without personal economic conflict, and are required to sign a conflict of interest policy upon election to the Board.

ARTICLE V. OFFICERS

Section 1. Election and Term of Office. The officers of the OCH Board shall be President, Vice President, Secretary a Treasurer, and At-Large. At the end of the President's term, the At-Large office will be replaced by the Past-President. The Board may approve additional officers as it deems necessary for the performance of the business of the OCH. The term of office shall commence on July 1 and each officer shall hold office for one (1) year or until he or she shall have been succeeded or removed in the manner hereinafter provided. Such offices shall not be held for more than three (3) consecutive terms. Such officers shall hold office until their successors are elected and qualified. A vacancy in any office may be filled by the Board for the unexpired portion of the term.

Section 2. Removal. Any officer or agent may be removed by the Board with or without cause by a sixty percent (60%) vote of the Board, if deemed in the best interests of the OCH.

Section 3. Compensation. The officers shall receive no compensation for services rendered on behalf of the OCH.

Section 4. President. The President shall preside at all meetings of the Board, shall have general supervision of the affairs of the corporation, and shall perform such other duties as are incident to the office or are properly required of the President by the Board.

Section 5. Vice-President. The Vice-President shall preside at all meetings in the absence of the President and perform such other duties as are incident to the office or are properly required of the Vice-President by the Board.

Section 6. Secretary. It shall be the duty of the Secretary of the Board to keep all records of the Board and of the OCH, to give notice of meetings, and to perform such other acts as the President or Board may direct.

Section. 7. Treasurer. The Treasurer is accountable for all funds belonging to the OCH, and shall assure that policies and procedures regarding the disposition of assets and all related financial transactions are followed as prescribed by the Board or these Bylaws.

Section 8. Past-President. The Past-President shall advise the incoming President of position responsibilities and provides advice, support and information as needed to the new President and board.

Section 9. At-Large. The At-Large may be assigned to serve on committees or undertake special projects. This office will be replaced by the Past-President office after the first term.

ARTICLE VI. COMMITTEES

Section 1. Committees. The Board may appoint, from time to time, from its own members and/or the public, standing or temporary committees consisting each of no fewer than two (2) Directors. Such committees may be vested with such powers as the Board may determine by resolution passed by a majority of the Board. No such committee shall have the authority of the Board in reference to amending, altering, or repealing these Bylaws; electing, appointing, or removing any member of any such committee or any Director or officer of the corporation; amending the Articles of Incorporation, adopting a plan of merger or adopting a plan of consolidation with another corporation; authorizing the sale, lease, or exchange of all or substantially all of the property and assets of the corporation other than in the ordinary course of business; authorizing the voluntary dissolution of the corporation or adopting a plan for the distribution of the assets of the corporation; or amending, altering, or repealing any resolution of the Board which by its terms provides that it shall not be amended, altered, or repealed by such committee. All committees so appointed shall keep regular minutes of the transactions of their meetings and shall cause them to be recorded in books kept for that purpose in the office of the corporation. The designation of any such committee and the delegation of authority thereto shall not relieve the Board or any member thereof of any responsibility imposed by law.

Section 2. Standing Committees. The following committees are authorized and ongoing Committees of the Board:

- A. Executive Committee. Membership of the Executive Committee shall consist of the officers of the Board which are President, Vice-President, Secretary, Treasurer, and At-Large. At the end of the President's term, the At-Large office will be replaced by Past-President. A majority of the Executive Committee shall be necessary and sufficient at all meetings to constitute a quorum for the transaction of business. The Executive Committee shall have authority to conduct business on behalf of the OCH between regular Board meetings should authority be expressly given to them by the Board. The Executive Committee will review and recommend changes, if charged by the Board, to the Bylaws.
- B. Finance Committee. The Treasurer of the Board shall chair a committee comprised of at least three (3) Directors to provide financial oversight for the organization. In addition to developing an annual budget, the committee will establish long-term financial goals that will provide for the sustainability of the corporation.
- C. Regional Health Assessment and Planning Committee. A Director of the Board shall chair the RHAP Committee, which will be comprised of at least two (2) Directors and no fewer than eleven (11) general members, including at least one representative from a Tribe and one representative from each of the three counties in the RSA. Thirty-three percent (33%) of RHAP Committee members shall be necessary and sufficient at all meetings to constitute a quorum for the transaction of business, with at least one representative present from each county and ideally at least one representative from a Tribe. RHAP Committee membership will be open to each Tribal Nation and

multiple sectors; the roster will be updated on a regular basis. RHAP Committee regularly reviews health assessments and advises the Board on regional health priorities and how to address them.

ARTICLE VII. ADMINISTRATIVE SERVICE ORGANIZATION

The Board may select and contract with an Administrative Service Organization that may be the general manager of this corporation. The Administrative Service Organization may have such qualifications as determined by the Board from time to time, including experience and education suitable to fulfill the duties of managing the corporation. The Administrative Service Organization may have the necessary authority and be held responsible for the administration of all corporate activities and departments subject only to the policies adopted by and the orders issued by the Board or by any of its committees to which it has delegated powers for such action. The Administrative Service Organization may act as the duly authorized representative of the Board in all matters in which the Board has not formally designated some other person for that specific purpose. At least annually, the Board may evaluate the performance of the Administrative Service Organization against measurable goals developed by the Board in consultation with the Administrative Service Organization. The Board may elect to terminate any and all contracts with the Administrative Service Organization, with notice and with or without cause. The Board shall provide notification of contract termination in writing to the executive representative of the Administrative Service Organization.

ARTICLE VIII. FINANCE

Section 1. Finance. The annual budget shall be prepared and approved by the Board at the annual meeting of the Board. The OCH shall operate on a fiscal year, which runs from January 1 to December 31.

There may be created by the Board a general fund of the OCH. Said funds shall be administered by the Board or their designee. This fund shall be utilized for the payment of general operating expenses. Any non-budgeted expenditure in excess of \$5,000.00 shall require approval by the Executive Committee. Any material change will be brought to the Board for consideration.

Section 3. Contracts. The Board may authorize any officer or officers, agent or agents, to enter into any contract or execute and deliver any instrument on behalf of the OCH, and that authority may be general or confined to specific instances.

Section 4. Checks, Drafts, and items of similar nature. All checks, drafts or other orders for the payment of money, notes or other evidences of indebtedness issued in the name of the OCH shall be signed by the officer or officers, agent or agents of the OCH and in the manner as may from time to time be determined by resolution of the Board of Directors.

Section 5. Deposits. All funds of the OCH shall be deposited in a timely manner to the credit of the OCH in the banks, trust companies or other depositories as the Board of Directors may select.

Section 6. Remuneration. No salary shall be paid to members of the Board or Committee. Members may be reimbursed for reasonable and necessary expenses incurred for the purposes of doing business, and attending meetings on behalf of the OCH. Such expenses incurred may be reimbursed provided appropriate documentation and timely submission of expense receipts are provided within sixty (60) days of such occurrence.

ARTICLE IX.
CONFLICTS OF INTEREST AND PROHIBITED TRANSACTIONS

Section 1. Conflicts of Interest Policy. The Board of Directors shall adopt policies and procedures to comply with the requirements of this Article IX and to address any conflicts of interest between the OCH and the Board and its officers, employees and/or agents of this corporation ("Conflicts of Interest Policy"). To ensure the OCH operates in a manner consistent with its charitable purposes and does not engage in activities that could jeopardize its tax-exempt status, the Board may conduct periodic reviews of these Bylaws and the Conflicts of Interest Policy. The periodic reviews may, at a minimum, include the following subjects:

- (i) whether compensation arrangements and benefits are reasonable, based on competent survey information, and the result of arm's length bargaining; and
- (ii) whether partnerships, joint ventures, and arrangements with management organizations conform to the Corporation's written policies, are properly recorded, reflect reasonable investment or payments for goods and services, further charitable purposes and do not result in inurement, impermissible private benefit or in an excess benefit transaction.

Section 2. Annual Disclosure. Each member of the Board and principal officer shall annually sign a disclosure statement which affirms such person: (i) has received a copy of the conflicts of interest policy; (ii) has read and understands the conflicts of interest policy; (iii) has agreed to comply with the conflicts of interest policy, and (iv) understands the OCH is charitable and in order to maintain its federal tax exemption it must be organized and operated for one or more tax-exempt purposes set forth in Section 501(c)(3) of the Internal Revenue Code. In addition, such disclosure state shall include each director's affiliations (as trustee, board member, officer, employee, advisory committee member, development committee member, volunteer, etc.) with any actual or potential grantee or borrower of the OCH or any other organization with which the OCH may have a financial relationship, and the affiliations of persons with whom a director has a close relationship (a family member or close companion) with any actual or potential grantee or borrower of the OCH or any other organization with which the OCH may have a financial relationship. The form of such annual disclosure statement may be prescribed and adopted by the Board of Directors and reviewed on an annual basis.

Section 3. Self-Dealing Transactions.

3.1 Prohibition and Standard for Approval. Except as provided by this Section, the Board of Directors shall not approve or permit the OCH to engage in any self-dealing transaction. A self-dealing transaction is a transaction to which this corporation is a party and in which one or more of its directors has a financial interest. Notwithstanding the foregoing, the OCH may engage in a self-dealing transaction only as follows:

- (i) if the transaction is approved by a court or by the Attorney General, or
- (ii) if the Board determines, before the transaction, that (1) this corporation is entering into the transaction for its own benefit; (2) the transaction is fair and reasonable to this corporation at the time; and (3) after reasonable investigation, the Board determines that it could not have obtained a more advantageous arrangement with reasonable effort under the circumstances. Such determinations must be made by the Board in good faith, with knowledge of the material facts concerning the transaction and the interest of the director or directors in the transaction, and by a vote of a majority of the directors then in office, without counting the vote of the interested director or directors.

3.2 Notification and Process. Whenever a Director or Officer has a financial or personal interest in any matter coming before the Board, the affected person shall a) fully disclose the nature of the interest and b) withdraw from discussion, lobbying, and voting on the matter. Any transaction or vote involving a potential conflict of interest shall be approved only when a majority of disinterested Directors determine that it is in the best interest of the corporation to do so. The minutes of meetings at which such votes are taken shall record such disclosure, abstention and rationale for approval.

The Board may also vote to exclude a Director against whom a claim of conflict of interest or violation of appearance of fairness is made from Board votes or from executive sessions until the claim against the member is resolved. Additionally, the Board may by majority vote exclude a member from a portion of any executive session where a matter of potential legal conflict between OCH and the member is to be discussed.

Section 4. No Loans. No loans shall be contracted on behalf of the OCH and no evidences of indebtedness shall be issued in its name unless authorized by a resolution of the Board. That authority may be general or confined to specific instances. No loans shall be made by the OCH to a Director nor shall the OCH guarantee the obligation of a Director unless either: (a) the particular loan or guarantee is approved by the vote of a majority of the votes represented by members in attendance at the meeting upon which the matter is considered, except the votes of the benefited Director, or (b) the Board determines that the loan or guarantee benefits the OCH and either approves the specific loan or guarantee or a general plan authorizing loans and guarantees.

ARTICLE X. INDEMNIFICATION AND INSURANCE

Section 1. Indemnification. The OCH shall indemnify any present or former volunteer of the corporation including Directors, officers, Committee officers and Committee members as well as any present or former employees or agents of the corporation, to the fullest extent possible against expenses, including attorneys' fees, judgments, fines, settlements and reasonable expenses, actually incurred by such person relating to his or her conduct as a Director, officer, Committee officer, Committee member, volunteer, employee or agent of the corporation, except that the mandatory indemnification required by this sentence shall not apply (i) to a breach of the duty of loyalty to the organization; (ii) for acts or omissions not in good faith or which involve intentional misconduct or knowing violation of the law; (iii) for a transaction from which such person derived an improper personal benefit; (iv) against judgments, penalties, fines and settlements arising from any proceeding by or in the right of the organization, or against expenses in any such case, where such person shall be adjudged liable to the corporation, or (v) when otherwise prohibited by law.

Service on the Board of Directors of the corporation, or as an officer, Committee officer, Committee member, volunteer, employee or agent thereof, is deemed by the corporation to have been undertaken and carried on in reliance by such persons on the full exercise by the corporation of all powers of indemnification which are granted to it under these bylaws and as amended from time to time. Accordingly, the corporation shall exercise all of its powers whenever, as often as necessary and to the fullest extent possible, to indemnify such persons. Such indemnification shall be limited or denied only when and to the extent provided above unless legal principles limit or deny the corporation's authority to so act.

Section 2. Insurance. Upon and in the event of a determination by the Board of Directors to purchase indemnity insurance, the OCH may purchase and maintain insurance on behalf of any agent of the OCH against any liability asserted against or incurred by the agent in such capacity or arising out of the agent's status as

such, provided that the OCH has the power to indemnify the agent against such liability under the provisions of this Article.

ARTICLE XI. DISSOLUTION

Upon dissolution of the OCH, assets (including monies and equipment) and property (including records) shall be distributed among other charitable, educational, religious or scientific organizations that qualify as an exempt organization or organizations under section 501 (c) (3) of the Internal Revenue Code. Decisions regarding dissolution will be made by the Board, however, no transfer will be made that will adversely affect the OCH's tax status at time of dissolution or retroactively.

ARTICLE XII. AMENDMENTS

The Board shall have power to make, alter, amend and repeal the Bylaws of the OCH, provided the Board will not approve any such alteration, amendment or repeal on which such action shall first have received approval of two-thirds of the Board. The Board shall receive 10 business days' notice of any proposed action to alter or amend the Bylaws of the OCH. These Bylaws may be amended by sixty percent (60%) vote of the votes cast by the Directors. This may be accomplished at either a regular or special meeting with notice given as specified in Article IV.

I certify that the foregoing Bylaws of the Olympic Community of Health were adopted by the Board of Directors this _____ day of _____, 2016, and that they are currently in effect.

Roy Walker, Executive Director, Olympic Area Agency on Aging
President of the Olympic Community of Health Board of Directors

I certify that the foregoing Bylaws of the Olympic Community of Health were adopted by the Board of Directors this _____ day of _____, 2016, and that they are currently in effect.

Leonard Forsman, Suquamish Tribal Chairman
Secretary of the Olympic Community of Health Board of Directors

Olympic Community of Health
Conflict of Interest Policies and Procedures

Article 1. Purpose

The purpose of this policy is to help inform the Olympic Community of Health (OCH) Board of Directors (Directors) about what constitutes a conflict of interest, and assist the Directors in identifying and disclosing actual and potential conflicts. The OCH is a collaborative of interested parties and it is acknowledged that Directors have personal, tribal, organizational and/or sector-specific self-interests.

Whether a disclosed interest constitutes a conflict or perceived conflict of interest is determined by the OCH in its discretion by the process set forth in this policy. This policy enables individuals to understand, identify, manage and appropriately disclose actual, potential or perceived conflicts of interest. This policy is intended to supplement but not replace any applicable state and federal laws governing conflict of interest applicable to nonprofit and charitable organizations.

Conflicts of interest happen all the time. They are inevitable. It is not possible to avoid all conflict-of-interest situations. The purpose of this policy is to help Directors handle them effectively.

Article 2. Definitions

1. Interested Person

Any director, principal officer, member, or delegate who has a direct or indirect financial or personal interest, as defined below, is an interested person.

2. Conflict of Interest

An actual conflict of interest occurs where an interested person's judgment could be affected because he or she has a personal interest in the outcome of a decision over which the interested person has control or influence. The conflict of interest is present when an interested person's stake in a transaction or decision is such that it reduces the likelihood that the interested person's influence can be exercised impartially in the best interests of the OCH. This policy sets forth two types of conflicts of interest: financial and personal.

3. Financial Conflict of Interest

A person has a financial interest if the person has, directly or indirectly, through business, investment, or family:

- a. An ownership or investment interest in any entity with which OCH has a transaction or arrangement,
- b. A compensation arrangement with OCH or with any entity or individual with which OCH has a transaction or arrangement, or
- c. A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which OCH is negotiating a transaction or arrangement.

Compensation includes direct and indirect remuneration as well as gifts or favors that are not insubstantial. A financial interest is not necessarily a conflict of interest. A person who has a financial interest may have a conflict of interest only if the Board of Directors or appropriate Committee decides that a conflict of interest exists.

4. Personal Conflict of Interest

When a director, principal officer, member, delegate or a member of his or her immediate family, including the individual's spouse, domestic partner, child or parent, stands to directly or indirectly gain or be favorably impacted as a result of a decision.

Article 3. Procedures

1. Duty to Disclose

Each interested person shall disclose all material facts regarding his or her interest in the transaction under consideration promptly upon learning of the proposed transaction or arrangement. Before voting on an agenda item related to an expenditure or the awarding of a contract, the chair should ask Directors or Committee Members whether a real or potential conflict of interest exists.

2. Determining Whether a Personal Conflict of Interest Exists

After disclosure of all material facts, if necessary, the Directors or appropriate Committee Members may determine if a personal conflict of interest exists for the interested person. The Director(s) and any other interested person(s) involved with the transaction shall not be present during the discussion or determination of whether a personal conflict of interest exists. The remaining Directors or Committee Members shall decide if a personal conflict of interest exists.

3. Procedures for Addressing a Personal Conflict of Interest

The Directors may ask questions of and receive presentation(s) from the Director(s) and any other interested person(s), but shall deliberate and vote on the transaction in their absence. The Directors shall ascertain that all material facts regarding the transaction and the insider's conflict of interest have been disclosed and shall compile appropriate data, such as comparability studies, to determine fair market value for the transaction.

After exercising due diligence, which may include investigating alternatives that present no conflict, the Directors shall determine whether the transaction is in the OCH's best interest, for its own benefit, and whether it is fair and reasonable to the OCH; the remaining Directors may approve the transaction.

4. Procedures for Addressing a Financial Conflict of Interest

When a vote is required and a conflict of interest is not a personal conflict, the conflict will be stated and the vote will resume with all voting members; the interested person(s) will abstain from the vote.

It will not be necessary to excuse oneself from participating in related discussions or in the voting process as long as the conflict is not a personal conflict and has been disclosed.

5. Violations of the Conflict of Interest Policy

If a Director or Committee Member has reasonable cause to believe a member has failed to disclose actual or possible conflict of interest, it shall inform the member of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose.

If, after hearing the member's response and after making further investigation as warranted by the circumstances, the Director or Committee Member determines the member has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

Article 4. Records of Proceedings

The minutes of meetings of Board of Directors and all Committees with Board delegated powers shall contain:

- a. The names of the persons who disclosed or otherwise were found to have a financial interest in connection with an actual or possible conflict of interest, the nature of the financial interest, any action taken to determine whether a conflict of interest was present, and the Board's or Committee's decision as to whether a conflict of interest in fact existed.
- b. The names of the persons who were present for discussions and votes relating to the transaction or arrangement, the content of the discussion, including any alternatives to the proposed transaction or arrangement, and a record of any votes taken in connection with the proceedings.

Article 5. Compensation

- a. A voting member of the Board who receives compensation, directly or indirectly, from OCH for services is precluded from voting on matters pertaining to that member's compensation.
- b. A voting member of any Committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from OCH for services is precluded from voting on matters pertaining to that member's compensation.
- c. No voting member of the Board or any Committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from OCH, either individually or collectively, is prohibited from providing information to any committee regarding compensation.

Article 6. Periodic Statements

Each Director and Officer shall annually sign a statement that affirms such person:

- a. Has received a copy of the conflict of interest policy,
- b. Has read and understands the policy,
- c. Has agreed to comply with the policy, and
- d. Understands that OCH is a charitable organization and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

Olympic Community of Health
Conflict of Interest Policy Certification

The undersigned hereby acknowledges that the undersigned:

- (a) Has received a copy of the conflict of interest policy,
- (b) Has read and understands the conflict of interest policy,
- (c) Has agreed to comply with the conflict of interest policy, and
- (d) Understands that in order for Olympic Community of Health to maintain its federal tax exemption as a charitable organization, it must engage primarily in activities that accomplish one or more of its tax-exempt purposes.

Please check one of the following boxes:

- ☐ I have no conflicts or potential conflicts to disclose.
- ☐ I have the following conflicts or potential conflicts to disclose (use the space below):
 - Disclose personal or professional affiliations, including those of immediate family members, with companies the OCH does or might do business with. For instance, do you hold a sizable amount of stock or have other financial interests in a company?
 - Disclose any personal business dealings (including those of immediate family members) you have or have had with the OCH in the previous twelve months.
 - List other corporate or nonprofit boards on which you (or an immediate family member) serves.

Dated: _____

Signed: _____

Print Name: _____

Title: _____

Olympic Community of Health

Finance Committee Charter

| | Member Name | Role | Agency or Affiliation |
|---|--------------------|------------------|---------------------------|
| 1 | Hilary Whittington | Chair, Treasurer | CFO, Jefferson Healthcare |
| 2 | TBD | Member | |
| 3 | TBD | Member | |

Finance Committee Purpose

The committee is responsible for recommending financial policies, goals, and budgets that support the mission, values, and strategic goals of the organization. The committee also reviews the organization's financial performance against its goals and proposes major transactions and programs to the board. In addition to developing an annual budget, the committee will track progress toward long-term financial goals that will provide for the sustainability of the organization.

Finance Committee Operating Principles

- The Treasurer of the Board shall chair the Finance Committee
- The Finance Committee will be comprised of at least three voting members from the Board of Directors or *Ad Hoc* members
- Committee members should have backgrounds in finance, accounting, business, investment management, executive leadership, and/or business ownership
- A majority of the Finance Committee shall be necessary and sufficient at all meetings to constitute a quorum for the transaction of business
- Finance Committee members will be held to term limits outlined in the bylaws
- The Finance Committee shall be accountable to the OCH Board and shall present recommendations and actions for review

Responsibilities

The finance committee's specific responsibilities include:

- Recommending policies that maintain and improve the financial health and integrity of the organization
- Reviewing and recommending a long-range financial plan for the organization
- Reviewing and recommending an annual operating budget and annual capital budget consistent with the long-range financial plan and financial policies
- Reviewing and recommending capital expenditures and unbudgeted operating expenditures that exceed management's spending authority
- Reviewing and approving capital expenditures and unbudgeted operating expenses that, per board-approved policy, are above management's authority but below the threshold required for board approval
- Reviewing the financial aspects of major proposed transactions, new programs and services, as well as proposals to discontinue programs or services, and making action recommendations to the board
- Monitoring the financial performance of the organization as a whole and its business lines against approved budgets, long-term trends, and benchmarks
- Requiring and monitoring corrective actions to bring the organization into compliance with its budget and other financial targets

Meetings

The Finance Committee shall meet as needed, no fewer than four times per year.

Olympic Community of Health

Policy for new members

Approved by the Governance Subcommittee May 19, 2016

Approved by the OCH Board of Directors June 1, 2016

Policy to fill vacant seats and refill seats in the event a) term limit is reached, b) member retires or c) member no longer can represent his/her sector

Nominations to the Board of Directors (Board) are to be made when a new sector seat is identified, a member's term limit is nearing, a member retires, or a member changes employment into a new sector. Sector nominations will be confirmed at Board meetings.

Nomination to the Board is to be made among and by peers within the sector for whom the individual serves as the representative. Sectors are to be inclusive of their peers within the tri-county region in making the selection for representation, and to inform their representative by meeting regularly and independently of the OCH. Representatives are expected to communicate on behalf of and represent the sector as a whole and to ensure a system for regular communication and feedback within their sector and as a responsibility of their Board participation. Each sector will constitute one "vote" in decision making.

In the event a brand new sector is offered a seat on the Board for which there has been little engagement, staff will assist in facilitating the nomination process.

In the event that partners within a sector cannot agree on their sector representative, or are unable to do the due diligence to caucus with other members within their sector to select a representative, an *ad hoc* Nominating Committee of at least three Board members will receive and vet nominations and recommend a sector representative to the Board.

Tribes are governments, not sectors, therefore each Tribe is allotted one vote may appoint alternate representatives as desired. The Board does not have authority to confirm or deny Tribal appointments.

This policy shall be renewed annually from 2016-2018, and then bi-annually thereafter.

OCH Board Chair/President

OCH Director/Executive Director

Date

Date

Situation

The contract between Kitsap Public Health District (KPHD) and the Health Care Authority (HCA) expires January 31, 2017, as does the employment agreement between the Executive Director and KPHD. Agreement on an OCH transition plan is essential. The OCH is now under additional pressure to formally become a separate legal entity and single point of authority under the Medicaid Waiver in order to coordinate Transformational Projects.

Background

In August the OCH Board of Directors approved an independent, 501c3, legal entity for the OCH. In October staff convened a workgroup of OCH Board members, the HCA, and a representative from the current Host Organization, to agree on a set of assumptions (see table below) and recommend a plan moving forward. They deliberated on key decision points for the OCH: 1) Host Organization, 2) administrative functions of the OCH versus the Host Organization and 3) the employer of record of OCH staff.

| Assumption | Staff consideration | Why this matters |
|---|--|---|
| Life expectancy: <i>How long do we think the OCH will exist?</i> | Plan on at least five years | Informs what we want to build versus rent |
| Budget: <i>How much money will flow through the OCH?</i> | ACHs will administer Initiative I of the Waiver. Budget for 5-7 OCH staff; assume approx. \$600,000-\$700,00 per year, likely frontloaded; some money likely to flow in 2017 Until we are flexed up for the Waiver, budget 2-3 OCH staff; assume approx. \$350,000 per year | Gives us an idea of scale and timing |
| Oversight: <i>How much oversight do we want the executive director to have over staff?</i> | If staff are employed by host organization, it may be possible to have a management contract that clearly specifies supervision, disciplinary action, termination, etc. Depends, in part, on the host organization. | Desired level of oversight will inform employer-of-record for OCH staff |
| Executive Director: <i>Should the Executive Director be employed by the OCH?</i> | Boards need full authority over the duties, roles, and deployment of the ED. If not employed by the OCH, it is possible for a management contract between the OCH and host to specify this. A contract between the Board and ED is a good idea, in either case. | Clear accountability |

Action (completed to date)

1. Research costs and options for administrative functions (E.G., bookkeeping, timekeeping, payroll, HR)
2. Retain a consultant to advise on research, materials, and proposed recommendations
3. Identify a list of potential host organizations
4. Convene a Transition Meeting to provide consultation and agree on general strategy
5. Circulate a survey to assess willingness of potential Host Organizations
6. Share notes with other ACHs regarding transition planning

Results

Survey responses from potential Host Organizations.

| Host Organization | Willing | Details | |
|--|--|--|---|
| | | Able to provide | Not able to provide |
| Jamestown S'Klallam Family Health Clinic | Yes | Will need to get formal approval from CEO/Tribe Chair: <ul style="list-style-type: none"> • Able to provide space and IT either in-kind or at a nominal cost. Would wrap in printing costs into single monthly payment if unable to provide in-kind. | <ul style="list-style-type: none"> • Payroll, book keeping would be price prohibitive • Benefits are for employees only |
| Jefferson Health Care | Yes | <ul style="list-style-type: none"> • Able to provide space and IT at a nominal cost. Would wrap in printing costs into single monthly payment | <ul style="list-style-type: none"> • Payroll, book keeping would be price prohibitive • Benefits are for employees only |
| Suquamish Tribe | Maybe | Will need to take a proposed plan and budget to Council <ul style="list-style-type: none"> • Likely able to provide space, IT, and, if employed at least part time, could offer the full suite of administrative services. • Indirect rate varies | <ul style="list-style-type: none"> • More discussions are needed |
| Kitsap Public Health District | Yes | <ul style="list-style-type: none"> • Space: \$5,000/year; 250 ft² @ \$20/ft²/year • IT: Included with space cost + additional expenses for hardware, software, etc... • Printing and postage: Actual cost; \$0.15/pg for copies | <ul style="list-style-type: none"> • Payroll • Timekeeping • Bookkeeping |
| Jefferson County Public Health | Not good timing based on other factors | | |
| Bremerton Housing Authority | Not good timing based on other factors for BHA | | |
| Peninsula Community Health Services | Not a good fit if not an employee of PCHS | | |

Proposed Recommendation based on research, consultant review, discussion with the HCA and other ACHs, and input from the transition meeting:

1. Criteria for Host Organization selection

1. Degree of fit with OCH operational needs
2. Supportive, collegial environment for OCH staff
3. Total cost of services; services donated in-kind
4. Location of proposed space
5. Nimbleness - a function of speed of decision-making and existing policies and procedures

2. Employer of Record: OCH staff are employed by the OCH. In early 2016, OCH staff include: OCH Executive Director, Program Coordinator, and Administrative Assistant, if hired.

3. Host Organization: Executive Director will visit Jefferson Health Care and Jamestown S'Klallam Family Health Clinic to assess for fit and desirability and will gather more precise details on cost. Executive Director presents this information and her preferred choice at the November 7th (ideally) or December 12th Board meeting.

4. Administrative Services:

- a. OCH contracts with Host Organization for space, IT, and printing through a Management Service Contract.
- b. OCH contracts with one or more independent Administrative Service Organizations (ASO) for payroll, timekeeping, and bookkeeping. OCH will work with a broker to set up an employee benefit plan. OCH will discuss sharing ASO services with other ACHs to assess if there can be additional economies of scale
- c. OCH internalizes administration of benefits and management of ASO and Host Organization contracts.

Next steps

| Date | Task |
|-------------------------------|--|
| November 7 | OCH Board reviews, discusses, and approves recommendation |
| November 8-November 29 | <i>If no consensus:</i> Executive Director follows-up on issues and/or identifies new potential solutions <i>If consensus:</i> Executive Director begins negotiations on Management Services Agreement, bids for administrative services, and negotiates contracts with Administrative Services Organization(s) |
| December 12 | OCH Board approves Management Service Agreement with Host Organization and administrative structure of OCH |
| December 12-January 31 | Negotiate Management Service Agreement between Host Organization and OCH |
| February 1, 2017 | Execute Management Service Agreement between Host Organization and OCH |

Olympic Community of Health

Transition Work Plan

| Technical steps toward becoming a 501c3 | | | |
|--|---------------|---------|--|
| Step | Status | Cost | Notes |
| File Articles of Incorporation | Ready | \$50 | Will file after purchasing liability insurance |
| Purchase liability insurance | Ready | \$2,580 | Annual premium |
| Apply for Federal Employee Identification Number (EIN) w IRS | Not yet begun | | Upon receipt of certificate of incorporation from WA State |
| Register on WEBS to be a Washington State vendor | Not yet begun | | Upon receipt of certificate of incorporation from WA State |
| Apply for a Washington Business License (UBI number) | Not yet begun | \$19 | Need to have in order to hire employees; get benefits |
| Negotiate Management Services Agreement with (new) Host Organization | Not yet begun | | Ensure a smooth transition from Jan 31 to Feb 1. |
| Purchase Labor & Industries (L&I) Insurance | Not yet begun | \$735 | Need to have in order to hire employees |
| File for 1023 Federal 501c3 Tax Exempt Status | Not yet begun | \$850 | Minimum required documentation/steps to file: <ul style="list-style-type: none"> • Purpose and mission statement • Articles of Incorporation • Bylaws • EIN • 3-year budget • Policies (E.g., Conflict of interest) • Development plan • Board of Directors list |
| Register with the Charities Program of WA State | Not yet begun | \$60 | Upon receipt of IRS tax exemption letter |

Background and Purpose

The Olympic Community of Health (OCH) is considering a new Host Organization starting February 2017. This survey is a preliminary tool to assess your organization's interest in serving in this capacity. The questions below assess the types of administrative services your organization might be willing to provide and associated costs. Please consider the following when filling out this survey:

- A minimum two-year arrangement
- Pre Waiver onset: the OCH will be the employer of record for 2-3 OCH staff for 2017; annual budget ~ \$350k
- Post Waiver onset: OCH FTE will likely grow; annual budget ~ \$700k
- Does your agency receive federal funding subject to 2 CFR 200?
- Does your agency have an approved Federal indirect rate? If yes, what is that rate?

We designed this survey to take less than 10 minutes. Contact Elya Moore, (306) 633-9241 or elya@olympicch.org, if you have questions. **Please respond by 5:00 pm, Friday October 24th.** We are grateful for your consideration to be our host!

TIMELINE*

| Date | Activity |
|------------------------|---|
| October 17 | Circulate survey to potential Host Organizations |
| October 24 | Deadline for potential Host Organizations to submit responses to survey |
| October 25-October 28 | OCH Executive Director follows-up to clarify responses where needed |
| November 7 | OCH Board of Directors reviews and selects potential Host Organization(s) based on selection criteria suggested by the Executive Committee (for example: degree of fit with OCH operational needs; location of proposed space; total cost of services provided; amount of in-kind contribution) |
| November 8-November 29 | OCH Executive Director follows-up with selected Host Organization(s) |
| December 7 | OCH Board of Directors finalizes selection of Host Organization |
| December 8-January 31 | Negotiate Management Service Agreement between Host Organization and OCH |
| February 1, 2017 | Execute Management Service Agreement between Host Organization and OCH |

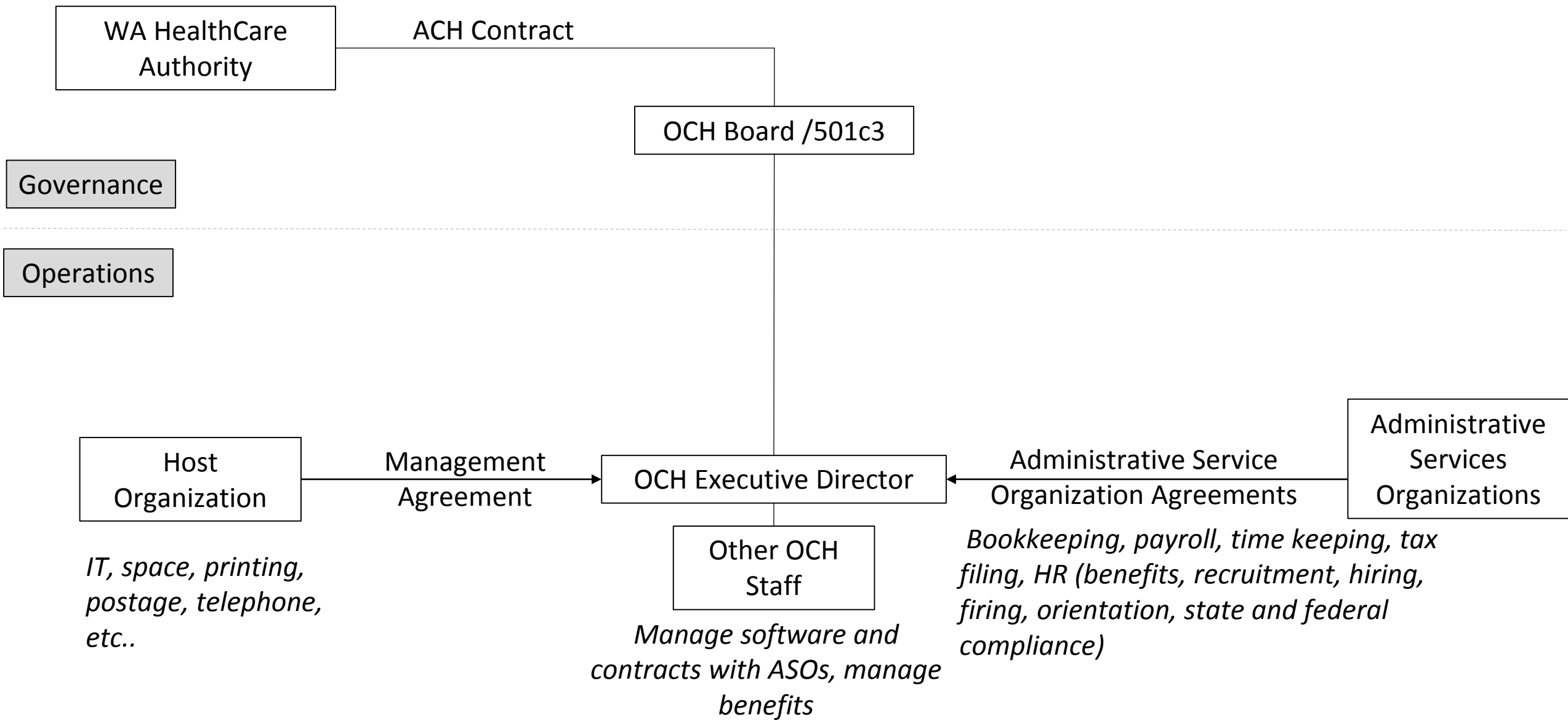
* Timeline may change depending on Board deliberation

Instructions: Check one response per question. If known, please indicate a ballpark figure for the annual cost to provide the service. Please use the space in the final column to provide additional information. Thank you!

| Would your organization be willing to provide: | Possible responses | | | Notes and additional information |
|--|--------------------|-----------------------|-----------|---|
| Space , defined as a desk and chair, telephone, building maintenance and janitorial services, and a place to hook up computer and phone. | Yes Cost | Yes In-kind | No | <i>Please indicate how many people can fit into the space. In the short term, we anticipate 2 OCH staff. Keep in mind that OCH staff will likely spend over half of their time away from the office. A cubicle is fine. OCH staff will share space!</i> |
| Information technology , defined as services and infrastructure including assistance with, installation, and maintenance of telephonic and computer equipment, internet access, helpdesk support, email and web hosting/assistance, back-up and recovery assistance, cyber-security, technical support and maintenance for reasonable requests for licenses for the Software. | Yes Cost | Yes In-kind | No | <i>The OCH will purchase its own computers and will ask the host IT department to configure the machines to the host's server.</i> |

| | | | | |
|--|---------------------|------------------------|-----------|--|
| Printing and postage | Yes Cost | Yes In-kind | No | <i>The OCH prints materials for monthly Board meetings, quarterly public meetings, and other committee meetings. Postage is rarely used.</i> |
| Payroll and timekeeping , defined as payroll processing, payroll tax filing, new hire reporting, detailed reporting category, time tracking by category, attendance tracking, contract support, and compliance. | Yes Cost | Yes In-kind | No | <i>Host would be asked to set up a separate payroll and timekeeping approach. Staff are employed by the OCH.</i> |
| Bookkeeping , defined as accounting, accounts payable and check generation, managing OCH bank account, producing monthly, quarterly, and annual financial reports by OCH activity, tax preparation. | Yes Cost | Yes In-kind | No | <i>Host would be asked to work closely with the OCH Executive Director to tailor reports to the specific needs of the OCH and to meet federal contract requirements.</i> |
| Human Resources , defined as benefits administration, assistance with recruiting, consultation on HR matters, and state and federal compliance. | Yes Cost | Yes In-kind | No | <i>Please note that staff will be employed by the OCH. Host will likely not be able to provide benefits to OCH staff.</i> |
| Management Services Agreement , defined as a legally binding agreement for one or more of the services listed above for at least two years, to be executed by February 1, 2017? | Yes Cost | Yes In-kind | No | <i>Is your organization willing to enter into a Management Services Agreement with the OCH?</i> |

Proposed OCH Structure



POSITION SUMMARY

Under the supervision of the OCH Executive Director, this position provides program leadership and coordination in the daily operations of the OCH. Work focuses on the coordination, planning, administration and operation of the OCH efforts. Duties include coordination and monitoring of assigned activities, communication between internal and external partners, integrating research and best practices into specific program areas, providing program consultation and expertise, and administrative support where needed. This position requires the ability to function effectively and efficiently with minimal instruction and objectives involving frequently changing conditions and problems, requiring considerable judgment, initiative, creativity, and/or ingenuity. This position requires excellent verbal, written, and listening communication skills.

ESSENTIAL JOB FUNCTIONS

- Support various committees and their work, preparing materials for use, and managing the scheduling, preparation, minutes, and other logistics of meetings.
- Perform day-to-day communications and engagement activities, which may include listening, motivating, or presenting; exchanging information; resolving problems; and/or identifying the appropriate communication channel or person to resolve issues. Maintains the OCH's social media, web, and electronic newsletter.
- Research, receive, and synthesize vast and diverse amounts of information and data; research and acquire knowledge of policies, guidelines and regulations; convert information into understandable formats such as reports, white papers, memos, or PowerPoint slide decks for a variety of audiences.
- Monitor the performance and compliance of contractors, ensure contract deliverables are met, and reporting and documentation are in compliance with applicable rules, laws, and requirements associated with the project. Serve as contract administrator for federal, state, and/or county contract(s). Utilize appropriate methods for procurement (e.g., invitations to bid, requests for proposals, sole source, and emergency procurement) in preparing, revising and executing contracts.
- Assess program needs and purchases, in accordance to budget constraints; track time and expenses and monitor expenditures.
- Coordinate, monitor, and report progress of project activities, including financial information, to determine progress and effectiveness; recommend changes in procedures, guidelines, etc., and formulate methods of accomplishing program objectives within budget.
- Support regional health assessment and improvement planning, including logistics, synthesis and analysis of data, priority setting, and planning.
- Maintain accurate and organized records, databases, systems and files; archive records; input data into electronic systems to assure records and confidential information are current, organized, accessible for future review and protected in compliance with laws and policies.
- Prepare grant and other funding applications, including preparation of letters of intent, requests for proposals, and other related supporting documentation.
- Review and analyze changes to legislation and regulations that may impact program operations; provide recommendations and guidance on steps to take.
- Utilize, track and reconcile company credit card to make necessary purchases
- Complete timecard on a weekly basis.
- Report for scheduled work with regular, reliable and punctual attendance.
- Perform other duties as assigned.

EDUCATION & EXPERIENCE REQUIREMENTS

- A bachelor's degree in a job related field
- Three years of related work experience
- Alternatively, an equivalent combination of education, experience and professional certification may be qualifying provided the individual's background demonstrates required knowledge and abilities.
- Degrees must be from appropriately accredited institutions.

REQUIRED KNOWLEDGE, SKILLS AND ABILITIES

Knowledge of:

- Principles, practices, and trends in healthcare, community health and/or health administration.
- Effective, efficient contract management based on applicable laws, rules and guidelines.
- Project management and evaluation, including continuous quality improvement.
- Administrative support necessary to multi-task in support of multiple projects and teams.
- Professional and correct English usage including grammar, spelling, and punctuation.
- Business practices in regard to communication, including electronic, telephone or direct public contact.
- Computer operation and a variety of software including word processing, spreadsheet, database and other applications related to the area of assignment.
- Experience with Adobe Design programs such as Photoshop and Illustrator a plus, but not required.

Ability to:

- Manage time well, and coordinate, organize, and prioritize work assignments effectively and efficiently.
- Work effectively in a multi-task environment.
- Take appropriate initiative.
- Apply good judgment, creativity and logical thinking to obtain potential solutions to unique problems and to make reasoned decisions within the scope of knowledge and authority or refer to the appropriate person.
- Establish and maintain cooperative, effective working relationships with coworkers, partners, staff, and the general public.
- Perform work in confidence and under pressure for deadlines.
- Exercise tact, discretion, professionalism, respect and courtesy to gain the cooperation of others and establish and maintain effective working relationships with rapport with co-workers, volunteers, other programs, representatives of other agencies and businesses, and diverse members of the public.
- Be attentive to detail, consistently follow written and oral instructions and guidelines, maintain a high degree of accuracy and complete records, check data, and prepare and review material in reports and correspondence.
- Listen attentively and communicate effectively and persuasively, both orally and in writing, in clear, concise language appropriate for the purpose and parties addressed, concerning complex or sensitive matters, including making presentations to diverse audiences.
- Read, understand, interpret and apply appropriately the terminology, instructions, policies, procedures, legal requirements and regulations pertinent to the area of assignment.
- Assure that absolute confidentiality is maintained as required and sensitive information is handled appropriately.
- Work both independently and cooperatively within a collaborative team-oriented environment.
- Utilize computers, databases and related software and automated equipment to produce worksheets and reports, typing with sufficient speed and accuracy to accomplish assignments in a timely manner.

LICENSES, CERTIFICATES & OTHER REQUIREMENTS

- Performance of job duties requires driving on a regular basis, a valid Washington State driver's license, the use of the incumbent's personal motor vehicle, and proof of appropriate auto insurance.

WORK ENVIRONMENT & PHYSICAL DEMANDS

- Work is performed primarily indoors, remotely or in an office, with frequent travel to make presentations, facilitate meetings, or attend conferences, seminars, etc.
- Requires the ability to communicate with others orally, face to face and by telephone. Requires manual and finger dexterity and hand-eye-arm coordination to write and to operate computers and a variety of general office equipment. Requires mobility to accomplish other desktop work, retrieve files, and to move to various office locations. Requires visual acuity to read computer screens, printed materials, and detailed information. Essential duties may involve occasional kneeling, squatting, crouching, stooping, crawling, standing, bending, climbing (to stack, store or retrieve supplies or various office equipment).
- May occasionally be required to work a varying schedule which may include evenings and weekends.
- Duties require carrying a cell phone or other electronic device as well as being available to work as needed to meet OCH needs, which may include evenings, weekends and holidays.
- Requires the ability to alternatively sit and stand for sustained periods of time for meeting facilitation or training activities.
- May be exposed to individuals who are upset, angry, agitated and sometimes hostile, requiring the use of conflict management and coping skills.
- The environment is dynamic and constantly changing, resulting in continually re-evaluating and shifting priorities.
- Occasionally, the incumbent may be required to lift and/or carry object and materials up to twenty pounds. Rarely, the incumbent may be required to lift and/or carry objects and materials weighing up to fifty pounds to move education displays; set up training areas, meeting venues, etc.
- May require working a non-traditional work schedule or working outside normal assigned duties to meet deadlines.

The statements contained herein reflect general details as necessary to describe the principal functions for this job classification, the level of knowledge and skill typically required and the scope of responsibility, but should not be considered an all-inclusive listing of work requirements. Individuals may perform other duties as assigned including work in other functional areas to cover absences or relief, to equalize peak work periods, or to balance the workload.

The physical demands described above are representative of those that must be met by an employee to successfully perform the essential functions of the job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Employee Signature/Date

Executive Director Signature/Date

PROFESSIONAL SERVICES AGREEMENT
Between
KITSAP PUBLIC HEALTH DISTRICT
And
DR LISA REY THOMAS

This Professional Services Agreement (“Agreement”) is made and entered into between the Kitsap Public Health District, a Health District organized pursuant to chapter 70.46 Revised Code of Washington and Chapter 9.52 Kitsap County Code, hereinafter referred to as “District,” and Dr Lisa Rey Thomas, hereinafter referred to as “Contractor.” The parties mutually agree as follows:

- I. **Period of Performance:** This Agreement shall begin September 1, 2016, and be completed no later than January 31, 2017, unless terminated sooner or extended as provided for herein.

Services: The District requires the expertise of this Contractor to perform a planning and assessment project to address the significant opioid crisis in Clallam, Jefferson, and Kitsap counties. Duties to be performed under this Agreement are specified in Attachment A: Scope of Work.

- II. **Qualifications/Eligibility:** The Contractor will have the qualifications necessary to successfully complete the objectives of this Agreement.

- III. **Compensation:** The District agrees to pay Contractor based on monthly invoices itemizing hours worked and services performed; total compensation to Contractor is not to exceed \$25,970 during the Agreement, with an hourly rate of \$72.20 per hour averaging 70 hours per month. The budget is incorporated for reference as Attachment B.

- IV. **Notices:** Notices pursuant to this agreement shall be sent to:

If to the DISTRICT:
 Kitsap Public Health District
 ATTN: Katie Eilers
 345 6th Street, Suite 300
 Bremerton, WA 98337
 (360) 337-5224

If to the CONTRACTOR:
 Lisa Rey Thomas
 10023 NE Summerberry Court
 Bainbridge Island, WA 98110
 (206) 617-9332

- V. **Billings:** Billings to the District shall occur monthly and will be paid within 30 days of receipt. Billings shall be sent to:

Kitsap Public Health District
 Accounts Payable
 345 6th Street, Suite 300
 Bremerton, WA 98337
 (360) 337-5215

- VI. **Independent Contractor:** Contractor performing under this Agreement are not employees or agents of the District.

- VII. **Rights in Data:** Data that is delivered under this Agreement is the District’s property and shall be transferred fully to the District with all rights to the license to publish, translate, reproduce, modify,

deliver, dispose of, and to authorize others to do so. If tribal data are collected, appropriate approval will be obtained including data ownership and use agreements if required.

VIII. **Indemnification:** Contractor shall defend, indemnify and hold the District, its officers, officials, employees and volunteers harmless from any and all claims, injuries, damages, losses or suits including attorney fees, arising out of or resulting from the acts, errors or omissions of the Contractor in performance of this Agreement, except for injuries and damages caused by the sole negligence of the District. Solely for the purposes of this provision, the Contractor waives its immunity under Title 51 (Industrial Insurance) of the Revised Code of Washington and acknowledges that this waiver was mutually negotiated by the parties. This provision will survive the expiration or termination of this Agreement.

IX. **Insurance:** The Contractor shall procure and maintain for the duration of the Agreement, insurance against claims for injuries to persons or damage to property which may arise from or in connection with the performance of the work hereunder by the Contractor, its agents, representatives, or employees.

No Limitation. Contractor's maintenance of insurance as required by the agreement shall not be construed to limit the liability of the Contractor to the coverage provided by such insurance, or otherwise limit the District's recourse to any remedy available at law or in equity.

A. Minimum Scope of Insurance

Contractor shall obtain insurance of the types described below:

1. **Automobile Liability** insurance covering all owned, non-owned, hired and leased vehicles. Coverage shall be written on Insurance Services Office (ISO) form CA 00 01 or a substitute form providing equivalent liability coverage. If necessary, the policy shall be endorsed to provide contractual liability coverage.
2. **Professional Liability** insurance appropriate to the Contractor's profession. The Contractor shall provide the District with proof of liability insurance or professional errors and omissions coverage appropriate to the Contractor's profession.

B. Minimum Amounts of Insurance:

Contractor shall maintain the following insurance limits:

1. **Automobile Liability** insurance with a minimum combined single limit for bodily injury and property damage of \$1,000,000 per accident
2. **Professional Liability** insurance shall be written with limits no less than \$1,000,000 per claim and \$1,000,000 policy aggregate limit.

C. Other Insurance Provisions

The insurance policies are to contain, or be endorsed to contain, the following provisions for Automobile Liability and Professional Liability:

1. The Contractor's insurance coverage shall be primary insurance as respect the District. Any insurance, self-insurance, or insurance pool coverage maintained by the District shall be excess of the Contractor's insurance and shall not contribute with it.
2. The Contractor's insurance shall be endorsed to state that coverage shall not be cancelled by either party, except after thirty (30) days prior written notice by certified mail, return receipt requested, has been given to the District.

D. Acceptability of Insurers

Insurance is to be placed with insurers with a current A.M. Best rating of not less than A:VII.

E. Verification of Coverage

Contractor shall furnish the District with original certificates and a copy of the amendatory endorsements, including but not necessarily limited to the additional insured endorsement, evidencing the insurance requirements of the Contractor before commencement of the work.

- X. **Safeguarding of Information:** The use or disclosure by Contractor of any information or documents obtained by the Contractor in the course of contract performance for any purpose not directly connected with Contractor's responsibilities under this Agreement is prohibited except as may be required by law.
- XI. **Statutory and Regulatory Compliance:** Contractor shall comply with all applicable federal, state, and local laws, regulations, guidelines, and standards in the performance of this Agreement.
- XII. **Non-Discrimination:** Contractor shall not discriminate against any employee or applicant for employment because of race, color, sex, religion, national origin, creed, marital status, age, Vietnam era or disabled veteran status, sexual preference, or the presence of any sensory mental or physical handicap.
- XIII. **Records Inspection and Retention:** KPHD has specific records retention requirements according to state law. KPHD may, at reasonable times, inspect the books and records of the Contractor relating to the performance of the Contract. The Contractor will retain for audit purposes all contract-related records for at least six years after termination of the Contract.
- XIV. **Choice of Law:** This Contract has been and shall be construed as having been made and delivered within the State of Washington and it is agreed by each party hereto that this Contract shall be governed by the laws of the State of Washington, both as to its interpretation and performance. Any action at law, suit in equity, or judicial proceeding arising out of this jurisdiction in Kitsap County, Washington.
- XV. **Amendment:** This Agreement may be modified only by a written amendment executed by authorized representatives of both parties.
- XVI. **Dispute Resolution:** In the event that a dispute arises under the Agreement that the parties are unable to resolve, they shall allow the dispute to be decided by a Dispute Panel in the following manner: each party to this Agreement shall appoint an additional member to the Dispute Panel. The

Dispute Panel shall review the facts, contract terms and applicable statutes and rules and make a determination of the dispute. The determination of the Dispute Panel shall be final and binding on the parties hereto. The parties shall equally share the costs, if any, for the services of the Dispute Panel.

XVII. **Termination:** This Agreement may be terminated by either party upon giving at least thirty (30) days advance written notice to the other party.

In the event that funding for this project is withdrawn, reduced or limited in any way after the effective date of this Contract, KPHD may summarily terminate this Contract notwithstanding any other termination provision of this Contract. Termination under this paragraph shall be effective upon the date specified in the written notice of termination sent by KPHD to the Contractor. After the effective date, no charges incurred under this Contract are allowable.

XVIII. **Entire Agreement:** This Agreement constitutes the entire agreement between the parties regarding its subject matter. Any oral or written representations not expressly incorporated in this Agreement are specifically excluded.

KITSAP PUBLIC HEALTH DISTRICT_ CONTRACTOR

By: _____
Keith Grellner
Administrator

By: _____
Lisa Rey Thomas, PhD

Date: _____

Date: _____

| Funding Source |
|---|
| Program: Olympic Community of Health Non-Federal Contract/Grant: Health Care Authority |

ATTACHMENT A SCOPE OF WORK

1. Reports administratively to Director, Olympic Community of Health.
2. Initiates regular meetings to discuss project progress with the Administrator of the Salish Behavioral Health Organization (SBHO).
3. Presents project progress to the OCH Board and/or the Kitsap Public Health District Board as needed or requested.
4. Creates an Action Plan for this Scope of Work to be submitted to the Health Care Authority by October 31, 2016.
5. Forms a project Steering Committee or something similar.
6. Collaborates with the KPHD epidemiologist to perform a three-county assessment into the scope of the opioid problem including an inventory of the solutions already underway.
7. Identifies and engages with key stakeholders to develop an implementation plan. Stakeholders will include: payers (SBHO and Medicaid managed care plans (MCO)), mental health providers, substance use treatment providers, public health officers, local health jurisdictions, local elected officials, primary care providers, hospitals, emergency departments, dental providers, FQHCs, first responders (defined as law enforcement, EMTs, paramedics, fire, and others), consumers, and Courts.
8. Completes an implementation plan for a project that addresses the opioid crisis in the three-county region, in collaboration with the Director of the Olympic Community of Health and the Administrator of the Salish Behavioral Health Organization, and with input from the Steering Committee and other community partners throughout the course of the contract period.
9. Facilitates the selection of 3-5 measures to gauge success during the implementation phase and aligns these measures with the State's Common Measure Set and/or Waiver Project Measures where appropriate.
10. Leads the planning and successful implementation of a three-county Opioid Summit sometime in January 2017 or sooner, depending on other related events that may already be planned.
11. Emphasizes tribal involvement and input in all elements of this project.
12. Completes a final report including all activities, work products, plans, and assessments during the contract period, completed by January 31, 2017.
13. Participates in regional, statewide, and national activities or opportunities, where appropriate, to learn about best practices in this area and incorporate these into our regional implementation plan.
14. Accepts other duties as assigned.

DELIVERABLES

1. Scope of Work: Action Plan
2. Opioid Three-County Assessment
3. Opioid Summit
4. Opioid Response Implementation Plan, including tools and measures
5. Scope of Work: Final Report

ATTACHMENT B
Budget

| Opioid Project Budget September 1, 2016-January 31, 2017 | | | |
|---|-----------------|-----------------|---------------|
| EXPENDITURES | | | |
| | | | |
| Personnel | Salaries | Benefits | Total |
| Director: 0.10 FTE for 5 months | 4,409 | 1,323 | 5,732 |
| Epidemiologist: 0.15 FTE for 5 months | 5,084 | 1,525 | 6,609 |
| Assistant: 0.10 FTE for 5 months | 1,941 | 582 | 2,523 |
| Subtotal Personnel Costs | 11,434 | 3,430 | 14,864 |
| Non-Personnel | | | Total |
| Travel | | | 1,000 |
| Contractor(s): ave 70 hrs/month for 5 months | | | 25,970 |
| Supplies | | | 1,500 |
| Event/Meeting Expenses | | | 2,950 |
| Other | | | 0 |
| Subtotal Non-Personnel Costs | | | 31,420 |
| Indirect Costs (25% of salaries & benefits) | | | 3,716 |
| TOTAL EXPENDITURES | | | 49,999 |

OLYMPIC COMMUNITY OF HEALTH

2016-2017 BUDGET: 2016 Actual versus projected and year-to-date spend; 2017 Proposed Budget

Presented to OCH Board of Directors November 7

Approved by Executive Committee October 28

APPROVED REVENUES 2016

| Description | Total |
|-----------------------------------|---------|
| HCA ACH Year 1 Grant | 330,000 |
| HCA Design Grant | 150,000 |
| | |
| | |
| Clallam County (not yet received) | 10,000 |
| TOTAL REVENUES | 490,000 |

Note: Unexpended balance of HCA state funding from 2016 (\$480,000) is reserved for 2017 and 2018.

January 1, 2016-December 31, 2016

APPROVED EXPENDITURES 2016

YEAR TO DATE: JAN THRU SEPT 2016

| Personnel | Salaries | Benefits ¹ | Total | BALANCE REMAINING | YEAR TO DATE | % SPENT (Target75%) |
|--|----------|-----------------------|---------|-------------------|--------------|---------------------|
| Director: 1.0 FTE for 9 months | 79,362 | 23,809 | 103,171 | 26,134 | 77,036 | 75% |
| Program Coordinator: 0.5 FTE for 4 months | 14,923 | 4,477 | 19,399 | 0 | 0 | 0% |
| Epidemiologist: 0.5 FTE for 11 months | 37,279 | 11,184 | 48,463 | 27,995 | 20,468 | 42% |
| Assistant 0.4 FTE for 10 months | 15,528 | 4,658 | 20,186 | \$ (340.34) | 20,527 | 102% |
| Subtotal Personnel Costs | 147,092 | 44,127 | 191,219 | | 118,031 | 62% |
| Non-Personnel | Total | | | | | |
| Professional Services: | | | | | | |
| Interim Project Manager (Jan. - March 2016) | | | 23,605 | 3,915 | 19,690 | 83% |
| Communications Support (website) | | | 3,500 | 3,385 | 115 | 3% |
| Legal or other consultant ² | | | 5,000 | 0 | 0 | 0% |
| | | | | | | |
| Travel | | | 4,000 | 1,160 | 2840 | 71% |
| Supplies | | | 3,000 | 2,163 | 837 | 28% |
| Event/Meeting Expenses | | | 5,000 | 672 | 4,328 | 87% |
| | | | | | | |
| Other | | | 0 | 0 | 0 | 0% |
| Subtotal Non-Personnel Costs | | | 44,105 | 11,295 | 27,810 | 63% |
| Indirect Costs (25% of salaries & benefits) ¹ | | | 47,805 | 18,297 | 29,508 | 62% |
| TOTAL EXPENDITURES | | | 283,129 | 29,592 | 175,349 | 62% |
| DESIGNATED RESERVES ² | | | 206,871 | | | |

NOTES

- 2016 Budget assumes benefits and indirects of 30% and 25% respectively
- Unspent revenue moves into the designated reserve.
- Budgets for a 2.5% wage increase to allow for flexibility towards a merit-based pool and to retain key staff
- 2017 Budget: Staff employed by OCH starting February 1, 2017, benefits and taxes are pulled out and listed as line items below. There are no indirect costs starting 2/1/17.
- Based on quote for RUN from ADP, includes payroll services, time and attendance tracking, tax filing, HR features, filing of W-2s. Alternative: bookkeeper can also do payroll.
- Communications: Go-To-Meeting, Survey Monkey, Mail Chimp, web hosting, stock photo, cards
- Supplies: Computer, cell phone, software packages (one-time cost), electronics, office supplies
- Miscellaneous: Books, subscriptions, memberships, other

Items in red are revisions from the approved May 2016-2018 budget

PROJECTED REVENUES 2016

| Description | Total |
|-----------------------------------|---------|
| HCA ACH Year 2 Grant | 330,000 |
| HCA Design Grant | 150,000 |
| SIM Grant Project Funding | 50,000 |
| Technical Assistance Allotment | 4,950 |
| Clallam County (not yet received) | 10,000 |
| TOTAL REVENUES | 544,950 |

January 1, 2016-December 31, 2016

PROJECTED EXPENDITURES 2016

| Personnel | Salaries | Benefits ¹ | Total |
|---|----------|-----------------------|---------|
| Director: 1.0 FTE for 9 months | 79,362 | 23,809 | 103,171 |
| Epidemiologist: 0.35 FTE for 11 months | 26,095 | 7,829 | 33,924 |
| Assistant 0.7 FTE for 10 months | 27,174 | 8,152 | 35,326 |
| | | | |
| Subtotal Personnel Costs | 132,631 | 39,789 | 172,421 |
| Non-Personnel | Total | | |
| Professional Services: | | | |
| Interim Project Manager (Jan. - March 2016) | | | 23,605 |
| Communications Support (website) | | | 3,500 |
| Legal or other consultant ² | | | 5,000 |
| Contractor: ave 70 hrs/month for 4 months (Sept - Dec 2016) | | | 20,776 |
| Travel | | | 4,000 |
| Supplies | | | 3,000 |
| Event/Meeting Expenses | | | 6,500 |
| Liability Insurance | | | 431 |
| Other | | | 0 |
| Subtotal Non-Personnel Costs | | | 66,812 |
| Indirect Costs (25% of salaries & benefits) ¹ | | | 43,105 |
| TOTAL EXPENDITURES | | | 282,337 |
| DESIGNATED RESERVES ² | | | 262,613 |

PROPOSED REVENUES 2017

| Description | Total |
|-------------------------------|---------|
| HCA ACH Year 2 Grant | 231,000 |
| Designated reserve | 262,613 |
| Waiver Administrative Ramp-Up | 150,000 |
| Partner contributions (TBD) | 80,000 |
| TOTAL REVENUES | 723,613 |

Note: Waiver revenue is largely unclear at this point. \$150,000 is likely conservative for 2017.

January 1, 2017-December 31, 2017

PROPOSED EXPENDITURES 2017

| Personnel ³ | Salaries | Benefits ⁴ | Total |
|--|----------|-----------------------|---------|
| Executive Director: 1.0 FTE for 12 months | 108,461 | see below | 108,461 |
| Program Coordinator: 1.0 FTE for 12 months | 72,755 | see below | 72,755 |
| Assistant: 0.5 FTE for 8 months | 15,916 | see below | 15,916 |
| Subtotal Personnel Costs | 197,132 | see below | 197,132 |
| Non-Personnel | Total | | |
| Professional Services: | | | |
| Legal or other consultant | | | 5,000 |
| Epidemiologist: 43 hrs/month for 12 months | | | 45,872 |
| Contractor: ave 70 hrs/month for 1 month (Jan 2017) | | | 5,194 |
| Administrative Services | | | |
| Payroll services (to assist with items below) ⁵ | | | 3,129 |
| Taxes and financial audit, CPA services | | | 13,000 |
| Book keeping services @ \$55/hour, 15 hours per month | | | 9,900 |
| Office Space | | | 2,400 |
| IT, Printing and postage | | | 7,600 |
| Employment taxes (payroll taxes, approx 11.35% of salaries) | | | |
| Employment tax: Medicare (FICA) | | | 2,858 |
| Employment tax: Social Security (FICA) | | | 12,222 |
| Labor and Industries Insurance: Workers Comp | | | 735 |
| State unemployment insurance | | | 5,832 |
| Federal unemployment tax | | | 647 |
| Benefits (cafeteria style) | | | |
| Health benefits (\$700 per month per FTE) | | | 22,400 |
| All other benefits (5% of salary; includes retirement, life insurance, disability, etc...) | | | 9,857 |
| Professional Development | | | 6,250 |
| Travel/Mileage | | | 8,424 |
| Communications ⁶ | | | 2,000 |
| Supplies ⁷ | | | 4,000 |
| Events (venue rental, audio/visual rental) | | | 1,500 |
| Event (food, beverage) | | | 5,500 |
| Liability Insurance (D&O and Commercial General) | | | 2,583 |
| Miscellaneous ⁸ | | | 1,500 |
| Subtotal Non-Personnel Costs | | | 178,404 |
| Indirect Costs ⁴ | | | 0 |
| TOTAL EXPENDITURES | | | 375,536 |
| DESIGNATED RESERVES ² | | | 197,896 |

Olympic Community of Health

Partner Convening

September 13, 2016

9:00 a.m. to 12:00 p.m.

Jamestown S'Klallam Red Cedar Hall

1033 Old Blyn Highway, Sequim, WA

We are grateful to the Jamestown S'Klallam Tribe for donating the space for this meeting.

OBJECTIVES

1. Shared understanding on status of a State Medicaid Waiver and what this means to our region
2. Expand the inventory of community health initiatives, assessments and plans
3. Provide a sense of how other states and communities have approached OCH-like organizations and what we can learn from them

AGENDA

| | Topic | Lead | Materials |
|-------|--|------------------------------|---|
| 9:00 | Opening led by Jamestown S'Klallam Tribe | Jamestown S'Klallam | |
| 9:05 | Welcome and introductions | Roy Walker | |
| 9:20 | Update: Three-County Opioid Response Project | Elya Moore | 1. Summary: Three-County Opioid Response Plan |
| 9:25 | Medicaid Waiver: Overview and Update | Kali Klein, HCA | |
| 9:50 | Regional Health Assessment and Planning: Adding to the inventory of health initiatives | Siri Kushner Katie Eilers | 2. Health Initiatives Inventory |
| 10:15 | BREAK & REFRESHMENTS | | |
| 10:30 | Planning for Success* Models for Community Health Improvement from Around the Country and What We Can Learn from Them | Dr. Bruce Goldberg | |
| 11:55 | Drumming and songs lead by Jamestown S'Klallam Tribe | Jamestown S'Klallam | |
| 12:00 | Closing <i>Please complete the evaluation before you go!</i> | Roy Walker | |

*** Planning for Success: Models for community health improvement from around the country and what we can learn from them**

We can learn a great deal from models from states and communities that have implemented innovations in health improvement and health care financing and delivery. Dr. Goldberg take us beyond the Waiver: sharing real-life examples of how can we work collaboratively to address health in the broadest sense, move the dial on the Triple Aim, capture savings, and direct investments in upstream and social determinants of health.

Bruce Goldberg, MD has devoted his professional career to improving population health and the organization, delivery and financing of health and human services. He is currently a Senior Fellow at the Center for Health Effectiveness at the Oregon Health and Sciences University. Prior to that, he served two Oregon Governors as the Director of the Oregon Office for Health Policy and Research from 2003-2005, Director of the Oregon Department of Human Services from November 2005 through February 2011, and then was the founding Director of the Oregon Health Authority from February 2011 through 2013. Bruce led Oregon's nationally recognized health reforms transforming Oregon's Medicaid system to one based on a model of coordinated care and population health improvement. He is currently working with Oregon's Tribal Health Directors to improve care coordination and take advantage of opportunities to improve health for their members as a result of new federal Medicaid rules.

Olympic Community of Health
Regional Health Needs Assessment
 Work Plan

HISTORY: The OCH RHNA process began in October 2015 and involved the following:

| TASKS | TIMELINE |
|--|------------------------|
| <ul style="list-style-type: none"> Gather assessments/plans from partners; reviewed websites for other relevant documents. Chart priorities into matrix to identify overlaps across issue/sector/region. Gather additional data inputs. | October-November 2015 |
| <ul style="list-style-type: none"> Ask partners for current health initiatives | November-December 2015 |
| <ul style="list-style-type: none"> Collect qualitative input at OCH Stakeholder meeting on assets/gaps/opportunities by sector and by county | November 2015 |
| <ul style="list-style-type: none"> Review OCH outcomes on Common measures released by WHA | December 2015 |
| <ul style="list-style-type: none"> Have Interim Leadership Council review summary of these inputs (organized by ILC focus area) to identify Areas of Opportunity | January 2016 |
| <ul style="list-style-type: none"> Collapse Areas of Opportunity into Broad Priority Areas for approval by OCH Stakeholders as the Regional Health Priorities | March 2016 |
| <ul style="list-style-type: none"> Expand and formalize Regional Health Assessment and Planning (RHAP) Committee | May 2016 |

CURRENT PROGRESS: Inputs to the OCH RHNA will be gathered continuously; the RHAP Committee meets at least quarterly (9/12/16; 11/29/16; other dates TBD).

| TASKS | TIMELINE |
|--|---|
| <ul style="list-style-type: none"> Gather Needs Assessment and Planning documents from OCH partners via RHAP committee | September 2016; ongoing |
| <ul style="list-style-type: none"> Gather updates to the Health Initiatives Inventory from OCH partners | At 9/13/16 OCH Partner convening; ongoing |
| <ul style="list-style-type: none"> Compile list of coalitions and community based organizations | October 2016; ongoing |
| <ul style="list-style-type: none"> Begin to develop a crosswalk of Assessments/Plans and Initiatives to Regional Health Priorities to identify gaps | November-December 2016 |
| <ul style="list-style-type: none"> Begin to build RHNA/RHIP content for OCH website including direct links to Assessment and Planning documents on partner websites and ability for partners to upload inputs http://www.olympicch.org/regional-needs-assessment.html | November-December 2016 |

CURRENT SUPPORT FOR ASSESSMENT AND PLANNING OF SIM PROJECT: Participate in a three-county assessment into the scope of the opioid problem

| | |
|---|-------------------------------|
| <ul style="list-style-type: none"> Compile quantitative metrics to describe the opioid problem in the 3-county region. Work with existing public health data sources and collaborate on data with partners at HCA, DSHS, DOH, WHA, local hospitals and others. | October 2016-January 31, 2017 |
| <ul style="list-style-type: none"> Support process to agree on measures to gauge our shared success | |

Olympic Community of Health Three County Coordinated Opioid Response Project Work Plan – Last Update: October 28, 2016

| Activity/Task | Contract Deliverable | Outlined in project proposal | Notes | 2016 | | | | 2017 |
|--|----------------------|------------------------------|---|------|--------------------------|-----------------------|----------------|---------------|
| | | | | Sept | Oct | Nov | Dec | Jan |
| Three County Assessment and Report | X | X | | | | | DRAFT 12/31/16 | FINAL 1/31/17 |
| Regional Coordinated Opioid Response Plan, including proposed tools and measures | X | | | | | | DRAFT 12/3/16 | FINAL 1/31/17 |
| Opioid Summit | X | X | Working with UW-COSE | | | | | 1/30/17 |
| Annotated Resource List | | X | Review, summarize existing reports. Distribute up-to-date list with the bi-weekly update; posted to OCH website. | | | | | 1/31/17 |
| Identify and engage key partners/stakeholders | | X | Documented in meeting/ outreach log IS THIS THE ENGAGEMENT LOG? | | | | | |
| Form a multi-county/multi-sector steering committee to advise the overall project; include Tribes | | X | | | Invite potential members | First meeting 11/3/16 | | |
| Identify and select 3-5 measures to gauge success (for implementation phase) | | X | Under guidance of steering committee | | | | DRAFT 12/31/16 | |
| Begin working on the project implementation plan as consensus builds during the planning phase; develop a visual tool to represent implementation plan | | X | | | | | DRAFT 12/31/16 | |
| Outreach to partners/stakeholders by distributing regular updates | | | Bi-weekly update distributed by email | | First sent 10/21/16 | | | |
| Partner with UW ADAI/COSE | | | Expert TA/TS in overdose prevention, opioid prevention and treatment, community engagement | | | | | |
| Partner with Tribes - Working with AIHC ED (Vicki Lowe) and DOH Tribal Liaison (Sheryl Lowe) | | | Important to partner with Tribes in appropriate manner to acknowledges sovereignty regarding data. Sovereign nations need approval from leadership and data ownership/use negotiation required. | | | | | |

Three County Opioid Assessment

| Source of opioids | Source of data | Lead |
|---|--------------------------------|-----------|
| Prescribers <ul style="list-style-type: none"> • Primary care • ER • Dental • Illicit | HCA, DOH PMP, provider surveys | Siri lead |
| Users, family, friends, etc. | Community surveys? | Lisa lead |

| Opioid Use | Source of data | Lead |
|------------|----------------|------|
| Adults | | |
| Youth | | |
| | | |

| Impacts | Source of data | Lead |
|------------------------|------------------|------|
| ED | | |
| Unintentional overdose | | |
| Hospitalizations | | |
| Criminal justice | | |
| Other | Community survey | |

| Prevention and Treatment | Source of data | Lead |
|--------------------------|----------------------------|------|
| MAT services | Provider survey | |
| SUD services | SUD provider/clinic survey | |
| SBIRT | Provider survey | |
| Schools | | |
| Other | | |

| Best and promising practices | Source of data | Lead |
|------------------------------|-----------------|------|
| MAT services | Provider survey | |
| SUD services | SUD survey | |

| | | |
|-------------------|------------------|--|
| Existing programs | Community survey | |
| Other | | |

| Naloxone | Source of data | Lead |
|-------------------|-----------------------|-------------|
| Law enforcement | LE survey | |
| Fire/EMS | EMS survey | |
| Private ambulance | EMS survey | |
| Schools | | |
| | | |

OCH Three County Coordinated Opioid Response Steering Committee Charter

| Members | | |
|---------|--------|-----------------------|
| Name | County | Agency or Affiliation |
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9 | | |
| 10 | | |
| 11 | | |
| 12 | | |
| 13 | | |
| 14 | | |

OCH Opioid Project Steering Committee Purpose

The purpose of the Steering Committee is to provide guidance and recommendations for the OCH Opioid Project to ensure that the assessment and plan includes the needs and resources of the appropriate sectors, key stakeholders, and partners across the three counties. The Steering Committee will advise the Director and project team regarding emerging issues, problems, and initiatives.

Steering Committee Operating Principles

- Committee membership will comprise of sectors from each of the counties including health officers, law enforcement, primary care providers, youth/schools, EMS, hospitals, elected officials, criminal justice, syringe exchange, behavioral health, and the Salish BHO.
- Steering Committee members are willing to serve at least until January 31, 2017.
- The Steering Committee shall operate with respect and willingness to listen to different perspectives.

Responsibilities

- Review proposed work plan and provide feedback and guidance to ensure that the depth and breadth of the assessment is both thorough and doable.
- Support the work of the project by identifying and providing existing data points, data needs, and gaps in the data.
- Review proposed surveys and other data gathering tools developed by the project team and provide feedback and guidance to ensure tools are appropriate.
- Support the work of the project by connecting staff to existing resources as well as identifying gaps in resources.
- Review data summaries as they are drafted and provide guidance and feedback in finalizing them and incorporating them into the plan.
- Review 3 County Coordinated Opioid Response Report and provide feedback and guidance for finalizing.
- Review draft 3 County Coordinated Opioid Response Plan and provide feedback and guidance for finalizing.

Timeline

The Steering Committee shall meet as needed; attendance via conference call is appropriate.

| Date | County/Location | Attendees and affiliation | Purpose/Goal | Notes, action items, outcomes | Next meeting |
|-----------|--|--|--|--|--|
| 9/19/2016 | OCH/SBHO Region/Norm Dicks Building | Elya Moore, Siri Kushner, Anders Edgerton, Lisa Rey Thomas | Kick off meeting for project team. | Discussed goals of the project - Anders is responding to the urgent requests from commissioners and other elected officials to address the issue. The scope of data to be collected is immense - will need to narrow it down. Lisa Rey will work on work plan. | |
| 9/21/2016 | Kitsap/telephone call | Chief Mike Lasnier, Chief of Suquamish Police; Lisa Rey Thomas | Describe project, seek guidance in outreach to law enforcement | Chief Lasnier supportive of project and arranged for Elya and Lisa to present at next Chief and Sheriffs meeting. Will also assist in outreach to law enforcement in Clallam and Jefferson. | Will present to Kitsap Co Chiefs and Sheriffs on 10/13/16; will collect survey data |
| 9/21/2016 | Mason/Shelton High School | Lisa Rey Thomas; Jennifer Kreidler-Moss, CEO of Peninsula Community Health Services and OCH Board member | This was the first community gathering in Mason County to discuss the opioid crisis. Lisa attended to network and get ideas for our project. | The gathering was well attended - approximately 200 people including community members, first responders, providers, etc. There was a formal presentation by Molly Carney (ETS) and the Health Officer as well as a presentation by someone who is in recovery. People submitted questions and topic areas were narrowed down to 4 (see notes). People then broke into smaller groups for discussion around one of the topic areas and reported back. | N/A |
| 9/23/2016 | State/telephone call | Elya Moore, Siri Kushner, Lisa Rey Thomas; Zeyno Nixon (HCA), Karen Jenson (HCA), Maria Courogen (DoH), Shalini Prakash (HCA) | To identify a shared scope of work between the HCA AIM team and the OCH Coordinated Opioid response team about data needs and possible resources from the HCA. | Brainstormed possible arrangement to provide information to the OCH on opioid use; HCA AIM Team offered up resources other than the HCA including WEMIS. | 10/13/16 at 1pm via phone |
| 9/23/2016 | Kitsap, Clallam, Jefferson/Port Townsend | Anders Edgerton, Lisa Rey Thomas, SBHO Advisory Board, members of the public | This was the SBHO monthly advisory board meeting. | Opioids remain a critical issue for the SBHO. Anders had suggested hiring a nurse case manager to increase access to MAT by supporting prescribers; this was not approved by the board. The board requested info about the OCH opioid project and Lisa gave a brief description and update. | Believe it is October 28. |
| 9/26/2016 | State/DOH/Tumwater | Elya Moore, Lisa Rey Thomas, DoH Rural Health Section: Pat Justis, Kathy Williams, Bonnie Burlinham, Sheryl Lowe, Lindy Vincent, Damielle, Terese Hanson, Sam Watson | Identify shared strategies between the DoH and the Three County Opioid Response Planning and Assessment Project | PMP data, integration with Washington Tracking Network, connect with Neil Travern and Chris Bougardner and Gary Garrity; HRSA grant RFP for February 2017; VIMO and Rural Health Clinics; DoH has a Medical Program Director in each County - make decisions about where people are transported; telehealth with Dr. John Scott at UW; tema of experts includes Dr. Chris Frank; get a list of rural health clinics in the 3 counties; Keith Bogus police in PA involved in EMS Council; SBIRT penetration in the three counties | |
| 9/28/2016 | ADAI/telephone | Caleb Banta-Green and Susan Kingston/ADAI; Lisa Rey Thomas, Siri Kushner | Connect with ADAI and COSE to briefly describe the OCH Opioid project, network with existing resources at ADAI and COSE, and learn about TA/TS they can provide to the project | Caleb and Susan have grant funds to support projects like ours including guidance on community gatherings, access to trainings, etc. Caleb said he would send some resources (AHRQ proposal for nurse case managers, relevant articles). He said "the punchline is increased MAT" | |
| 9/29/2016 | OCH/telephone | Elya Moore, Siri Kushner, Lisa Rey Thomas | Project update and planning meeting | See meeting notes | |
| 10/3/2016 | AIHC/telephone | Vicki Lowe, ED of AIHC; Sheryl Lowe, Tribal Liaison, DOH; Lisa Rey Thomas | The OCH and BHO are committed to working with the Tribes as sovereign nations. We need to determine if/how each of the 7 Tribes may want to participate including appropriate approval. This call was to begin that process. | Vicki will schedule a webinar/conference call to follow the 1-2pm AIHC Tribal Leaders Health Summit planning webinar on Wednesday October 12 and invite the AIHC delegates. Lisa will prepare talking points for the discussion. Sheryl asked if she and possibly Jessie Dean could sit in to listen as this will be an issue for all of the regions. | Call/webinar is scheduled for 10/12/16 at 2pm. Lisa sent the talking points and one-page description of the project. |

| | | | | | |
|-----------|----------------------------|---|---|--|--|
| 10/3/2016 | Kitsap/Norm Dicks Building | Gay Neal, Human Services Planner, KCHS; Lisa Rey Thomas | Gay requested a meeting to describe resources available through KCHS including the 1/10 of 1% funds | Gay described the work being done by KCHS as it relates to opioids including a recent grant they received of \$10,000/year for providing naloxone in Kitsap County. We discussed the need for the OCH Opioid project to be pushing relevant data out as we collect it if it is regarding something urgent like naloxone. Also, the 1/10 funds can provide innovative resources for identified gaps in services. Gay provided a hard copy of the 2014 Behavioral Health Needs Assessment. Gay will be conducting interviews with stakeholders in November and will provide a summary to the OCH Opioid project. We also discussed the potential facilitation of a 3 County 1/10 of 1% workgroup as a part of the project. | |
| 10/3/2016 | Kitsap/telephone call | Franklyn MacKenzie, Executive Director of Secondary Teaching and Learning, Central Kitsap; Lisa Rey Thomas | Franklyn reached out via Kristin Schutte to request someone to present on opioids. | Franklyn stated that they are seeing opioid use in the schools and it seems to be increasing; they are definitely seeing an impact on families. They would like someone to come present to their counselors, administrators, and nurses about opioid use, trends, consequences to include Q&A and discussion. After discussing it, Franklyn said it might be a good idea to open the presentation up to other districts as well. Lisa connected them with Susan Kingston at the UW ADAI COSE who will work with us to schedule it. | |
| 10/4/2016 | Kitsap/Norm Dicks Building | KPHD Board; Susan Turner, Health Officer, Kitsap County; Keith Grellner, Administrator, KPHD; Lisa Rey Thomas | Dr. Turner requested that Elya Moore or Lisa Rey Thomas provide a brief summary of the OCH Opioid project to the Board. | Dr. Turner provided an excellent presentation about trends of opioid use and consequences in Kitsap County including the new concerns around fentanyl and carfentanyl at the request of the Board. Lisa provided a brief summary of the OCH Opioid project and distributed the one page description. The Sheriff stated that he will be equipping his officers with personal protection equipment to prevent accidental exposure to opioids. The Board stated that they would like to see ED visits by county and region for opioid related issues. Four key items resulting from the discussion: 1) make opioid overdose a reportable event; 2) allow KPHD to provide naloxone through the needle exchange; 3) have the OCH team provide a report to the Board at the conclusion of the assessment and planning phase; and 4) reconsider a stand alone MAT clinic in Kitsap County. | |
| 10/4/2016 | Clallam/telephone | Chris Frank, Health Officer, Clallam County Public Health; Elya Moore; Siri Kushner; Lisa Rey Thomas | Purpose was to work with Dr. Frank to request recommendations for who to reach out to in Clallam County to assist with the assessment and possibly serve on the steering committee. | Dr. Frank provided some recommendations including Josh Jones (criminal justice/jail), Julia Keegan (nurse for the jail), someone from opnet (?), and Tom Locke who is the Health Officer for Jefferson County and a buprenorphine prescriber at the Jamestown Clinic. | |

| | | | | | |
|------------|--|---|---|--|------------|
| 10/5/2016 | OCH/telephone | Elya Moore; Lisa Rey Thomas | Weekly check in | Elya and Lisa discussed: 1) plan community kick off gathering and summit in January plus additional county specific community meetings; 2) how to respond to requests to participate and contribute; 3) Lisa provided updates on recent meetings; 4) finalizing the survey for law enforcement; 5) plan to craft a community survey that will be available on the website and at community gatherings; 6) crafting the overall work plan; 7) Lisa provided an update on insurance; 8) how to build off the existing Kitsap Co Opioid Response Plan; 9) Lisa will be attending the Governor's Call to Action regarding the Opioid Crisis on 10/10; 10) Lisa received a scholarship to attend the Addiction Research Health Conference in Seattle 10/13-10/15 and many sessions will focus on opioid related issues around prescribing, treating, preventing, etc.; 11) Lisa will draft a charter for the Steering Committee | 10/11/2016 |
| 10/7/2016 | State/UW Health Sciences | Lisa Rey Thomas | Governor Inslee convened a Call to Action around the opioid epidemic in WA State and issued an executive order based on the Statewide Opioid Response Plan. | This was a well attended event with people from numerous sectors around the state in attendance. A panel of providers with expertise in treating OUD with MAT was convened and responded to audience questions. | |
| 10/11/2016 | State/HCA/telephone call | Elya Moore, Siri Kushner, Lisa Rey Thomas; Zeyno Nixon (HCA), Maria Courogen (DoH), Shalini Prakash (HCA) | Second call to review data provided by HCA and refine request. | | |
| 10/11/2016 | Clallam County 1/10 of 1% advisory meeting | Lisa Rey Thomas and Clallam Co Board | Provide Board with description of project, gather feedback, | Board was open and receptive with good discussion. Suggested that there be two town halls, one in Forks and one in PA due to the challenge of travel. 12 members provided contact info to stay informed. Clallam is doing quite a bit with officers carrying naloxone, naloxone distributed at syringe exchange, and MAT in the correctional facility | |
| 10/12/2016 | State/DOH/telephone call | Gary Garrety, Neal Travers, Chris Baumgartner from DOH; Elya, Siri, and Lisa | Discuss data from PMP that can be provided to us | | |
| 10/13/2016 | Kitsap/Kitsap Co Sheriff's Office | Chief Matt Hamner (BI), Chief Mike Lasnier (Suquamish); Chief Sam White (PGST); Elya and Lisa | Describe project to the team and seek input; distribute LE survey | The Chiefs and Sheriff's were very interested and supportive of the project. They shared some experiences regarding BH related responses. Some of them filled out surveys but due to time did not complete them. Chief Mike Lasnier agreed to serve on the Steering Committee. There was another guest, Kim Hendrickson, who described a new program that provides LMHPs to be a direct resource in the field to the officers as well as EMS. | |
| 10/13/2013 | COSE/telephone | Susan Kingston, Elya and Lisa | Call for TA/TS for project | Susan provided some great guidance and feedback regarding our project. She highly recommended that we include someone connected to a syringe exchange on the SC and provided a couple of names. She supported our plan as described. She emphasized that it is important that law enforcement and EMS are on the same page. Regarding having first responders carry naloxone, it is difficult when there are not consistent guidelines or best practices. She will review our agenda for the Summit and provide feedback - said it is critical to have a strong facilitator to keep on track and be effective with sensitive issues and responses. | |
| 10/14/2016 | Seattle | Lisa Rey Thomas | Addiction Health Services Research Conference | See agenda at http://ahsr2016.org/AHSR2016Program.pdf | |

| | | | | | |
|------------|------------------------------------|---|---|---|--|
| 10/18/2016 | OCH opioid team/Telephone | Elya, Siri, Lisa | Weekly check in | See meeting notes | |
| 10/20/2016 | Jefferson Public Health | Elya | Presentation to the Board | Elya shared the Opioid One-Pager and discussed the project with the Board | |
| 10/21/2016 | Region/Jamestown | SBHO Executive Board, Elya, Lisa | Quarterly SBHO executive board meeting | Elya provided an update on the opioid project as well as some info to respond to Board questions. Board is very concerned about opioid issues in the region. | |
| 10/21/2016 | Clallam/telephone | Julia Keegan, Lisa | Julia had questions about her invitation to serve on the steering committee and requested a call. | Julia has agreed to serve on the steering committee unless the sheriff prefers she doesn't. She requested that her sector representation be changed to "correctional nurse" as she does not represent the broader "criminal Justice" | |
| 10/21/2016 | Alicia Hermann | Elya | Telephone check in | Alicia is staff for the WA Senate Majority and Health Care Committee. Elya explained the OCH and spent a good deal of time describing the Opioid project and what it hopes to accomplish | |
| 10/25/2016 | State/DOH | Unintentional Poisoning Work Group, Elya, Lisa | | State-wide, multi-sector work group currently focusing on OUD and OD inclusive of prescribing practices. They have updated the | |
| 10/25/2016 | Region/telephone | Anders, Elya, Lisa | Telephone check in | Discussed importance of being aligned in our messaging | |
| 10/26/2016 | OCH opioid team/Suquamish | Elya, Siri, Lisa | Weekly check in | See meeting notes | |
| 10/26/2016 | State/HCA/telephone call | Elya Moore, Siri Kushner, Lisa Rey Thomas; Zeyno Nixon (HCA), Shalini Prakash (HCA) | Third call to refined medicaid claims data re opioid prescribing/use/disorder | | |
| 10/26/2016 | Kitsap/Poulsbo Mayor's Office | Mayor Becky Erickson, Kim Hendrickson, Elya, Lisa | Invited by Mayor to discuss project and potential collaboration | The Mayor and Kim have a program funded by 1/10 of 1% to provide Kitsap County law enforcement with LMHP in the field in real time. They would like to see this expanded to include SUD and/or co-occurring. We discussed many challenging issues including BH, homelessness, funding, etc. | |
| 10/27/2016 | Jefferson/Jefferson County Sheriff | Sheriff Dave Stanko, Officer Steve Richmond, Lisa | Describe project, receive input, identify person for LE survey | JCS has 50 employees with 13 road deputies for the entire county. Although they don't see opioids as a big issue, there are some issues and also concern that it is increasing. They provide MH and SUD services in-custody and have 2 ARNPs that are there 1-2x month. They detox ~3-4 people/month in custody. If someone on rx opioids when arrested, they will continue the rx but they don't initiate them and if incarcerated for a long time they will taper them off. They do not offer MAT and do not provide MAT if someone is receiving that tx when incarcerated but connect them back to provider when released. They have Drug/Therapeutic and MH Court. They are seeing OD in the community but Fire/EMS can respond quickly so they haven't felt like they need to carry it. However, it is in their 2017 budget and they will likely have it at least in the correctional facility. Not opposed to all officers carrying it. One issue that is of concern is getting people covered again by Medicaid when they are released - has interrupted access to care. | |

Olympic Community of Health - Three County Coordinated Opioid Response Project

Sources of Opioid-Related Data as of October 28, 2016:

| Data Type | Source | Owner | Access | Frequency | Limitations |
|---|---------------------------------|----------|---------------------------------------|---------------|--|
| Youth self-report | HYS | DOH | KPHD/AskHYS.net | every 2 years | survey conducted every 2 years |
| Adult self-report | BRFSS | DOH | KPHD | annual | really small sample size, drug questions not always asked |
| EMS | WEMSYS | WA DOH | request to DOH and/ or local agencies | ? | not all OCH districts participate |
| ED | ESSENCE | DOH | KPHD | real-time | JHC not participating; OMC? |
| ED | HMC, OMC, Forks, JHC | same | request | real-time | |
| Real time electronic death certificates | EDRS | LHJs | LHJ vital registrars? | real-time | OD deaths usually pending toxicology results which are delayed 6-8 weeks and are not input into EDRS |
| Mortality | Vital Statistics | DOH | KPHD/CHAT | quarterly | many drug deaths not available in quarterly data releases due to pending tox results; detailed DOH opioid death database release later (no 2015 yet) |
| Hospitalizations | CHARS | DOH | CHAT | annual | only have access to CHAT; cannot drill down to ICD-9 decimal categories; only includes unintentional |
| Overdoses | Notifiable Condition | CCHHS | CCHSS/PHIMS | real-time | Clallam ONLY; reporters are ED and Coroner |
| Publically funded treatment admissions | ? | RDA/DSHS | ? | ? | unable to find updated tx participation online; asking DSHS |
| Opioid substitution treatment (methadone) | DSHS | RDA/DSHS | client services data on website | annual | most recent on website are from FY 2014 (7/13-6/14) |
| Prescribers and PMP use | Prescription Monitoring Program | DOH | ? | ? | no data have been released yet |
| Medicaid opioid prescribers | Provider One | HCA | HCA request | annual | |
| Medicaid opioid users | Provider One | HCA | HCA request | annual | |
| Medicaid with Buprenorphine treatment | Provider One | HCA | HCA request | annual | |
| Commercial opioid prescribers/ users | WA Health Alliance??? | WHA | requesting | ? | unknown if WHA can provide |

| OCH Surveys | Administration Method | Limitations |
|-------------------|---|--|
| Law Enforcement | paper in meetings with Chiefs, request email distribution; surveymonkey & paper | expect low response rate |
| Medical providers | TBD; surveymonkey | expect low response rate |
| Public | OCH website; surveymonkey | full public access, no control over who responds |

Olympic Community of Health
Three-County Coordinated Opioid Response Project
Planning and Assessment Phase

Olympic Community of Health (OCH) is an accountable community of health, one of nine in the state, designed to be able to address the major health priorities in our region, focusing on health equity and social determinants of health. Our first regional health improvement project is a three-county opioid response coordination project.

This project is an initiative to coordinate and implement a community response to the opioid crisis in Kitsap, Jefferson, and Clallam Counties, including the tribal nations within those boundaries. A partnership between the OCH and the Salish Behavioral Health Organization (SBHO), staff will convene community advisors from multiple sectors across the three counties and tribal nations to build a plan that can begin to address this significant problem.

The project will have multiple phases, beginning with a five-month planning and assessment phase to:

1. Perform a three-county assessment into the scope of the opioid problem including an inventory of the solutions already underway
2. Identify, engage, and seek input from key stakeholders and the tribal nations
3. Agree on measures to gauge our shared success
4. Produce an Implementation Plan

In the long-term, we hope to achieve the following goals:

1. Prevent opioid misuse and abuse through improving prescribing practices
2. Treat opioid dependence through expanding access to treatment
3. Prevent deaths from opioids through distributing naloxone to people who use heroin
4. Use data to monitor and evaluate the first three goals through optimizing and expanding data sources into a shared three-county evaluation hub

Get involved! Contact us through www.olympicch.org.

Join us!

The Three-County Opioid Response Plan requires input from

- tribes
- mental health providers
- substance use disorder providers
- primary care providers
- dental providers
- public health officials
- local health jurisdictions
- hospitals
- emergency departments
- clinics
- health insurance plans
- first responders (law enforcement, EMTs, paramedics, fire, and others)
- consumers
- courts
- elected officials
- schools
- work force