Olympic Community of Health

Agenda (Action items are in red)

Board of Directors Meeting
May 8, 1:00-3:00 pm|7 Cedars Hotel & Casino

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

#	Time	Topic	Purpose	Lead	Attachment
1	1:00	Welcome, introductions, land acknowledgement, housekeeping	Welcome	Mike Maxwell	
2	1:10	Consent agenda	Action	Mike Maxwell	1. BOD Minutes from April 10, 2023 2. May Executive Director Report
3	1:15	Public Comments (2-minute max)	Information	Mike Maxwell	
4	1:20	Legislative Updates - Renewal Waiver Budget - HB 1812	Information & Discussion	Celeste Schoenthaler	3. ACH Budget Final 4. Budget Language (from ACH government affairs liaison) HB 1812
5	1:30	Quarter 4 2022 Financials	Action	Stephanie Lewis & Celeste Schoenthaler	5. SBAR 6. Q4 Financials 7. Financial Check-Up
6	1:45	OCH Bylaws	Action	Celeste Schoenthaler	8. SBAR 9. Bylaws
7	2:00	Nominating process for June Officer elections	Action	Mike Maxwell & Celeste Schoenthaler	10. SBAR
8	2:15	Community-Based Care Coordination Planning	Action	Miranda Burger	11. SBAR
9	2:55	Good of the Order – Board member and public comments (2-minute max)	Information	Mike Maxwell	
10	3:00	Next meeting & Adjourn **June 12** Location: 7 Cedars Hotel & Casino Lunch is provided prior to the meeting, and everyone is welcome at a post-meeting social hour.	Information	Mike Maxwell	

Olympic COMMUNITY of HEALTH

CLALLAM • JEFFERSON • KITSAP

Board of Director's Meeting Minutes

Date: 4/10/2023	Time: 1:00 PM	Location: 7 Cedars Hotel, Jamestown S'Klallam

Chair In-Person: Michael Maxwell, *North Olympic Healthcare Network*

Members Attended In-Person: Apple Martine, *Jefferson County Public Health*; Brian Burwell, *Suquamish Wellness Center*; Jim Novelli, *Discovery Behavioral Healthcare (alternate for Wendy SIsk);* Kate Mundell (alternate for Beth Johnson), *Coordinated Care*; Bobby Beeman, *Olympic Medical Center*; Heidi Anderson, *Forks Community Hospital;* Jody Moss; Laura Cepoi, *Olympic Area Agency on Aging; Roy Walker*

Members Attended Virtually: Cherish Cronmiller, *Olympic Community Action Programs*; G'Nell Ashley, *Reflections Counseling*; Jennifer Kreidler-Moss, *Peninsula Community Health Services;* Jolene Winger, Quileute Tribe; Keith Sprague, *St. Michael Medical Center*; Stephanie Lewis, *Salish Behavioral Health Administrative Services Organization*; Stormy Howell, *Lower Elwha Klallam Tribe*; Susan Buell*, YMCA of Pierce and Kitsap Counties*

Non-Voting Members Attended In-Person:
Non-Voting Members Attended Virtually: Bergen Starke, *Peninsula Community Health Services*; Derek Gulas, United Healthcare; Jolene Kron, *Salish Behavioral Health Administrative Services Organization;* Kate Jasonowicz, *Community Health Plan of WA*

Guests and Consultants Attended In-Person: Barb Jones, *Jefferson County Public Health Community Health Improvement Plan*
Guests and Consultants Attended Virtually: Ayesha Chander, *Kitsap Mental Health Services*; Lori Fleming, Jefferson County Public Health Behavioral Health Consortium

OCH Staff: Amy Brandt, Celeste Schoenthaler, Debra Swanson, Miranda Burger

Minutes

Facilitator	Topic	Discussion/Outcome	Action/Results
Mike Maxwell	Welcome, introductions, land acknowledgement, housekeeping		
Mike Maxwell	Consent agenda	1. BOD Minutes from March 13, 2023 2. April Executive Director Report Revision requested in the	Minutes **APPROVED** unanimously. Consent Agenda **APPROVED** unanimously. Michael Maxwell Abstained due to his absence at the March 13th meeting.

		March minutes to show that Barb Jones works for the Jefferson County Public Health Community Health Improvement Plan and Lori Fleming works for Jefferson County Public Health Behavioral Health Consortium. Debra made these edits and will note this going forward.	
Mike Maxwell	Public Comments (2-minute max)		
Celeste Schoenthaler	ACH Association Updates: • Association formation HB 1812	Link to HB 1812 Info. This law would continue the BO Tax waiver for ACHs. "Coalition of ACHs" is the official current name.	
Celeste Schoenthaler	Renewal Waiver CIE Update Cross-ACH Social Care Model	3. CIE letter to HCA 4. HCA letter to ACHs re: CIE 5. ACH Budget comparison (initial House and Senate budgets for renewal waiver and CIE) **Renewal Waiver:** In the past, OCH received 4% of the funding. We are proposing that there is a floor to the funding, so none of the ACHs earn less than this amount. ILOS means "In leu of services". Do you think CMS is in favor of Equity work? Yes, they just don't have it	

		figured out yet. As we move the needle on equity work, measuring it is the byproduct of complexity and we are all trying to figure that out. Medically prescribed meals are an example of health adjacent, rather than health delivery. These would be new benefits through Medicaid that are not health delivery but respite, housing transition, medically tailored meals, etc. Is the CBCC Hub an extension of what existed in the last waiver, is it a bridge from the former waiver? It is an attempt, the original waiver talked about addressing the social determinants of health. Pathways did not work. Is this a course correct? It could be. I am seeing parallels with O3A work currently funding for providing medically tailored meals. Fork Com Hospital sees more efforts for medical respite to relieve hospitals. What is their definition of "stabilization"? Alternative destinations for those who are intoxicated or on drugs, primarily those	

		who are also homeless, offering a safe place to become sober. Adults intoxicated but conscious are eligible for service. Covered for less than 24 hours. "Sobering Centers" is the term most often used now. There are lots of conversations about crisis stabilization centers expansion, not sure if this is related. The terminology is very vague, making it hard to know exactly what it means. **Community Inform Exchange (CIE):** The timeline doesn't make sense. ACHs will be able to opt in for certain parts and pieces. There are additional costs to interface. There is 23 million dollars off the top of the waiver for this purpose. We are asking "Does this include training, interoperability, and other items?" We have not received any answers currently. Both the house and senate are intending the HCA to go through this with some caveats. The devil is in the details with CIE. It's hard to get on	

		board without the details, although we are all clearly in support of it. ACHs are keeping neutral with concerns. What it should look like and how it works to get all the statewide providers onboard and then once agreed, you must find a vendor. Has this ever been done? Some states have done it but it's still early and the results are not clear. Inoperability is key. In WA, Healthier Here ACH is the furthest ahead. Their CIE goes live this month. They have been working on it for years now. They are using a consultant, who was just hired by the HCA, so this is a good thing. WA Health Alliance data is useful. **Social Care Network Proposal:** A huge issue for nonprofits when contracting for government funding is that depending on politics the funding can go away. If smaller organizations come together with a Hub organization that manages administrative work, while the service organizations keep their independence, this could help manage claims and contracts with	

		MCOs. ACHs would monitor for network adequacy, assess resources and gaps in the region, be a collective voice, leverage community resources etc. If we could achieve this, it would be great. Listening and loving this. It is a moon-shot. I am imagining the pain points of decapitated funding. We have been playing whack-a-mole to be a part of the healthcare ecosystem. This would be very hopeful. My concern/caution would be to ensure that all the decision makers at the table give input. They have legally vetted this as care coordination space. Sounds great. It is what we want, what patients need, but is it legal? Are we willing to dive into risk space? We would need critical mass to buy in for this to be sustainable. With MTP there was no endpoint, this vision has a clear coherent end point. Unpaid family caregivers pay for most of the care. I am curious how this would play into this.	
Miranda Burger	Medicaid Redetermination and Public Health Emergency "Unwind"	6. Redetermination plain language 7. Cross Agency Desk Guide Another tool to inform	

		clients is adding it to your phone tree “Press 1 for more information on Medicaid lapse in care”. And asking patients when they check in if they are aware of this. Cold calls may be possible for smaller clinics. All 5 MCO’s have been hitting the pavement hard to inform the public. Food Banks are a good avenue to disperse information. Port Angeles food bank handed out materials. Also, churches, schools etc. I should send my navigators to the food bank to hand out information. The deadline is based on the renewal date in WA. It is helpful to know it’s a rolling 12-month process, but this is not the case throughout the US.	
Amy Brandt & Celeste Schoenthaler	Connecting to Data (OCH “data hub”)	Link to Connecting to Data Exceptional work, great data. We plan to update annually. This is population health, not specifically Medicaid. Let OCH know how to add value, what could we include in the next version?	

		Congratulations on accomplishing this amount of work. The added element of highlighting programs is nice. More homegrown, contextualized for our region. Olympicch.org/data Way to put the sizzle in the spreadsheet.	
Celeste Schoenthaler	Summer BBQ Fall Board Retreat	Following the August Board meeting there will be a BBQ and in November, we will plan the BOD retreat.	
Mike Maxwell	Good of the Order – Board member and public comments (2-minute max)	The only dermatology clinic that accepts Medicaid is leaving Sequim. For Medicaid recipients, there is no one to refer out to. Keith Sprague has a meeting to discuss this next week. He will keep us posted.	
Mike Maxwell	Next meeting & Adjourn **May 8** Location: 7 Cedars Hotel & Casino Lunch is provided prior to the meeting, and everyone is welcome at a post-meeting social hour.		

Monthly Executive Director report to the OCH Board of Directors – May 2023

- Hot Topics
    - The Stronger Together Funding Opportunity deadline was May 1. Committee members, partners who volunteered, and OCH staff are reviewing applications.
    - OCH staff attended Peninsula Behavioral Health's ribbon cutting ceremony for the new supportive housing units at Dawn View Court.
    - OCH brought the Care Coordinators for Care Connect Washington together in late April to share updates on the program and to celebrate success from the last quarter.
- Subcommittee reports/updates
    - **Executive Committee** – The committee met in late April to hear key updates from the ED and to plan for the May Board meeting.
    - **Finance Committee** – The finance committee met on May 1 to review Q4 2022 financials.
    - **Funds Flow Workgroup** – The committee will meet again in the summer of 2023.
    - **2023 RFP Committee** – The committee will meet again on May 26 to finalize a set of funding recommendations to the full Board of Directors.
    - **Visioning Taskforce**- Committee is on hold.
- Upcoming meetings and events
    - Wraparound Services at Peninsula College (follow-up meeting) – May 10 – Peninsula College
    - Housing Partner Convening – May 18 – Red Cedar Hall
    - Executive Committee – May 23 – Zoom
    - RFP Committee – May 26 – OCH HQ
    - Finance Committee – June 5 – Zoom
    - Regional Care Coordinator Convening – June 7 – John Wayne Marina
    - Board of Directors – June 12 – 7 Cedars Hotel
- Administrative & staffing updates
    - Only one partner has yet to sign their **2023/2024 Pay for Performance contract** for final pay for performance dollars.
    - Staff are preparing to launch the **2022 fiscal audit**. The audit will come to the Board and Finance Committee in either August or September.

Accountable Communities of Health - Budget Comparison

April 22, 2023 - FINAL

CIE Language Comparison – All Budgets

House	Senate	Final
(2) The health care authority shall not initiate any services that require expenditure of state general fund moneys unless expressly authorized in this act or other law. The health care authority may seek, receive, and spend, under RCW 43.79.260 through 43.79.282, federal moneys not anticipated in this act as long as the federal funding does not require expenditure of state moneys for the program in excess of amounts anticipated in this act. If the health care authority receives unanticipated unrestricted federal moneys, those moneys shall be spent for services authorized in this act or in any other legislation providing appropriation authority, and an equal amount of appropriated state general fund moneys shall lapse. Upon the lapsing of any moneys under this subsection, the office of financial management shall notify the legislative fiscal committees. As used in this subsection, "unrestricted federal moneys" includes block grants and other funds that federal law does not require to be spent on specifically defined projects or matched on a formula basis by state funds. e) Sufficient amounts are appropriated in this subsection for the authority to obtain a technology solution that enables cross-sector care coordination in support of the authority's statewide community information	67)(a) Within the amounts appropriated in this section the authority, in consultation with the health and human services enterprise coalition, community-based organizations, health plans, accountable communities of health, and safety net providers, shall determine the cost and implementation impacts of a statewide community information exchange (CIE). A CIE platform must serve as a tool for addressing the social determinants of health, defined as nonclinical community and social factors such as housing, food security, transportation, financial strain, and interpersonal safety, that affect health, functioning, and quality-of-life outcomes. b) Prior to issuing a request for proposals or beginning this project, the authority must work with stakeholders in (a) of this subsection to determine which platforms already exist within the Washington public and private health care system to determine interoperability needs and fiscal impacts to both the state and impacted providers and organizations that will be using a single statewide community information exchange platform. (c) Any community information exchange solution must ensure patient privacy and the ability for the patient to self-navigate. (d) By December 1, 2024, the authority must provide the office of financial management and appropriate committees of the legislature with a proposal to leverage medicaid enterprise system financing or other available federal funds as appropriate. The authority shall provide the office of financial management and fiscal committees of the legislature a proposal to leverage medicaid enterprise financing or other federal funds prior to	(66)(a) Within the amounts appropriated in this section the authority, in consultation with the health and human services enterprise coalition, community-based organizations, health plans, accountable communities of health, and safety net providers, shall determine the cost and implementation impacts of a statewide community information exchange (CIE). A CIE platform must serve as a tool for addressing the social determinants of health, defined as nonclinical community and social factors such as housing, food security, transportation, financial strain, and interpersonal safety, that affect health, functioning, and quality-of-life outcomes. b) Prior to issuing a request for proposals or beginning this project, the authority must work with stakeholders in (a) of this subsection to determine which platforms already exist within the Washington public and private health care system to determine interoperability needs and fiscal impacts to both the state and impacted providers and organizations that will be using a single statewide community information exchange platform. (c) The authority shall provide the office of financial management and fiscal committees of the legislature a proposal to leverage medicaid enterprise financing or other federal funds prior to beginning this project and shall not expend funds under a 1115 waiver or any other waiver without legislative authorization. d) This subsection is subject to the conditions, limitations, and review requirements of section 701 of this act.

exchange initiative. By December 1, 2024, the authority must provide the office of financial management and appropriate committees of the legislature with a proposal to leverage medicaid enterprise system financing or other available federal funds as appropriate.	beginning this project and shall not expend funds under a 1115 waiver or any other waiver without legislative authorization.	
		109)(a) $500,000 of the general fund—state appropriation for fiscal year 2023 and $1,500,000 of the general fund —federal appropriation are provided solely for the authority, in consultation with the health and human services enterprise coalition, community-based organizations, health plans, accountable communities of health, and safety net providers, to determine the cost and implementation impacts of a statewide community information exchange (CIE). A CIE platform must serve as a tool for addressing the social determinants of health, defined as nonclinical community and social factors such as housing, food security, transportation, financial strain, and interpersonal safety, that affect health, functioning, and quality-of-life outcomes. (b) Prior to issuing a request for proposals or beginning this project, the authority must work with stakeholders in (a) of this subsection to determine which platforms already exist within the Washington public and private health care system to determine interoperability needs and fiscal impacts to both the state and impacted providers and organizations that will be using a single statewide community information exchange platform. (c) The authority shall provide the office of financial management and fiscal committees of the legislature a proposal to leverage medicaid enterprise financing or other federal funds prior to beginning this project and shall not expend funds under an 1115 waiver or any other waiver without legislative authorization. (d) This subsection is subject to the conditions, limitations, and review requirements of section 701 of this act.

Waiver Authorization Comparison – Both Budgets

House	Senate	Final
(1) The authority shall submit an application to the centers for medicare and medicaid services to renew the 1115 demonstration waiver for an additional five years as described in subsections (2), (3), and (4) of this section. The authority may not accept or expend any federal funds received under an 1115 demonstration waiver except as described in this section unless the legislature has appropriated the federal funding. To ensure compliance with legislative requirements and terms and conditions of the waiver, the authority shall implement the renewal of the 1115 demonstration waiver and reporting requirements with oversight from the office of financial management. The legislature finds that appropriate management of the renewal of the 1115 demonstration waiver as set forth in subsections (2), (3), and (4) of this section requires sound, consistent, timely, and transparent oversight and analytic review in addition to lack of redundancy with other established measures. The patient must be considered first and foremost in the implementation and execution of the demonstration waiver. To accomplish these goals, the authority shall develop consistent performance measures that focus on population health and health outcomes. The authority shall limit the number of projects that accountable communities of health may participate in under initiative 1 to a maximum of six and shall seek to develop common performance measures when	(1) The authority shall submit an application to the centers for medicare and medicaid services to renew the 1115 demonstration waiver for an additional five years as described in subsections (2), (3), and (4) of this section. The authority may not accept or expend any federal funds received under an 1115 demonstration waiver except as described in this section unless the legislature has appropriated the federal funding. To ensure compliance with legislative requirements and terms and conditions of the waiver, the authority shall implement the renewal of the 1115 demonstration waiver and reporting requirements with oversight from the office of financial management. The legislature finds that appropriate management of the renewal of the 1115 demonstration waiver as set forth in subsections (2), (3), and (4) of this section requires sound, consistent, timely, and transparent oversight and analytic review in addition to lack of redundancy with other established measures. The patient must be considered first and foremost in the implementation and execution of the demonstration waiver. To accomplish these goals, the authority shall develop consistent performance measures that focus on population health and health outcomes. The authority shall limit the number of projects that accountable communities of health may participate in under initiative 1 to a maximum of six and shall seek to develop common performance measures when	(1) The authority shall submit an application to the centers for medicare and medicaid services to renew the 1115 demonstration waiver for an additional five years as described in subsections (2), (3), and (4) of this section. The authority may not accept or expend any federal funds received under an 1115 demonstration waiver except as described in this section unless the legislature has appropriated the federal funding. To ensure compliance with legislative requirements and terms and conditions of the waiver, the authority shall implement the renewal of the 1115 demonstration waiver and reporting requirements with oversight from the office of financial management. The legislature finds that appropriate management of the renewal of the 1115 demonstration waiver as set forth in subsections (2), (3), and (4) of this section requires sound, consistent, timely, and transparent oversight and analytic review in addition to lack of redundancy with other established measures. The patient must be considered first and foremost in the implementation and execution of the demonstration waiver. To accomplish these goals, the authority shall develop consistent performance measures that focus on population health and health outcomes. The authority shall limit the number of projects that accountable communities of health may participate in under initiative 1 to a maximum of six and shall seek to develop common performance measures when

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House	Senate	Final
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(b) $438,515,000 of the general fund—federal appropriation and $179,111,000 of the general fund—private/local appropriation are provided solely for the medicaid quality improvement program and this is the maximum amount that may be expended for this purpose. Medicaid quality improvement program payments do not count against the 1115 demonstration waiver spending limits and are excluded from the waiver's budget neutrality calculation. The authority may provide medicaid quality improvement program payments to apple health managed care organizations and their partnering providers as they meet designated	(b) $438,515,000 of the general fund—federal appropriation and $179,111,000 of the general fund—private/local appropriation are provided solely for the medicaid quality improvement program and this is the maximum amount that may be expended for this purpose. Medicaid quality improvement program payments do not count against the 1115 demonstration waiver spending limits and are excluded from the waiver's budget neutrality calculation. The authority may provide medicaid quality improvement program payments to apple health managed care organizations and their partnering providers as they meet designated	(b) $438,515,000 of the general fund—federal appropriation and $179,111,000 of the general fund—private/local appropriation are provided solely for the medicaid quality improvement program and this is the maximum amount that may be expended for this purpose. Medicaid quality improvement program payments do not count against the 1115 demonstration waiver spending limits and are excluded from the waiver's budget neutrality calculation. The authority may provide medicaid quality improvement program payments to apple health managed care organizations and their partnering providers as they meet designated

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milestones. Partnering providers and apple health managed care organizations must work together to achieve medicaid quality improvement program goals according to the performance period timelines and reporting deadlines as set forth by the authority. The authority may only use the medicaid quality improvement program to support initiatives 1, 2, and 3 as described in the 1115 demonstration waiver and may not pursue its use for other purposes. Any programs created or funded by the medicaid quality improvement program do not constitute an entitlement for clients or providers. The authority shall not supplement the amounts provided in this subsection with any general fund—state, general fund—federal, or general fund—local moneys appropriated in this section or any moneys that may be transferred pursuant to subsection (1) of this section. The director shall report to the joint select committee on health care oversight not less than quarterly on financial and health outcomes. The director shall report to the fiscal committees of the legislature all expenditures under this subsection and shall provide such fiscal data in the time, manner, and form requested by the legislative fiscal committees.	milestones. Partnering providers and apple health managed care organizations must work together to achieve medicaid quality improvement program goals according to the performance period timelines and reporting deadlines as set forth by the authority. The authority may only use the medicaid quality improvement program to support initiatives 1, 2, and 3 as described in the 1115 demonstration waiver and may not pursue its use for other purposes. Any programs created or funded by the medicaid quality improvement program do not constitute an entitlement for clients or providers. The authority shall not supplement the amounts provided in this subsection with any general fund—state, general fund—federal, or general fund—local moneys appropriated in this section or any moneys that may be transferred pursuant to subsection (1) of this section. The director shall report to the joint select committee on health care oversight not less than quarterly on financial and health outcomes. The director shall report to the fiscal committees of the legislature all expenditures under this subsection and shall provide such fiscal data in the time, manner, and form requested by the legislative fiscal committees.	milestones. Partnering providers and apple health managed care organizations must work together to achieve medicaid quality improvement program goals according to the performance period timelines and reporting deadlines as set forth by the authority. The authority may only use the medicaid quality improvement program to support initiatives 1, 2, and 3 as described in the 1115 demonstration waiver and may not pursue its use for other purposes. Any programs created or funded by the medicaid quality improvement program do not constitute an entitlement for clients or providers. The authority shall not supplement the amounts provided in this subsection with any general fund—state, general fund—federal, or general fund—local moneys appropriated in this section or any moneys that may be transferred pursuant to subsection (1) of this section. The director shall report to the joint select committee on health care oversight not less than quarterly on financial and health outcomes. The director shall report to the fiscal committees of the legislature all expenditures under this subsection and shall provide such fiscal data in the time, manner, and form requested by the legislative fiscal committees.
(c) In collaboration with the accountable communities of health, the authority will submit a report to the governor and the joint select committee on health care oversight describing how each of the accountable community of health's work	(c) In collaboration with the accountable communities of health, the authority will submit a report to the governor and the joint select committee on health care oversight describing how each of the accountable community of health's work	(c) In collaboration with the accountable communities of health, the authority will submit a report to the governor and the joint select committee on health care oversight describing how each of the accountable community of health's work

House	Senate	Final
aligns with the community needs assessment no later than December 1, 2023.	aligns with the community needs assessment no later than December 1, 2023.	aligns with the community needs assessment no later than December 1, 2023.
(d) Performance measures and payments for accountable communities of health shall reflect accountability measures that demonstrate progress toward transparent, measurable, and meaningful goals that have an impact on improved population health and improved health outcomes, including a path to financial sustainability. While these goals may have variation to account for unique community demographics, measures should be standardized when possible.	(d) Performance measures and payments for accountable communities of health shall reflect accountability measures that demonstrate progress toward transparent, measurable, and meaningful goals that have an impact on improved population health and improved health outcomes, including a path to financial sustainability. While these goals may have variation to account for unique community demographics, measures should be standardized when possible.	(d) Performance measures and payments for accountable communities of health shall reflect accountability measures that demonstrate progress toward transparent, measurable, and meaningful goals that have an impact on improved population health and improved health outcomes, including a path to financial sustainability. While these goals may have variation to account for unique community demographics, measures should be standardized when possible.

From:	Melanie Smith
To:	Nichole.Peppers; Alison Poulsen; Sharon Brown; Hua-Ly Thuy; Liz Baxter; Celeste Schoenthaler; JP Anderson; John Schapman; Gena Morgan
Cc:	Diana Bianco; Cathy Kaufmann
Subject:	FINAL Budget Language for ACH"s
Date:	Saturday, April 22, 2023 2:44:28 PM
Attachments:	ACH Budget comparison Final Budget 4.22.23.docx

Good Afternoon Everyone,
I hope you all are well. I have great news! The final budget has been released, and it has your spending authorization in it for the waiver!

1- The final budget includes spending authorization language that is identical to the language we saw previously, so no surprises, which is GOOD!

2- The final budget included the language from the Senate budget, requiring HCA to submit a proposal to OFM and legislative committees prior to engaging in any work on CIE. It also requires a proposal for the financing, before they can start the project, which is actually more restrictive than the original senate language.

Additionally, If you recall in the 2022 budget the HCA was provided with funding to make recommendations on CIE. The final budget retains that language, but adds in a prohibition on moving forward with the project without explicit legislative approval. I think to make sure none of those previously allocated funds can be used for the project.

The document below has a side by side of all the budgets so you can review.

Thank you all for your work this session. It has been my pleasure to work for you and help you achieve your goals. I feel very good about what we accomplished this session, and I am excited to continue to help you be successful in Olympia.

Please let me know if you have any questions and have a great weekend.

Best,
Melanie

Olympic Community of Health

SBAR Quarterly Financial Update (Q4 2022)
Presented to the Finance Committee on May 1, 2023
Updated and presented to the Board of Directors on May 8, 2023

Situation

The internal OCH finance team has prepared a 2022 fourth quarter financial statement and financial check-up for review and acceptance by the Finance Committee and Board of Directors. Once accepted, staff will invite the financial audit team in to launch the 2022 financial audit.

Background

The quarterly financial statement represents the financial status of OCH for the January-December 2022 time period. The financial check-up looks back to 2017 and forward in time.

Notes from the staff team:

- **Financial Executor Portal activity**:
    - $566,000.33 was withdrawn for partner payments for Year 6 pay for reporting in alignment with funds flow.
    - $145,019 was withdrawn and deposited in the OCH bank account to support the Washington Integrated Care Assessment work in 2023 in alignment with the approved 2023 OCH budget.
    - $1,444,341,18 was withdrawn and deposited in the OCH bank account. This brought the FE portal balance down to $0 at the end of 2022 and these dollars are coded as Board Designated in alignment with 2023 expense codes.
- **Budget and spending notes**:
    - Of note, Board members should keep in mind that Care Connect is NOT included in the approved 2022 budget since it started in April after the budget was approved. Most expenses for Care Connect are allocated to the 2022 “miscellaneous” line item. This will be adjusted in 2023. The miscellaneous line item will show as overspent for 2022 due to this. OCH and contracted partners spent (and were fully reimbursed) for just under $300k for April through December.
    - Page 3 of the financial statement represents spending for all of 2022. The “budget” column represents the total line item budgets for the year.
        - Partner Support category: all lines underspent from budget.
        - Professional Services category: Slightly overspent on the cross-ACH agreement and the financial audit, all other line items underspent.
        - Personnel category: Underspent, even with the addition of 1.0 FTE added for Care Connect mid-year.
        - Operations category: Communications, liability insurance, and public relations overspent slightly. Miscellaneous very over spent due to Care Connect not being part of the original 2022 budget. All other lien items over spent.
        - Distributions to partner organizations category: Overspent due to the increase in pay for performance dollars earned compared to the budgeted amount.
        - Total budget shows as overspent by $1,075,088. Mostly due to higher than anticipated partner payment amounts.

    - The Cambia funds (SUD stigma) are fully spent. Staff are working on a final report for Cambia, due June 30.
- **Financial check-up notes**:
    - The "actual 2022" column represents income and expenses through 12/3122
    - $125,000 was added to the bonus pool based on unearned hospital partner incentives under the payment made in December.
    - The total amount set aside for the "future state" is $5,323,664
    - The projected 2023 column reflects the approved 2023 budget

Action

The internal finance team does not recommend any specific action related to current financial reports. The OCH Finance Committee reviewed and accepted. We ask the Board of Directors to review and accept.

Of note, the staff team is working on significant process improvements for financial tracking, to begin with Q1 2023 financials. Due to the drastic increase in financial transactions, largely due to Care Connect, staff are migrating from excel to QuickBooks, which will allow for more efficiencies between OCH finance employees and our external Accountant.

Recommended Motion: The OCH Board of Directors accepts the 2022 quarter four financials as presented by staff. Staff will invite in the financial auditing team in to launch the 2022 audit.

Olympic Community of Health
Balance Sheet
As of December 31, 2022

	Dec 31, 22
ASSETS	
Current Assets	
Checking/Savings	
101 · Petty Cash	294
102.5 · Kitsap Bank Operating	1,791,712
107 · KItsap Bank CDARS	
107.3 · #4339	752,235
Total 107 · KItsap Bank CDARS	752,235
108 · Kitsap Bank ICS #3211	5,308,364
Total Checking/Savings	7,852,605
Accounts Receivable	
121 · Accounts Receivable	67,107
Total Accounts Receivable	67,107
Other Current Assets	
141 · Prepaid Expenses	6,419
Total Other Current Assets	6,419
Total Current Assets	7,926,132
Other Assets	
143 · Accrued Interest Receivable	923
Total Other Assets	923
TOTAL ASSETS	**7,927,055**
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
20000 · Accounts Payable	213,738
Total Accounts Payable	213,738
Other Current Liabilities	
204 · Wages Payable	35,979
205 · Payroll Taxes Payable	11,983
206 · Accrued Benefits Payable	16,072
207 · SEP Payable	1,707
Total Other Current Liabilities	65,742
Total Current Liabilities	279,480
Total Liabilities	279,480
Equity	
302 · Unrestricted Net Assets	4,570,457
304 · Reserve Funds	3,068,983
Net Income	8,136
Total Equity	7,647,576
TOTAL LIABILITIES & EQUITY	**7,927,055**

Olympic Community of Health
Profit & Loss by Class
January through December 2022

	1 - Administration (Design)	2 - Engagement (Design)	3 - Project Management (Design)	4 - Health Systems Capacity Bld (Design)	1 - Administration (5 - DSRIP Funds)	2 - Engagement (5 - DSRIP Funds)	3 - Project Management (5 - DSRIP Funds)	Cambia	WCFC	Care Connect	Other	TOTAL
Ordinary Income/Expense												
Income												
Government Grants												
409 · VBP P4R	-	-	-	-	-	150,000	-	-	-	-	-	150,000
609 · High Performance Pool	-	-	-	-	-	1,010,627	-	-	-	-	-	1,010,627
408 · Pay for Performance	-	-	-	-	-	3,036,066	-	-	-	-	-	3,036,066
407 · VBP P4P	-	-	-	-	-	22,500	-	-	-	-	-	22,500
406 · Pay for Reporting	-	-	-	-	-	770,019	-	-	-	-	-	770,019
Total Government Grants	-	-	-	-	-	4,989,212	-	-	-	-	-	4,989,212
402 · Contributions	-	-	-	-	-	-	-	-	1,700	294,066	21	295,786
Total Income	-	-	-	-	-	4,989,212	-	-	1,700	294,066	21	5,284,998
Expense												
501 · Partner Support												
501.1 · Meetings & Events	-	-	-	-	-	9,331	1,303	-	-	-	-	10,634
501.2 · SUD Stigma Youth Engagement	-	-	-	-	-	-	-	45,000	-	-	-	45,000
501.3 · Partner Incentives	-	-	100	-	-	-	1,552	316	-	-	-	1,969
501.5 · Expanding the Table	-	-	-	-	-	17,000	138,000	165,000	-	-	-	320,000
501.6 · Training & Technical Assistance	-	-	-	-	-	24,735	2,506	-	-	-	-	27,241
Total 501 · Partner Support	-	-	100	-	-	51,066	143,361	210,316	-	-	-	404,844
504 · Professional Services												
504.2 · Contract Services												
504.205 · Cross-ACH Agreement	-	-	-	20,255	-	-	-	-	-	-	-	20,255
504.206 · MTP Implementation & Funds Flow	-	-	3,638	-	-	-	750	-	-	-	-	4,388
504.207 · HR	1,531	472	780	242	-	-	248	65	26	484	-	3,849
213738	4,379	1,399	2,234	748	-	-	-	197	51	1,643	-	10,650
504.213 · Audit	2,235	1,260	3,156	1,064	-	-	-	461	104	1,970	-	10,250
504.214 · Legal	281	136	362	3,300	-	-	-	60	11	231	-	4,380
Total 504.2 · Contract Services	8,426	3,267	10,169	25,609	-	-	998	782	192	4,328	-	53,772
Total 504 · Professional Services	8,426	3,267	10,169	25,609	-	-	998	782	192	4,328	-	53,772
500 · Personnel												
500.1 · Payroll Expenses												
500.1.1 · Wages												
501.101 · Executive Director	55,869	26,749	33,426	19,057	-	-	-	540	1,530	13,106	-	150,277
501.102 · Staff Salaries	60,386	75,119	147,777	24,939	-	-	-	16,105	3,012	64,970	-	392,309
Total 500.1.1 · Wages	116,255	101,868	181,204	43,996	-	-	-	16,645	4,542	78,075	-	542,585
500.1.2 · Payroll Taxes	11,179	8,722	15,533	3,759	-	-	-	1,432	390	6,675	-	47,691
Total 500.1 · Payroll Expenses	127,435	110,590	196,737	47,755	-	-	-	18,077	4,932	84,750	-	590,276
500. 8137												
500.2.1 · Health Insurance	9,696	8,386	12,133	3,739	-	-	-	1,181	442	8,535	-	44,111
500.2.2 · SEP Expense	4,360	3,993	8,887	2,488	-	-	-	672	189	3,063	-	23,652
500.2.3 · Other	4,201	3,078	6,284	694	-	-	-	673	48	531	-	15,510
Total 500.2 · Emplolyee Benefits	18,258	15,456	27,304	6,921	-	-	-	2,526	679	12,129	-	83,273
Total 500 · Personnel	145,693	126,046	224,041	54,676	-	-	-	20,604	5,611	96,879	-	673,549
505 · Operations												
505.3 · Occupancy	6,061	5,081	8,808	2,400	-	-	-	846	235	4,233	-	27,664
505.4 · Communcations	1,385	1,350	1,955	522	-	-	-	136	54	1,223	-	6,624
505.6 · Insurance Expense	2,637	883	1,511	464	-	-	-	96	36	1,055	-	6,681
505.7 · Miscellaneous	109	350	28	14	-	-	-	-	0	141,796	-	142,298
505.8 · Staff Professional Development	1,185	1,036	4,269	856	138	-	-	0	2	137	-	7,623
505.9 · Travel Expense	938	4,442	4,714	4,386	-	7	76	423	43	1,762	-	16,790
505.10 · Supplies	1,251	530	808	227	-	-	-	43	21	637	-	3,517
505.11 · Information Technology	2,825	1,487	2,065	464	-	-	-	184	66	2,156	-	9,247
505.12 · Public Relations	-	40,995	-	-	-	109	-	14,771	-	595	-	56,469
Total 505 · Operations	16,390	56,155	24,158	9,334	138	116	76	16,498	456	153,593	-	276,915
506 · Distributions to Partner Organi	-	-	-	-	-	3,903,623	-	-	-	-	-	3,903,623
Total Expense	170,510	185,468	258,468	89,619	138	3,954,805	144,435	248,201	6,259	254,800	-	5,312,703
Net Ordinary Income	(170,510)	(185,468)	(258,468)	(89,619)	(138)	1,034,407	(144,435)	(248,201)	(4,559)	39,266	21	(27,705)
Other Income/Expense												
Other Income												
601 · Interest Income	-	-	-	-	-	-	-	-	-	-	35,841	35,841
Total Other Income	-	-	-	-	-	-	-	-	-	-	35,841	35,841
Net Other Income	-	-	-	-	-	-	-	-	-	-	35,841	35,841
Net Income	**(170,510)**	**(185,468)**	**(258,468)**	**(89,619)**	**(138)**	**1,034,407**	**(144,435)**	**(248,201)**	**(4,559)**	**39,266**	**35,861**	**8,136**

Olympic Community of Health
Profit & Loss Budget vs. Actual
January through December 2022

	Jan - Dec 22	Budget	$ Over Budget
Expense			
501 · Partner Support			
501.1 · Meetings & Events	10,634	55,000	-44,366
501.2 · SUD Stigma Youth Engagement	45,000	60,000	-15,000
501.3 · Partner Incentives	1,969	3,000	-1,031
501.4 · Partner Travel	0	9,000	-9,000
501.5 · Expanding the Table	320,000	350,000	-30,000
501.6 · Training & Technical Assistance	27,241	45,000	-17,759
Total 501 · Partner Support	404,844	522,000	-117,156
504 · Professional Services			
504.2 · Contract Services			
504.205 · Cross-ACH Agreement	20,255	17,700	2,555
504.206 · MTP Implementation & Funds Flow	4,388	20,000	-15,612
213738	3,849	4,000	-151
504.208 · Financial Advisory Services	10,650	25,000	-14,350
504.213 · Audit	10,250	10,000	250
504.214 · Legal	4,380	5,000	-620
Total 504.2 · Contract Services	53,772	81,700	-27,928
Total 504 · Professional Services	53,772	81,700	-27,928
500 · Personnel	673,550	730,350	-56,800
505 · Operations			
505.3 · Occupancy	27,664	33,000	-5,336
505.4 · Communcations	6,624	4,500	2,124
505.6 · Insurance Expense	6,681	6,000	681
505.7 · Miscellaneous	142,298	11,147	131,151
505.8 · Staff Professional Development	7,623	8,000	-377
505.9 · Travel Expense	16,790	25,000	-8,210
505.10 · Supplies	3,517	4,000	-483
505.11 · Information Technology	9,248	13,000	-3,752
505.12 · Public Relations	56,469	55,000	1,469
Total 505 · Operations	276,914	159,647	117,267
506 · Distributions to Partner Organi	3,903,623	2,743,918	1,159,705
Total Expense	5,312,703	4,237,615	1,075,088

Olympic Community of Health
Financial Check Up as of December 30, 2022

Actual earnings and spending through 12/31/22

	Financial Check Up as of December 30, 2022							Total MTP
	Actual 2017	Actual 2018	Actual 2019	Actual 2020	Actual 2021	Actual 2022	Projected 2023	Finances
Income								
Certification (Design Funds)	$6,000,000	$0	$0	$0	$0	$0	$0	$6,000,000
Project Plan Award	$0	$5,577,082	$0	$0	$0	$0	$0	$5,577,082
Project Incentives - P4R	$0	$3,294,355	$5,312,221	$2,610,080	$1,973,680	$1,525,355	$0	$14,715,691
Project Incentives - P4P	$0	$0	$0	$0	$606,245	$2,285,712	$413,033	$3,304,990
Value-based Payment Incentives (VBP) - P4R	$0	$0	$300,000	$250,000	$150,000	$145,019	$0	$845,019
Value-based Payment Incentives (VBP) - P4P	$0	$0	$0	$100,000	$250,000	$22,500	$700,000	$1,072,500
High Performance Pool (HPP)[2]	$0	$0	$0	$0	$608,774	$1,010,627	$0	$1,619,401
COVID-19 PPP Loan Forgiveness	$0	$0	$0	$97,702	$0	$0	$0	$97,702
SIM and Other Income	$354,133	$171,100	$36,461	$0	$245,000	$295,786	$1,418,419	$2,520,899
Interest Earned	$0	$62,747	$87,362	$48,821	$10,489	$35,841	$0	$245,259
Total Income	$6,354,133	$9,105,283	$5,736,044	$3,106,603	$3,844,188	$5,320,840	$2,531,452	$35,998,543
Expenses								
Payments to Partners	$0	$3,775,460	$3,942,274	$3,535,221	$1,610,807	$6,151,429	$1,113,033	$20,128,224
Partner Support	$87,892	$310,268	$315,286	$646,562	$543,562	$404,844	$130,000	$2,438,413
Partner Funding	$0	$0	$0	$0	$0	$0	$2,690,000	$2,690,000
Operations	$500,519	$734,045	$856,444	$703,047	$626,056	$1,004,236	$1,680,000	$6,104,346
Total Expenses	$588,411	$4,819,772	$5,114,004	$4,884,830	$2,780,425	$7,560,509	$5,613,033	$31,360,984
Net Surplus (Deficit)	$5,765,722	$4,285,511	$622,040	($1,778,227)	$1,063,763	($2,239,669)	($3,081,582)	$4,637,559
Balances and Reserves								
Beginning Balance	$0	$5,765,722	$10,051,233	$10,673,273	$8,895,046	$9,958,809	$7,719,141	$0
Net Surplus (Deficit)	$5,765,722	$4,285,511	$622,040	($1,778,227)	$1,063,763	($2,239,669)	($3,081,582)	$4,637,559
Ending Balance	$5,765,722	$10,051,233	$10,673,273	$8,895,046	$9,958,809	$7,719,141	$4,637,559	$4,637,559
Reserve 2021 Partner Incentives to be paid in 2022	$0	$0	$0	$0	$2,247,806	$0	$0	$0
Board-designted Funds - bonus pool and reserves	$0	$0	$0	$2,076,052	$3,857,008	$5,323,664	$1,633,309	$1,633,309
Net Ending Balance	$5,765,722	$10,051,233	$10,673,273	$6,818,994	$3,853,995	$2,395,477	$3,004,250	$3,004,250

1. Financial Check Up includes transactions from expanded DSRIP funding for a sixth year of the Medicaid Transformation Project, contracts with Care Connect Washington (Department of Health), Washington Integrated Care Assessment and Washington Communities for Children (WCFC), and formative support from the State Innovation Model (SIM) and other funding partners.

Total in "future state" pot as of 12/31/22

Olympic Community of Health

SBAR: OCH Bylaws

Presented to the OCH Executive Committee on April 25, 2023
Updated and presented to the Board of Directors on May 8, 2023

Situation

The OCH Bylaws were last reviewed and approved in August of 2020. At that time, changes were made internally with the Executive Committee and Board of Directors. The Executive Director sought a legal review of the current Bylaws for compliance with current laws and statute and seeks Board review, discussion, and finalization of Bylaws.

Background

The OCH Bylaws are a set of policies that guide the governance of OCH. The original Bylaws were approved in 2016, revised in 2017, and again in 2020. A current legal review of the Bylaws led to the following questions and considerations:

- Page 1 – does the current purpose outlined in the Bylaws still reflect current work?
- Page 5 – addition of language from the non-profit RCW regarding special meetings to remove a director.
- Page 7 – reflects a change based on a new requirement related to the role of committee members. Note: the only OCH committee out of compliance is the Finance Committee. The current roster of the Finance Committee members includes one Board member and three finance experts who are not board members. The Executive Committee and Board should discuss an updated strategy to ensure compliance with the RCW and a Finance Committee with appropriate skills and expertise.
- Page 10 – the attorney pointed out that the current $5,000 limit on ED spending outside of the budget may be worth re-considering. Note that if this is updated in the bylaws, the fiscal policy will also need to be updated.
- Page 13 – language added to reflect role of record retention.

Action

Staff recommend accepting the edits on pages 1, 5, 7, and 13 and other formatting edits.

When the Executive Committee discussed the proposed edits, the following points were made:

- Purpose still reflects current work (page 1)
- It's helpful to have finance experts on the Finance Committee, so if one or two current members who aren't also Board members are willing to serve in a non-voting capacity, it would be welcome. Will need to recruit 2-3 Board members to join the Finance Committee (members or alternates). (page 7)
- There is a lot of variance in partner organizations about spending authority for the ED outside of the budget. At OCH, the $5k limit has not yet been a hindrance on the ED. The Executive Committee did not make a recommendation on this and wanted to discuss with the Board.

- No other changes to the Bylaws were recommended by the Executive Committee.

Recommendation

The OCH Board of Directors approves edits to the OCH Bylaws and directs the Executive Director to clean up, format, and send to appropriate Board members for signature.

The OCH Board of Directors accepts nominations to the OCH Finance Committee from current Board members (and alternates). The Board directs staff and the Treasurer to communicate with the current Finance Committee and to determine if any non-Board members are willing to stay on in a non-voting capacity.

The OCH Board of Directors votes to set the Executive Director spending authority outside of the budget that does not need pre-approval at $_____ and to update the fiscal policy accordingly.

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BYLAWS
OF
Olympic Community of Health

ARTICLE I.
NAME

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

ARTICLE II.
PURPOSES

Section 1. Purposes. The purposes for which 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 OCH to improve the overall health and wellbeing of communities and Tribes across Clallam, Jefferson, and Kitsap counties through a collaborative approach focused on sustainable and equitable solutions.

Commented [HE1]: Review to ensure it reflects current practices/mission

Section 2. Dedication of Assets. The property of OCH is irrevocably dedicated to charitable purposes. No part of the net earnings, properties, or other assets of OCH shall inure to the benefit of any private person or individual, or to any member, Director, or officer of OCH. Notwithstanding the foregoing, this Section shall not prevent payment to any such person of reasonable compensation for services performed for 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 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 OCH. Such activities may include payroll services, benefits administration, human resources, information technology, data analytics and evaluation, and communications.

“At-Large” refers to a category on the OCH Board of Directors who represents a community or clinical focus area in the Olympic region. While it is preferred that Directors in at-large seats are employed with an organization that represents the work of OCH, it is not a requirement.

"Board" means the Board of Directors of 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.

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"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 Past President **or** General member.

"Executive Director" means the senior operating officer of 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. This includes the conditions in which people work, live, play, and contribute.

"Implementation Partner" refers to organizations, clinics, and Tribes throughout the region that have a direct contract relationship with OCH to support project work.

"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 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.

"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.

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"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 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 Implementation Partners and workgroups on approved projects. They shall act as liaison for 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 OCH to other, relevant offices in Olympia and to local, elected officials. The Board secures funding for core collaborative activities of OCH partners that benefit the shared aims of the organization, and overseas and develops the sustainability plan for the organization. They ensure that the organization 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, At-Large, and Tribe. Each Board member shall represent a Tribe, a designated Sector established by the Board, or At-Large representation. Board membership may include representation up to the maximum number of directors pursuant to Section 2 hereof. No Sector or At-Large representative shall have more than one designated member on the Board of Directors. Sectors are required to designate an alternate member. At-large seats will not have alternate representatives. The Board

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may add or modify Sectors and At-Large seats that should be represented by a vote of the Board. Tribes may alternate designated members on the Board of Directors, with each regional Tribe represented by one vote on the Board of Directors. At-Large members may represent the broad community or a clinical setting. The Executive Director shall maintain a list of the Sectors, At-Large seats, and Tribes for representation on the Board.

Section 4. Nomination and Election of Directors.

4.1 Board Sector and At-Large Representative Nomination Process. Candidates for Sector Board members shall be nominated by each Sector. Candidates for At-Large representatives will be nominated by the individual interested in participating on the Board. The nominations will be referred directly to the Board for approval. In the event a Sector or At-Large seat cannot nominate a representative within thirty (30) days, the Board, either directly or through a Committee, will solicit, receive, and vet nominations, and recommend a 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 and At-Large membership to the Board and elects its Board of 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 OCH. Refer to the Conflicts of Interest and Prohibited Transactions section below.

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 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.

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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 organization 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 except that the notice of any meeting at which removal of a director is to be considered shall state that the purpose, or one of the purposes, of the meeting is removal of a director. 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.

~~7.6~~

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, 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

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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.

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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 organization, 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. At-Large vacancies will be posted via OCH communications and nominations will be forward to the Board of Directors. 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 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 Past President **or** General member. The Board may approve additional officers as it deems necessary for the performance of the business of 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.

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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 OCH.

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

Section 4. President. The President shall preside at all meetings of the Board, shall have general supervision of the affairs of the organization, 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 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 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. General Member. The General Member may be assigned to serve on committees or undertake special projects if the immediate Past President is unable to serve.

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 ~~one~~ two (2~~1~~) Directors. Such committees may be vested with such powers as the Board may determine by resolution passed by a majority of the Board. A committee shall not include as voting members persons who are not directors unless without the inclusion of persons who are not directors it is impossible or impracticable for the OCH to comply with applicable law other than RCW 24.03A. 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 organization; 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 organization. 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.

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The OCH Board of Directors and its committees support and encourage activities and efforts that engage members of Tribes and communities in the Olympic region. Participation on committees, workgroups, taskforces, at meetings of the Board of Directors, and in all aspects of OCH work is highly encouraged.

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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 Past President. If the immediate Past President is unable to serve, a General Member will be voted on by the Board to serve on the Executive Committee. 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 OCH between regular Board meetings should authority be expressly given to them by the Board or in the case of emergencies. 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 or finance experts from partner organizations 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 organization.

ARTICLE VII.
FINANCE

Section 1. Finance. The annual budget shall be prepared and approved by the Board at the annual meeting of the Board. 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 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.

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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 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 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 OCH shall be deposited in a timely manner to the credit of 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 OCH. Such expenses incurred may be reimbursed provided appropriate.

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documentation and timely submission of expense receipts are provided within sixty (60) days of such occurrence.

ARTICLE VIII.
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 OCH and the Board and its officers, employees, and/or agents of this organization ("Conflicts of Interest Policy"). To ensure 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 Organization'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 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 OCH or any other organization with which 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 OCH or any other organization with which 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 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, 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 organization is entering into the transaction for its own benefit; (2) the transaction is fair and reasonable to this organization 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

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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 organization 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 evidence 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 OCH to a Director nor shall 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 OCH and either approves the specific loan or guarantee or a general plan authorizing loans and guarantees.

ARTICLE IX.
INDEMNIFICATION AND INSURANCE

Section 1. Indemnification. OCH shall indemnify any present or former volunteer of the organization 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 organization, or as an officer, Committee officer, Committee member, volunteer, employee or agent thereof, is deemed by the organization to have been undertaken and carried on in reliance by such persons on the full exercise by the organization of all powers of indemnification which are granted to it under these bylaws and as amended from time to time. Accordingly, the organization shall exercise all of its powers whenever, as often as necessary and to the fullest extent possible, to indemnify

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such persons. Such indemnification shall be limited or denied only when and to the extent provided above unless legal principles limit or deny the organization'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, OCH may purchase and maintain insurance on behalf of any agent of 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 OCH has the power to indemnify the agent against such liability under the provisions of this Article.

ARTICLE X.
DISSOLUTION

Upon dissolution of 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 OCH's tax status at time of dissolution or retroactively.

ARTICLE XI.
BOOKS AND RECORDS

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Section 1. Permanent Records. OCH shall keep permanently a copy of the following records: (i) minutes of all meetings of its board of directors; (ii) a record of all actions taken by the board of directors by unanimous written consent; and (iii) a record of all actions taken on behalf of the corporation by a committee of the board.

Section 2. Current Records. OCH shall keep a current copy of the following records: (i) its articles of incorporation or restated articles of incorporation and all amendments to them currently in effect; (ii) its bylaws or restated bylaws and all amendments to them currently in effect; (iii) all communications in the form of a record to members generally within the past six years, including the financial statements furnished for the past six years under RCW 24.03A.225; (iv) a list of the names and business addresses of its current directors and officers; and (v) its most recent annual report delivered to the secretary of state under RCW 24.03A.070.

Section 3. Accounting Records. OCH shall maintain appropriate accounting records.

ARTICLE XI.
AMENDMENTS

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The Board shall have power to make, alter, amend and repeal the Bylaws of 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 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 Olympic Community of Health were adopted by the Board of Directors on the [INSERT DATE] of [INSERT MONTH], [INSERT YEAR]~~10th of August, 2020~~, and that they are currently in effect.

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Wendy Sisk
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~~Wendy Sisk~~[INSERT NAME], ~~Chief Executive Officer, Peninsula Behavioral Health~~[INSERT TITLE]
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 the ~~10th~~[INSERT DATE]- of [INSERT MONTH]~~August~~, ~~2020~~[INSERT YEAR], and that they are currently in effect.

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[INSERT NAME], [INSERT TITLE]
~~Ford Kessler, Owner, Safe Harbor Recovery/Beacon of Hope~~
Secretary of the Olympic Community of Health Board of Directors

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SBAR Nomination Process OCH Officer Elections 2023
Presented to the Executive Committee on April 25, 2023
Updated and presented to the Board of Directors on May 8, 2023

Situation

OCH Officer elections for the Executive Committee take place each June. In May, we typically discuss the nomination process.

Background

Officer Elections: Per OCH bylaws, "Section 1. Election and Term of Office. The officers of the OCH Board shall be President, Vice President, Secretary, Treasurer, and Past President or General member. The Board may approve additional officers as it deems necessary for the performance of the business of 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".

Current status of OCH Officers, all terms expire June 2023:

- **President**: Mike Maxwell – has served 1 term as President
- **Vice President**: Heidi Anderson – has served 1 term as Vice President
- **Secretary**: Bobby Beeman – has served 2 terms as Secretary
- **Treasurer**: Stephanie Lewis – has served 1 term as Treasurer
- **Past President**: Wendy Sisk – has served 1 term as Past President

- **General Member**: N/A – This seat is only used if the Past President is unable/unwilling to serve

The Executive Committee met to discuss their individual interest and capacity in continuing on the Committee. During the discussion, it was acknowledged that the current makeup of the Committee is heavy on representatives from Clallam Couty and is lacking in community-based organization & Tribal partner representation. While most Committee members are willing to continue to serve (either in their same seat or another), there is interest in exploring new membership from Tribes and CBOs, especially given the role of ACH under the forthcoming renewal waiver.

Action

Based on recommendations from the Executive Committee, staff will outreach with Board members representing CBOs and Tribes to explore interest in serving on the Executive Committee. This Committee meets via zoom monthly on the 4th Tuesday and is scheduled from noon until 2pm. The group does meet most months, however usually for 1 to 1.5 hours.

Interested Board members should connect with Celeste to express interest and to discuss the role of the Committee.

Recommended Motion

The OCH Board of Directors directs the Executive Director to connect with Tribal partners and CBO partners who serve on the Board to explore their interest in participating on the Executive Committee. Staff will then bring an SBAR to the Executive Committee and Board in June based on recruitment efforts and interests of the current Committee members. The Board will elect officers for July 2023-June 2024 at the June 12 meeting.

Olympic Community of Health

SBAR: Planning for community-based care coordination hub

Presented to the OCH Board of Directors on May 8, 2023

Situation

Accountable Communities of Health (ACHs) are being looked to by both Health Care Authority (HCA) and Department of Health (DOH) to serve as community-based care coordination (CBCC) hubs. As OCH prepares for forthcoming details from both state agencies, OCH staff have begun proactively thinking about what a hub could look like to best meet the needs of the Olympic region.

Community-based care coordination (CBCC) is a locally based system designed to collaboratively address unmet social needs such as housing, transportation, food resources, etc. CBCC does not address clinical care coordination.

Background

HCA has included the ACHs in renewal waiver planning. A large body of work for ACHs under the renewal waiver will be serving as a CBCC hub. Additionally, many ACHs, including OCH, have contracted with DOH to serve as regional hubs under Care Connect WA (statewide program to support people in isolation for COVID-19). DOH is looking to expand the Care Connect WA work with hubs to focus on broader community-based COVID-19 recovery and care coordination.

OCH staff and contractors conducted interviews with local partners to better understand the current landscape of CBCC in the region, identify local strengths and successes, better capture the local gaps and challenges, and solicit partner input on visioning and the potential role of OCH in this work. Twenty-two interviews were conducted throughout March and early April with both clinical and community-based partners across the three counties. The findings from these interviews are not comprehensive of all CBCC programs and efforts but do represent a majority of efforts and can be used as a place to start planning.

OCH staff will present themes and takeaways from the interviews with the Board of Directors at the May 8 meeting.

Action

Based on the themes and takeaways from the CBCC interviews OCH staff recommend the following next steps:

- Engage with tribal partners to collaborate and explore where there are opportunities for alignment and coordination. OCH staff will track plans and discussions amongst statewide partners (re: Native Hub) and engage in discussion with local Tribes.
- Elevate and spread awareness of available CBCC programs through partner spotlights, elevating partners stories and resource sharing at convenings, and finding opportunities to share the program inventory.
- Connect these themes and takeaways to future care coordinator convening planning.

- Establish an informal advisory group comprised of both Board members and non-Board members to do initial visioning and planning related to OCH standing up a CBCC hub under both HCA and DOH. The advisory group will make recommendations to the OCH Board at the November retreat, and the Board will have final decision-making authority. OCH staff hope the advisory group will present the following at the November retreat (OCH will continue to uphold the principle of not getting ahead of state agencies):
    - Initial visioning and planning for the CBCC hub
    - Explore when and how to engage community members and people with lived experience
    - Clearly define the purpose & objectives of a CBCC hub
    - Explore possible solutions that will meet the needs of the Olympic region

Recommendation

The OCH Board of Directors adopts the actions outlined above and instructs OCH staff to implement next steps.