Olympic Community of Health

Agenda (Action items are in red)

Board of Directors Meeting

January 10, 1:00-3:00 pm: See invite for login details

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	Wendy Sisk	
2	1:15	Consent agenda	Action	Wendy Sisk	1. BOD Minutes from November 8, 2021 2. January Executive Director Report
3	1:20	Public Comments (2-minute max)	Information	Wendy Sisk	
4	1:25	2022 MCO Sector Representative	Action	Wendy Sisk	3. SBAR 4. Email to MCO Sector
5	1:30	Year 6	Action	Celeste Schoenthaler	5. Updated Year 6 SBAR 6. Year 6 Contract 7. Year 6 Payment Estimates
6	2:00	Advocacy Training	Information, Discussion	Vic Colman	8. Non-Profit Advocacy Slide Deck
7	2:55	Good of the Order – Board member and public comments (2-minute max)	Information	Wendy Sisk	
8	2:58	Next meeting & Adjourn February 14, 7 Cedars Blyn Bay Room	Information	Wendy Sisk	

Olympic COMMUNITY of HEALTH

CLALLAM • JEFFERSON • KITSAP

Board of Director's Meeting Minutes

Date: 11/08/2021	Time: 1:00 PM	Location: Jamestown Family Health Clinic w/ Virtual

Chair: Wendy Sisk*, Peninsula Behavioral Health*

Members Attended In Person: Bobby Beeman, *Olympic Medical Center*; Brent Simcosky, *Jamestown S'Klallam Tribe*; Cherish Cronmiller, *Olympic Community Action Programs*; G'Nell Ashley, *Reflections Counseling*; Jennifer Kreidler-Moss, *Peninsula Community Health Services;* Jody Moss, *Olympic Area Agency on Aging;* Kim Freewolf, *Port Gamble S'Klallam Tribe;* Laura Johnson, *United Healthcare Community Plan*; Michael Maxwell*, North Olympic Healthcare Network;* Stephanie Lewis, *Salish Behavioral Health Administrative Services Organization*; Susan Buell*, YMCA of Pierce and Kitsap Counties;* Thomas Locke, *Jefferson County Public Health*

Members Attended Virtually: Jennifer Wharton, *Jefferson Healthcare;* Keith Sprague, *St. Michael Medical Center*; Gib Morrow, *Kitsap Public Health District*

Non-Voting Members Attended In Person: Bergen Starke, *Peninsula Community Health Services*; Jim Novelli, *Discovery Behavioral Healthcare;* Jolene Kron, *Salish Behavioral Health Administrative Services Organization;* Kate Ingman, *Community Health Plan of WA*; Lori Kerr, *St. Michael Medical Center*

Non-Voting Members Attended Virtually: Audrey Silliman, *Coordinated Healthcare*; Derek Gulas, United Healthcare; Siobhan Brown*, Community Health Plan of WA*

Guests and Consultants Attended In Person: Susan Lawler, Port Gamble S'Klallam Tribe
Guests and Consultants Attended Virtually: Elke Towey, Pacific Source
OCH Staff Attending In Person: Celeste Schoenthaler, Debra Swanson, Miranda Burger, Mackenzie Jakola

Minutes

Facilitator	Topic	Discussion/Outcome	Action/Results
Wendy Sisk	Introductions, land acknowledgement, housekeeping		
Wendy Sisk	Consent agenda	1. BOD Minutes 20211011 2. November ED Report	Consent Agenda **APPROVED** unanimously
Wendy Sisk	Public Comments (2-minute max)		
Jennifer Kreidler-Moss	Q3 Financials	3. SBAR 4. Quarterly financials	Motion made for the Board of Directors to accept the 2021

		5. Financial Check-Up Is the OCH Reserve earning interest? Yes, not much, but yes.	Quarter 3 financial reports. **APPROVED** unanimously.
Miranda Burger	Reporting and data updates	6. Data Presentation Mental Health has historically always hit the targets. There have been complex influences with integration, lots of changes and challenges in our region, including the transition to IMC and then COVID. It's hard to think where we could be now without the arrival of COVID-19. Jamestown struggles with determining goals for 2022. The burnout is getting worse and could be cascading mental health issues. Is it best for the focus to be just simply getting back to basics? OlyCAP's goals are to continue to exist and remain staffed.	
Executive Committee	Cross-ACH Board meeting sharing & debrief	7. All ACH Board meeting key themes OCH board members represented us well. It was a nice idea but there was not a lot of depth, and the breakouts were short.	
Wendy Sisk	Good of the Order – Board member and public comments (2-minute	Positive results in the Sequim election. There is hope this will help minimize burnout	Derek United Healthcare: Dropped email in chat if anyone would like his assistance in

	max)	and bring more positivity. Peninsula Behavioral Health is working to utilize a hotel to create 26 units for affordable housing. They are using the 1/10th of 1% sales tax to help fund this project. Many counties are passing this tax. No agency can create affordable housing on their own.	anything for the upcoming year- derek_gulus@uhc.org
Wendy Sisk	December meeting is canceled Next meeting: January 10, Red Cedar Hall (all 2022 meetings will be at Red Cedar Hall with zoom option)		Adjourn at 1:57pm
Brent Simcosky	Optional: Tour of Jamestown S'Klallam Healing Clinic		

Monthly Executive Director report to the OCH Board of Directors – January 2022

- Hot Topics
    - The Visioning Taskforce and OCH staff have started outreach to each of the sovereign **tribal nations to share the 2022-2026 strategic plan and explore opportunities for future partnership**. So far, meetings with the Quileute Wellness Center, Klallam Counseling Services for the Lower Elwha Tribe, Jamestown Family Health Clinic, and Port Gamble S'Klallam Tribe Wellness Center, and the Suquamish Health Director have happened. These meetings have resulted in reignited interest in participating on the OCH Board of Directors and exploring future opportunities to complement priorities and projects. Outreach to the Makah and Hoh Tribes is ongoing. A summary of the meetings will be available soon.
    - **Partner reports** were due in mid-December and all partners submitted a report. This was the final report for the year and marks the conclusion of partner change plans. Subsequent **partner payments** will be finalized in January of 2022.
    - On November 15, OCH hosted the 2021 **Stronger Together Regional Convening** at the beautiful Kiana Lodge. Though masked, smiling faces were evident all around as partners from across the Olympic region were reunited at this in-person collaborative. The event featured partner projects collaboratively addressing determinants of health. OCH staff shared an inventory of local projects, newest care coordination video, and findings related to stigma of substance use disorder. Learn more by reading the full event summary.
    - **Recent stigma presentations**— in addition to the regional convening, OCH staff presented on stigma findings at two local groups during January: Jefferson County Behavioral Health Consortium, and the Kitsap County Human Rights Conference. Local leaders, elected officials, and community members were present and engaged in the content and discussed potential next steps. OCH staff will continue to present across the region in the coming months.
        - OCH staff are encouraging presentation participants and partners to stay connected in this important work addressing stigma of substance use disorder by collecting call to action forms, utilizing the #recoveryfriendly, and connecting back with staff about recent efforts and projects. Successes and efforts will be shared back with the region through a **Recovery Friendly themed campaign.**
    - **The Three County Coordinated Opioid Response Project (3CCORP)'s Treatment Workgroup held their last meeting on November 17th.** With a spirit of gratitude, the participants reflected on their many accomplishments.
        - Highlights include:
            - developing strong three-county, cross sector collaboration and partnerships,
            - partnering with the University of Washington's Six Building Blocks,
            - developing regional standards of care,
            - launching the region Hub and Spoke,
            - increased opioid treatment programs throughout the Olympic region,

        - region-wide secure medication return,
        - and hosted three regional Opioid Response Summits

      OCH is thankful to all the local partners who contributed to this meaningful work. We look forward to continuing to support collaborative action throughout the Olympic region to foster a region of healthy people and thriving communities.

- Subcommittee reports/updates
    - **Executive Committee** – Next meeting is January 25, 2022.
    - **Finance Committee** – Next meeting is March 7, 2022.
    - **Funds Flow Workgroup** – Funds Flow will meet again in May or June of 2022.
    - **Visioning Taskforce**- Next meeting is February 14, 2022.
- Upcoming meetings and events
    - OCH Executive Committee – January 25 – Virtual
    - Board of Directors – February 14 – 7 Cedars Hotel
    - Visioning Taskforce – February 14 – 7 Cedars Hotel
- Administrative & staffing updates
    - OCH welcomed a new teammate on December 1. Ayesha Chander joined the team and will be leading our data work in addition to leading other key projects. Welcome Ayesha!
    - OCH will welcome a new team member, Drew Gilliland, on January 18. Drew will lead expansion of the determinants of health inventory and partner engagement. Welcome Drew!

SBAR: 2022 MCO Sector Representative

Presented to the OCH Board of Directors on January 10, 2022

Situation

According to the MCO Sector Representation Policy, Medicaid MCO representation on the OCH Board is limited to those health plans that successfully win bids under the HCA Request for Proposal (RFP) process and under contract with HCA in the Olympic region. Terms for the MCO sector cycle annually, on the January-December calendar.

Background

The Executive Committee asked staff to reach out to the MCO sector to encourage them to identify a decision maker to the Board (see attached email).

Laura Johnson of United was the representative in 2021. The MCO sector met and is nominating Caitlin Safford, Chief of Staff for Amerigroup, to serve in 2022.

Action

Approve Caitlin Safford, Chief of Staff with Amerigroup, to the Medicaid Managed Care sector seat effective January 10, 2022 for a one-year term.

Recommendation

The OCH Board of Directors approves Caitlin Safford as the MCO sector rep for the OCH Board of Directors for calendar year 2022.

From:	Celeste Schoenthaler
To:	anthony.woods@anthem.com; beth.johnson@coordinatedcarehealth.com; Caruncho-Simpson, Genevieve; Fathi, Jay; Leanne Berge
Cc:	Wendy Sisk; Johnson, Laura; Safford, Caitlin; audrey.h.silliman@coordinatedcarehealth.com; Siobhan Brown; Laurel Lee
Subject:	Request to MCOs from Olympic Community of Health
Date:	Monday, November 29, 2021 11:37:00 AM
Attachments:	image001.png image002.png image003.png image004.png image005.png

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Greetings MCO CEO partners,

I am writing on behalf of the Executive Committee for Olympic Community of Health and have cc'd our Board President, Wendy Sisk. Each January the MCO sector appoints a new representative to the OCH Board, and OCH is requesting that you appoint a high level decision maker to our Board for the 2022 calendar year. Starting in 2022, our region will have all 5 MCOs in the region, we will be beginning implementation of a new strategic plan, and we'll be coordinating for the anticipated 5-year renewal waiver that HCA is planning. Managed care is a key partner in our current work and for what we are planning for the future, so we hope to increase those partnerships in the coming year. We understand that you all have already started making decisions about who will sit on the various ACH boards, so we humbly request that you take this into account as you make decisions for next steps.

Thank you for considering this and I wish you all happy and safe holidays.

Sincerely,
Celeste

Celeste Schoenthaler (she/her)
Executive Director
(360) 633-9241 (voice/text) | celeste@olympicch.org

SBAR: Implementation Partner Payment Model & Scope of Work for Year 6 (Extension Year of MTP)

Presented to Funds Flow Workgroup on September 30, 2021
Updated and presented to the Board of Directors on October 11, 2021
Approved by the Board of Directors on October 11, 2021
Revised and presented to the Board of Directors on January 10, 2022 (all revisions in red font)

Situation

Based on the likely one-year extension of Medicaid Transformation, the Funds Flow Workgroup and Board of Directors need to establish a scope of work (SOW) and payment model for 2022 for OCH contracted implementation partners.

The one-year extension of MTP is now approved by CMS. Staff have updated the SBAR accordingly and request a final review and approval from the Board of Directors.

Background

The Health Care Authority (HCA) has requested a one-year extension of the Medicaid Transformation 1115 waiver. The original waiver was set to conclude in December of 2021 with final incentive funds allocated in 2023. There are two primary reasons for their extension request: Delays in Medicaid Transformation Project (MTP) work because of COVID-19 and needing more time to plan for ACH sustainability. If the extension year request is granted by the Centers for Medicare and Medicaid Services (CMS), the waiver will conclude in December of 2022, with final incentive dollars coming in by mid-2023.

Based on conversations with HCA, the Olympic region stands to earn an additional $5 million for the one-year extension. In May, the OCH Funds Flow Workgroup voted to allocate 90% ($4.5 million) of these dollars to implementation partners and up to 10% ($500k) to be used for operations and partner support. HCA has requested that Year 6 be all Pay for Reporting and is awaiting approval from CMS.

In addition to the added dollars, the one-year extension provides the Olympic region with an opportunity to build momentum toward the new 2022-2026 strategic plan and to set the stage for success for new funding, including the potential for a renewal waiver.

As of mid-December of 2021, CMS and HCA are now under contract for the sixth year of Medicaid Transformation. CMS did not approve all Pay for Reporting (P4R) for the one-year extension and instead advised HCA to maintain the same split between P4R and Pay for Performance (P4P) as 2021: **25% P4R and 75% P4P**. There are several key elements that CMS has yet to approve that happen outside of the HCA-CMS contract. The most pertinent for OCH is the cross-ACH agreement that no ACH will earn less than $5 million for the one-year extension.

What goes away in 2022? Partner change plans will end in December 2021, so the payment model not only reflects how to earn payments but represents the full scope of partner work. Also, the singular focus on the MTP toolkit and original waiver focus areas can be modified and adapted to suit the Olympic region context and future state goals and focus areas.

Considerations & principles:

- The Olympic region is planning as if the year 6 extension will be granted and that funds will be awarded based on Pay for Reporting. HCA continues to await formal CMS approval. Year 6 funds will be awarded to regions based on a 25% Pay for Reporting and 75% Pay for Performance split. OCH anticipates that partners will earn 3 payments in total for year 6 – one P4R payment in 2022, one P4R payment in 2023, and a final P4P payment in 2024.
- Given that change plans end in 2021, there is need to establish a scope of work for implementation partners for 2022.
- Take COVID-19 into account (allow for partner work on COVID-19, understand limited partner capacity due to the pandemic).
- Build the partner SOW and payment model as a bridge to the future and set the region up for future success (either for a future without HCA or for the potential new renewal waiver).
- MTP is overarching for 2022 with at least 10% future state in alignment with the new 2022-2026 strategic plan.
- Adhere to the original funds flow as much as possible knowing that we'll move away from this starting in 2023.
- SOW and payment model to be based on a 40/60 Scale/Scope split per original funds flow model.
- The SOW and payment model should be adaptable for those who have historically had more than one change plan (FQHCs, Tribes, Kitsap Medical Group, Jefferson Healthcare).
- SOW should be commensurate with funding.
- 2022 will include hospitals, but not new implementation partners. Maintain the current groupings of Behavioral Health, Physical Health, Community-Based Organizations and Social Services providers, and Hospitals.
- It will be challenging to attain specific and measurable health outcome improvements in just one year. CMS has required a performance element. P4P metrics will be the same for 2022 as prior years.
- As always, partners will complete what they can, and unearned funds go back into the applicable pools.

The below chart reflects a SOW and payment model for 2022 for OCH implementation partners.

Percent	Element	Purpose	Project options	Process & how to earn credit	How applies to those that historically had more than one change plan

10%	Qualitative and quantitative reporting twice in 2022	Accountability to OCH and HCA	N/A	OCH provides template in June and November (5% per reporting cycle)	Separate templates and separate submissions if more than one service line.
5%	HCAs VBP survey	Part of how region earns VBP P4P dollars	N/A	Partner completes HCA survey by HCA deadline, provides proof to OCH (screenshot, etc.)	Partner can only participate and earn credit once.
10%	In-house project (**pick one**)	Continued org/Tribe transformation efforts. Lower percentage of scope due to independent nature of project.	Option 1: Finish an outcome from 2021 change plan Option 2: Address SUD stigma Option 3: Workforce	• OCH and Partner collaborate to determine a project. (2.5%) • Partner includes updates in semi-annual reporting and discusses progress during site visits (7.5%)	Partner completes <u>two</u> in-house projects OR one that is significantly robust enough to cover more than one service line.
15%	Group/community project (**pick one**)	Aligns with OCH purpose, sets region up for future waiver success. Project worth more in scope due to involvement of partners.	Option 1: Community-clinical linkages (new or expanded) Option 2: SDOH/enhanced transformation (new or expanded) Option 3: Community-based care coordination (new or expanded)	• OCH and Partner collaborate to determine a project (5%) • Partner includes updates in semi-annual reporting and discusses progress during site visits (10%)	Partner completes <u>two</u> group projects OR one that is significantly robust enough to cover more than one service line.
20%	Regional workgroup (**<u>pick one) *</u>**	Aligns with OCH purpose, sets region up for future waiver	Option 1: **VBP action group**. Group will present to HCA leadership a summary of	• Partner participates in at least 75% of meetings	

		success. Regional project is highest percentage of payment model due to highly collaborative nature of work.	regional challenges and proposed solutions to ensure regional success with VBP. Option 2: **Reduced substance misuse & abuse workgroup**. Group will complete an action plan with organizational, community, and regional priorities to advance the focus area including the specific target population and measures of success. Option 3: **Individual needs are met timely, easily, compassionately workgroup**. Group will complete an action plan with organizational, community, and regional priorities to advance the focus area including the specific target population and measures of success. Option 4: **Access to the full spectrum of care workgroup**. Group will complete an action plan with organizational, community, and regional priorities to advance the focus area including the specific target population and measures of success. Option 5: **Long-term, affordable, quality housing workgroup**. Group will complete	• Partner reports in semi-annual reporting that they've brought something from the collaborative table back to their own Organization or Tribe that benefits the Medicaid population • Partner actively contributes to the collaborative "product" of the group • Engage in peer sharing by making a presentation related to workgroup progress to a group of peers or to the Board of Directors. • Can only earn full credit, no partial credit given.	Partner participates in <u>two</u> regional workgroups

			an action plan with organizational, community, and regional priorities to advance the focus area including the specific target population and measures of success.		

* Partners interested in participating in more than one regional workgroup have two options: (1) Participate in an additional regional workgroup for no additional incentive dollars, (2) participate in an additional regional workgroup in lieu of an in-house or group project. Under this option, partners can earn credit for the swapped-out project (e.g., if partner chooses two regional workgroups and one in-house project, the second regional project will be worth 15% of the payment model).

What is the estimated **financial impact** of the one-year extension of MTP by partner type?*

Year	Scale/scope	Primary Care	Behavioral Health#	CBOSS	Hospital	Total incentive dollars
2021 (current)	50/50	$83,125-$473,549	$15,460-$249,071	$38,653-$59,015	$100,000	$3,729,714**
2022 (one-year extension)	40/60	$110,779-$499,411	$22,345-$261,393	$41,284-$57,852	$100,000	$4,500,000^

* This is a high-level estimate. Final partner payment estimates will be provided in the spring of 2022, once the payment model is approved and partners submit 2021 scale numbers.

** Includes 2019 HPP and P4P and additional P4R dollars allocated to OCH in 2021.

Reminder that, based on previous Board and Funds Flow decisions, several partners have "partial" BH change plans and therefore earn less than a "full" change plan.

^ Assumes all P4R dollars, does not include the non-year 6 funding for work prior to 2021.

There are two scenarios for funding for year 6:

Scenario	**Up to funding available**	**Minus 10% to operations & partner support**	**Pay for Reporting pot (25%), all partner types**	**Pay for Performance pot (75%), hospitals excluded**
Scenario 1	$5 million (North Central ACH, OCH, and IHCPs are impacted)	$500,000	$1,125,000	25%=$843,750 100%=$3,375,000
Scenario 2	$3,736,318 (straight 4% of available year 6 funds)	$373,632	$840,672	25%=$630,504 100%=$2,522,014

Notes:
- Payment estimates based on prior year scale numbers. Partners to report updated numbers in the spring, so final estimates will change.
- OCH has historically conservatively estimated that the region will earn 25% of P4P dollars. Estimates for both 25% and 100% provided for illustration purposes.
- HCA does not anticipate problems with CMS approving the $5 million base, especially since all ACHs agreed to this updated formula.

Please see attached payment estimate attachment for greater detail.

Action

1. Board of Directors approves the above scope of work and payment model for 2022.

2. The Board of Directors directs staff to:

- Create a calculator based on $4.5 million to be allocated to partners for year 6 work in alignment with the original funds flow and prior calculators. Staff will create a second calculator for scenario 2. Once CMS formally approves up-to funding amounts, staff will communicate with partners.
- Obtain 2021 scale information from implementation partners in the first part of 2022 in order to accurately calculate the scale portion of the 2022 year 6 calculator (Note that these numbers will also be used for the not-year-6 payment calculators).
- Once the above bullets are complete, send 2022 year 6 payment estimates to partners.
- Create and execute 2022 contracts with implementation partners based on the above SOW and payment model.
- Schedule phone calls with all implementation partners in January and early February to flesh out individual contract details and questions including the specific projects partners choose to implement for the year.
- Sign the year 6 contract extension with HCA (attached).
- Update the 2022 budget and bring to Finance Committee and Board accordingly.

Recommendation

The Board of Directors approves the year 6 payment model and outlined actions and direct staff to implement appropriately.

Washington State Health Care Authority	**CONTRACT AMENDMENT**	HCA Contract No.: K2298 Amendment No.: 03

THIS AMENDMENT TO THE CONTRACT is between the Washington State Health Care Authority and the party whose name appears below, and is effective as of the date set forth below.

CONTRACTOR NAME	**CONTRACTOR doing business as (DBA)**
Olympic Community of Health	
CONTRACTOR ADDRESS 1322 Washington Street #641 Port Townsend, WA 98368	**WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI)** 604-064-119

WHEREAS, HCA and Contractor previously entered into a Contract to establish the relationship of this Accountable Community of Heath (ACH) to HCA regarding performance expectations and requirements for receipt DSRIP funds in conformity with the Federal Special Terms and Conditions set forth in the Medicaid Transformation Project 1115 Demonstration Waiver (No. 11-W-00304/0), and;

WHEREAS, HCA and Contractor wish to amend the Contract pursuant to Section 4.32 to extend the term of the Contract;

NOW THEREFORE, the parties agree the Contract is amended as follows:

1. The term of the Contract is extended from December 31, 2021, through June 30, 2023.
2. This Amendment will be effective January 1, 2022 (“Effective Date”).
3. All capitalized terms not otherwise defined herein have the meaning ascribed to them in the Contract.
4. All other terms and conditions of the Contract remain unchanged and in full force and effect.

The parties signing below warrant that they have read and understand this Amendment and have authority to execute the Amendment. This Amendment will be binding on HCA only upon signature by both parties.

CONTRACTOR SIGNATURE	PRINTED NAME AND TITLE Celeste Schoenthaler Executive Director	DATE SIGNED
HCA SIGNATURE DocuSigned by: Rochelle Amerine 71E17FEBBC774E7...	PRINTED NAME AND TITLE Rachelle Amerine, Contracts Administrator	DATE SIGNED 12/22/2021

Olympic Community of Health - "Year 6" Payment Estimates and Scenarios

Organization	Pay for Reporting Scenario 1	Pay for Reporting Scenario 2	Pay for Performance Scenario 1, 25%	Pay for Performance Scenario 1, 100%	Pay for Performance Scenario 2, 25%	Pay for Performance Scenario 2, 100%
Answers Counseling (CBOSS)	$11,117.20	$6,757.25	$12,938.06	$51,752.48	$9,668.25	$38,672.75
Beacon of Hope, Safe Harbor Recovery (BH)	$9,598.77	$5,834.36	$13,147.84	$52,591.33	$9,824.89	$39,299.57
Bogachiel and Clallam Bay Primary Care Clinics (PC)	$20,126.03	$12,233.09	$23,422.55	$93,690.16	$17,502.80	$70,011.22
Discovery Behavioral Health (BH)	$16,368.97	$9,949.45	$21,026.95	$84,107.76	$15,712.66	$62,850.64
First Step Family Support Center (CBOSS)	$14,617.62	$8,884.88	$17,011.81	$68,047.53	$12,712.44	$50,849.46
Forks Community Hospital (HOS)	$100,000.00	$100,000.00				
Harrison Health Partners Primary Care Clinics (PC)	$39,140.43	$23,790.50	$45,551.40	$182,205.47	$34,038.87	$136,155.47
Harrison Medical Center (HOS)	$100,000.00	$100,000.00				
Jamestown Family Health Clinic (BH)	$4,760.76	$2,893.71	$2,507.42	$10,029.67	$1,873.70	$7,494.80
Jamestown Family Health Clinic (PC)	$20,793.75	$12,638.94	$24,199.64	$96,798.48	$18,083.49	$72,333.96
Jefferson Healthcare (BH)	$6,364.73	$3,868.63	$3,453.53	$13,814.11	$2,580.69	$10,322.78
Jefferson Healthcare (HOS)	$100,000.00	$100,000.00				
Jefferson Healthcare (PC)	$70,829.04	$43,051.59	$82,430.40	$329,721.38	$61,597.17	$246,388.70
Kitsap Children's Clinic (PC)	$38,303.50	$23,281.79	$44,577.38	$178,309.40	$33,311.02	$133,244.08
Kitsap Medical Group (BH)	$10,088.05	$6,131.76	$5,062.54	$20,250.14	$3,783.05	$15,132.19
Kitsap Medical Group (PC)	$24,649.29	$14,982.43	$28,686.69	$114,746.69	$21,436.50	$85,746.00
Kitsap Mental Health Services (BH)	$42,858.30	$26,050.31	$52,687.54	$210,750.02	$39,371.44	$157,485.77
Kitsap Public Health District (CBOSS)	$14,208.62	$8,636.28	$16,535.81	$66,143.55	$12,356.75	$49,426.68
Kitsap Recovery Center (BH)	$17,891.45	$10,874.85	$23,631.27	$94,525.01	$17,658.77	$70,635.08
North Olympic Healthcare Network (BH)	$4,753.40	$2,889.23	$7,398.52	$29,594.06	$5,528.64	$22,114.56
North Olympic Healthcare Network (PC)	$22,490.86	$13,670.48	$26,174.72	$104,698.81	$19,559.40	$78,237.59
Northwest Washington Family Medical Residency (PC)	$26,755.38	$16,262.56	$31,137.74	$124,550.89	$23,268.08	$93,072.32
OlyCAP (CBOSS)	$15,578.85	$9,469.13	$18,130.48	$72,522.23	$13,548.39	$54,193.24
Olympic Area Agency on Aging (CBOSS)	$13,357.62	$8,119.02	$15,545.43	$62,182.02	$11,616.66	$46,466.37
Olympic Medical Center (HOS)	$100,000.00	$100,000.00				
Olympic Medical Center (PC)	$40,927.20	$24,876.54	$47,630.83	$190,523.18	$35,592.75	$142,370.99
Olympic Peninsula Health Communities Coalition (CBOSS)	$13,121.22	$7,975.33	$15,270.31	$61,081.53	$11,411.07	$45,644.02
Olympic Personal Growth (BH)	$8,520.64	$5,179.05	$10,966.20	$43,864.77	$8,194.63	$32,778.53
Peninsula Behavioral Health (BH)	$16,966.44	$10,312.61	$20,795.37	$83,181.43	$15,539.61	$62,158.43
Peninsula Community Health Services (BH)	$12,613.23	$7,666.62	$19,607.00	$78,427.96	$14,651.58	$58,606.34
Peninsula Community Health Services (PC)	$84,000.90	$51,057.77	$97,759.74	$391,038.68	$73,052.22	$292,208.88
Port Gamble S'Klallam Tribe (BH)	$10,724.85	$6,518.82	$5,803.65	$23,214.57	$4,336.85	$17,347.39
Port Gamble S'Klallam Tribe (PC)	$26,413.53	$16,054.78	$30,739.91	$122,959.54	$22,970.79	$91,883.16
Reflections Counseling Services Group (BH)	$6,413.49	$3,898.27	$8,513.90	$34,055.60	$6,362.12	$25,448.50
Sophie Trettevick Indian Health Center (BH)	$5,424.35	$3,297.05	$3,279.70	$13,118.80	$2,450.80	$9,803.20
Sophie Trettevick Indian Health Center (PC)	$18,632.95	$11,325.55	$21,684.91	$86,739.59	$16,204.33	$64,817.32
West End Outreach Services (BH)	$9,295.36	$5,649.94	$11,867.81	$47,471.20	$8,868.37	$35,473.49
West Sound Treatment Center (BH)	$15,044.35	$9,144.32	$20,317.84	$81,271.30	$15,182.77	$60,731.06
YMCA (Pierce & Kitsap Counties) (CBOSS)	$12,248.88	$7,445.11	$14,255.10	$57,020.66	$10,652.43	$42,609.47
Total	**$1,125,000.00**	**$840,672.00**	**$843,750.00**	**$3,375,000.00**	**$630,504.00**	**$2,522,014.00**
Maximum	$100,000.00	$100,000.00	$97,759.74	$391,038.68	$73,052.22	$292,208.88
Minimum	$4,753.40	$2,889.23	$2,507.42	$10,029.67	$1,873.70	$7,494.80

Notes:

- Staff created the above estimates to guide Board decision making, actual estimates to be released in the Spring of 2022

- Based on prior year scale numbers, actual scale numbers to be collected by staff in early 2022 and this will be updated to reflect true payment estimates

- Assumes all partners earn full incentives dollars

- Scenario 1 = OCH earns up to $5 million total for year 6

- Scenario 2 = OCH earns up to $$3,736,318 for year 6 (HCA is awaiting CMS approval on scenario 1, but could take until the Spring of 2022)

- Regarding Pay for Performance, OCH has historically estimated that the region will earn 25% of available P4P dollars, so this gives estimates for both 25% and 100% of available earnings for illustrative purposes only

- Staff are estimating the following payment cadence: P4R payment 1 in 2022, P4R payment 2 in 2023, and P4P payment in 2024

UNCOMMON
SOLUTIONS

NON-PROFIT LOBBYING

JANUARY 2022

VICTOR COLMAN, JD

Workshop Goal

How to engage in policy and systems change *safely* AND *effectively*

Training Outline

Actual Rules -- *what you can and cannot do*

Strategy and Tactics -- *how do I apply this information in the real world?*

Do You Need More Information?

Myths and Misconceptions

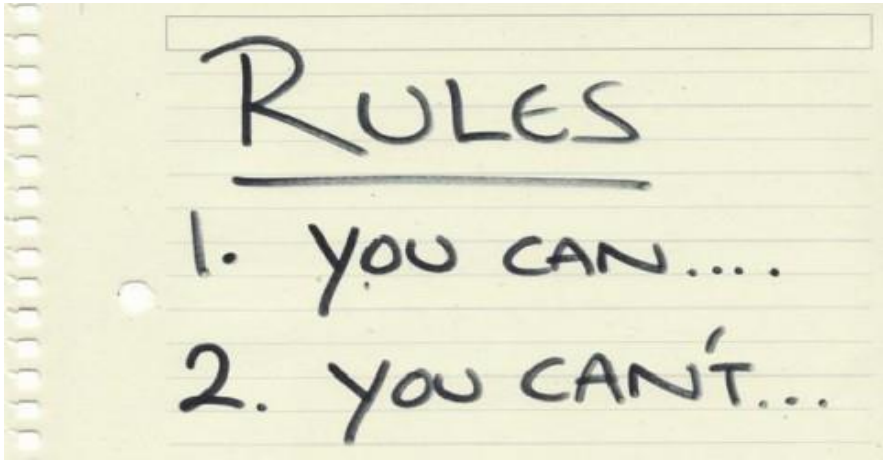
- Non-profits – 501(c)(3) types – cannot lobby
- Non-profits are barred from having contact with politicians
- Foundations and governments cannot fund non-profits to engage in any public policy development
- Non-profits that receive any funds from the public sector are completely barred from lobbying

Training Outline

Actual Rules (what you can and cannot do)

Strategy and Tactics (how do I apply this information in the real world?)

But I Need More!



Definitions: What is "Advocacy"?

A General Definition

Defined as the "Act of speaking, writing, or acting in support of something or someone."

Definitions:

"Advocacy" Becomes "Lobbying" When?

Direct Lobbying – Three (3) Elements Needed:
1) any communication with an official of the executive or legislative branch of government …
2) regarding a policy proposal "in play" …
3) for the ultimate purpose of influencing any executive, legislative, or administrative action.

In other words, you are trying to influence a decisionmaker who has power regarding a current policy proposal

Grass Roots Lobbying

Grass Roots Lobbying:
Getting the *general public (instead of a decisionmaker)* to act in support or opposition to a specific policy proposal (a "call to action")

NOTE: Contacting an organizations' *own members* to ask others to engage in direct lobbying is treated as grass roots lobbying.

Advocacy vs. Lobbying

Advocacy

- Education (facts)
- Activities that *broadly* defend, support or maintain a cause
- No call to action to the public

  OR

  no formal position on specific proposal taken
- Balanced or taking a viewpoint both OK

Lobbying

- Influencing specific legislation, regulation, funding by …

… actions aimed at influencing public officials

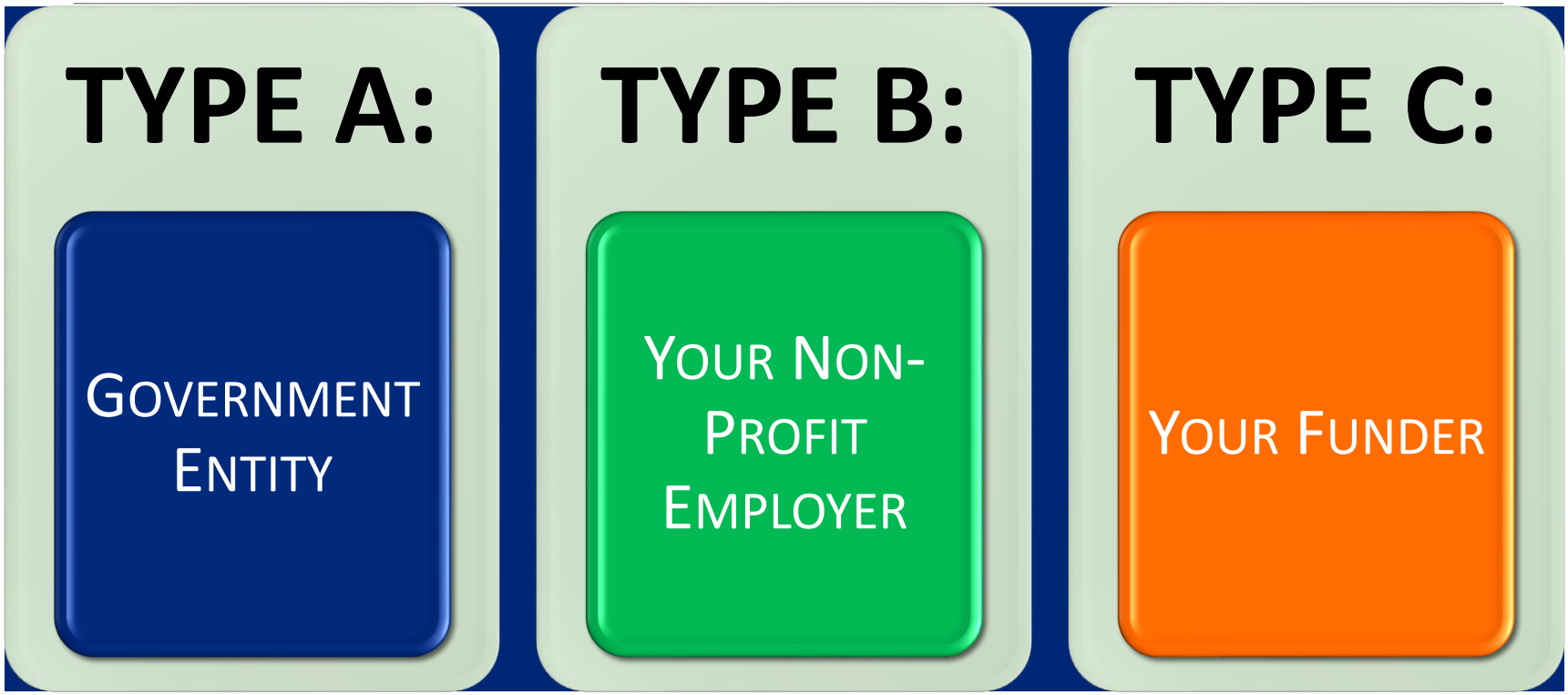
… that include a call to action to the general public (for *grass roots lobbying*)

Advocacy and Education

What Activities Can Influence Policy/Systems Change That are Not "Lobbying"?

- ❑ Information and education sessions for policymakers
  - ➢ Provide decision-makers with technical assistance (i.e., model ordinances)
  - ➢ Provide the latest science and background information about the relevant issue
- ❑ Educate general public about the importance of the relevant issue
- ❑ Focus on policy & systems implementation

Formal Lobbying -- Areas of Oversight



TYPE A:

GOVERNMENT AS REGULATOR

General Rule:

Most states keep track of lobbying activities. In Washington State it is the Public Disclosure Commission (PDC). In Seattle the Ethics and Elections Commission is the local regulatory body.

TYPE B: Rules of the Road for Employers

NON-PROFITS

Non-Profit Lobbying: Options

SUBSTANTIAL PART TEST

501(H) TEST

NPO IRS Reporting: “Insubstantial Part" Test

The insubstantial part test is the default test that applies if the public charity does not make the affirmative step of electing to use 501(h). Under the insubstantial part test, a foundation that conducts excessive lobbying in any taxable year may lose its tax-exempt status, resulting in all of its income being subject to tax.

However, the IRS has provided no absolute guidance on how much lobbying is “substantial.”

>> non-profits interested in flexing their lobbying muscles generally make the 501(h) election.

NPO IRS Reporting: 501(H) Test

Establishes very clear expenditure limits, and definitions of "lobbying“

Penalty is a tax on amount you go over (unless over by 50% number of years running)

501(H) Formula

Amount of Expenditure	Lobbying Nontaxable Amount
≤ $500,000	20% of the exempt purpose expenditures
>$500,00 but ≤ $1,000,000	$100,000 plus 15% of the excess of exempt purpose expenditures over $500,000
> $1,000,000 but ≤ $1,500,000	$175,000 plus 10% of the excess of exempt purpose expenditures over $1,000,000
>$1,500,000 but ≤ $17,000,000	$225,000 plus 5% of the exempt purpose expenditures over $1,500,000
>$17,000,000	$1,000,000

TYPE C: Rules of the Road for Funders – Foundations

FUNDERS: PRIVATE FOUNDATIONS

- Private foundations cannot earmark (explicitly designate) funds to non-profits for lobbying
- Foundations can make general support grants to non-profits that engage in lobbying
- Community foundations can earmark grants for lobbying *(**but** as a 501(c)(3) they must include those grants as part of their own lobbying expenditures)*

TYPE C: Rules of the Road for Funders – Private Sector

FUNDERS: PRIVATE SECTOR

As a general rule, private sector funders (i.e., corporations) are not restricted in any way about donating their funds to lobbying efforts.

In the real world, most corporate funding does not go toward policy and systems change work. Corporate entities like to:

- provide goods and services that they produce,
- send out their employees as volunteers, or
- provide small grants to support programs brought to their attention by their employees.

TYPE C: Rules of the Road for Funders – Public Sector

FUNDERS: PUBLIC SECTOR

- As a general rule, public sector funders do not generally allow contracted parties to lobby under the terms of the contract.
- Public sector cannot delegate duties to third parties (like non-profits) that they (the public sector) are barred from performing.

Question:

Does a non-profit that receives any public funds become automatically excluded from engaging in any lobbying efforts?

Domains of Regulation: Take-away's

Government
Know what reporting is needed.

Employer
Know the rules about non-profit lobbying – both IRS registration and reporting

Funder
Understand what revenue sources come with what restrictions

Outline

Actual Rules (what you can and cannot do)

Strategy and Tactics (how do I apply this information in the real world?)

Do You Need More Information?

Understanding Organizational Structure

Threshold Question:

What Kind of Organizational "Animal" Are You?

- Groups with no formal structure actually enjoy more freedom to lobby with little or no restrictions

- Groups with formal structure need to know the various "rules of the road"

Organizations and Collaboratives – Role Clarity in Policy Work

- *Organizational:*
  Does OCH have an agreed-upon understanding of their role in policy and systems change?
- *Individual:*
  Do governing board members understand their specific roles in policy and systems change?

Organizations and Collaboratives – Role Clarity in Policy Work

Organizational Levels of Engagement:

- ❑ Watch the trains go by (*observe)*
- ❑ Assess how the trains go by (*judge/rate)*
- ❑ Get on a train *(influence)*
- ❑ Steer the train *(lead)*

ASK:

Where did you set out to be?

Where are you now?

Where do you want to go?

Individual Role Clarity in Policy Work

Individual Levels of Engagement – Key Questions:

- ❑ What "hat" do you wear?
  - ➢ Do you represent your organization first?
  - ➢ Do you represent your sector of interest first?
  - ➢ Are you representing a community (grass roots) voice?

Strategies and Tactics

Understanding Your Own Internal Culture

Whether you are employed by a non-profit, a free-standing coalition or a government entity, you will likely come across a colleague or someone "up the chain" that chooses to ignore or misinterpret these rules and suppress lobbying or even advocacy.

Tip: You may need to engage in some internal education with folks you work with. Use this .ppt to make clear that you understand the rules of safe policy engagement.

The Private Citizen "Hat"

Know Your Rights -- Private Citizens Can <u>Always</u> Lobby *Without Restrictions* but …

Fact Pattern: Op-ed in local newspaper calls out the need for a new policy to fluoridate the water to promote oral health. The op-ed was signed by the chair of the Crest County Oral Health Coalition, and her short bio also mentions that she is an employee of the Crest County Public Health Department.

- ***Tactically, is the chair the best person to sign this op-ed?***

Advanced Tactics

Building partnerships and collaborations is the best recipe for public policy success

("inside/outside game")

- Everyone has a role in policy change – so one needs to strategize: *"what hat to wear in what situation"*

If You Remember Anything …

- Non-profits can lobby (*it is OK to lobby)*
- Non-profits can be effective
  (even without wearing the lobbying hat)
- Non-profit voices are needed in public policy debates (*it is important to engage)*
- Know your funders
  (what are their rules related to lobbying?)
- YOU HAVE A VOICE IN POLICY DEVELOPMENT- USE IT WISELY!

Outline

Actual Rules (what you can and cannot do)

Strategy and Tactics (how do I apply this information in the real world?)

Do You Need More Information?

Potential Next Steps

Articulate a clear role for OCH in both advocacy and lobbying
>> can use the train metaphor here

Develop a clear role for organizational /governing members who are part of OCH
>> what "hats" do people wear when they are part of OCH work?

Wherever you land, be **transparent** about your approach
>> should be written down in some kind of governing document

Key Resources

- https://www.minnesotanonprofits.org/resources-tools/resources-detail/federal-law-and-nonprofit-lobbying
- https://bolderadvocacy.org/resource-library/tools-for-effective-advocacy/
- https://grantspace.org/resources/knowledge-base/lobbying/

  ➡ *scroll down to "Staff-Recommended Websites"*

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THANK YOU!

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