Olympic Community of Health
Agenda

Board Meeting
December 12, 2016

1:00 pm to 3:00 pm
Red Cedar Hall
Jamestown S'Klallam Tribal Center
1033 Old Blyn Hwy, Sequim, WA 98382

KEY OBJECTIVES

1. Agree on OCH strategic priorities for 2017
2. Approve Board Operating Procedures
3. Approve Personnel Policy

AGENDA (Action items are in red)

Item		Topic	Lead	Attachment
1	1:00	Welcome	Roy	
2	1:05	Consent Agenda	Roy	1. Director's Report 2. 2017 Board Meeting Calendar 3. BHO Alternate Pathways 4. Minutes Board Meeting 11/7/16
3	1:10	Medicaid Transformation Waiver Initiative I Update	Brent Elya Roy	5. Waiver Tool Kit Diagram
4	1:30	Strategic Priorities	Roy	6. DRAFT OCH Strategic Planning and Alignment
5	2:10	Update: 3-County Coordinated Opioid Response Planning Project (3CCORP)	Lisa Rey Siri Chris	7. Steering Committee Charter
6	2:30	Board Operating Procedures	Joe	8. DRAFT OCH Board Operating Procedures
7	2:40	Personnel Policy	Elya	9. DRAFT OCH Personnel Policy
8	3:00	Adjourn	Roy	

REMINDERS

- Everyone please sign your Conflict of Interest statement before you leave today!
- Next meeting January 9, 1 pm to 3 pm

Olympic Community of Health

Director's Report

Board of Directors Meeting

Prepared December 5, 2016 for December 12, 2016 Board Meeting

A message from your Director

It is time to transition – and I am not just talking about our transition into a legal entity. We are now transitioning our focus from technical to adaptive. We are beginning strategic planning and mutually synergistic alignment. Notwithstanding, the Medicaid Demonstration Waiver will have a significant impact on our thinking, but let's not let it restrict us. Let's get after it!!

Please help us recruit for an OCH Program Coordinator. Please forward to your networks!

Top 3 Things to Track (T3T) #KeepingMeUpAtNight

1. Medicaid Transformation Demonstration Waiver ("the Waiver"): The pre-draft tool kit is here. My takeaways:

- ✓ Everything hinges on a signed contract between the State of Washington and CMS before the Trump Administration takes office.
- ✓ I am pleasantly surprised with Transformation Projects (TP) (domain 2 & 3) in the Waiver Tool Kit. The HCA listened to the community's proposals and incorporated your suggestions into the Tool Kit. Each one of our regional health needs can be, at least partly, addressed by one or more TPs. For example, regional opioid response is a required project under the Waiver.
- ✓ The trick is going to be gearing up to lift all three domains off the ground, and quickly. General lack of infrastructure, especially in the area of measurement, is a major hurdle. Keep in mind that the State will need to renew our contract with the feds each year, meaning tick-tock, tick-tock!!

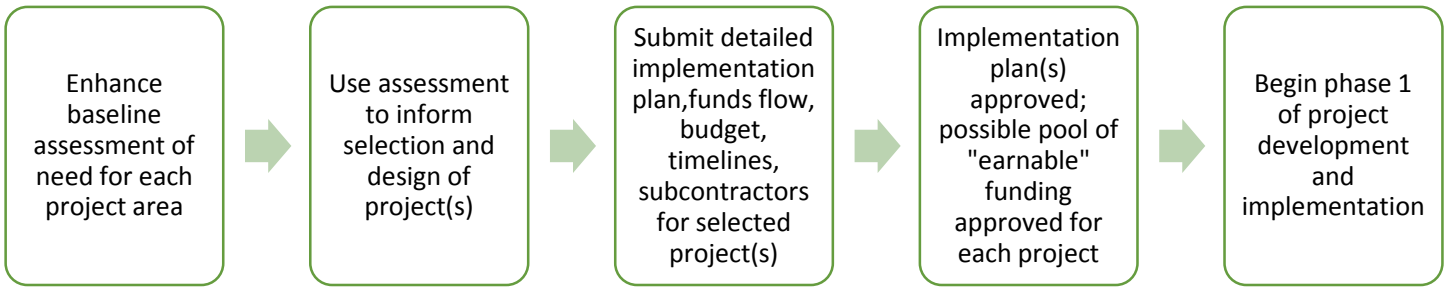
2. Relationship with payers: As I think about the changes ahead (Waiver, value-based payment, local integrated delivery networks, and financial integration), I continue to wonder how best to position our community for maximum, long term benefit. How can we strategically line up these changes to meet our shared interest to invest upstream in health and support providers doing the work? Payers will likely be key partners.

3. Implications of the election on the OCH: Our State Innovation Model (SIM) funds 100% of the OCH. SIM is supported through a contract with Center for Medicare and Medicaid Innovation (CMMI). CMMI was established by section 1115A of the Social Security Act, as added by section 3021 of the Affordable Care Act. I am not so worried about 2017 OCH funding under SIM, but I do worry about 2018 funding. Bottom-line: this election may have shortened our runway to reach OCH sustainability.

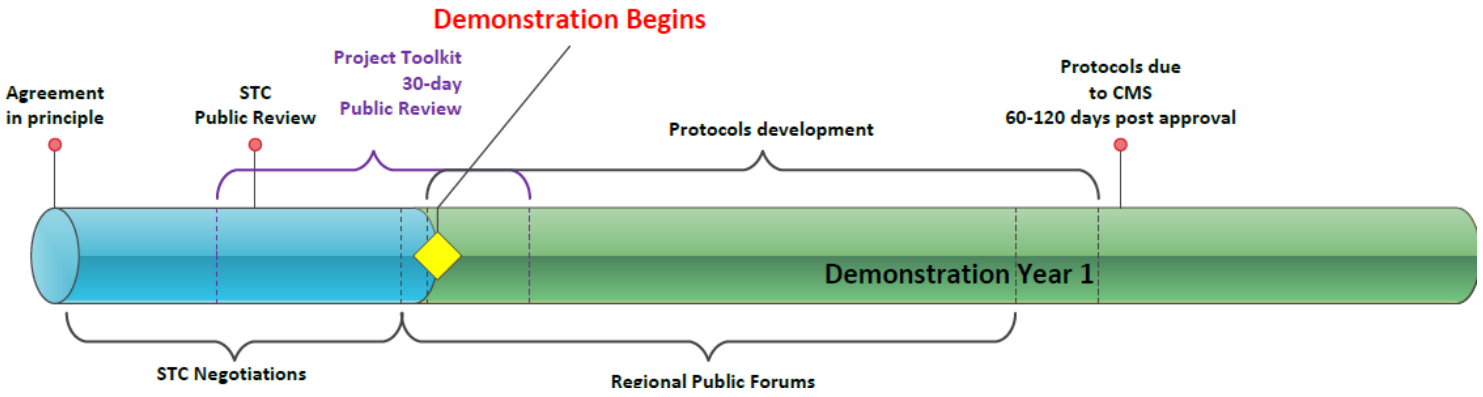
Upcoming OCH meetings:

- Executive Committee meeting, **January 3, 10:00 am to 12:00 pm**
- Board of Directors Meeting, **January 9, 1:00 pm to 3:00 pm**
- Finance Committee Meeting, **January 10, 2:00 pm to 4:00 pm**, dial-in
- Three County Opioid Summit, **January 30, 9:00 am to 12:00 pm**, Kingston Commons.
- HOLD: Unpacking the Waiver Tool Kit, **January 30, 1:00 pm to 4:00 pm**, Kingston Commons
- HOLD: OCH Partner Convening, **April 21st,** Location TBD

The Medicaid Transformation Demonstration Waiver ("the Waiver")
The pre-draft tool kit is out. The Special Terms and Conditions (STCs) are ready to be signed by CMS and are with the HCA legal department for review. A next step is for the ACHs to work with the HCA to develop the operational protocols, due 60-120 days after approval. Things are starting to come into focus. We *think* it will work like this:



- There are three required Transformation Projects (TPs), each will require considerable energy:
    1. Bi-Directional Integration of Care, Collaborative Care Model
    2. Addressing the Opioid Crisis, Governor's Executive Order
    3. Community-Based Care Coordination, Pathways HUB and Care Coordination Systems technology
- The Regional Health Assessment and Planning Committee (RHAPC), between now and the next OCH Board Meeting, will work on a recommendation for a process to prioritize and ultimately select TPs (box 2 above). We aim to present this recommendation at the January 9 Board Meeting.
- ACHs will need to complete a Regional Health Needs Inventory (RHNI). Fortunately for the OCH, Siri did most of this work while preparing for designation last year. However, part of the RHNI requirement is an asset map of health care and community-based service systems. I am supportive of this.
- There appears to be a high level of anxiety about scope and complexity of Waiver activities and the readiness for ACHs to take this on.
- Tribes are not included in this pre-draft tool kit. There will be a different set of TPs negotiated with Tribes. I am unclear how this will work, since many of the TPs, such as the Opioid Project, already include our Tribal partners.
- New Waiver Timeline was shared:



Behavioral Health Organization (BHO) Alternate Pathway (included in packet)
Several of the BHOs have put together an alternative pathway to fully integrated managed care (FIMC). If there is interest in better understanding this proposal, we can invite our local Salish Behavioral Health Organization Administrator to present. In the meantime, we will talk with the Salish BHO, our partners at HCA, and our fellow ACHs to gain a better understanding of what this model would entail if implemented in our region.

OCH Transition Status

- Help us recruit for an OCH Program Coordinator. Please forward to your networks!
- We have reached a verbal agreement with Jefferson Health Care to host the OCH starting February 2017. A lease outlining the details of this arrangement is being drafted. Briefly, the OCH will pay $1260 per month in rent to JHC, or $15,120 annually. This covers the cost of telephone, and IT for 2-4 work stations.
- The Executive Committee is working on an Executive Director contract between the OCH and the Executive Director, with an effective date of February 1, 2017.
- It is official! We filed our Articles of Incorporation, invoiced our D&O and commercial general liability insurance, and received an EIN number! We have a few more steps to go, but we are on our way!
- Next up: Identifying vendors for payroll, bookkeeping, accounting, HR, etc… We are staying local wherever possible. If you have vendor recommendations, please email elya@olympicch.org asap!

Practice Transformation Hub (Online resources: HUB FAQs; HUB Presentation)
Overseen by the Department of Health in partnership with the "Healthier Washington" initiative, the Practice Transformation Hub is part of an innovative, state-funded model designed to help small-to-medium-sized practices transform to a new model of healthcare delivery that integrates physical and behavioral health (mental health and substance use disorders), moves the payment system from volume-based to value-based, and better coordinates care by making connections between clinics and community resources

The Hub has three programs to help leverage the work of providers as they advance toward whole person, patient-centered care: 1) The Practice Coaches program, 2) The Health Connectors program, and 3) A Web-based Resource Portal.

Through these three programs, practices have access to:

- A curated website with information, tools and resources related to practice transformation
- In-person, regional training workshops
- Virtual learning events
- A Practice Transformation Hub Help Desk

Practices that enroll in the coaching program can receive more customized and intensive technical assistance based on their resources, goals and current progress toward value-based payment and behavioral health integration:

- Practice assessments
- Goal setting and implementation support
- Action plans based on practice assessment results
- Assistance connecting with community resources
- Workflow redesign assistance
- Coaching on how to achieve team-based care
- Personalized guidance about the impact of value-based payment
- Understanding behavioral health models and available options
- Implementation support of the practice's objectives

After assessment, enrolled practices will receive customized actions plans to help them achieve their objectives. Support and coaching on utilizing EHR as tool for quality improvement and population health management will also be available, including behavioral health integration support to help practices understand the different models of behavioral health integration, and which may be appropriate for their specific situation and workflow redesign processes within the practice for screening, assessment treatment and referrals.

OCH Outreach & Engagement

- American Indian Health Commission Health Summit, Fife, November 1
- Representative Steve Tharinger, Port Townsend, November 8
- Local Impact Network Summit, Lacey, November 14
- Medicaid Waiver Demonstration meeting, Olympia, November 15
- ACH Convening, Seattle, November 17-18
- Community action agencies (OlyCAP and Kitsap Community Resources), Bremerton, November 21
- Kitsap Area Agency on Aging, Port Orchard, November 22
- First Step, Port Angeles, November 29
- Commissioner Ozias and Mayor Downie, Port Angeles, November 30
- Workforce Council, Bremerton, December 6
- North Olympic Peninsula Health Network, Port Angeles, December 13
- Performance Measurement Coordinating Committee, Seattle, December 15
- Coordinated Care, Tacoma, December 19
- Kitsap Continuum of Care Coalition, Bremerton, December 21
- Hospital meeting (OMC, JHC, CHI Harrison), SeaTac, January 5

Three-County Coordinated Opioid Response Planning and Assessment Project ("Opioid Project" or 3CCORP)

We will discuss project milestones at the December Board meeting. Given the interest in the project, and the momentum already underway, the OCH may choose to continue as the coordinating entity for this project beyond February 2017.

- Steering Committee: There have been two meetings of the Steering Committee. The next is scheduled for December 14th. The first meeting focused on a charter and membership, and the development of a health care provider survey. The second meeting focused on an EMS survey and community survey. At the next meeting will we start planning the January 30th summit and finalize the community survey. Dr. Chris Frank agreed to chair this Committee.
- Data: Working on a data sharing agreement between the HCA and the OCH to receive information on opioid prescription, outcomes, and providers.
- Health Care Provider Survey: The purpose of this survey is to collect primary data from health care providers about their beliefs and practices related to medication assisted treatment and other related addition issues. This survey was sent out electronically to providers across the region. So far we have received 63 responses!
- Communications: We (actually Angie) are updating our website to share key, time-sensitive information. We are also sending out regular detailed updates to community partners.
- Opioid Summit: We have a date and location for the Opioid Summit: Kingston Commons, January 30th, 9 am to 12 pm. We are lining up speakers. The goal of this meeting is to agree on an implementation plan and key measures to gauge success. The target audience is professionals representing sectors affected by this crisis (e.g., EMS, law enforcement, health care…).
- Video: Healthier Washington contracted with a marketing firm to put together a series of promotional videos. They asked the OCH to bring together key people for video interviews about our Opioid Project. Interviewees included:
    - Elya Moore, PhD, Executive Director, Olympic Community of Health
    - Susan Turner, MD, MPH, Health Officer, Kitsap Public Health District
    - Kathleen Kler, RN, County Commissioner, Jefferson County
    - Joshua Jones, MD, Psychiatrist and Medical Director, Olympic Medical Center
- Waiver: The pre-draft Waiver Tool Kit requires that all ACHs take on an opioid response project, in essence what we already started.

January 1, 2016-December 31, 2016

APPROVED EXPENDITURES 2016

YEAR TO DATE: JAN THRU OCT 2016

Personnel	Salaries	Benefits[1]	Total	BALANCE REMAINING	YEAR TO DATE	% SPENT (Target 83%)
Director: 1.0 FTE for 9 months	79,362	23,809	103,171	11,728	91,442	89%
Program Coordinator: 0.5 FTE for 4 months	14,923	4,477	19,399	0		0%
Epidemiologist: 0.5 FTE for 11 months	37,279	11,184	48,463	26,255	22,208	46%
Assistant 0.4 FTE for 10 months	15,528	4,658	20,186	$ (2,311.02)	22,497	111%
Subtotal Personnel Costs	**147,092**	**44,127**	**191,219**		**136,148**	**71%**
Non-Personnel			**Total**			
Professional Services:						
Interim Project Manager (Jan. - March 2016)			23,605	3,908	19,697	83%
Communications Support (website)			3,500	3,385	115	3%
Legal or other consultant[2]			5,000	0	6,425.80	0%
Travel			4,000	370	3630	91%
Supplies			3,000	1,014	1986	66%
Event/Meeting Expenses			5,000	472	4,528	91%
Other			0	0	0	0%
Subtotal Non-Personnel Costs			**44,105**	9,149	36,382	82%
Indirect Costs (25% of salaries & benefits)[1]			47,805	13,768	34,037	71%
TOTAL EXPENDITURES			**283,129**	**22,916**	**206,567**	**73%**
DESIGNATED RESERVES[2]			**206,871**			

Financials

OCH Budget

With two months remaining, we are within our approved 2016 budget. In addition to events and administrative assistance, we are starting to tip over-budget for travel. This was expected and has been taken into account in the 2017 Budget.

Opioid Project Budget

The Opioid Project expenditures are included in the spend-to-date. As per HCA contract requirements, we are also tracking it separately. We have five months to expense $50,000 on this project. Two months in we expensed $10,138.50, or 20% of funds, which is right on target.

Clallam County Contribution

We received the executed contract from Clallam County and have submitted an invoice for the full amount of $10,000 on or before November 30th! This funding allows us some flexibility.

Board of Directors
2017 Meeting Schedule

Please visit our website Olympicch.org for updates and additional information.

When: Second Mondays*
Time: 1:00 pm – 3:00 pm
Location: TBD

Dates:

Monday, January 9

Monday, February 13

Monday, March 13

Monday, April 10

Monday, May 8

Monday, June 12

Monday, July 10

Monday, August 14

Monday, September 11

Monday, October 16*

Monday, November 13 (Annual Meeting)

Monday, December 11

*The October Board meeting is scheduled for the third Monday of the month, as the second Monday falls on Indigenous Peoples Day / Columbus Day, which is a holiday for many Board Members.

"An Alternative Pathway to Full Behavioral Health/Health Care Integration: Leveraging the capacity of Washington State's Behavioral Health Organizations"

Proposal:

- Allow for an alternative pathway to Full Behavioral Health/Primary Health Care integration that builds on the existing infrastructure and strengths of the BHOs and Apple Health MCOs and achieves improved outcomes and reduced costs.
- Regions/Counties would be given the option to develop, in partnership with the Health Care Authority, an integrated model of physical and behavioral health that achieves the goals of the Triple Aim and meets the needs of the local communities.
- Provide flexibility in 2020 procurement of Medicaid that provides for local regions to determine the best structure for integrated financing.

The Business Case for an Alternative Pathway:

1. The population of persons with Serious Mental Illness and Substance Use Disorders present complex challenges for treatment. Any model for the integration of behavioral health and physical health care needs to be designed specifically with their treatment needs in mind.
2. The institutional knowledge and expertise for treating persons in the community with Serious Mental Illness and/or Substance Use disorders resides primarily within the current BHO system and its contracted providers.
3. Care coordination to persons with Serious Mental Illness and/or Substance Use disorders is best provided by locally administered systems that rely primarily on face to face contact.
4. There has not yet been sufficient time to thoroughly evaluate the model for fully integrated financial integration currently being tested in Southwest Washington. Before expanding this model to other regions, there should be a thorough evaluation conducted by an independent organization. If the State is willing to allow an alternative model, then this too should be subject to a thorough evaluation.
5. Most states who are experimenting with models for full integration are using other approaches, many of which maintain a specialty network of services for the seriously mentally ill.
6. The publicly managed BHO structure is able to invest a greater share of its resources in provider and community capacity because BHOs are not required to provide a return to shareholders.
7. BHOs have developed extensive community networks to coordinate crisis services and treatment for persons with behavioral health disorders. These networks have been built up over years and include relationships with law enforcement agencies, jails, schools, hospitals, social service and housing agencies, and other local government organizations. Empowering the most critical components of this valuable local infrastructure should be a state priority.

An Alternate Pathway to Full Integration:

This alternate pathway would be made up of all organizations that share in the financial risk of health and behavioral health as well as providers and other community stakeholders, will:

1. Create an Interlocal governance structure in each Regional Services Area [RSA] with the BHO/County Authorities and the Apple Health MCOs serving that region. The structure will provide collective ownership of the integration model (clinical and financial) that places individuals at the center of focus;
2. Keep the state's current contracts with BHOs and MCOs in place;
3. Include voting representatives from the elected county officials of each county in the RSA as well as a voting representative of each Apple Health MCO serving that region. Advisory seats on the Interlocal Governing Body would also be set aside for a representative of the Behavioral Health Advisory Board, the Accountable Community of Health, and the Tribal Nations in that RSA.
4. Be encouraged to invest resources into a common funding pool to support and provide financial incentives to primary care clinics, hospitals, and behavioral health agencies to support bi-directional care coordination.
5. Align contracting and standardize practices, where appropriate, across providers (primary care and behavioral health);
6. Include a system of data share agreements that would allow the tracking of persons across systems, identify high utilizers, and eventually measure shared performance outcomes.
7. Ensure outcomes are achieved through value-based purchasing and set benchmarks and milestones to move more contracting to value-based purchasing;
8. Blend funding as needed to ensure a full continuum of care (required to achieve outcomes and support system capacity and infrastructure);
9. Develop investment priorities that support the system; and
10. Make mutual investments toward shared priorities including shared savings arrangements where appropriate.

Olympic Community of Health

Meeting Minutes

Board of Directors

November 7, 2016

Date: 11-07-2016	**Time: 8:30 am- 11:00 am**	**Location:** Olympic Room, Port Ludlow Resort

Chair: Roy Walker*, Olympic Area Agency on Aging.*
Members Attended: Rochelle Doan, *Kitsap Mental Health Services*; Katie Eilers, *Kitsap Public Health District;* Larry Eyer, *Kitsap Community Resources*; Leonard Forsman, *Suquamish Tribe;* Vicki Kirkpatrick, *Jefferson County Public Health;* Kat Latet, *Community Health Plan of Washington;* Eric Lewis, *Olympic Medical Center;* Tom Locke*, Jefferson County Public Health;* Kerstin Powell, *Port Gamble S'Klallam Tribe;* David Schultz, *CHI Franciscan/Harrison Medical Center;* Andrew Shogren, *Quileute Tribe;* Brent Simcosky*, Jamestown S'Klallam Tribe;* Justin Sivill*, Harrison HealthPartners;* Doug Washburn, *Kitsap County Human Services;* Hilary Whittington*, Jefferson Healthcare;* Kurt Wiest*, Bremerton Housing Authority.*
Other Attended:
Kayla Down, *Coordinated Care;* Keith Grellner, *Kitsap Public Health District;* Siri Kushner, *Olympic Community of Health/Kitsap Public Health District;* Angie Larrabee, *Olympic Community of Health/Kitsap Public Health District;* Elya Moore, *Olympic Community of Health;* Jorge Rivera, *Molina Healthcare;* Caitlin Safford, *Amerigroup;* Lisa Rey Thomas, *UW Alcohol and Drug Abuse Institute;* Laura Zaichkin*, WA Health Care Authority;*
Other Attended via Dial-In:
Leslie Wosnig, *Suquamish Tribe;*

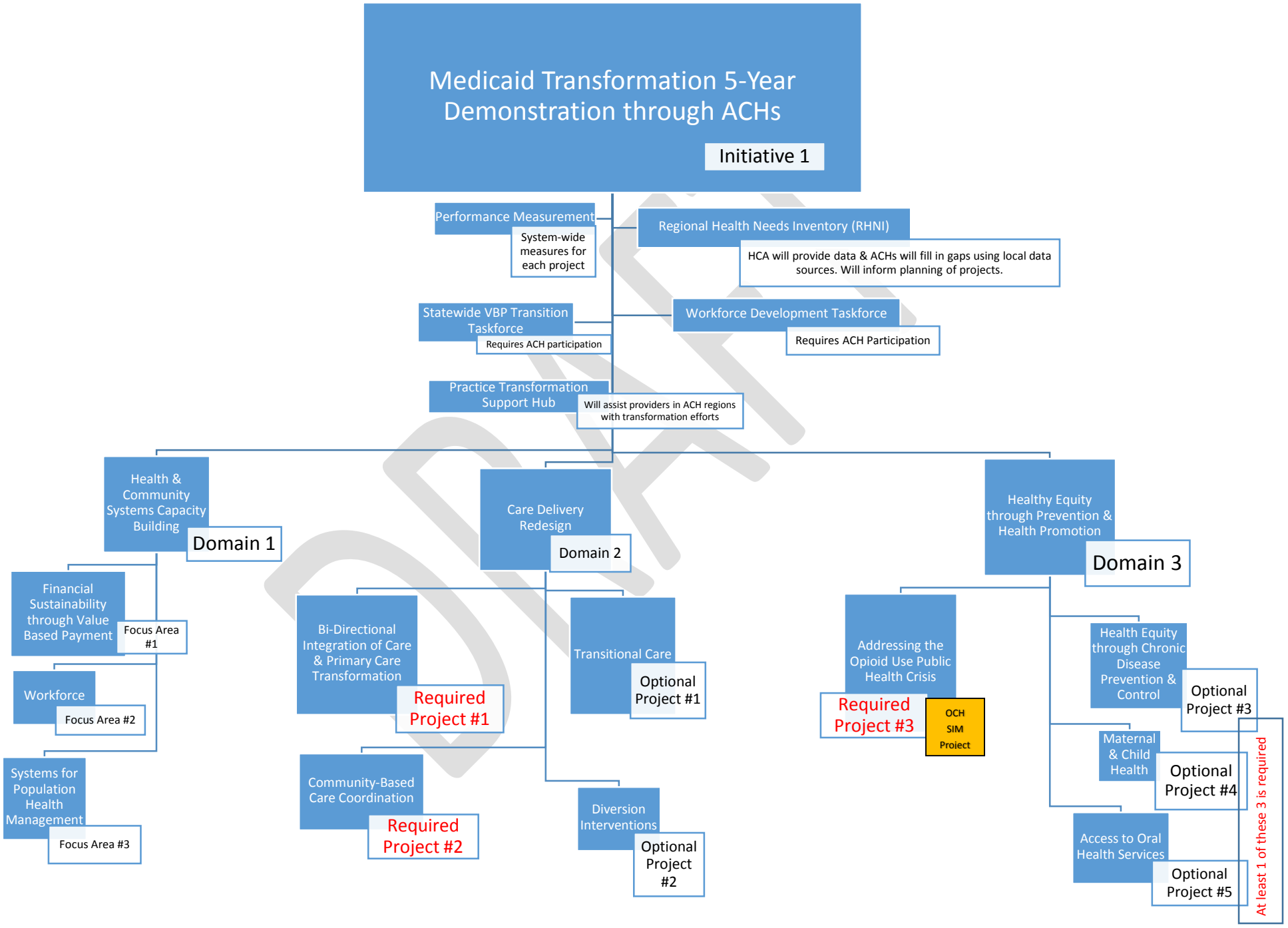
Person Responsible for Topic	Topic	Discussion/Outcome	Action/Results
	Objectives:	1. Approve 2017 Budget 2. Agree on Conflict of Interest Policy 3. Agree on OCH Transition Plan	
Roy Walker	**Welcome and Introductions**	Roy called meeting to order at 8:31am.	
Elya Moore	**Sponsors**	Elya thanked Jamestown and Suquamish tribes for sponsoring the food.	
Roy Walker	**Consent agenda including September Board Minutes**	Approval of September Minutes.	September Minutes **APPROVED** unanimously.
Elya Moore	**Director's Report**	Elya reviewed this month's Director's Report. Three major topics for future board meetings will be included in each new report. Will be recruiting help to hire program coordinator.	
Elya Moore	**Medicaid Waiver**	Can expect budget to be in 7 figure range. Some of the money may need to be earned, Some of the money may be used for Administration. ACH convening 17/18th of November in Seattle, expect to hear about the waiver.	Brent agreed to join Roy, Elya, and Siri at ACH Convening in Seattle on November 17-18.

		4 key questions: 1. How much money will be available to be earned by the OCH 2. How may we use this funding to build administrative supports and structures? 3. What and how many projects are in the tool kit? 4. Where will we get real time data to select projects, gauge success, and hold one another accountable. CMS is investing in the ACHs – need to figure out exactly what it means to get money return. It was noted that Medicaid Waiver funds cannot be used for capital. WA has never had Medicaid under the 1115 waiver, which is why the process is taking so long.	
Hilary Whittington	**Financials**	Reviewed: 2016 Projected Spend to Date Revised projected 2016 budget Proposed 2017 Budget: Revenue (needs approval) $723k revenue Proposed 2017 Budget: Expenditures: $375k Finance Committee Charter Members don't all need to have financial background, and executive leadership experience welcome.	2017 Budget **APPROVED** unanimously. Financial Committee charter **APPROVED** unanimously.
Roy Walker	**Board Makeup**	Proposed motion: Authorize the ED to approach committee members or other engaged partners that represent each proposed sector. Follow the policy for new members approved June 1, 2016 ACH Decision making Expectations – HCA -recommendation or mandate that 51% of Board are non-clinical, non-payer participants. Need more info from HCA what "Nonclinical means"	Eric proposed we table adding new members until January 2017. Motion to table until January 2017 **APPROVED** unanimously.
Roy Walker	**Conflict of interest policy**	Similar to CPAA and AIHC. Change to "if there is a direct compensation conflict."	Conflict of Interest Policy **APPROVED** unanimously with changes noted

		Noted "Conflict only exists if the board determines it exists." Board will self-monitor, and if it doesn't work, the policy will be modified.	during meeting discussion.
Caitlin Safford	**OCH Transition**	Transition team met to discuss what OCH could look like as its own entity. Key concern: Who is the employer of record? 2 Potential Host Organizations: 1. Jamestown S'Klallam Family Health Clinic (under $10k) 2. Jefferson HealthCare (under $10k/yr total cost, fee would go up with more people).	OCH Transition Plan **APPROVED** unanimously.
Elya Moore	**Important Dates**	New Board meeting time – 2nd Mondays, starting December 12. Three county opioid summit, January 30 ACH convening, Nov 17-18 End 10:15AM	
Roy Walker	**Adjourn**	The meeting adjourned at 10:15 am.	
Sam Magill Facilitator	**Facilitation** **Toward agreeing on the purpose of the OCH**	Notes will be provided in a separate hand out.	
	Closing	Retreat ended at 1:30 pm.	

Summary: Healthier Washington Pre-Draft Transformation Project Toolkit
Original developed by: Greater Columbia Accountable Community of Health

Olympic Community of Health, November 2016



REQUIREMENTS:

REQUIRED PREREQUISITE TASK: **Complete a Regional Health Needs Inventory**

- **Purpose:** The RHNI is a vital component of the planning process, as it provides the information necessary to design the initiatives to their maximum benefit, by tailoring them to the unique needs and circumstances of the communities in which the projects will be implemented. The HCA will package and provide relevant information to the ACHs from various statewide data sets, to the fullest extent possible, to populate the RHNI. ACHs will need to fill in gaps in data using local data and complete an environmental scan. The ACH may rely on previously completed inventories or assessment to meet this requirement.
- **Content:** (1) Description of the region's population health & (2) Description of the current health care and community service system capacities.

REQUIRED FOCUS AREA #1 (Domain 1): **Financial Sustainability through Value Based Payment**

- **Purpose:** Paying for value across the continuum of Medicaid services is necessary to assure the sustainability of the transformation projects undertaken through the Medicaid Transformation Demonstration. The goal of this Focus Area is to have 90% of state payments tied to value by 2021.
- **Requirements include:** Creating a **Regional VBP Transformation Plan** and a **Regional VBP Transformation Report** and implementing **VBP Strategies.**

REQUIRED FOCUS AREA #2 (Domain 1): **Workforce**

- **Purpose:** Improve and sustain alignment between health services workforce capacity and community health needs. Workforce transformation will be supported through the provision of training and education services, hiring and deployment processes, and integration of new positions and titles to support transition to team-based, patient-centered care and ensure the equity of care delivery service across populations.
- **Requirements include:** Creating and implementing a **Workforce Transformation Plan**.

REQUIRED FOCUS AREA #3 (Domain 1): **Systems for Population Health Management**

- **Purpose:** Develop interoperable health information technology (HIT) and exchange (HIE) infrastructure to capture, analyze, and share population health data, including combining clinical and claims data to advance VBP models. The HCA is developing Washington Link4Health Clinical Data Repository (CDR).
- **Requirements include:** Creating and implementing a **Population Health Management Capacity Transformation Plan.**

REQUIRED PROJECT #1 (Domain 2) **Bi-Directional Integration of Care and Primary Care Transformation**

- **Purpose**: This project will advance Healthier Washington's initiative to bring together the payment and delivery of physical and behavioral health services for people enrolled in Medicaid, through managed care.
- **Requirement 1:** Select 1 of the following evidence-based approaches to integrate BH into Primary Care Setting:
  Option 1: Patient-Centered Medical Home (PCMH)
  Option 2: Collaborative Care Model (Core Principles defined by the AIMS Center of the University of WA)
  Option 3: Improving Mood- Providing Access to Collaborative Treatment (IMPACT) Model
- **Requirement 2:** Select 1 of the following approaches based on emerging evidence to integrate Primary Care into BH Setting:
  Option 1: Off-site, Enhance Collaboration
  Option 2: Co-located, Enhanced Collaboration
  Option 3: Co-located, Integrated
  (**Required** to apply core principles of the Collaborative Care Model (see above) to integration into the Behavioral Health setting)
  (**Also required to** (1) ensure each participating provider and/or organization is provided with, or has secured training and technical assistance, (2) implement shared care plans, shared EHRs and other technology, and (3) establish a performance-based payment model)

REQUIRED PROJECT #2 (Domain 2) **Community-Based Care Coordination**

- **Purpose:** This required project is an evidence-based model for establishing a Pathways Community HUB, a model for care coordination that includes adoption of standardized pathways, and establishment of centralized processes, systems, and resources to allow accountable tracking of those being served, and a method to tie care coordination work products or units to payment and to outcomes. The HUB leverages existing care coordination capacity, reduces that potential for duplication of efforts, and increases accountability. Alternatively, the ACH may establish a "HUB-like" centralized care coordination system that includes the core elements of the Pathways HUB model.
- **Evidence-based Approach**: Pathways Community HUB
  - **Includes the following pathways:** (1) Behavioral Health Pathway, (2) Immunization Pathway, (3) Medical Home Pathway, (4) Medication Assessment & Management Pathways, & (5) Smoking Cessation Pathway

REQUIRED PROJECT #3 (Domain 3) **Addressing the Opioid Use Public Health Crisis**

- **Purpose:** ACHs will support achievement of the goals outlined in Executive Order 16-09. This project aligns with the state opioid response plan and focuses on strategies under three of the plan goals, (1) Prevent opioid misuse and abuse by improving prescription practices, (2) expand access to opioid dependence treatment, and (3) intervene in opioid overdoses to prevent death
- **Recommended Approaches:**
  - **Clinical Guidelines:**
    - AMDG's Interagency Guideline on Prescribing Opioids for Pain
    - Substance use during pregnancy: Guidelines for Screening & Management
  - **Statewide Plans:**
    - 2016 Washington State Interagency Opioid Working Plan
    - Substance Abuse Prevention & Mental Health Promotion Five-Year Strategic Plan

REQUIRED PROJECT #4 (Domain 3) **CHOOSE at least 1 of these:**

- **Health Equity through Prevention and Health Promotion**
  - **Recommended Approaches:**
    - Chronic Care Model
- **Maternal and Child Health**
  - **Recommended Approaches:**
    - Nurse Family Partnership
    - Child FIRST
    - Recommendations to Improve Preconception Health and Health Care
    - Trauma-Informed Approaches to Care
- **Access to Oral Health Services**
  - **Recommended Approaches:**
    - Oral Health in Primary Care
    - Mobile/Portable Dental Care

Olympic Community of Health

OCH Strategic Planning and Alignment

Presented to the Executive Committee November 22, 2016
Presented to the Regional Health Assessment and Planning Committee November 29, 2016
Presented to the Board of Directors December 12, 2016

The purpose of this document is put forward a strawman for the 2017 OCH Strategic Plan that aligns with the Regional Health Needs Assessment and Medicaid Waiver Tool Kit and builds off of the Annual Retreat discussion of interdependencies.

OCH Purpose

To tackle health issues that no single sector or Tribe can tackle alone

OCH Vision

A healthier, more equitable three-county region

OCH Mission

To solve health problems through collaborative action

OCH Strategies

- Coordinate, convene, and engage people and organizations
- Perform regional health assessment and planning
- Promote integration, improvement, and transformation of care delivery
- Coordinate and support health improvement projects
- Collect, monitor, and analyze data to track performance and savings
- Identify strategies to sustain promising projects
- Advocate for policy change

OCH CORE VALUES

- **Health is local** and 90% of it is driven by factors outside of the health care delivery system.
- **Health care is local**. We rely on it. We receive high quality care, but at a high cost.
- We can **accomplish much more together**, across sector and county lines, together with the Tribal nations, than we can separately.
- Our success hinges on our ability to **address health equity through social determinants of health**.
- Show **community engagement through transparency and accountability**.

OCH *Strawman* STRATEGIC PRIORITIES *

1. Facilitate a three-county coordinated response to the opioid crisis *
2. Increase access to oral health services
3. Build out a locally owned and coordinated referral system to connect people with the support they need for their body, mind, mouth, and wellness (For example: connection to ABCD; advance care planning/honoring choices; programs to support healthy children and families) *
4. Broker new collaborative partnerships and invest in existing partnerships between and within organizations, sectors and Tribes to provide bi-directional, whole-person care *
5. Coordinate a tri-county effort to identify new and build on existing strategies that will increase the availability of affordable, supportive housing in the region
6. Support local networks working to address obesity
7. Cultivate strategic partnerships with payers to support above priorities

** Required under the Waiver Tool Kit Pre-Draft*

TABLE 1. OCH REGIONAL HEALTH PRIORITIES

ACCESS	AGING	BEHAVIORAL HEALTH	CHRONIC DISEASE	EARLY CHILDHOOD
A continuum of physical, behavioral, and oral health care services are accessible to people of all ages and care is coordinated across providers.	Aging adults and their caregivers are safe and supported.	Individuals with behavioral health conditions receive integrated care in the best setting for recovery.	The burden of chronic diseases is dramatically reduced through prevention and disease management.	Children get the best start to lifelong health and their families are supported.
HEALTH EQUITY AND SOCIAL DETERMINANTS OF HEALTH				

TABLE 2. CROSSWALK WAIVER WITH OCH REGIONAL HEALTH PRIORITIES

	WA State Medicaid Transformation Waiver Project Categories	ACCESS	AGING	BEHAVIORAL HEALTH	CHRONIC DISEASE	EARLY CHILDHOOD
DOMAIN 1	**Health Systems and Community Capacity Building**					
	• Financial sustainability through value-based payment*	x				
	• Workforce *	x	x	x	x	x
	• System for Population Health Management *	x	x	x	x	x
DOMAIN 2	**Care delivery redesign**					
	• Bi-directional Integration of Care and Primary Care Practice Transformation *	x		x	x	
	• Community Based Care Coordination *	x	x	x	x	x
	• Transitional Care		x	x	x	
	• Diversion Intervention		x	x	x	
DOMAIN 3	**Prevention and health promotion**					
	• Chronic Disease Prevention	x	x	x	x	x
	• Maternal and Child Health	x		x		x
	• Access to Oral Health Services	x			x	x
	• Addressing Opioid Use *	x		x	x	

* Required activities

TABLE 3. CROSSWALK SUBMITTED OCH PROJECT PROPOSALS WITH OCH REGIONAL HEALTH PRIORITIES

Project Title	ACCESS	AGING	BEHAVIORAL HEALTH	CHRONIC DISEASE	EARLY CHILDHOOD
1. Ready for Kindergarten					x

2.	Behavioral Health Student Assistance Services	x		x		x
3.	Olympic Peninsula Coordinated Opioid Response	x		x		
4.	Family Fit Camp				x	x
5.	Kitsap Aging SAIL (Stay Active and Independent Living) Project		x		x	
6.	Improving Health Through Connections: Increasing community health worker capacity	x		x	x	x
7.	Investing in the Health of Future Generations	x		x	x	x
8.	Child Check					x

TABLE 4. WAIVER BY OCH INTERDEPENDENCIES* (*Interdependencies defined from the 11/7 Annual Retreat*)

	Alignment of OCH Interdependencies with WA State Medicaid Transformation Waiver Project Categories	**Interdependency between Sectors and/or Tribes in the OCH**
DOM	**Health Systems and Community Capacity Building**	
	• System for Population Health Management *	• Local health information exchange
DOMAIN 2	**Care delivery redesign**	
	• Bi-directional Integration of Care and Primary Care Practice Transformation *	• Well-funded, fully integrated behavioral health system that includes early intervention
	• Community Based Care Coordination *	• Better coordination of care to avoid unnecessary duplication of services
	• Transitional Care	• Interdisciplinary, coordinated, social safety approach to support those who are struggling the most • Identifying shared population of those who are struggling the most and share resources to support them
	• Diversion Intervention	
DOMAIN 3	**Prevention and health promotion**	
	• Chronic Disease Prevention	• Chronic disease prevention and management across the lifespan, including home visiting, intentional consumer engagement that may include advance care planning, immunizations, and aging safely in place • Breaking cycles of intergenerational health and socioeconomic problems
	• Maternal and Child Health	
	• Access to Oral Health Services	• Addressing oral health challenges across systems of care
	• Addressing Opioid Use *	• Addressing the opioid crisis

**** Identified interdependencies by asking these questions:***

- *What is possible that would not have been possible without the OCH?*
- *What is our worst fear? For example: If we can't solve this, the really bad thing that can happen is…*

INTERDEPENDENCIES BROADER THAN THE WAIVER

- Affordable, supportive housing
- Mutual agreement on baseline of funding, services, and infrastructure needed to have a high quality health care system
- Learning, understanding, and embracing the cultural aspects of providing care
- Identify policy issues that require a collective voice
- Develop system capacity for people with complex health conditions (e.g., respite care)

OCH Three County Coordinated Opioid Response Steering Committee Charter

Members

	Name	County	Agency or Affiliation
1	Chris Frank, MD, PhD cfrank@co.clallam.wa.us	Clallam	Clallam County Health Officer Emergency medicine, Primary care
2	Susan Turner, MD, MPH susan.turner@kitsappublichealth.org	Kitsap	Kitsap County Health Officer
3	Tom Locke, MD, MPH tlocke@co.jefferson.wa.us	Jefferson	Jefferson County Health Officer Provider
4	Josh Jones, MD jwjones@olympicmedical.org	Clallam	Olympic Medical Center Psychiatry and Specialty Care
5	Joe Mattern, MD jmattern@jeffersonhealthcare.org Tina Herschelman therschelm@jeffersonhealthcare.org	Jefferson	Jefferson Healthcare Hospitals
6	Charlie Aleshire Charlie.Aleshire@harrisonmedical.org	Kitsap	Harrison Medical Center Emergency Care and Urgent Care
7	Anders Edgerton aedgertn@co.kitsap.wa.us	Region	Salish BHO
8	Wendy Sisk wendys@peninsulabehavioral.org	Clallam	Peninsula Behavioral Health Mental Health/Behavioral Health
9	Stephanie Diltz stephanied@peninsulabehavioral.org	Clallam	Consumer
10	David Beck, MD davidlbeckmd@gmail.com	Kitsap	Primary Care, OUD, MAT (Tribal clinic experience)
11	Doug Baier baierdoug@hotmail.com	Kitsap (Bremerton)	Bremerton Fire Department EMS
12	Chief Mike Lasnier mlasnier@suquamish.nsn.us	Kitsap	Suquamish Police Department Law Enforcement
13	Julie Keegan Jkeegan2@co.clallam.wa.us	Clallam	Correctional Nurse
14	Kristin Schutte schuttek@oesd114.org		OESD 114 Schools/Youth
15	Sara Marez-Fields smarez-fields@agapekitsap.org	Kitsap	SUD Outpatient Provider
16	Liz Mueller lmueller@jamestowntribe.org	Clallam	Jamestown S'Klallam Tribe Elected Tribal Official
17	Charlotte Garrido cgarrido@co.kitsap.wa.us	Kitsap	Elected County Official
18	Kathleen Kler kkler@co.jefferson.wa.us	Jefferson	Elected County Official
19	Mark Ozias mozias@co.clallam.wa.us	Clallam	Elected County Official
20	Stephanie Diltz stephanied@peninsulabehavioral.org	Clallam	Lived Experience

OCH Opioid Project Steering Committee Purpose

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

Steering Committee Operating Principles

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

Responsibilities

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

Timeline

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

Olympic Community of Health

Board Member Commitments and Operating Procedures

Board Members

Board Members serve as the representatives of their respective sectors for the three-county Olympic Community of Health (OCH) region or of their respective Tribe.

Alternate Members

Each Sector may designate one Alternate Member to serve in the absence of such sector's Board Member. The Alternate Member serving in the stead of a Board Member shall have the same rights, privileges and responsibilities as such Board Member. Only Alternate Members who are properly registered on the list of Alternate Members held by the OCH Secretary shall have the right to vote and to participate in Board deliberations.

This procedure does not apply to Tribes, who may choose alternates at will.

Managed Care Organizations

Managed Care Organizations (MCOs) are allotted one voting Board Member and may choose to rotate their designated Board Member. The MCO rotation system may define term limits to be less than, but not more than, the term limits specified in the bylaws. MCOs are also entitled to designate an Alternate Member.

Communications

Board Members are responsible to communicate with other members of their sector or Tribe to ensure effective information flow to and strong engagement on matters related to the OCH. Members bring the experience, expertise and perspective of their sector; they do not represent their personal views or their organization's interests alone:

- All members are expected to proactively solicit the input and perspectives of other organizations
- within their sector
- All members will provide regular updates/feedback loops to interested organizations in their sector on the OCH's work
- All members will serve as spokespersons for the OCH
- Members will disclose any substantive differences of opinion or disagreements within their sector on decisions to the Board of Directors

Confidentiality

Board members are reminded that confidential financial, personnel and other matters concerning the organization, donors, staff or clients/consumers may be included in board materials or discussed from time to time. Board members should not disclose such confidential information to anyone.

Participation

Participation and attendance at board meetings is a board a high priority. Board Members are expected to be prepared to discuss issues and business, having read background material relevant to the topics at hand.

- Members regularly attend OCH Board meetings and stay current on OCH activities
- If a Member is unable to attend a board meeting s/he will send the Alternate who is granted full decision making authority
- A member no longer able to actively participate will notify the board and/or executive director
- Members take responsibility for and follow through on agreed upon assignments

- Members abide by Board policies

Conduct

Board members are expected to act in the following manner:

- Exercise the duties and responsibilities of their positions with integrity, collegiality, deep respect and care
- Cooperate with and respect the opinions of fellow Board Members, and leaving personal prejudices out of all board discussions, as well as support actions of the Board even when the Board Member personally did not support the action taken
- Represent the OCH in a positive and supportive manner at all times and in all places
- Show respect and courteous conduct in all board and committee meetings
- Refrain from intruding on administrative issues that are the responsibility of management, except to monitor results and ensure that procedures are consistent with board policy

Dated: _____ Signed: _____

Print Name: _____

Title: _____

Personnel Policies

Created December 5, 2016

Reviewed by the Board of Directors December 12, 2016
Originally Adopted Month, Day, Year

Employees who have questions or concerns about these policies should contact their immediate supervisor or Executive Director.

Retaliation is prohibited

The Olympic Community of Health prohibits taking negative action against any employee for reporting a possible deviation from this policy or for cooperating in an investigation. Any employee who retaliates against another employee for reporting a possible deviation from this policy or for cooperating in an investigation will be subject to disciplinary action, up to and including termination.

TABLE OF CONTENTS

Contents

These policies are a guide to employment at the Olympic Community of Health, which is called the OCH, the organization, we, and/or the agency in these policies. These policies include all departments of the OCH.

100 INTRODUCTION:

101.1 Our Vision for our Internal Operations

The OCH has a critical mission in our region. To fulfill that mission, we strive for an effective and collaborative work environment in which all of us in the agency can perform our jobs creatively and effectively. The OCH promotes an environment of safety, trust, professionalism, respect, accountability, and personal and professional growth.

102.1 Purpose and Applicability

Definition: Policies are broad philosophical guidelines set by the agency's Board of Directors.

1. These policies are intended to promote the OCH's mission, vision, and objectives throughout program operations and in dealing with personnel.

2. These policies are broad and general guides to employment at the OCH. Agency work rules may also be formulated to further define and describe various policies in more detail. These policies are not statements of how specific situations will be handled and should not be read with that degree of specificity. All employees are encouraged to consult their supervisor or the Executive Director if they have questions about policies.

3. OCH policies are intended to comply with all applicable federal, state and local laws. If any portion of these policies ever conflicts with a law, rule, or regulation that applies to the OCH, the legal requirement will take precedence over the policy.

4. These policies apply to all classifications and to all employees of the OCH. Because the employment relationship between the agency and the Executive Director is unique, this position shall be exempt from the policies.

5. No supervisor or other representative of the agency is authorized to make any representation to any employee which is inconsistent with these policies, unless it is in writing and signed or ratified in advance by the Executive Director and the Board of Directors.

103.1 Implementation

1. Basic policy for the agency is established by our by-laws and amplified by these policies.

2. The Board of Directors is ultimately responsible for all personnel action within the agency. The Executive Director has the authority and responsibility to act on the Board's behalf regarding policy implementation, and although much authority and many responsibilities may be delegated, the Executive Director is ultimately responsible to the Board for the effective and proper management of the agency.

104.1 Review and Revision

These policies are reviewed annual and updated if needed. The Executive Director and HS/EHS/ECEAP Policy Council will review and recommend updates to the OC Board of Directors for final approval. Employees will be notified when policies are updated. Changes will be effective immediately unless the revision states otherwise. Employees should notify their immediate supervisor of any questions or problems resulting from a revision to policies.

200 EMPLOYMENT CLASSIFICATIONS:

201.1 Regular Positions

Most positions within the agency are defined as "regular" positions, which are designed to fill ongoing needs at the agency. The specific requirements of various positions may change from time to time, and the individuals who fill these positions may change. Employees who work in regular positions are hired and paid by the agency, entitled to all applicable agency compensation and benefits (see Sections 600 and 700), and subject to all agency policies.

202.1 Temporary Positions

1. Temporary positions are utilized for defined periods as needed, at peak workload periods, or for special projects. Employees filling temporary positions are hired and paid directly by the agency. Temporary positions are limited to a period of 6 months. Employees who work in these jobs are subject to all applicable agency policies, and are entitled to certain benefits (see Sections 600 and 700).

2. An employee that is hired into a temporary position working 20 hours or more per week, and later accepts the same or a similar regular position without a break in employment will retain the original hire date for certain benefits eligibility.

203.1 Acting / Interim Appointments

Acting appointments are temporary appointments made in an emergency, due to the absence or resignation of an employee, or during a workload peak. The Executive Director and/or Board of Directors will appoint individuals to acting appointments, and will determine the compensation and terms of service for acting appointments.

204.1 Contingent Positions

Contingent positions provide services for special programs and projects not covered by or budgeted

for regular or temporary positions. Contingent positions include on-call employees, federal and state funded work training programs, volunteers, education based interns, work-study students, persons employed through temporary employment services, and leased employees. Services from contingent workers may be extended as needed by the agency.

Persons in contingent positions do not qualify for agency benefits. OCH policies regarding hiring and compensation do not apply to these positions, but persons filling contingent positions must comply with OCH standards of professionalism and conduct and all applicable policies while working for the OCH.

205.1 Full-time Positions

Full-time positions are those for which the normal workweek is 40 hours per week. Persons who work full-time are entitled to all applicable agency benefits within their employment classification.

206.1 Part-time Positions

Positions are considered part-time when regularly scheduled for less than 40 hours per week. Applicable agency paid leave benefits will be prorated in proportion to hours worked for employees in these positions who work 20 or more hours per week, but less than 40 hours per week.

207.1 Exempt and Non-Exempt Positions

1. "Exempt" means that a position is not covered by federal and state laws, which require overtime compensation. Primary responsibilities of these positions are defined by federal and state labor regulations, and include duties such as management, supervision, hiring, planning, outside sales, or specialized instruction. Determination of whether or not a position is exempt is made on an individual basis because the laws and regulations are complex.

2. All positions that do not meet the legal criteria required to qualify as exempt (see above) are non-exempt. Employees in non-exempt positions are entitled to compensation for overtime hours.

300 PERSONNEL ADMINISTRATION, RECRUITMENT, SELECTION, AND HIRING:

301.1 Equal Opportunity Employer

The OCH is committed to providing equal opportunity under the law; we do not tolerate unlawful discrimination of any kind. We are committed to assuring that considerations of race, color, national origin, religion, gender, gender identification, sexual orientation, pregnancy, age, disability, military status, or family responsibility status shall not form the basis for any employment decision. Whenever possible, we are committed to determining reasonable accommodations for staff and applicants with disabilities and to full compliance with all discrimination laws.

302.1 Affirmative Action

1. We monitor our employment practices to ensure that all aspects of employment with our agency, including recruitment, hiring, selection, promotion, job assignment, pay, fringe benefits, working conditions and all other conditions of employment, are fair and unbiased.

2. We are committed to ongoing assessment of agency policies and practices and their effects, to assure that policies and practices prevent discrimination and promote diversity and sensitivity throughout our agency.

303.1 Employment At Will

1. The OCH retains the flexibility to make personnel decisions which best serve the needs and responsibilities of the agency, even if those needs may conflict with the interests of individual employees. At the same time, we are committed to an accessible and open dispute resolution and appeal procedure, which gives employees maximum opportunity to have their concerns and disputes heard within the agency.

2. To further these commitments, the OCH adheres to the "employment at will" doctrine, which allows both the agency and each agency employee to terminate the employment relationship at any time and for any reason, as long as the reason is not an unlawful one. The agency recognizes that dismissal of one of its employees is a serious matter, one which should be very carefully considered. To assure that these matters are most carefully considered, the Executive Director must approve all proposed dismissals of employees. If the employee disagrees with the termination decision, he/she will have an opportunity to make their position known to the management of the agency and to its Board of Directors, through the procedures described under section 1000.

3. The policies and procedures for dispute resolution regarding dismissals and other issues are described in detail under Section 1000. Underlying all these policies and procedures is the belief that employees have a basic right to have their disputes heard within the agency, without fear of interference, restraint, coercion, orretaliation.

304.1 Accommodation of Disabilities

1. The OCH is committed to the principles of federal and state laws requiring employment of people with disabilities. We will comply with those laws and assure that applicants and employees receive reasonable accommodation for disabilities that would otherwise prevent them from adequately performing theirjobs.

2. In order for the agency to make reasonable accommodation, employees must inform us in writing about the need for accommodation and the kind of accommodation required.

305.1 Recruitment, Selection, and Hiring

1. The OCH is committed to providing an effective and lawful recruiting, screening, interviewing, and selection process, and to hiring individuals upon the basis of their qualifications and ability to

do the job to be filled.

2. To enhance the employment opportunities of our employees, interns and volunteers, the agency supports promotion and transfer from within the agency when appropriate. Notices of vacancies will be given to current employees, interns, and volunteers so that qualified candidates can apply for the position.

The decision to post positions internally or internally and externally is left to the Executive Director's discretion.

In some cases, a position may not be posted. When a position is redefined as the result of a restructure or a reclassification, it will not be posted. In these situations, a current job description is revised, adding or deleting responsibilities but leaving the majority the same. As such, a vacancy is not being filled; a position is redefined to better meet the needs of the department.

In some cases, an open position may be filled on a temporary basis without a recruiting process. This is the exception in times of immediate need. Temporary positions may last up to a maximum of six months or 1040 hours, whichever comes first. Once the position changes to "regular" status, a recruitment process is completed internally at a minimum. The temporary employee may apply for the position.

3. The Executive Director is the official appointing/hiring authority for all employees (except for the Executive Director position). The Executive Director may delegate the selection and hiring duties, but may not delegate the responsibility for approving dismissals, suspensions, or layoffs.

306.1 Record Keeping and Confidentiality

1. Personnel records are kept in order to maintain employment-related information and comply with government record keeping and reporting requirements.

2. The OCH recognizes the importance of confidentiality in record keeping, both for the integrity of individual staff members and for agency programs and administration. For this reason, we maintain a personnel record keeping system that is as confidential as possible. Only human resources staff, supervisors and others with an employment-related need-to-know may inspect the file of an employee. Records may also be inspected or released by subpoena or other legal process. Individual employees are expected to provide information necessary to update their records, and may inspect their own personnel records by advance written request to the Executive Director.

307.1 Executive Director Succession Plan

1. To ensure continuous coverage of executive duties critical to the business and operations of the OCH, the Board of Directors (Board) is adopting this plan to prepare the organization for the absence or departure of the Executive Director (ED) on a planned or unplanned basis.

The Board will assess the leadership needs of the OCH to select a qualified and capable leader who is aligned with the mission, vision and goals and who has the necessary skills and competencies. In

the case of an unplanned absence or departure, the Board may appoint interim leadership while it conducts a search for a replacement. The Board's Executive Committee will be primarily responsible for the process described in this plan, with disclosure to, and ratification by, the full Board.

Unless there are very specific circumstances that dictate otherwise, the Board will conduct an internal/external search process to replace the ED. A competitive and thorough search will ensure the best candidate for the job will be chosen.

Planned Replacement
If the ED gives advance notice to the board that s/he will be leaving at a specific time in the future, the Executive Committee of the Board will establish a Recruitment Committee of at least three board members to oversee the hiring process. The committee may work with an external consultant to formulate a plan and a timeline that may include staff and community participation. The current ED may serve as an advisor to the committee at times; s/he will not be directly involved in the process or the decision making. The hiring process will be conducted early enough (3 – 6 months) to allow for adequate training time before the incumbent ED departs. The Board may elect to retain the outgoing ED in a consulting capacity to provide guidance as requested by the successor ED.

Unplanned Replacement
If the ED is incapacitated or unexpectedly departs, the Board will unilaterally appoint an interim ED. It is presumed the interim ED will not be a candidate for the permanent position, although the Board has discretion to allow such an appointment.

The interim ED will be responsible for ensuring the OCH operates without disruption and responsibilities of the ED position will be adequately executed, including but not limited to: reports due, contract negotiation and execution, financial decisions, Board communications, and obligations to clients and staff.

Within 15 business days, the Executive Committee of the Board will establish a Transition Committee of at least three board members to determine next steps. The committee will work with OCH directors to examine and consider:

- A communication plan for staff, key stakeholders and the community
- The status of the agency with a focus on the budget and the strategic plan
- The need for external consulting assistance
- A timeline for transitioning into the recruitment phase
- The role of the administrative staff in the process

400 CONDITIONS OF EMPLOYMENT:

401.1 Date of Hire

The date of hire of all employees shall be their most recent date of hire. For purposes of benefit calculation and eligibility, previous periods of employment will not be considered except for employees whose previous "regular" employment ended within the previous year due to a lack of

work/funds layoff or similar circumstances, which do not involve fault or voluntary resignation of the employee. If applicable, last hire date will be adjusted by “non-worked” hours in the previous year.

402.1 Introductory Period

1. The first six months to one year of employment in a position will be considered an introductory period. Specific duration may vary by program. During the introductory period, both the employee and the agency may carefully consider whether the employment relationship is mutually beneficial.

2. The introductory period is a time of learning and orientation. Employees are encouraged to ask questions and seek feedback about their performance during the introductory period. The employee's work performance may be evaluated in more detail and with more frequency during this time.

3. At the beginning of each new position, employees will enter a new introductory period.

403.1 Performance Review

1. The OCH is dedicated to providing a mutually beneficial process for helping our employees and programs provide the best services possible for our clients. We want to help our employees do their jobs to the best of theirabilities.

2. Regular performance reviews will be conducted for most positions, designed to spur discussion of an employee's strengths, accomplishments, potential growth and improvement areas, as well as specific performance-related goals or work plans. Any employee who has not received an evaluation within the past year, or who has questions about his or her performance, may request a performance evaluation at anytime.

404.1 Confidentiality

1. We expect all our employees, interns, volunteers, and contractors to conduct themselves in a manner that supports and contributes to the OCH's objectives. Conduct that is a hindrance to any employee's effective work performance or credibility or to the agency's mission, vision or functions, may result in disciplinary action or termination.

2. From time to time nearly every employee of the OCH will learn or have access to information that is sensitive and/or confidential. Examples of confidential material would include personal information about patients, clients or others with whom we work; medical or personal information about coworkers, financial information about individuals or about the agency itself, names of agency clients; and sensitive or personal information about the OCH, its staff and volunteers, or our clients. All this information is confidential, and none of it may be disclosed outside the OCH itself. Within the OCH, confidential information may be shared only when it is job-related or related to the operations of the OCH, and then may be shared only with supervisors or others who have a work related need to know theinformation.

3. Maintaining confidentiality is critical to our success as an agency and to our ability to help our clients and maintain their trust. Employees who have any question about confidentiality, whether related to their job or to some other aspect of the agency's operations, are urged to discuss the question fully with their supervisor.

4. When dealing with any confidential material, follow these guidelines:
Dispose of confidential documents only in recycling bins marked "CONFIDENTIAL." or shred immediately. Treat documents as confidential if they show anyone's name or Social Security Number, or contain financial, medical, statistical or other sensitive information.

5. Discuss material of a sensitive nature only with those who have a legitimate need to know. Information about the affairs of any agency client or member of their family may not be discussed outside of the office.

6. Do not disseminate or transmit lists or data outside of the agency unless you are certain that: there is a business requirement or other clear need for the material or information to be transmitted out of the agency, and that the confidentiality of the materials will be preserved by the recipient.

7. Besides personal information, you may also learn or be exposed to proprietary information about the operations of the agency which is not available to the general public. This information is the property of the agency. You may not disclose information about our data, products, business strategy, sales, finances or any other information that might help our competitors or damage our agency.

8. Employees' responsibility for maintaining confidentiality continues after employment ends. When your employment ends, you should be reminded of this fact, but even if that does not occur, be aware that breaches of confidentiality can be very damaging whether they are committed by employees, former employees, or others.

405.1 Anti-Nepotism

1. The OCH is committed to employment practices that do not place employees in potential conflict with members of their immediate family. The object of this policy is to avoid the conflict that may occur when employees who have family or family-like relationships work together. To avoid the work assignments that permit such a conflict, the agency has to know about the relationship. We expect employees to tell their supervisor if they are assigned to work with a family member or a person whose relationship is equivalent to that of a family member.

Definition: We recognize that "family" can be created by birth, marriage, or association. At a minimum, immediate family members include any of the following persons: husband, wife, domestic partners, father, father-in-law, mother, mother-in-law, brother, brother-in-law, sister, sister-in-law, son, son-in-law, daughter, daughter-in-law, step children, step parents, step brother, step sister, step-in-laws, aunts, uncles, or grandparents. People who share a residence will be considered the equivalent of family members.

2. No person shall hold a job over which a member of the immediate family exercises supervisory authority, directly or by virtue of service on a board or committee that oversees or may affect the job.

406.1 Outside Employment

Employees may engage in employment outside the agency only if that employment does not involve a conflict of interest, a conflict with the employee's duties, or any other potentially adverse effect on OCH operations. Employees are required to let their supervisors know about outside employment.

407.1 Gifts

Gifts are presents, money, or gratuities offered by people who could benefit from OCH action. Employees may not accept a gift from anyone, except for gifts of nominal value (not to exceed $25.00) given as a token expression of appreciation. Gifts greater than anominal value may be accepted on behalf of the agency but not by individual employees as personal gifts. Anyone who violates this policy will be required to return such items and may be subject to discipline or termination.

408.1 Smoke-Free Environment

Because the OCH is dedicated to providing a healthy and comfortable work environment, smoking is prohibited within all OCH facilities and vehicles.

409.1 Fragrance Sensitivity

Because the OCH is dedicated to providing a healthy and comfortable work environment, we ask that staff use restraint when applying perfume, cologne, etc. that could trigger another employee, client or visitor's asthma and/or allergies while performing agency business in our offices, vehicles, clients' homes and at off-site meetings.

410.1 Prohibition of Harassment and Discrimination

1. The agency is committed to preventing harassment and discrimination of any kind, and to addressing reports promptly and decisively to end it and prevent any recurrence. In order to keep these commitments, we must be made aware of harassment when it occurs. Employees who experience or observe harassment or discrimination are strongly urged to report the problem so that it can be addressed. Harassment and discrimination can occur to any person (employee, volunteer, client, contractor) that effects employment and access to our programs and services.

Definition: Unlawful harassment and discrimination is based on an individual's race, color, national origin, religion, disability, gender, gender identification, sexual orientation, sexual identity, age, military status, or any other factor prohibited by law. Harassment may be either physical or verbal in nature. It is a form of discrimination and is a basis for discipline up to and including termination of the harasser.

2. Reports of harassment or discrimination can be made verbally or in writing to the employee's supervisor or the Executive Director, whomever the employee feels the most comfortable in discussing the issue.

3. All allegations will be promptly and carefully investigated, and will be kept confidential to the maximum extent possible. No employee will be disciplined or retaliated against for having made a complaint, regardless of whether or not the complaint is found to havemerit.

Sexual harassment is a form of harassment, and it is unlawful discrimination. It can be physical or verbal in nature, and may include such conduct as repeated requests for a date or other social contact, advances or requests for sexual favors, display of visual materials that may be offensive to others, unwanted touching of another person, comments, innuendoes or jokes of a crude or sexual nature, or other similar conduct that:

- Is a basis for employment decisions like hiring, firing, pay, promotion orjob assignment,
- Interferes with the employee's work performance, or
- Creates an intimidating, hostile, or offensive workenvironment.

For more information concerning harassment and discrimination contact:
www.hum.wa.gov or www.eeoc.gov

411.1 Drug-Free Workplace

1. The OCH is committed to promoting a drug-free workplace.

Definition: "Workplace" includes any OCH facility, agency vehicles, and private vehicles while the driver is on agency business, and any other location at which an employee is working or acting on behalf of the agency.

2. Possessing, using or dispensing a controlled substance, including alcohol and marijuana, is prohibited in any OCH workplace. Violation of this prohibition will result in disciplinary action or termination.

412.1 Political Activity

1. Federal law (the Hatch Act) requires that the agency remain neutral and uninvolved in political activity. For this reason, agency activities will be neutral to partisan politics and will not use program funds, services, staff or other resources in a manner that supports or opposes any partisan or non-partisan political activity.

Last amended 9.23.94, the Hatch Act limits the political activities of employees "…whose principal employment activities are funded in whole or in part with Federal funds." The OCH is largely funded by federal funds

2. This rule applies only to agency activities and the people participating in those activities. Agency employees remain free to express political opinions and to engage in partisan and nonpartisan political activities as individuals, when they are not working or in no way can be perceived as representing the agency.

413.1 Computer Policy Statement

The OCH has the ability and authority to monitor any and all aspects of the computer system, including employee e-mail and personal use of OCH systems, for any reason. The computers and computer accounts are given to employees to assist them in the performance of their jobs. Employees should not have an expectation of privacy in anything they create, send, or receive on the computer. The computer and telecommunication system and the information generated or contained in that system are the property of the OCH.

414.1 Agency and Personal Cell Phones

At the discretion of the Executive Director, the OCH provides agency cell phones or cell phone stipends to be used for agency business conducted outside the workplace.

415.1 Workplace Safety

1. The OCH is committed to providing a safe and healthy work environment for all of its employees and complying with its obligations under WISHA.

2. Employees are responsible for working as they are instructed. Employees who intentionally break safety or health rules, policies or procedures, will be disciplined or terminated.

3. Within 24 hours employees must report all workplace injuries and accidents to their immediate supervisor along with completing an accident/illness report.

4. The OCH is mandated to report certain workplace accidents to OSHA annually.

416.1 Solicitation

1. While our work place may provide an attractive forum for other activities, our primary responsibility is our mission. Other activities may be considered intrusions by other employees and by visitors.

2. With the exception of agency-sponsored activities, solicitations, of any type including email solicitations, are not permitted, except in non-work areas during the non-work time of all involved. The distribution of any literature or other written material within work or client areas is prohibited. Non-employees are prohibited from soliciting or distributing literature on the OCH premises.

417.1 Professional Appearance

Staff will represent the agency in a professional manner to both the community. Clothing should be

clean, professional, fit properly, and be in good repair. If you have questions about workplace attire, please check with your supervisor.

418.1 OC Identification Badges

1. An identification badge with your name, photo and department will be issued to you on your first day of employment. Everyone is required to wear an ID badge in plain view while working, on site or representing the agency in the community.

2. Failure to wear your ID badge can lead to disciplinary action.

3. Upon termination, employees will be required to return ID badges as part of the exit process.

4. Temporary employees, volunteers and interns will be issued ID badges with or without a photo, depending on the length of the term of service with the agency. They are also required to wear their badges while working for or representing the OCH.

419.1 Weapon Prevention Policy

To ensure that the OCH maintains a workplace safe and free of violence for all employees and the people we serve, the organization prohibits the possession or use of perilous weapons on organization property or while performing work for the OCH. A license to carry the weapon does not supersede OCH policy. Any employee in violation of this policy will be subject to prompt disciplinary action, up to and including termination.

"Organization property" is defined as all company-owned or leased buildings and surrounding areas such as sidewalks, walkways, driveways and parking lots under the company's ownership or control. This policy applies to all company-owned or leased vehicles and all vehicles that come onto organization property.

"Dangerous weapons" include, but are not limited to, firearms, explosives, knives and other weapons that might be considered dangerous or that could cause harm. Employees are responsible for making sure that any item possessed by the employee is not prohibited by this policy.

OCH reserves the right at any time and at its discretion to search all company- owned or leased vehicles and all vehicles, packages, containers, briefcases, purses, lockers, desks, enclosures and persons entering its property, for the purpose of determining whether any weapon has been brought onto its property or premises in violation of this policy. Employees who fail or refuse to promptly permit a search under this policy will be subject to discipline up to and including a termination.

Anyone with questions or concerns specific to this policy should contact their supervisor.

420.1 Workplace Violence Prevention Policy

The OCH does not tolerate threats or acts of workplace violence committed by or against its

employees, volunteers, interns, contingent workers and/or property. The OCH strictly prohibits threats of or engaging in violent acts in the workplace. Domestic violence is included in this policy and has its own set of procedures to follow to ensure the safety of victims and coworkers.

NOTE: This is a zero-tolerance policy, meaning that the OCH disciplines or terminates every employee found or believed in good faith to have violated this policy.

421.1 Conflict of Interest

In the course of business, situations may arise in which an Organization decision maker has a conflict of interest, or in which the process of making a decision may create an appearance of a conflict of interest.

All employees have an obligation to:

1. Avoid conflicts of interest, or the appearance of conflicts, between their personal interests and those of the organization in dealing with outside entities or individuals,
2. Complete the agency conflict of interest form;
3. Disclose real and apparent conflicts of interest to the Board of Directors, and
4. Refrain from participation in any decisions on matters that involve a real conflict of interest or the appearance of a conflict.

422.1 Ethics

The OCH requires employees to observe high standards of business and personal ethics in the conduct of their duties and responsibilities. All employees are expected to comply with all applicable laws and regulatory requirements that affect the agency, department or their position. Unethical actions, or the appearance of unethical actions, are unacceptable under any conditions.

423.1 Whistleblower Protection

The organization will consider any reprisal against a reporting individual an act of misconduct subject to disciplinary procedures. A “reporting individual” is one who, in good faith, reports a suspected act of misconduct in accordance with this policy, or provides to a law enforcement officer any truthful information relating to the commission or possible commission of federal offense or any other possible violation of the Organizational Code of Conduct. All employees, officers, and volunteers are responsible for immediately reporting suspected misconduct to their supervisor or the Executive Director. When supervisors have received a report of suspected misconduct, they must immediately report such acts to the Executive Director or the Chair of the Finance Committee.

424.1 Copyright Statement

Employees of the OCH, may be, or may have been, from time to time involved in the creation of literary, dramatic, musical, artistic or other intellectual works in connection with their employment. Employees shall not claim copyright or other ownership interest in any such works, whether

published or unpublished. Any such copyright interest or other ownership shall be solely that of the OCH.

425.1 Employees who want to Volunteer

Employees who are non-exempt must be compensated for the hours they work in their own position or performing similar duties for other supervisors, etc.

500 WORK HOURS:

501.1 Regular Working Hours

1. Working days and hours may vary among employees, depending on each employee's job responsibilities.

2. Employees are expected to notify their supervisors of anticipated absences as early as possible, so alternative preparations can be made. Failure to provide proper notification of absence from work may result in the employee not receiving payment or credit for hours not on duty, disciplinary action, or termination.

3. Employees should report the actual hours they work on the actual date that the hours were worked.

502.1 Overtime Hours

1. Whenever possible, non-exempt employees should schedule working hours so that they do not exceed 40 hours in one work week. Definition of work week: Sunday through Saturday.

2. Employees who work in non-exempt positions are entitled to overtime pay at 1.5 times their regular hourly rate of pay if they work more than 40 hours in a work week.

3. Employees who hold a position covered by federal or state prevailing wage laws follow a set overtime schedule.

4. Employees are required to submit a request for overtime prior to working overtime hours. Failure to submit a request for overtime may result in discipline or termination.

600 COMPENSATION and BENEFITS:

601.1 Compensation

1. Compensation will be set to attract, retain and recognize qualified, effective staff. Criteria to be inform compensation level should include innovation, internal equity, external factors, program needs and agency resources.

602.1 Health Insurance

1. Eligible employees are offered $700 dollars per month each to purchase medical health coverage on their own.

2. Employees who work twenty hours or more per week and a minimum of 720 hours annually in a regular position are eligible for partial payment towards medical coverage.

3. This benefit ends the employees' last day of employment.

603.1 All other benefits

1. After three months of continuous employment, employees who work twenty hours or more per week and a minimum of 720 hours annually in a regular position are eligible to receive a cash contribution totaling 5% of their salary to contribute to the OCH sponsored retirement plan or to purchase Life and/or Long Term Disability Insurance.

2. This benefit ends the employees' last day of employment.

604.1 Mandated Fringe Benefits and Payroll Deductions

The OCH pays most of the costs of the following benefits, which are required by law, with the employee also contributing, in accordance with the law:

* F.I.C.A. (Social Security insurance);
* Workers Compensation coverage (for medical, pension, and time loss benefits for employees injured on the job),
* State Unemployment Compensation (unemployment insurance).

605.1 Continuing Health Care Benefits

1. The agency complies with COBRA (the Comprehensive Omnibus Budget Reconciliation Act of 1986, as amended), which permits continuing group coverage for employees and their qualified dependents when any of the following occur:

* Death of the employee,
* Termination from employment of the employee (other than for gross misconduct) or reduction of the employee's hours below 20 hours per week,
* Divorce or legal separation of the covered employee and her/his spouse,
* A dependent child ceasing to be dependent under the rules of the plan.

2. Continuing coverage is on a self-pay basis, with premiums due on or before the first day of each month of coverage. Eligible, covered employees and their dependents must notify us of their decision to elect COBRA continuation coverage within sixty days of the day coverage otherwise would end. COBRA premiums are retroactive, even though there is a 60-day window to elect coverage.

700 LEAVE AND HOLIDAYS:

701.1 Vacation

1. All regular 12 month, full-time, and part-time employees working 20 or more hours per week accrue vacation leave benefits beginning at the date benefits eligibility begins (or seniority date). Vacation leave is available for use after the successful completion of three (3) months of employment.

2. Vacation hours are posted* each pay period based on the hours worked by the employee and the number of calendar days in the month. *Accruals for hours submitted via timesheet are calculated on a daily basis. Full time employees' hours are calculated at 40 hours per week, and the hours worked by part time employees are pro-rated against a 40 hour week. The annual equivalency of the benefit is:

* Beginning with the employee's seniority* date until the day before their 9th year anniversary date, employees accrue the equivalent of 3 weeks (120 hours for a full time employee).

* Beginning with the 9th year anniversary date until the day before the employee's 12th year anniversary date employees accrue the equivalent of 3.5 weeks (140 hours for a full time employee).

* Beginning with the 12th year anniversary date accrue the equivalent of 4 weeks (160 hours for a full time employee)

3. Work schedules may require that vacation be taken during prescribed times for some employees. All vacation leave requires advance approval by the immediate supervisor and may be denied.

4. Employees may accrue vacation and carry entitlement over from year to year, to a maximum of 240 hours of vacation accrual.

5. Upon termination of employment or reduction of hours below 20 hours per week, eligible employees will be paid at their current hourly rate in effect for all hours of unused/accrued vacation entitlement up to a maximum of 240 hours.

6. Vacation leave does not accrue while an employee is on an unpaid leave of absence.

702.1 Paid Health Leave

1. All 12 month regular and temporary full-time and part-time employees who work 20 or more hours per week accrue health leave benefits after completing 3 months of employment*. Benefits for full-time employees are based on a 40-hour week and are accrued at an average rate of eight hours per pay period (96 hours per year for a full-time employee). Benefits for part- time employees are pro-rated against a 40-hour week. Health leave is available for use as soon as it is

posted/accrued.

** At hire, the equivalent of 6 months of accrued health leave will be posted.*

2. Health leave may be used by employees who are ill or who are caring for their immediate family members who are ill. It may also be used for health care appointments during working hours if after-work appointments cannot be scheduled. An employee who is absent from work for 5 or more consecutive days must submit a release from the treating physician approving the employee's return to work.

3. Employees may accrue time and carry it over from year to year until a maximum of 480 hours has been accrued.

4. Health leave does not accrue while an employee is on an unpaid leave of absence.

5. An employee who has accumulated the minimum required 240 hours of health leave may convert additional health leave hours to vacation hours at a rate of five hours health leave to two hours vacation leave. In no case, however, can the combination of "converted" health leave and vacation leave exceed 240 hours of vacation leave.

6. When an employee leaves the agency all accrued/unused health leave is forfeited. Forfeited health leave will be reinstated if the employee was laid off due to lack of work, reorganization, or funding, and returns to work within one calendar year from date of lay-off in a regular position working 20 or more hours per week.

7. When an employees' scheduled hours reduce to less than 20 per week allhealth leave is forfeited, unless the reduction of hours is in conjunction with an approved unpaid leave of absence. Forfeited health leave will be reinstated when the approved leave ends and the employees hours increase to 20 or more per week.

8. Staff may donate a portion of their health leave to our Compassionate Leave Program during semi-annual donation drives and/or at termination.

703.1 Holidays

1. All full-time and part-time regular and temporary employees (12 month and defined school year) working 20 or more hours per week are eligible for holidaybenefits.

2. The agency generally observes the same holidays as those observed by the State of Washington and/or the local school calendars. A schedule of10 paid holidays will be published annually.

3. Employees are not eligible for holiday pay if they are not receiving pay for any other reason during the pay period that the holiday falls in.

4. All 12-month employees in a regular position working 20 or more hours each week and who have completed 3 months of employment are entitled to one paid personal holiday during the

calendar year. Personal holiday leave must be scheduled in advance and approved by the employee's supervisor.

5. All employees that work 20 or more hours per week in a regular position are entitled to one additional personal holiday per year* for every five years of service, not to exceed five personal holidays in a given calendar year.

*Years of service will be calculated as of December 31st of the prior year.

6. Personal holiday hours are awarded to the employee at the beginning of the calendar year. If the employee's hours are increased or decreased, during the calendar year, the remaining personal holiday hours will be adjusted accordingly.

7. Unused personal holiday benefits will be forfeited at the end of the calendar year, if an employee's hours are reduced to below 20 hours per week, or attermination.

8. Holiday and personal holiday hours should be recorded asfollows:
Part-time staff = current FTE x 8 hours. Example: .5 FTE x 8 = 4.0 hour holiday Full-time non-exempt staff working 4/10 hour days = 10 hour holiday
All other full-time staff = 8 hour holiday

704.1 Rest Periods and Meal Breaks

1. The term "rest period" means to stop work duties, exertions, or activities for personal rest and relaxation. Rest periods are considered paid work time. Employees may be required to stay on agency premises during this allowed time. Ten (10) minutes of break time are given for each 4 hours worked.

Example: Employee works from 8:00 a.m. to 5:00 p.m. (time includes one hour of unpaid meal break), receives first break no later than 11:00 a.m. and second break no later than 4:00 p.m.

2. The term "meal break" means to stop work duties, exertions, or activities for nourishment, and relaxation. Meal Breaks are unpaid time of at least 30 minutes. Meal breaks must be allowed no later than 5 hours of worked time.

705.1 Lactation Support

The OCH provides reasonable break time for an employee to express breast milk for her nursing child for one year after the child's birth each time the employee has a need to express milk.

706.1 Family and Medical Leave

1. The agency is committed to following both state and federal laws regarding family leave. Family leave is available to all agency employees who have been employed for more than twelve months and who have worked at least 1250 hours in the previous twelve months.

2. Family leave time is unpaid, and may be taken for up to 12 weeks (26 weeks to care for wounded military service members) in a twelve-month period. Any accrued health leave for which

the leave qualifies, and any accrued vacation leave and personal holiday benefits may be used in addition to unpaid family leave, if needed.

3. Family leave may be taken for any of the following reasons:
    * pregnancy, prenatal care, birth of a child, care of newborn, placement of a child with the employee for adoption or foster care;
    * to care for the employee's seriously ill parent, spouse, domestic partner, sibling, or child;
    * for the employee to recuperate from or receive treatment for a serious health condition;
    * a "qualifying exigency" arising from a spouse, son, daughter, domestic partner, sibling or parent who is on active duty or called to active duty; or
    * to care for a spouse, son, daughter, domestic partner, sibling, parent or next of kin who is a wounded military service member or covered veteran.

4. Employees who take family leave will be reinstated to their former positions upon return from the leave, if possible. If that is not possible, these employees will be employed in a substantially similar position or in the position in which the employee would have been employed had s/he not been absent on family leave.

5. During FMLA leave, the agency will continue to pay $700/year to cover medical insurance premiums for the employee on the same basis it paid those premiums during the pay period before the FMLA leave began.

6. Certain employees work in positions which must be filled at all times because a lengthy absence would cause substantial and grievous injury to the operation of the agency. Employees in these positions are referred to as "key employees" in the Family and Medical Leave Act. These employees are eligible to take family leave, but might not be eligible for reinstatement at the end of the leave, if a replacement has been hired during their absence. These employees will be notified of their status, and of the fact that reinstatement might not be possible at the conclusion of the leave, when the employee first requests FMLA leave.

707.1 Pregnancy Disability

Employees who are eligible for Washington State Family Leave due to pregnancy are eligible for additional leave due to pregnancy related disability for the period of actual physical disability as certified by the employee's physician. Medical insurance premiums are not paid by the agency after the 12 week Federal FMLA leave has been exhausted.

708.1 Compassionate Leave

Donor:

Compassionate leave allows regular eligible employees to donate, on a completely voluntary basis, a portion of their accrued health leave to an account specifically designated for the purpose of covering a qualified regular employee who has a serious health condition that makes the employee unable to perform the essential functions of his or her job, who is eligible for FMLA benefits and has exhausted all vacation, health and any other forms of paid leave, and who is not eligible for workers compensation benefits. *Donations are accepted during semi- annual donation drives and*

at termination.

Recipient:
Compassionate leave allows eligible employees to receive, on a completely voluntary basis, paid time off benefits during approved FMLA leave for their own serious health condition once all accrued/posted paid time off has been exhausted (certain exceptions apply for absences pertaining to domestic violence and military service).

709.1 Emergency Closure
1. Emergency closure is defined as time the agency (or individual worksite) is closed to the public due to inclement weather, disaster, or other circumstances beyond control by the Executive Director or individual department director or their designee.

2. During times of emergency closure, employees may report to work if authorized to do so by their supervisor.

3. Employees must use accrued paid leave for work time lost due to an emergency closure. If the available accrued leave is less than the work time lost, the work time lost in excess of available accrued leave hours will be unpaid.

710.1 Unpaid Leave of Absence

1. Employees may request unpaid leaves of absence as needed from time to time. The total time away from the job may not exceed 18 weeks. Prior authorization may be required from the Executive Director if the request for unpaid time off is for more than three of the employees scheduled days. Employees should request leaves of absence as far in advance as possible to assist in planning. Requests for leaves of absence may be granted as requested, granted in a modified form, or denied, depending on the needs of the agency. No employee has an automatic entitlement to any such leave.

2. Unpaid leave of absence approved under this section is different from an FMLA leave and the employee's medical insurance contribution may end. If/when this happens, the end date is dependent on the length of the approved leave of absence. Continuation of any other elected benefits are dependent on the individual carriers policies at the time.

3. Vacation benefits must first be exhausted prior to unpaid leave status.

711.1 Public Service Leave

Employees who have obligations for short term public service such as military reserve training or jury duty will be granted leave with pay for up to one month, and unpaid leave thereafter. Any payment received by the employee for such service on days when the employee is receiving paid public service leave must be given to the OCH.

712.1 Bereavement Leave

Employees may use any available posted leave such as vacation, health and/or personal holiday(s). If paid time off is not available, an unpaid leave of absence may be approved. Once paid time off is exhausted the employee may be eligible for FMLA and compassionate leave.

800 DISCIPLINE AND CORRECTIVE ACTION:

801.1 Standards of Conduct and Performance

The OCH expects all employees to meet agency standards of conduct and performance, and also recognizes our responsibility to take action to correct behaviors that adversely affect our agency's ability work effectively or provide services to clients.

Definition of "Workplace" includes any OCH facility, agency vehicles, and private vehicles while the driver is on agency business, and any other location at which an employee is working or acting on behalf of the agency.

OCH prohibits taking negative action against any employee for reporting a possible deviation from these policies or for cooperating in an investigation. Any employee who retaliates against another employee for reporting a possible deviation from this policy, exercising their rights to benefits and/or for cooperating in an investigation will be subject to disciplinary action, up to and including termination.

802.1 Notification and Guidance

The OCH endorses a policy of notification, guidance, and discipline in which we attempt to provide employees with notice of deficiencies and an opportunity to improve. Certain types of behavior, non-performance, violation of agency policies or misconduct, however, are so serious that they warrant suspension, termination, or other action, regardless of whether or what prior discipline or warning has been given in the past.

900 EMPLOYMENT TERMINATION:

901.1 Date of Termination

1. For both voluntary and involuntary types of termination the last day worked is the date of termination unless the employee has been in an approved leave of absence or the termination is due to job abandonment.

902.1 Notice of Resignation

Employees are free to resign at any time. All employees are expected to give at least two weeks' (10 working days) notice, and supervisors and management employees are requested to give at least four weeks' notice whenever possible. Failure to give written notice will forfeit the employees accrued vacation time and may result in ineligibility for re-employment and will remain a part of the employee's personnel records at the agency.

903.1 Dismissal of Employees

For information concerning employment at will, please refer to section 303.1

904.1 Abandonment

An employee who is absent from his/her position for three consecutive workdays without notice to the supervisor may be considered to have abandoned his/her position, which constitutes termination. The termination is effective immediately, and may be confirmed to the employee by registered letter sent to the employee's last known address.

905.1 Pay at Time of Separation

1. Employees will be paid for all hours worked and any accrued vacation time with their last paycheck, to be processed with the next regular payroll after the employee's last day of work. Any monies due to the agency from the employee will be deducted from the final pay, unless prohibited by law. If the employee did not provide the minimum notice of resignation, the employee will forfeit all accrued vacation time.

2. Unused health leave will not be paid to the employee, unless the employee has accumulated more than 240 hours of health leave and chooses to convert hours in excess of 240 to vacation hours at a rate of five hours health leave to two hours vacation leave. In no case, however, can the combination of "converted" health leave and vacation leave exceed 240 hours.

3. In accordance with the law (COBRA), employees may continue health care coverage on a self-pay basis, after separation from the agency. The OCH administrative staff will provide pertinent information, and employees must notify the agency of their decision to elect COBRA continuation coverage within sixty days of the day coverage otherwise would end.

4. In the event of the death of an employee, wages due the employee for work performed and unused vacation leave will be paid by the agency according to state and federal law.

5. "Separation" is defined as voluntary or involuntary termination of employment or reduction in work hours from 20 or more hours per week to less than 20 hours per week.

1000 DISPUTE RESOLUTION PROCESS:

1001.1 Concerns

Any employee who has a concern is encouraged to first use all available resources to resolve the matter informally, by following reporting guidelines, talking with the employee's supervisor(s), or consulting the Executive Director.

1002.1 Dispute Resolution

1. Employees who have completed their introductory period may use this dispute resolution

process to appeal agency policies, actions, or decisions, and to express serious work-related complaints to the agency for final resolution. This process may also be used for complaints of discrimination and/or harassment.

2. All steps of the dispute resolution process will be handled confidentially, to the fullest extent possible. All steps are considered formal and must be documented in writing.

3. Any employee who has a dispute must first attempt to resolve the dispute informally, as described in paragraph 1001.1 above unless doing so would be futile or inappropriate under the circumstances.

4. If informal resolution has not occurred, the employee must report the dispute in writing to her/his immediate supervisor within 10 working days of the event(s) giving rise to the dispute. The report should include a summary of the prior steps taken toward informal resolution. If the dispute involves the supervisor, it may be submitted to the supervisor's supervisor or the Executive Director. The supervisor/Executive Director will consider the dispute, attempt to resolve it, and provide a written decision to the employee within ten working days.

5. An employee who is not satisfied with the supervisor/director's resolution of the dispute may appeal the resolution within ten working days of the decision by submitting a detailed written statement of the circumstances of the dispute to the Executive Director. The supervisor will be notified of the employee's appeal and will be given an opportunity to submit a responsive statement to the Executive Director. A Staff Dispute Review Committee may be convened at the request of the Executive Director for the purpose of making a written recommendation to the Executive Director regarding the resolution of the dispute. The Staff Dispute Review Committee will consist of three staff members, one selected by the employee filing the dispute, one by the supervisor and one by the Executive Director. The Staff Dispute Review Committee will make a written recommendation to the Executive Director regarding resolution of the dispute within 5 working days of receipt of the dispute.

6. The Executive Director's decision should be made within ten working days of receiving the dispute resolution recommendation from the Staff Dispute Review Committee, unless circumstances warrant otherwise. That decision will be documented in writing and delivered to the employee and the supervisor or other involved person(s), if appropriate. The Executive Director’s decision will be final.

7. If the dispute initially involves the Executive Director, the Executive Committee of the board will review the case, make a determination and render a final decision. At the discretion of the Executive Committee the timeframes may be extended.