Olympic Community of Health

Agenda

Board of Directors Meeting

September 10, 2018, 1 pm to 3 pm

Location: Kitsap Regional Library; 700 NE Lincoln Rd, Poulsbo

Web: https://global.gotomeeting.com/join/937538149

Phone: +1 (872) 240-3311; **Access Code:** 937-538-149

KEY OBJECTIVES

- Budget authorization to continue the Olympic Digital HIT Commons Project through 2018
- Shared understanding of the Medicaid Transformation Project progress-to-date

AGENDA (Action items are in red)

#	Time	Topic	Purpose	Lead	Attachment	Page
1	1:00	Welcome Director Birch! Approve Agenda	Action	Roy Walker		
2	1:05	Consent Agenda	Action	Roy Walker	1. DRAFT: Board Minutes: August 13, 2018 2. DRAFT: OCH Personnel Policy 3. DRAFT: OCH Fiscal Policies and Procedures 4. Board Member Term Renewal 5. Executive Director's Report	1-3 4-33 34-46 47-48 49-52
3	1:15	OCH Financials	Information	Hilary Whittington	6. OCH Financials: January 2018-July 2018	53-56
4	1:20	Olympic Digital HIT Commons	Information Discussion Action	* See list below	7. DRAFT: Olympic Digital HIT Commons MOU 8. Olympic Digital HIT Commons Overview 9. SBAR: Budget Authorization -Olympic Digital HIT Commons	57-58 59-68 69
5	2:00	NCC Convening Summary Change Plan Update	Information	Lisa Rey Thomas JooRi Jun		
6	2:30	MTP Fund Allocation: First Installment	Information Discussion	Elya Prystowsky Dan Vizzini		
7	2:45	Board Retreat Update	Information Discussion	Elya Prystowsky		
8	3:00	Adjourn		Roy Walker		

Olympic Digital HIT Commons Presenters

Pilot partners: Kate Weller MD & Rick Hahn, North Olympic Healthcare Network; Kristina Bullington, Olympic Personal Growth

Statewide partners: Hiroshi Nakano, Director Value Based Care, UW Valley Medical Center; Aaron Tyerman, Deputy Chief, Puget Sound Regional Fire Authority; Matthew Morris, Fire Chief, Puget Sound Regional Fire Authority

Support: Elya Prystowsky, Executive Director, Olympic Community of Health; Rob Arnold, Director, Quad Aim Partners

Acronyms

HIT: Health Information Technology; MOU: Memoranda of Understanding; MTP: Medicaid Transformation Project; NCC: Natural Community of Care; SBAR: Situation. Background. Action. Recommendation.

Olympic Community of Health

Meeting Minutes

Board of Directors

August 13, 2018

Date: 08/13/2018	Time: 1:03pm-3:07pm	Location: Poulsbo Library

Chair: Roy Walker, *Olympic Area Agency on Aging.*

Members Attended In-Person: Anders Edgerton, *Salish Behavioral Health;* Andrea Davis, *Coordinated Care;* Andrew Shogren, *Suquamish Tribe;* Bobby Beeman, *Olympic Medical Center;* Hilary Whittington, *Jefferson Healthcare;* Jennifer Kreidler-Moss, *Peninsula Community Health Services;* Joe Roszak, *Kitsap Mental Health Services;* Gary Kriedberg, *Harrison Health Partner;* Katie Eilers, *Kitsap Public Health District;* Thomas Locke, *Jamestown Family Health Clinic/Jefferson County Public Health;* Vicki Kirkpatrick, *Clallam County Public Health;* Wendy Sisk, *Peninsula Behavioral Health;* Michele Lefebuve, *Quileute Tribe;* Tim Cournyer, *Forks Community Hospital;* Gill Orr, *Cedar Grove Counseling*

Members Attended via Telephone: Brent Simcosky, *Jamestown S'Klallam Tribe;* Libby Cope, *Makah Tribe;* Matthew Whittaker, *Lower Elwha Tribe*

Non-Voting Members Attended (includes Alternates): Laura Johnson, *United Health Care;* Jorge Rivera, *Molina;* Mike Maxwell, *North Olympic Healthcare Network;* Kat Latet, *Community Health Plan of Washington;* Susan Turner, *Kitsap Public Health District;* Caitlin Stafford, *Amerigroup;* Ford Kessler, *Beacon of Hope;* Scott Kennedy, *Olympic Medical Center (via phone)*

Guests and Consultants Maria Klemesrud, *Quails/DOH;* G'Nell Ashley, *Reflections Counseling;* Siri Kushner, *Kitsap Public Health District (Via Phone)*; Dan Vizzini, *Oregon Health & Science University*; Maureen Finneran, *ARCORA Foundation;* Glenn Puckett, *ARCORA Foundation;* Larry Thompson, *ARCORA Foundation,* Jolene Kron, *Salish Behavioral Health Organization;* Wayne Swanson, *Kitsap Recovery Center;* Clarissa Fatinos, *Health Care Authority;* Lindsay Anderson, *Cascadia Bountiful Life;* Amy Etzel, *Department of Health (via phone);* Mattie Osborn, *Amerigroup*

Staff: Elya Prystowsky, Grace McCallister, Margaret Hilliard, JooRi Jun, Miranda Berger, Lisa Rey Thomas, Daniel Schafer

Person Responsible for Topic	Topic	Discussion/Outcome	Action/Results
Roy Walker	**Welcome and Introductions**	- Meeting Called to order at 1:03 pm	**Agenda Approved**
Roy Walker	**Consent Agenda**	- Approval of Consent Agenda and minutes from July 9, 2018	**Proposed Motion** Approve consent agenda **Approved Unanimously with one correction**
Elya Prystowsky	**Fund Allocation Recommendation**	- Core measures are not what providers are asked to measure, but	**Proposed Motion**

		a foundation of what is suggested the providers invest in. Recommendations from Funds Flow Work Group: - Estimated Revenue: Hospital change plans appear as a regional allocation and is not depicted in the NCC/Provider table. - Criteria for Core Measures: Priority levels were reanalyzed, there was a strong preference that P4P was reached, along with measures of importance to individual sectors. - Core Measures: 14 Core measures were selected - Required Outcomes: Reviewing change plans to establish which outcomes with move core measures. Next Steps: - Behavioral health agencies to receive first payment to be based off encounters. - Primary Care Providers will receive first payments based on lives. - OCH will seek volunteer clinicians to ensure measures align with outcome core measures. - CP submissions – Implementation Partners may submit more than one type of CP, however; they must commit to required outcomes in all change plans.	Accept the recommendation from the Funds Flow Workgroup and direct staff to implement the funds flow model as set forth in the "S.B.A.R. Funds Allocation Recommendation" **Approved Unanimously**
Anders Edgerton Joe Roszak	**Integration Pilot Proviso**	- Pilot project proposal by SBHO will allow for a control group by the State of Washington to IMC - Purpose is to establish the effect of maintaining separate funding streams for BHOs and MCOS - Under pilot, SBHO would contract with physical health providers for mental health services to Medicaid patients - Background Statement to be corrected as Tribes have not been consulted on Pilot	**Proposed Motion** OCH to send Letter of Support to the County Commissioner in Support of Proviso. Vote- Yay: 3 (sectors: mental health, substance use disorder treatment, and behavioral health organization) Abstention: 1 (Tribe: Quileute) Nay: 9 **Motion Does Not Carry**

		- Concern expressed over interfering with the contractual obligation between OCH and the HCA | HCA and CMS | and statewide MTP funds on this issue - Concern expressed for the OCH Board to get into an advocacy role - Concern expressed that while IMC may be easier for the State, it creates more complexity for behavioral health agencies - Sectors should support the SBHO proviso if so compelled	
Elya Prystowsky	**Board Alternates**	- Anders Edgerton retires end of September, Stephanie Lewis to replace Anders. - Gary Kriedberg suggested Heather Denis as Alternate	**Proposed Motion** 1. Appointment of Stephanie Lewis as the Member for the Behavioral Health Organizations sector, effective September 30, 2018. 2. Appointment of Heather Denis to serve as Kreidberg's Alternate for the *Primary Care* sector seat on the OCH Board of Directors, effective immediately. **Approved Unanimously**
Elya Prystowsky Glenn Puckett	**Local Impact Network: A Partnership between OCH and ARCORA Foundation**	- MOU to start local health network (LIN) between ARCORA and OCH. - Goal: increase access to oral health services - Seven anchor strategies, each led by local organization - Leverage MTP dollars with ARCORA funding	**Proposed Motion** OCH and ARCORA to enter in agreement by signing the enclosed MOU **Approved Unanimously**
Maggie Hilliard	**OCH Personnel Policy**	- Tabled pending review of HR consultant	**Proposed Motion** Personnel Policy approved until HR review **Approved Unanimously**
Roy Walker	Adjourn	- Meeting Adjourn: 3:07	

Acronyms:
ARCORA: Formerly the Washington Dental Service Foundation
CP: Change Plan
IMP: Implementation partners
MCO: Medicaid Managed Care Organizations
NCC: Natural Communities of Care
OCH: Olympic Community of Care
SBHO: Salish Behavioral Health Organization

Personnel Policies

Approved on Interim Basis December 12, 2016
Revised and Approved on Interim Basis September 11, 2017
Next official review August 13, 2018

Employees who have questions or concerns about these policies should contact their immediate supervisor or the ~~e~~Executive ~~d~~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, exercising their rights to benefits and/or or for cooperating in an investigation will be subject to disciplinary action, up to and including termination.

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Contents

~~These policies are~~This policy is a guide to employment at the Olympic Community of Health, which is called the OCH, the organization, we, and/or the OCH in ~~these policies. These policies include all departments of the OCH.~~this policy. The OCH mission is to tackle complex health issues that no single sector or tribe can handle alone. Through collaborative action, we hope to create a healthier, more equitable three-county region. This mission is critical in our work, and to fulfill the mission, we strive for a work environment in which the OCH team can perform our jobs creatively and effectively.

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 OCH can perform our jobs creatively and effectively. The OCH promotes an environment of safety, trust, professionalism, respect, accountability, and personal and professional growth.*~~*Purpose and Applicability*

~~102.1 Purpose and Applicability~~

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

2. These policies are broad and general guides to employment at the OCH. OCH 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 immediate supervisor or the ~~e~~Executive ~~d~~Director if they have questions about policies.

3. These policies are not intended to be a contract, express or implied, or any type of promise or guarantee of specific treatment upon which an employee may rely, or as a guarantee of employment for any specific duration. Nothing in these policies shall be interpreted to ~~be in conflict with~~conflict with or to eliminate or modify in any way the employment-at-will status of OCH employees.

4. 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.

5. These policies apply to all classifications and to all employees of the OCH. Because the employment relationship between the OCH and the ~~e~~Executive ~~d~~Director is unique, language in this policy that conflicts with the ~~e~~Executive ~~d~~Director's contract will be resolved in favor of the contract.

6. No supervisor or other representative of the OCH 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 ~~e~~Executive ~~d~~Director and the Board of Directors.

10~~2.3.1~~ Implementation

1. Basic policy for the OCH 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 OCH. The ~~executive director~~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~~Executive Director is ultimately responsible to the Board for the effective and proper management of the OCH.

10~~3~~.~~4.1~~ Review and Revision

These policies are reviewed annually and updated if needed. The ~~executive director~~Executive Director or their designee will review and recommend updates to the OCH 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 OCH are defined as "regular" positions, which are designed to fill ongoing needs at the OCH. 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 OCH, entitled to all applicable OCH compensation and benefits (see Sections 600 and 700), and subject to all OCH 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 OCH. Temporary positions are limited to a period of 6 months. Employees who work in these jobs are subject to all applicable OCH 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~~Executive Director and/or Board of Directors will appoint individuals to acting ~~appointments, and~~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 OCH.

Persons in contingent positions do not qualify for OCH 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 OCH 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 OCH 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, or planning. Due to the complexity of laws and regulations, 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. Non-exempt employees are entitled to pay for all hours performing their assigned duties, similar duties, or the duties of their supervisor. Employees in non-exempt positions are entitled to compensation for overtime hours for all hours worked in excess of 40 hours in a single work week.

300 PERSONNEL ADMINISTRATION, RECRUITMENT, SELECTION, AND HIRING:

301.~~1~~ Equal Opportunity Employer

The OCH is committed to providing equal opportunity under the law and to full compliance with all discrimination laws; 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 OCH, 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 OCH policies and practices and their effects, to assure that policies and practices prevent discrimination and promote diversity, inclusion and sensitivity throughout our OCH.

303.~~1~~ Employment At Will

~~1.~~ The OCH retains the flexibility to make personnel decisions which best serve the needs ~~and responsibilities~~ of the OCH, even if those needs may conflict with the interests of individual employees.

~~2.~~ To further these commitments, the OCH adheres to the "employment at will" doctrine, which allows both the OCH and each OCH employee to terminate the employment relationship at any time and for any reason, as long as the reason is not an unlawful one.

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 their jobs.

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

305.~~1~~ Recruitment, Selection, and Hiring

~~1.~~ 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.~~ 2. All offers of employment at OCH are contingent upon clear results of a background check. Background checks will be conducted on all final candidates ~~and on all employees who are promoted, as deemed necessary.~~.

~~3. All offers of employment at OCH are contingent upon successful completion of the human resources onboarding policies and procedures.~~

~~4.~~ 3. To enhance the employment opportunities of our employees, interns and volunteers, the OCH supports promotion and transfer from within the OCH 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 E~~e~~xecutive D~~d~~irector'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~~OCH.

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.

4. The ~~executive director~~Executive Director is the official appointing/hiring authority for all employees. ~~(except for the executive director position).~~ The ~~executive director~~ Executive Director may delegate the selection and hiring duties, but may not delegate the responsibility for approving dismissals, suspensions, or layoffs.
~~5.~~

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 OCH 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~~records and may inspect their own personnel records by advance written request to the ~~executive director.~~Director of Administration.

400 CONDITIONS OF EMPLOYMENT:

~~For all subsections below, employees must also comply with the terms of the host organization's lease agreement.~~

401.~~1~~ Date of Hire

The date of hire of all employees shall be their most recent date of hire. ~~In the case of employees who were hired by Kitsap Public Health District (KPHD) prior to February 1, 2017, their date of hire will be the date of hire at KPHD.~~ 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.~~3.1~~ Performance Review

In order to promote the continuous growth and improvement of the OCH team, ~~R~~regular performance reviews will be conducted at least annually 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 any time.~~For more information on the Performance Review

process, please refer to the Performance Review and Merit-Based Salary Increase Policy, included in the "Policy and Procedure" folder of the OneDrive.

403.~~4.1~~ Confidentiality

1. From time to time ~~nearly every employee~~employees of the OCH will learn or have access to information that is sensitive and/or confidential. Confidential information may not be disclosed to those outside of the OCH without a related data-sharing agreement. ~~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 OCH itself, names of OCH 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 the information. Employees will be required to sign the OCH Ceonfidentiality Aa~~a~~greement. In addition, e~~E~~mployees must comply, to the extent required, with the applicable provisions of the Administrative Simplification Section of the Health Insurance Portability and Accountability Act of 1996.

2. Maintaining confidentiality is critical to our success 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 OCH's operations, are urged to discuss the question fully with their supervisor.

3. Employees will participate in all privacy, confidentiality, cyber, and other related trainings required by the ~~host organization's lease agreement~~OCH.

404.~~5.1~~ 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~~ a 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 OCH must be made aware of the relationship.~~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: spouses ~~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.

405.~~6.1~~ Outside Employment

Employees must seek permission from their supervisor to engage in employment outside the OCH 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.Employees are required to inform supervisors of employment outside of the OCH and must seek permission from their supervisor to engage in such employment. To be allowable, outside employment must not involve a conflict of interest, a conflict with the employee's duties, or any other potentially adverse effect on OCH operations.

406.8.1 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. locations at which an employee is working or acting on behalf of the OCH, including offices, off-site worksites, and vehicles.

407.9.1 Fragrance Sensitivity

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

408.10.1 Prohibition of Employee Harassment

1. 1. The OCH expressly prohibits any form of unlawful employee harassment, based on race, color, religion, sex, national origin, marital status, age, sexual orientation or disability (as defined under state and federal law) which includes behavior by co-workers, supervisors, vendors, citizens, or any other individual or group with whom an employee may come in contact in the course of their job duties. Improper interference with the ability of employees to perform their jobs will not be tolerated. For more information on this topic, please refer to the OCH Anti-Harassment Policy and Procedure, included in the "Policy and Procedure" folder of the OneDrive.

2. With respect to sexual harassment, the OCH expressly prohibits the following:
   a. Unwelcome sexual advances; requests for sexual favors; and all other verbal or physical conduct of a sexual or otherwise offensive nature, especially where:
      i. Submission to such conduct is made either explicitly or implicitly a term or condition of employment;
      ii. Submission to or rejection of such conduct is used as the basis for decisions affecting an individual's employment; or
      iii. Such conduct has the purpose or effect of creating an intimidating, hostile, or offensive working environment.
   b. Offensive comments, jokes, innuendoes, and other sexually oriented statements or displays.

410.2 Discrimination Complaint Procedure

OCH is responsible for creating and maintaining an atmosphere free of discrimination and harassment, sexual or otherwise. Further, employees are responsible for respecting the rights of all co-workers. If an employee believes he or she has experienced any job-related harassment based upon sex, race, color, religion, national origin, marital status, age, sexual orientation or disability, or believes he or she has been treated in an unlawful, discriminatory manner, the employee should promptly:

a. Report the incident to his or her supervisor. The supervisor will immediately report the information to the Executive Director who will determine how to investigate the matter and

~~ensure that appropriate action is taken.~~

~~i.If an employee believes it would be inappropriate to discuss the matter with his or her supervisor, the employee may bypass the supervisor and report the complaint directly to the Executive Director. The person receiving the report shall consult with other appropriate parties, and together they will determine how to undertake an investigation and ensure appropriate action is taken. If an employee believes it would be inappropriate to discuss the matter with the Executive Director, the employee may bypass the supervisor and report the complaint directly to the OCH Board. The person receiving the report shall consult with other appropriate parties, and together they will determine how to undertake an investigation and ensure appropriate action is taken.~~

~~b. The complaint will be kept confidential to the extent possible.~~

~~c. If the OCH determines that an employee is guilty of harassing or discriminating against another employee, appropriate disciplinary action will be taken against the offending employee, up to and including termination of employment.~~

~~3. The OCH prohibits any form of retaliation against any employee for filing a good faith complaint under this policy or for assisting in a complaint investigation.~~

~~4. Any employee who makes a complaint in bad faith, who provides false information regarding a complaint or who engages in any form of retaliation will be subject to disciplinary action, up to and including termination.~~

4~~09. 11.1~~ Drug-Free Workplace

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

Definition: "Workplace" includes any ~~OCH facility, OCH vehicles, and private vehicles while the driver is on OCH business, and any other~~ location at which an employee is working or acting on behalf of the OCH, including offices, off-site worksites, and vehicles.

2. Employees should report to work fit for duty and free of any adverse effects of illegal drugs or alcohol. This policy does not prohibit employees from the lawful use and possession of prescribed medications; however, the use or possession of medical marijuana while in the workplace is not permitted. Employees must consult with their doctors about their medications' effect on their fitness for duty and ability to work safely, and they must promptly disclose any restrictions to their supervisor.

3. Possessing, using or dispensing a controlled substance or illegal drug, including alcohol or~~and~~ marijuana, is prohibited in any OCH workplace. Violation of this prohibition will result in disciplinary action or termination. Law enforcement personnel may be notified, as appropriate, when criminal activity is suspected. OCH reserves the right to inspect all portions of its premises for drugs, alcohol or other contraband. All employees, contract employees and visitors may be asked to cooperate in inspections of their persons, work areas and property that might conceal a drug, alcohol or other contraband. Employees who possess such contraband or refuse to cooperate in such inspections are subject to appropriate discipline, up to and including discharge.

4. All employees who are convicted of, plead guilty to or are sentenced for a crime involving an illegal drug are required to report the conviction, plea or sentence to HR within five days. Failure to comply will result in automatic discharge. Cooperation in complying may result in suspension without pay to allow management to review the nature of the charges and the employee's past record with OCH.

~~2.~~5. OCH will assist and support employees who voluntarily seek help for drug or alcohol problems before becoming subject to discipline or termination under this or other OCH policies. Such employees will be allowed to use accrued paid time off, placed on leaves of absence, referred to treatment providers and otherwise accommodated as required by law. Employees may be required to document that they are successfully following prescribed treatment and to take and pass follow-up tests.

4~~10.12.1~~ Political Activity

~~1.~~ Last amended September 23, 1994, the Hatch Act limits the political activities of employees "…whose principal employment activities are funded in whole or in part with Federal funds." Because the OCH is largely funded by federal funds, ~~Federal law (the Hatch Act) requires that the OCH remain neutral and uninvolved in political activity. For this reason,~~ OCH 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 OCH activities and the people participating in those activities. OCH employees remain free to express political opinions and to engage in partisan and nonpartisan political activities as individuals~~,~~ when they are not working and~~or~~ in no way can be perceived as representing the OCH.

~~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 information generated or contained in computers and telecommunication systems are the property of the OCH. Computer and telecommunication devices are either the property of the OCH or the leasing organization. Employees are held to lease agreement terms regarding the leasing organization's property. Employees will be provided notice of the terms they are required to follow and a copy of the lease agreement.~~

4~~11.15.1~~ 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 Washington Industrial Safety and Health Act, Chapter 49.17 of the Revised Code of Washington (RCW).

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 WISHA/OSHA annually.

412.~~16.1~~ 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~~Except for OCH-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.

413. ~~17.1~~ Professional Appearance

Staff will represent the OCH in a professional manner to 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.

414. ~~18.1~~ OCH Identification Badges

Employees working at the offices of Jefferson Health Care in Port Townsend on a regular basis will be issued ID badges from Jefferson Healthcare. Employees should wear these ID badges at all times while in the offices at Port Townsend. ~~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 OCH in the community.~~

~~1. Failure to wear your ID badge can lead to disciplinary action.~~

~~2. Upon termination, employees will be required to return ID badges as part of the exit process.~~

~~3. 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 OCH. They are also required to wear their badges while working for or representing the OCH.~~

415.~~19.1~~ 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~~to determin~~e~~ing~~ 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.

4~~16.20.1~~ 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~~ *~~417.~~ 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. A conflict of interest occurs when there is a divergence between an employee's private, personal relationships or interests and his/her professional obligations to the organization such that an independent observer might reasonably question whether the employee's professional actions or decisions are determined by considerations of personal benefit, gain or advantage.~~

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 OCH 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 OCH, department or their position. Unethical actions, or the appearance of unethical actions, are unacceptable under any conditions.~~

~~423.1~~418. *Whistleblower Protection*

All of the Olympic Community of Health's (OCH) staff, whether full-time, part-time, or temporary employees, to all volunteers, to all who provide contract services, and to all officers and directors, each of whom shall be entitled to protection shall comply with the OCH Whistleblower Protection Policy, found in the "Policy and Procedure" folder of the OneDrive.

~~424.1~~419. *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. This section is subject to the Paid Sick Leave section within this policy.

3. All employees must accurately record their work time in the OCH timekeeping system on a weekly basis. Employees are required to enter and save their actual work time and non-worked leave time and submit their timesheet at the end of each work week for approval.

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.~~ The OCH work week is from Monday through Sunday.

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 ~~ortermination~~.

600 COMPENSATION and BENEFITS:

601.~~1~~ Compensation

The OCH has a strong interest in attracting, retaining and recognizing qualified, effective staff. Criteria to inform compensation level may include ~~innovation,~~ internal equity, external labor market ~~factors~~, program needs, ~~and~~ OCH resources, and candidate/incumbent level of experience and performance.

602.~~1~~ Health, Welfare and Retirement Benefits

Employees who work twenty hours or more per week and a minimum of 720 hours annually in a regular position are eligible to participate in the OCH's various insurance programs and retirement plans.

The programs and eligibility criteria are explained upon 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.

The OCH reserves the right to make changes to these programs when deemed necessary or advisable, with prior notice to affected employees.

1. Medical Insurance: The OCH offers medical coverage to eligible employees. The OCH provides a monthly premium amount and the remainder, if any, shall be paid by the employee through payroll deduction. This benefit begins on the 1st of the month following hire and ends the employees' last day of the last month of employment. Dependents are not covered; however, employees can purchase dependent coverage through the OCH plan.

2. Life Insurance: The OCH offers eligible employees the OCH sponsored life insurance benefit. This benefit begins on the 1st of the month following hire and ends the employees' last day of the last month of employment.

Retirement: The OCH offers eligible employees a cash contribution totaling 3% of their salary to contribute to the OCH sponsored Fidelity SEP-IRA retirement plan. This benefit begins on the 1st of the month following hire and ends the employees' last day of the last month of employment.

3.

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603.1 Continuing Health Care Benefits

Under federal law, since the OCH has fewer than 20 employees, we offer State Continuation coverage effective January 1 of the next calendar year.

Continuing coverage is on a self-pay basis, with premiums due on or before the first day of each month of coverage.

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).

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Workers Compensation coverage (for medical, pension, and time loss benefits for employees injured on the job),
* State Unemployment Compensation (unemployment insurance).

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 on the date of hire. 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.Employees working a full-time schedule will accrue one vacation day per 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 date of hire until the day before their 9th year anniversary date, employees accrue the equivalent of 12 days (96 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 16 days (128 hours for a full-time employee).

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

~~* Beginning with the employee's date of hire until the day before their 9th year anniversary date, employees accrue the equivalent of 12 days (96 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 16 days (128 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 64 hours of vacation accrual per year.

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 96 hours.

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

702.~~1~~ Paid Sick Leave

The below table provides the OCH policy on paid sick leave.

	Legal~~Minimum Policy~~ Requirement per federal and Washington state law (OCH will not change unless required by law)	OCH Additional ~~Requirement or~~ Benefit (may be changed ~~at a later date~~ at OCH's discretion)
Leave Accrual	All employees will accrue at least one hour of paid sick leave for every 40 hours the employee works.	a. At hire, the equivalent of 6 months of accrued sick leave will be posted to all 12-month regular and temporary full-time and part-time employees who work 20 or more hours per week. b. 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. c. Sick leave does not accrue while an employee is on an unpaid leave of absence.
Carry-Over	Sick leave can be carried over from one year to the next, although the OCH reserves the right to limit the carry over to 40 hours.	Sick leave can be carried over from one year to the next until a maximum of 240 hours has been accrued.
Eligibility for Sick Leave	The OCH will allow an employee to take sick leave after 90 days of employmentt ~~t or sooner~~. If an employee separates from service prior to the ninetieth day and is rehired within a year, the previous days of employment are considered when determining eligibility to take sick leave.	The OCH will allow an employee to take sick leave as soon as it is posted/accrued.
Employee Separation	If an employee separates from work but is rehired within twelve months, any previously unused paid sick leave must be reinstated. If the date of rehire is after one year, the OCH need not reinstate any previously accrued and unused paid sick leave.	
Allowable uses of sick leave - generally	Once an employee has been employed for 90 days, he or she may use sick leave for the employee's or a family member's mental or physical illness, health condition, or to allow for the diagnosis, care, or treatment of an illness, or to obtain preventative medical care. A "family member" is broadly defined by the initiative to include: a. A child who is the biological, adoptive, de facto or foster child of the employee, a stepchild, a child for whom the employee stands in loco parentis or is a legal guardian, or is a de facto parent, regardless of age or dependency status. b. Biological, adoptive, de facto or foster parents, stepparents, legal guardians of the employee or the employee's spouse or registered domestic partner, or a person who stood in loco parentis of the employee as a minor child.	

	c. The employee's spouse, registered domestic partner, grandparent, grandchild, or sibling.	
Allowable uses of sick leave - Domestic Violence Leave Act	Sick leave may be used for absences that qualify for leave under the state's Domestic Violence Leave Act.	
Allowable uses of sick leave - Public Health	Sick leave may be used if the OCH has been closed by a public official for a health-related reason or if an employee's child's school or place of care has been closed for such a reason.	
Employee Notice Requirements	The OCH may require that the employee give "reasonable notice" of an absence, so long as the notice requirement does not interfere with the lawful use of sick leave. If the reason for sick leave is foreseeable, notice should be given as early as practicable, but the OCH will not require that the notice be given more than 14 calendar days in advance of the planned sick leave use.	
Employee Verification of Absences	If the employee is absent from work for more than three days, the OCH can require a verification that the sick leave use was for an authorized purpose. The verification cannot impose an unreasonable burden or expense on the employee. If the employee believes that the verification will cause an unreasonable burden or expense, he or she must be allowed to submit a written justification explaining why compliance is not possible. If after review the employer agrees that the verification will create an unreasonable burden or expense, it must make a reasonable effort to identify alternatives, and those might include a personal written statement explaining the need for the use.	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.
Rate of Pay	The employee is paid his or her normal hourly compensation that would have been paid during the time of the leave. If the employee ~~is nonexempt and~~ is paid a salary, the rate is determined by dividing the annual salary by 52 to get the weekly salary and then dividing that amount by the employee's normal scheduled hours of work. Special state law rules apply if the employee's schedule fluctuates.	

OCH Notification to Employees	OCH must provide employee with notification in written or electronic form of the entitlement to paid sick leave, the rate at which paid sick leave will accrue, the authorized purposes for use of paid sick leave, and that there will be no retaliation for the lawful use of sick leave. The OCH will at least monthly notify its employees of the amount of their paid sick leave accrual, the use of sick leave since the last notice, and the balance of sick leave available for use.	
OCH Record Keeping Requirements	The OCH will maintain records showing monthly accruals, the amount of unused paid sick leave available, reductions due to sick leave use or donation of sick leave through a shared leave plan, paid sick leave not carried over to the following year, and the date the employees began their employment.	
Replacement Worker	The OCH will not require the employee find a replacement worker to cover the hours when the employee is on sick leave.	

706. Family and Medical Leave

1. The OCH is committed to following both state and federal laws regarding family leave. Family leave is available to all OCH employees who have been employed for more than twelve months and who have worked at least 1,250 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 sick 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 OCH will continue to pay 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.

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 OCH. 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.

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 holiday benefits.

2. The OCH observes the following 10 public holidays as paid holidays: New Year's Day, Martin Luther King Day, Presidents' Day, Memorial Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving Day (Thursday and Friday), Christmas Day.

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.~~ In addition, ~~A~~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.

4.

After five years of service,

~~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 31~~st~~ of the prior year.

5.

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 should any one of these circumstances occur: (1) at the end of the calendar year, (2) if an employee's hours are reduced to below 20 hours per week, or (3) ~~at termination~~at termination.

7.

~~8.~~ 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. Employees shall be allowed a meal period of at least thirty minutes which commences no less than two hours nor more than five hours from the beginning of the shift. Meal periods shall be on the OCH's time when the employee is required by the employer to remain on duty on the premises or at a prescribed work site in the interest of the employer.

2. No employee shall be required to work more than five consecutive hours without a meal period.

3. Employees working three or more hours longer than a normal work day shall be allowed at least one thirty-minute meal period prior to or during the overtime period.

4. Employees shall be allowed a rest period of not less than fifteen~~ten~~ minutes, on the employer's time, for each four hours of working time. Rest periods shall be scheduled as near as possible to the midpoint of the work period. No employee shall be required to work more than three hours without a rest period.

5. Where the nature of the work allows employees to take intermittent rest periods equivalent to fifteen~~ten~~ minutes for each 4 hours worked, scheduled rest periods are not required.

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 OCH is committed to following both state and federal laws regarding family leave. Family leave is available to all OCH 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~~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 sick 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 OCH will continue to pay 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 OCH. 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 OCH after the 12 ~~-~~week Federal FMLA leave has been exhausted.

708.~~1~~ Compassionate Leave

Donor:

1. Compassionate leave allows regular eligible employees to donate, on a completely voluntary basis, a portion of their accrued sick 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, sick~~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.*~~

2. Donations must be made in increments of 4 hours, and the donating employee may not have less than 40 hours sick leave remaining after their donation.

3. To donate sick leave, employees must fill out the necessary forms with the Director of Administration~~,~~ and must have their leave donation approved by the Executive Director.

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). Once donated, leave will belong to the

recipient, even if it is not exhausted during the time of their medical event.

709.~~1~~ Inclement Weather

1. All employees are asked to make every reasonable effort to report to work during inclement weather.

2. Employees who unable to get to work or who leave~~s~~ work early because of weather or natural disaster conditions may either charge the time missed against accrued vacation leave, flex their schedule for the week, ~~, compensatory time,~~ or take leave without pay for the time missed. Employees with the ability to complete their work remotely may do so.

~~2.~~ Tardiness due to an employee's inability to report for scheduled work because of severe weather conditions may be allowed up to one hour at the beginning of the work day or longer at the discretion of the Executive Director. Inclement weather or natural disaster tardiness in excess of that allowed by the Executive Director shall be charged as provided above.

3.

~~3.~~4. ~~In the event that~~If the Executive Director advises employees not to report to work or to leave early due to inclement weather or natural disaster, such time off will be considered administrative paid time off and not charged to accrued vacation leave.

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~~ 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 OCH. 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 carrier's 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

In the case of the death of a family member, e~~E~~mployees may use any available posted leave such as

vacation, sick 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.

Definition: We recognize that "family" can be created by birth, marriage, or association. For the purposes of this policy, family members include any of the following persons: spouses, 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.

800 DISCIPLINE AND CORRECTIVE ACTION:

801.~~1~~ Standards of Conduct and Performance

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

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

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.

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 OCH.

~~*903.1 Dismissal of Employees*~~

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

90~~4.5.1~~3.4.1 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~~immediately and may be confirmed to the employee by registered letter sent to the employee's last known address.

90~~5.6.1~~4.5.1 Pay at Time of Separation

1. "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 perweek.

~~1.~~2. 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 OCH 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.~~3. Unused sick leave will not be paid to the employee, unless the employee has accumulated more than 240 hours of sick leave and chooses to convert hours in excess of 240 to vacation hours at a rate of five hours sick leave to two hours vacation leave. In no case, however, can the combination of "converted" sick 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 OCH. The OCH administrative staff will provide pertinent information, and employees must notify the OCH 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 OCH 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 perweek.~~

Fiscal Policies and Procedures Manual

Created January 23, 2017

Revised July 27, 2018~~February 6, 2017~~

Adopted February 13, 2017

GENERAL PURPOSE

The purpose of the Fiscal Policies and Procedures Manual is to establish guidelines for the Board of Directors and Olympic Community of Health (OCH) staff about standards and procedures to be applied when developing financial goals and objectives, making financial decisions and reporting the financial status of OCH. In addition, these policies will provide guidelines to allow for an effective management of OCH funds. The OCH is a Washington nonprofit organization.

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ROLES & RESPONSIBILITIES

BOARD OF DIRECTORS

It is the responsibility of the Board of Directors to formulate financial policies, delegate administration of such policies to staff, and review operations and activities on a periodic basis. The Board of Directors adopts the annual budget by board vote. The Board of Directors oversees the general financial administration of ~~Olympic Community of Health~~OCH and delegates responsibility to the Executive Director for the day-to-day operations and financial decisions.

FINANCE COMMITTEE

The Finance Committee, chaired by the Board Treasurer, shall be responsible for the oversight and coordination of the duties outlined in the approved charter, including: Annual budget presentation for Board approval, presentation of monthly financial statements, management of fund investments, selection of the outside auditors, annual financial report, internal controls, and financial policies.

The long-term financial objectives for ~~Olympic Community of Health~~OCH are reviewed and approved by the Board of Directors following recommendations from the Finance Committee, presented by the Executive Director and/or the Treasurer. Expenditures and revenue objectives are recommended for ~~Olympic Community of Health~~OCH in accordance with the Board approved long-term plans annually reviewed at an annual Board Strategic Planning Retreat.

The Board Treasurer, with oversight by the Board of Directors, shall have oversight over the accuracy of the accounting records. The Executive Director shall provide the Treasurer with detailed monthly financial information, such as the Chart of Accounts, Reporting Formats, Accounts Payable Processing, Payroll input and Payroll processing, Cash Receipts input, Journal Entries for General Ledger, Form 1099 reporting, and Form 990 reporting as well as Bank Reconciliations and any other accounting as required.

STAFF

Under the direction of the Executive Director, ~~Olympic Community of Health's~~OCH's ~~Executive Director~~Director of Administration implements general and daily financial management and reporting. The ~~Executive Director~~Director of Administration acts as the primary fiscal agent, implementing all financial policies and procedures. ~~In addition to general and daily management activities, t~~The Executive Director and the Director of Administration develop~~s~~ and present~~s~~ ~~staff compensation ranges~~personnel expenses to the Board of Directors each year for approval as part of the annual budget~~. Such ranges shall be used in the preparation of the annual budget~~. The Executive Director and Director of Administration are~~is~~ also responsible for preparing the annual operational budget for approval by the Board, financial reports analyzing performance to the budget, and periodic cost and productivity analyses.

BUDGETING & REPORTING

~~Olympic Community of Health~~OCH regularly prepares both internal and external financial statements. ~~At the outset, the~~ The ~~Olympic Community of Health's~~ OCH's financial statements are prepared on the ~~cash~~ accrual basis. ~~At the earliest possible phase in the organization's~~

~~development, the Executive Director, with oversight from the Finance Committee, will transition from a cash basis to an accrual basis. Henceforth the organization will operate on an accrual accounting basis.~~

FINANCIAL STATEMENTS

Presentation of the Financial Statements shall describe net assets and revenues, expenses, gains, and losses, classified based on the existence or absence of donor-imposed restrictions. Accordingly, the net assets of O~~lympic Community of Health~~ OCH and changes shall be classified as unrestricted, temporarily restricted, and permanently restricted until December 31, 2018, at which time net assets shall be recorded as unrestricted and restricted.

Unrestricted net assets include amounts that are not subject to imposed stipulations that are used to account for resources available to carry out the purposes of ~~Olympic Community of Health~~OCH in accordance with the limitations of its charter and bylaws. The principal sources of unrestricted funds are grants, contributions, and investment income.

Temporarily restricted net assets are those resources available for use only for purposes specified by the donor or grantor and may or will be met by the actions of ~~Olympic Community of Health~~OCH and/or the passage of time, or as specified by the restriction. Such resources originate from grants and contributions restricted for specific purposes or a specific future time frame. When a donor or grantor restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

Permanently restricted net assets are those resources that are required to be maintained permanently, but which ~~Olympic Community of Health~~OCH is allowed to use up or to expend all or part of the income that is derived from the donated assets.

INTERNAL REPORTING

Financial Statements shall be prepared monthly. The Financial Statements include information about all Organization's Funds and cash position as of the end of each month and are reviewed b~~y the Treasurer and y~~ the Executive Director and Director of Administration prior to submission to the Finance Committee. The Financial Statements are submitted to the Board of Directors by the Treasurer for final review and approval~~,~~ at least every quarter.

FRAUD AND EMBEZZLEMENT

The Executive Director will notify the necessary agencies, the Board ~~Chair~~President, and all major funding sources not later than one working day after the date any alleged fraud activity comes to her/his attention. Organizational personnel will develop the case and notify the proper authorities. If any fraud or embezzlement is identified as part of the annual financial audit and if the Executive Director is implicated, the auditor shall inform the Board chair immediately. After the investigation and resolution of the issue, the organization will make internal control changes to satisfy management and the Board of Directors.

REVENUE GOALS

The responsibility for reaching ~~Olympic Community of Health's~~OCH's budgeted revenue goals on a yearly basis is shared by the Executive Director and the Board of Directors. The Executive Director in conjunction with the Board of Directors and the Treasurer develops and proposes revenue goals and objectives and submits them to the Board prior to discussion and approval at annual Board Strategic Planning Retreat each year.

The Executive Director prepares regular reports on the status of~~-~~ revenue generating activities and presents it to the Board and Executive Committee at regularly scheduled meetings. The Executive/Finance Committee reviews regular reports of revenues and expenditures and if necessary makes recommendations to the Board and to the Executive Director of ~~Olympic Community of Health~~OCH related to managing expenditures relative to the results of fund development activities.

COST ALLOCATION

Costs not directly attributable to one program and one funding source are initially posted to a common cost center, which are then distributed proportionately to the variety of ~~Olympic Community of Health~~ OCH cost centers. ~~These include, but are not limited to costs shared by all programs in the organization, e.g. telecommunications, maintenance, utilities fees and licenses, janitorial.~~These costs may include office leases, utilities, cell phone plans, standard office supplies, or any other costs deemed to benefit multiple programs.

Allocation of costs are based on labor. Labor percentages are derived from the relative number of hours worked and documented on staff monthly timesheets for each ~~Olympic Community of Health~~OCH program~~ or initiative~~. Most common costs~~, e.g. printing and postage, office supplies, telecommunications, bookkeeping, fiscal audits,~~ are distributed to programs based on the hours worked in each program ~~or initiative~~ as a percentage of the total staff hours work~~ed~~ed~~ing~~ in a month. Allocation criteria are evaluated on a regular basis e.g. annually unless significant program~~/initiative~~ changes occur more frequently.

Pure administrative costs are tracked separately and include expenses that are not directly attributable to the programs/initiatives of the organization. They may include Board meeting and related Board expenses, administrative staff costs and other expenses related to maintaining the organization. Administration is allocated to programs~~/initiatives on the basis of~~based on FTE. Since some funding sources restrict the level of reimbursable administrative overhead, the "excess" administration will be charged to other sources of funding or to "no source" if no other funding sources are available, leaving the program ~~or initiative~~ in a deficit which may be supported by other unrestricted revenues or the investment income~~/corpus~~.

BUDGETING PROCESS

The Finance Committee and ~~Olympic Community of Health's~~ Executive Director shall continuously plan for the long-term financial stability the organization in accordance with ~~Olympic Community of Health's~~OCH's long-term plans that are reviewed annually~~,~~ and adjusted as necessary.

~~Olympic Community of Health~~OCH's Executive Director, Director of Administration and the Treasurer shall be responsible for preparing and presenting to the Finance Committee an annual operating budget draft for Board approval prior to the beginning of each fiscal year (January). Prior to submission to the Board, the Executive Director shall review the specific revenue goals tied to the fundraising activities of ~~Olympic Community of Health~~OCH~~,~~ and make recommendations to the Treasurer and Finance Committee. In addition, all relevant staff shall actively participate in the planning of upcoming program expenditures and formulate recommendations to the Executive Director as the annual operating budget is being finalized for presentation to the Board.

CASH MANAGEMENT

Cash and cash equivalents include all cash balances and highly liquid investments with maturity of six months or less. ~~Olympic Community of Health~~OCH investments shall be reviewed quarterly by the Finance Committee, led by the Board Treasurer. Investment policy is reviewed and updated as needed by the Board. The Finance Committee shall use due diligence in overseeing the investments of ~~Olympic Community of Health~~OCH funds, by establishing and monitoring an investment strategy that gives proper recognition to risk and return. The Board reviews the investment strategy and objectives every year and modifies by vote of the Board.

FUNDS AND BANKING

Funds of ~~Olympic Community of Health~~OCH shall be deposited in ~~Olympic Community of Health~~OCH's bank accounts designated by the Board of Directors. ~~Olympic Community of Health~~OCH maintains a checking account and savings account. These accounts may be changed as ~~Olympic Community of Health~~OCH's financial conditions and requirements change. ~~The Treasurer~~OCH's CFO Contractor will receive and~~,~~ review~~, and hand over~~ all bank statements for the organization. ~~to the Executive Director who~~ The Director of Administration and the CFO contractor will assure the bank statements are reconciled timely. The ~~Executive Director~~ Director of Administration shall maintain and oversee bank accounts, and ensure ~~Olympic Community of Health~~OCH's day-to-day financial operations.

All checks, cash, money orders, and credit card deposits, are deposited in the appropriate accounts. The Executive Director or the Director of Administration may transfer monies from the Savings Account into the Checking account when necessary. Checks are written monthly based on staff completed check request forms and/or regular approved vendor invoices each month to meet monthly ~~Olympic Community of Health~~OCH financial obligations, or ongoing operational expenditures. ~~Monthly checking~~Checking and savings accounts statements are reconciled monthly and serve as an internal control to assure all entries have been made to the general ledger system and possibly discover bank errors or theft.

INVESTMENTS

Investments are made in accordance with the OCH Investment Policy and, if applicable, are reported with the financial statements at the market value. The Finance Committee evaluates the general investment strategy for organization's quarterly, to ensure the portfolio's proper diversification, security and return on investments. A summary of the strategy and results to plan are presented to the Board annually for review and possible revision.

FUND ACCOUNTING

In observance of limitations and restrictions placed on the use of resources available to ~~Olympic Community of Health~~OCH, the accounts of ~~Olympic Community of Health~~OCH are maintained in accordance with the principles of fund accounting. Under these procedures, resources for various purposes are classified for accounting and maintained for each fund.

SIGNATURE AUTHORIZATION

The Executive Director, Director of Administration, the Board Treasurer, President, and Vice President are authorized to sign all checks, drafts, or orders for payment of money issued in the name of ~~Olympic Community of Health~~OCH and have signed required documents at ~~Olympic Community of Health~~OCH's bank. The Clinical Transformation ~~m~~Manager ~~is also listed as a~~ is an ~~check~~is authorized signer in order to distribute funds through the HCA mandated Financial Executor Portal, but does not sign checks issued from the OCH bank account. The Director of Administration will maintain a record of all checks distributed and cashed through the OCH checking account to ensure that no checks are inappropriately issued.

All contracts, commitments for services in the name of ~~Olympic Community of Health~~OCH, and other legal obligations shall be signed by the Executive Director ~~and at least one of the following: the Treasurer, President, or Vice President of the Board unless otherwise decided by the Board~~. The Executive Committee will review contracts over $50,000 and, together with management, recommend approval by the Board of Directors. ~~If, for some reason,~~If this is not possible, then the Board authorizes the Executive Committee to approve these contracts with an immediate notice to the Board of Directors.

CASH OPERATIONS

~~Olympic Community of Health~~OCH's bookkeeper and accountant maintain standard accounting records containing all aspects of ~~Olympic Community of Health~~OCH's financial operations. They include but are not limited to: A general ledger, a check register, and a payroll register.

REVENUE RECOGNITION

All contributions shall be recorded in accordance with GAAP, with specific attention to standards ASC 958-605-25. Contributions are recorded as pledged or received in accordance with ASC 958-605-25, and must be credited to the appropriate revenue lines as presented in the annual budget and coded with the appropriate account number as designated in ~~Olympic Community of Health~~OCH's Chart of Accounts.

CASH RECEIPTS

The following procedures for cash/checks received through the mail or given to an Organization Representative shall be in place: Mail is sorted by ~~Olympic Community of Health~~OCH's Host Organization. Mail is then distributed to the ~~Olympic Community of Health~~OCH Director of Administration~~Program Coordinator who will log them and then send checks immediately to the Executive Director for processing~~. Cash and checks are deposited in ~~Olympic Community of Health~~OCH bank account by the Director of Administration. A log of deposits is included in the bank register which is given to the ~~Executive Director on a regular (weekly) basis for review of~~

~~both deposits and all checks that have been written on the account.~~ CFO contractor on a monthly basis for review and recognition in the financial statements.

A copy of the bank deposit slip is retained in chronological order with copies of the deposited checks. All cash and checks shall be deposited ~~weekly.~~upon receipt.

~~Deposit tickets endorsed by the bank are forwarded to the Bookkeeper who records these transactions in the General Ledger. The Bookkeeper shall reconcile all logs of incoming cash/checks with the deposit slips to ensure that all cash has been deposited.~~

The same procedures followed for cash receipts shall be followed when monies are received by employees as contributions during Special Events.

RECEIPTS TO DONORS
All donors and contributors shall be properly acknowledged of their contributions in accordance with IRS Guidelines. The Director of Administration~~Executive Director~~ shall ensure proper recognition of contributors and grantors~~, utilizing the financial reporting systems~~.

CASH DISBURSEMENTS

APPROVAL PROCESS
All expenditures are reviewed monthly by the Director of Administration. Expenditures greater than $150 require the approval of the Executive Director. All expenditure requests of the Director of Administration require approval from the Executive Director. ~~shall be approved by a project director and then sent to the Executive Director for final approval.~~ The Board shall authorize the Executive Director or their designee to make whatever purchases are needed for the day-to-day operation of ~~Olympic Community of Health~~OCH and in accordance with the approved annual organization budget and bylaws, which authorizes non-budgeted expenditures under $5,000. All authorized expenditures shall be coded by account number using ~~Olympic Community of Health~~OCH's Chart of Accounts. All purchases are made in accordance with the OCH Procurement Policy.

~~Any non-routine expenditure in excess of Two Thousand Five Hundred Dollars ($2,500.00) for the purchase of a single item should have bids from three (3) suppliers if possible. For all fixed asset purchases, reasonable diligence should be exercised to comparatively shop for available sources.~~

Invoices shall be forwarded to the Director of Administration~~Executive Director~~ for approval. Following the review and approval, the ~~Executive Director~~Director of Administration will forward to the ~~bookkeeper~~ CFO contractor to log into Quickbooks and prepare checks and then forward them to the Executive Director for check signing. ~~Upon payment of a bill, copy of the check or duplicate of stub shall be stapled onto the bill.~~ Upon payment of a bill, the original bill will be stamped "Paid" with the check number or credit card payment date. The CFO ~~contractor~~service provider (CFO) will provide a duplicate stub and copy of bills to be included

with monthly financial reports. ~~The paid invoices and check stubs shall be filed by check number and kept in monthly folders. These folders are for use in preparing the monthly financial reports.~~

Voided checks shall be marked "VOID" boldly written in ink across the face of the check and the signature portion of the check will be torn off. The voided check shall be filed with other canceled checks upon review of documentation by the Treasurer.

REIMBURSEMENTS

Expenses pre-approved and directly related to ~~Olympic Community of Health~~OCH business activities (mileage, meals, hotel, supplies, etc.) will be reimbursed to employees upon submission of an Expense Reimbursement Form. ~~The use of the Olympic Community of Health credit card(s) by Olympic Community of Health's Executive Director is authorized upon the discretion of the Executive Director.~~

The Executive Director and the Director of Administration will have sole access to debit cards linked to the OCH bank account. Monthly debit~~credit~~ card expenditure reports and card invoices are prepared by the Director of Administration and reviewed and approved by the ~~Treasurer~~ CFO Contractor. ~~and a~~Appropriate corresponding receipts will be attached for each expenditure.

PETTY CASH

~~Olympic Community of Health~~OCH will maintain petty cash funds in accordance with the Petty Cash policy. ~~not maintain any petty cash funds.~~

BANK RECONCILIATIONS

Bank statements and all other required reporting will be downloaded and reconciled to budgeting tasks and line items by the Director of Administration, who will compile a report with all receipts charged to the OCH bank card. The Director of Administration will send the reports and bank statements to the hired ~~CFO service provider (CFO)~~CFO ~~-~~to review and reconcile all statements before giving financial reports to the Executive Director for review and verification. All financial records will be kept in OCH's Port Townsend office in a locked filing cabinet. These monthly checking account statements reconciliations serve as an internal control to assure all entries have been made to the general ledger system and possibly discover bank errors or theft. ~~All Bank Statements, Credit Card Statements, and other required reporting will be downloaded by the hired CFO service provider (CFO) and accountant. Each month, the CFO will review and reconcile all statements before giving the reconciliation reports to the Executive Director for verification. All financial records will be kept in Olympic Community of Health's office. These monthly checking accounts statement reconciliations serve as an internal control to assure all entries have been made to the general ledger system and possibly discover bank errors or theft.~~

A check outstanding for more than six (6) months will be voided with a ~~possible~~ stop payment request to the bank ~~upon approval of the Executive Director~~. All voided checks will be kept on file whenever possible.

OTHER POLICIES & PROCEDURES

CONFIDENTIALITY AND RECORDS SECURITY

Financial records are restricted materials with limited access. Only the Executive Director, ~~Program Coordinator~~Director of Administration, and the Treasurer (or others so authorized by the Board) shall have access to financial records (vendor files, checks, journals, payroll, etc.). All payments, transactions and invoices shall be filed with supporting documentation, and files should be kept confidential.

DEEDS, CONVEYANCES, LEASES & CONTRACTS

~~Olympic Community of Health~~OCH leases space to conduct is normal business activities.

- Leases will correspond to the fiscal year whenever possible.
- Copies of all leases will be maintained in the OCH office.

DONATED MATERIALS AND SERVICES

Donated materials and equipment shall be reflected in the Financial Statements at their estimated values measured on the date of receipt.

DONOR-IMPOSED CONDITIONS

Transfers of assets and promises to give with donor-imposed conditions should be recognized as contribution revenue when the conditions have been substantially met or when the conditions have been explicitly waived by the donor, i.e. a contribution of cash or a promise to give cash in support of a proposed program should be recognized when the program is undertaken. Transfers of assets with donor-imposed conditions should be reported as refundable advances until the conditions have been substantially met. Transfers of assets on which resource providers have imposed conditions should be recognized as contributions if the likelihood of not meeting the conditions is remote.

DONOR-IMPOSED RESTRICTIONS

Contributions may be received with donor-imposed restrictions. Some restrictions may permanently limit ~~Olympic Community of Health~~OCH's use of contributed assets. Other restrictions are temporary in nature, limiting ~~Olympic Community of Health~~OCH's use of contributed assets to (a) a later period or after a specific date (a time restriction), (b) a specific purpose (a purpose restriction), or (c) both.

Restrictions may (a) be stipulated explicitly by the donor in a written or oral communication accompanying the contribution or (b) result implicitly from the circumstances surrounding receipt of the contributed asset – i.e. making a gift to a capital campaign. Contributions of unconditional promises to give with payments due in future periods should be reported as temporarily restricted contributions unless the donor expressly stipulated or circumstances surrounding the receipt of the promise make clear that the donor intended it to be used to support activities of the current period.

Unconditional contributions received without donor-imposed restrictions should be reported as unrestricted support that increases unrestricted net assets. Unconditional contributions received with donor-imposed restrictions should be reported as restricted support that increases permanently restricted or temporarily restricted net assets, depending on the nature of the restriction.

GRANT CONTINGENCIES

Grants often require the fulfillment of certain conditions as set forth in the related instrument. Failure to fulfill the conditions could result in the return of funds to the grantors. It is the responsibility of the Executive Director to oversee the fulfillment of grant conditions. All grants shall be properly acknowledged in accordance to IRS regulations and all grantors shall be properly recognized.

INCOME TAXES

~~Olympic Community of Health~~OCH ~~intends to be~~is exempt from federal income taxes under Section 501 (c) (3) of the Internal Revenue Code ~~before filing taxes~~. Accordingly, for income tax purposes, we will operate as a nonprofit and reflect this in our financial statements. ~~Olympic Community of Health~~OCH's tax ID is: 81-4591222.

INDEPENDENT AUDIT

~~Olympic Community of Health~~OCH will have an audit of its financial statements annually, beginning in 2017.

The Treasurer shall recommend to the Board of Directors for approval~~,~~ the selection of a firm to conduct the annual ~~Olympic Community of Health~~OCH audit. In addition, the Finance Committee shall assist when necessary in the audit preparation~~,~~ and report the final results to the Board of Directors. A representative of the audit firm will be invited to attend a Board Meeting to make a presentation to the Board ~~if the audit report is other than unqualified, or if the auditors report material weaknesses in internal controls or reportable conditions~~.

All reports which result from reviews of audits of the accounting and other financial systems will be routed immediately to the Executive Director, who will then share this information with the Board of Directors. The Executive Director will be responsible for preparing any needed written response to the review or audit recommendations. They~~She/he~~ will be responsible for providing any necessary corrective action. The auditor or other reviewing agency will be notified within three months of the issuance of the recommendations of the actions that will be taken by the agency and the projected timetable for these actions.

INSURANCE AND BONDING

Reasonable and adequate coverage is maintained to protect ~~Olympic Community of Health~~OCH's interests as well as the interests of the Board of Directors. The following insurance policies shall be kept on a yearly basis: General Liability Insurance, Directors and Officers Liability Insurance, Workers Compensation Insurance, and Employees Health Insurance and Dental Insurance.

Insurance policies shall be maintained with the insurance files on a yearly basis. Insurance policies shall correspond to the fiscal year whenever possible. Insurance Policies shall be reviewed by ~~Olympic Community of Health~~OCH's Executive Director before renewal each year.

PAYROLL-RELATED TRANSACTIONS

Payroll is executed monthly (on the fifth day of the following month of work) using a payroll service. ~~Time is entered into a timekeeping system~~Each OCH staff person is responsible for entering their daily time worked into the online timekeeping system.~~,~~ These reports and the project and tasks entered are approved by the ~~Executive Director~~Director of Administration or Executive Director weekly, then reported to the CFO to be entered to the payroll service for payment to individual staff and used to ~~.~~ prepare monthly financial statements and grant reports. Direct deposit of payroll to individual staff bank accounts will be the preferred method of payment~~, once available~~. ~~Our payroll service provides on line payroll reports that are in turn reconciled with checking account reports by Olympic Community of Health Executive Director.~~ The CFO reconciles payroll reports with the checking account statements provided by the OCH.

It shall be the responsibility of the ~~Executive Director~~Director of Administration to ensure that existing employees who resign, are terminated or who are retiring pay any amounts due to ~~Olympic Community of Health~~OCH~~,~~ and return all ~~Olympic Community of Health~~OCH property before a final paycheck is issued.

~~Each Olympic Community of Health staff person completes a timesheet using our online timekeeping system documenting daily hours worked on each assigned project and these on-line timesheets are used in preparing the monthly financial statements and grant reporting requirements.~~

PROPERTY AND EQUIPMENT

Property and equipment shall be stated at historical cost. For assets over $2000, ~~D~~depreciation is computed over the estimated useful lives of the assets using the straight-line method. A ~~D~~depreciation schedule shall be prepared and implemented by ~~Olympic Community of Health's accountant~~Director of Administration and reviewed by the CFO on an annual basis, taking into consideration the annual equipment inventory.

TRAVEL

Travel expense reports for authorized local and out of state travel are completed by each employee~~,~~ as appropriate on a monthly basis and then submitted to the ~~Executive Director~~Director of Administration for payment ~~on a monthly basis. Mileage to and from the employee's residence to the place of work is not be paid by Olympic Community of Health. Parking expenses are reimbursable if a staff person is required to use their personal automobile for a work related reason. Mileage reimbursements will be based on the travel rate established annually by the IRS~~. The Executive Director will approve the reimbursement requests of the Director of Administration. Travel expenses will be paid in accordance with the Travel Reimbursement policy. Travel to out of state trainings, conferences and meetings must have prior approval by the Executive Director. The annual budgeting process includes funding for projected necessary staff travel and training and is approved by the Board of Directors. ~~At the~~

~~conclusion of approved travel, staff must attach expenditure receipts to the reimbursement request as a condition of payment. All reimbursement requests are reviewed and approved by the Executive Director. Expense reports for the Executive Director will be approved by the Board President.~~

A Board Member traveling to represent ~~Olympic Community of Health~~OCH as authorized by the Board of Directors to assist in OCH~~rganization~~ business will be reimbursed for travel and expenses in the same manner that staff members are reimbursed. These expenditures will be approved by the Board President, unless the travel is for the Board President, in which case the Vice President or Treasurer are also authorized to approve these expenditures.

RECORDS RETENTION

The following fiscal ~~and personnel~~ records shall be retained in ~~Olympic Community of Health~~OCH office files for a minimum of seven years following the end of a fiscal year (December 31st):

- Check registers, warrants or vouchers accounting for payments/expenses. Supporting documentation including original invoices and receipts
- Cash reconciliations for bank accounts from the bank statement to general ledger
- Any Investment reports
- ~~Personnel files including required proof of citizenship or resident status, IRS withholding forms, emergency contact information~~
- Travel and other authorized expenses
- Payroll records
- Monthly and YTD budget, expense and revenue reports
- Copies of Bank deposit slips with copies of checks
- Monthly expense reports and copies of invoices submitted to funders
- Accounts payable and accounts receivable, including aging reports

~~Capital Equipment inventory and depreciation schedules~~

- Contracts specifying services, duration and rate of compensation
- Capital Equipment inventory and depreciation schedules

Olympic Community of Health

Board Member Term Renewal

Presented to the OCH Board of Directors September 10, 2018

The first 1-year term limit expires after the September 10 Board Meeting for three Board Members. All three members with expiring terms (highlighted in the table below) agreed to continue another term.

Bylaws: *During the first year after adoption of these Bylaws, Directors shall be elected to an initial one-year (1) term. For the purpose of staggering the terms, following the initial one-year term, thirty (30%) of the Board of Directors shall serve a one (1) year term and the remaining Directors shall serve a two (2) year term. The initial groups shall be determined by a lottery. Thereafter, each Director's term of office shall be for two (2) years, which shall end on the latter of the date of the annual meeting or succession of a new director. At the end of three (3) consecutive terms, each sector has the option to nominate the same Candidate or to nominate a new Candidate to represent the sector on the Board.*

Board Member	Service Area	Sector or Tribe	First Term Completed
Anders Edgerton (outgoing) **Stephanie Lewis** (incoming) Salish Behavioral Health Organization	Clallam Jefferson Kitsap	**Behavioral Health Organization**	**9/11/2019**
Joe Roszak Kitsap Mental Health Services **Alternate - Wendy Sisk**	Kitsap Clallam	**Mental Health**	**9/11/2018**
Gill Orr Cedar Grove Counseling **Alternate - Ford Kessler**	Clallam Jefferson	**Substance Use Disorder Treatment**	**9/11/2019**
David Schultz CHI Franciscan Harrison Medical Center	Kitsap	**Private / Not for Profit Hospital**	**9/11/2018**
Gary Kreidberg CHI Franciscan Harrison Health Partners **Alternate- Heather Denis**	Kitsap	**Primary Care**	**9/11/2019**
Bobby Beeman Olympic Medical Center **Alternate - Eric Lewis**	Clallam	**Public Hospital**	**9/11/2019**
Hilary Whittington Jefferson Healthcare **Alternate - Tim Cournyer**	Jefferson Clallam	**Rural Health**	**9/11/2019**
Jennifer Kreidler-Moss, PharmD Peninsula Community Health Services **Alternate - Mike Maxwell, MD**	Kitsap Clallam	**Federally Qualified Health Clinic**	**9/11/2019**
Andrea Tull Coordinated Care	Regional	**Medicaid Managed Care**	**Per MCO Rotation Schedule**

Thomas Locke, MD Jefferson County Public Health **Alternate - Scott Kennedy, MD**	Jefferson Clallam	**Oral Health Access**	**9/11/2019**
Katie Eilers, RN, BSN Kitsap Public Health District	Kitsap	**Chronic Disease Prevention Across the Lifespan**	**9/11/2018**
Jefferson County Public Health **Alternate - Susan Turner, MD, MPH**	Jefferson Kitsap	**Public Health**	**9/11/2019**
Roy Walker Olympic Area Agency on Aging	Clallam Jefferson	**Area Agency on Aging**	**9/11/2019**
Dale Wilson Olympic Community Action Program	Clallam Jefferson	**Community Action Program**	**9/11/2019**
Bob Smith Hoh Tribe		**Hoh Tribe**	
M**ichele Lefebvre** Quileute Tribe		**Quileute Tribe**	
Libby Cope Makah Tribe		**Makah Tribe**	
Matthew Whitacre Lower Elwha Klallam Tribe		**Lower Elwha Klallam Tribe**	
Brent Simcosky Jamestown S'Klallam Tribe		**Jamestown S'Klallam Tribe**	
Sammy Mabe Suquamish Tribe		**Suquamish Tribe**	
Jolene George Port Gamble S'Klallam Tribe		**Port Gamble S'Klallam Tribe**	

Executive Director's Report

Prepared for the September 10, 2018 Board Meeting

Top 3 Things to Track #KeepingMeUpAtNight

1. OCH issued the first payment ($0.01 cents each) to Implementation Partners and has already uncovered glitches. It is becoming clear that the Financial Executor Portal may have a steep learning curve.
2. The community-based organizations (CBO) and social service (SS) organizations have been at the table for two years and still await the release of the CBOSS Change Plan. Some CBO partners have expressed a frustration at the progress that has been made. We run the risk of losing engagement from this key group if we cannot finalize the CBOSS Change Plan and accompanying MTP payment soon.
3. We are receiving numbers from Implementation Partners on the number of Medicaid served in 2017. It is becoming increasingly clear that this methodology may not be suitable for the long run, as we hear receive questions and feedback from partners on our request.

OCH MEETINGS

- September 13, 3 County Coordinated Opioid Response Project Prevention Workgroup, Poulsbo
- September 25, Executive Committee meeting, virtual
- September 27, Finance Committee meeting, virtual
- September 28, Performance Measurement and Evaluation Committee, Poulsbo
- October 1, Contract Management and Compliance Committee, virtual
- October 17, Second Annual Opioid Summit at the Suquamish Clearwater Conference Center *(Please click here to review the draft agenda and register!)*
- November 2, Board Retreat, Lower Elwha Klallam Tribe, Little Boston

CONSENT AGENDA

The Consent Agenda this month contains two action items in addition to the September Board minutes.

1. *Personnel Policy* - The Executive Committee is recommending this policy to the Board, 3-1. As a background, the OCH Board of Directors approved the OCH personnel policy on September 11, 2017 with the intention to review the policy at the August 2018 Board meeting. At the August 13, 2018 Board meeting, the Board approved the policy pending review by OCH's HR consultant, which has since occurred. The policy in the Board packet includes revisions to align with actual, current, day-to-day practices, to make the policy more concise and remove repetitive language/sections. Since the August 2018 Board meeting, the policy was again revised to incorporate comments from three Board members and OCH's HR consultant.
2. *Fiscal Policies and Procedures* – the Finance Committee is recommending that the Board approve the revised document to be consistent with new internal operating policies, procedures and staffing.

UPDATES

Financial Executor Portal Test Run

The OCH Team authorized a test payment from the Financial Executor Portal to OCH and Implementation Partners for $0.01 each for a total of $0.17. The reason for this test is because we heard reports of a 5-10% failure rate from other ACHs in payments from the Financial Executor Portal. Most of these are due to incorrect bank account information. Our hope is to identify all errors and get them fixed prior to September 17, when we hope to make the 1st payment to Implementation Partners. We already found a few glitches, as some

Implementation Partners had no or inaccurate account information. As the saying goes: *Watch the pennies and the dollars will take care of themselves!*

2019 OCH Budget

OCH financials are included in this month's Board packet. We will be under budget heading into September. The Finance Committee met in August to review and provide input into a draft 2019 budget. The Treasurer will present a draft 2019 Budget at the October Board meeting for discussion and input. The final 2019 Budget will be presented as an action item in December 2019. With a full year of operations and financial reporting under our belt as an independent entity, we believe we will be closer to approximating a 2019 budget than we were when approximated the 2018 budget.

Change Plans

OCH received 30 Physical and Behavioral Health Change Plans from 23 partners (19 partner contracts) across the three counties: 4 hospitals, 12 primary, 8 mental health agencies and 5 substance use disorder treatment providers. The Change Plans are undergoing internal review. There is still time for Indian Health Care Provider's to submit a PHBH Change Plan.

The first draft of the Community-Based Organization/Social Services (CBOSS) Change Plan has been completed and is under internal review. We hope to get it in circulation by the third week of September.

Implementation Partners		
Clallam	Jefferson	Kitsap
1. Forks Community Hospital o Bogachiel and Clallam Bay Primary Care Clinics o West End Outreach Services 2. Sophie Trettevick Indian Health Center 3. Olympic Medical Center Hospital o Olympic Medical Physicians 4. Jamestown S'Klallam Tribe 5. North Olympic Healthcare Network 6. Olympic Personal Growth 7. Peninsula Behavioral Health 8. Reflections Counseling Services Group	1. Jefferson Healthcare Hospital o Jefferson Healthcare Primary Care 2. Beacon of Hope, Safe Harbor Recovery 3. Discovery Behavioral Healthcare	1. CHI Franciscan Harrison Medical Center o Northwest WA Family Medical Residency o CHI Franciscan Harrison Health Partners 2. Kitsap Children's Clinic 3. Kitsap Medical Group 4. Peninsula Community Health Services 5. Port Gamble S'Klallam Tribe 6. Kitsap Mental Health Services 7. Kitsap Recovery Center 8. West Sound Treatment Center

Deliverables to the HCA

The OCH Team is working on an October 1 deadline to submit the Implementation Plan to the HCA. After this MTP deliverable, the reporting slows down a bit for the remainder of MTP to biannually.

The State Innovation Model (SIM) Grant ends January 31, 2019. OCH is working to complete a desk audit for the HCA due September 10, 2018.

Premera Visit

Premera received a significant tax credit due to the 2017 Tax Cuts and Jobs Act and plans to invest $200 million in Washington State over the next five years. The intent is to heavily leverage existing investments, hence Premera's interest in leveraging investments from the MTP. Premera asked OCH helped coordinate a site visit with healthcare leadership from Jefferson and Clallam counties on August 27-28.

Olympic region attendees:

- Wendy Sisk, CEO Peninsula Behavioral Health
- Kate Weller, MD CMO North Olympic Healthcare Network
- Brent Simcosky, CEO Jamestown Family Health Clinic27 & 28
- Tim Cournyer, CEO, Forks Community Hospital
- Heidi Anderson, RN, CNO, Forks Community Hospital
- Mike Glenn, CEO, Jefferson Healthcare
- Hilary Whittington, CFO/CAO Jefferson Healthcare
- Eric Lewis, CEO Olympic Medical Center
- Josh Jones, MD, CMO, Olympic Medical Physicians
- Lorraine Wall, RN, CNO/COO, Olympic Medical Center
- Elya Prystowsky, PhD, Executive Director, Olympic Community of Health

Premera attendees:

- Kitti Cramer, Executive Vice President
- Shawn West, M.D., Medical Director
- Leonard Sorrin, Vice President
- Steve Kipp, Vice President
- Janet Sowards, Senior Clinician
- Gavin Boileau, Camber Collective
- Ben Jenson, Camber Collective

CMS visits the Olympic region

HCA asked OCH to host CMS for a site visit on August 23. The visit included staff from HCA, CMS, OCH, and three OCH Board Members: Brent Simcosky, Mike Maxwell and Roy Walker. The purpose of the visit was to orient CMS to accountable communities of health, generally, and to OCH specifically. OCH provided information about the 3 County Coordinated Opioid Response Project and our approach to the Medicaid Transformation Project, included fund allocation and Change Plans. CMS inquired about the various domains in the toolkit, Tribal engagement and about sustainability. The visit was hosted by Jamestown S'Klallam Tribe in Blyn.

3 County Coordinated Opioid Response Project (3CCORP)

- The Six Building Blocks (6BB) has successfully launched in our region! OCH executed a contract with the UW for a formal start date of September 1, 2018. The Jamestown Family Health Clinic is the first regional clinic to implement the 6BBs and the Northwest Family Medicine Residency program will be the second.
- Lisa Rey co-hosts weekly calls for ACHs and Tribes around the state to collaborate on the opioid response project. This work has caught the interest of the Governor's Office as well as leadership at HCA, DOH, and DBHR. In collaboration with the governor's office we are hosting an in-person meeting on September 14, 10am-3pm at the Criminal Justice Training Center in Burien. Attendees include the ACH/Tribe opioid project leads, the American Indian Health Commission of WA State, and state opioid leaders. The goal is to more closely align efforts between ACHs, Tribes, and the state.
- Forks Hospital, the Bogachiel Clinic, and West End Outreach Services invited a team to come to Forks to do a presentation on the 6BBs and Mediation Assisted Treatment. Mary Catlin (DOH), Drs. Laura-Mae Baldwin and Michael Parchman (6BB team from UW and the MacColl Center for Healthcare Innovation within the Kaiser Permanente Washington Health Research Institute, respectively), Dr. Ann Bruce (Addiction Specialist at PCHS), and Lisa Rey traveled to Forks for this presentation on August 24. Preventing opioid misuse and

abuse, improving access to the full spectrum of best practices for the treatment of opioid use disorder, and reducing opioid related morbidity and mortality are important goals of 3CCORP. Thank you for this opportunity, for the great hospitality, and for the important questions and discussion!

- **Save the date!** October 17 is the Second Annual Opioid Summit at the Suquamish Clearwater Conference Center, 12:30-4:30pm. Please click here to review the draft agenda and register!

Community and Tribal Engagement

- Lisa Rey joined Jessie Dean and Lena Nachand from HCA and Vicki Lowe from the American Indian Health Commission of WA State to meet with Tribes/IHCPs to discuss the IHCP specific project plans and the OCH MTP change plans. Together we visited the Sophie Trettevick Indian Health Center at Makah, the Hoh Tribe, the Quileute Tribe, and the Lower Elwha Tribe. Jessie, Lena, and Vicki are scheduling or have scheduled meetings with Jamestown Tribe, Suquamish Tribe, and Port Gamble S'Klallam Tribe.
- Lisa Rey and others on the OCH Team continue to zoom around our region to meet with partners and strengthen collaboration.

  Community Partner Meetings
  - August 14, SBHO Providers meeting, Sequim
  - August 15, meeting with Quileute, La Push
  - August 16, meeting with Makah Sophie Trettevick Indian Health Center, Neah Bay
  - August 17, SBHO Executive Committee, Blyn
  - August 20, Clallam NCC Convening, Port Angeles
  - August 21, Jefferson NCC Convening, Port Townsend
  - August 22, Monthly regional Opiate Treatment Network, conference call
  - August 22, YMCA Pierce and Kitsap Counties, Poulsbo
  - August 22, Kitsap Children's Clinic meeting, Silverdale
  - August 23, CMS/HCA site visit, Sequim
  - August 24, Meeting with Forks Hospital, Bogachiel Clinic, and West End Outreach Services, Forks
  - August 28, Meeting with Lower Elwha Klallam Tribe, Lower Elwha
  - August 29, Kitsap NCC Convening, Silverdale
  - August 30, Meeting with Olympic Peninsula Health Services, Hadlock
  - August 31, Meeting with WA State Opioid Treatment Authority, conference call
  - September 5, Monthly Tribal/IHCP/HCA meeting, webinar
  - September 7, SBHO Advisory Board meeting, Sequim

Executive Director ANTARCTICA Expedition

I am going on an expedition trip to Antarctica in January from January 2-18. We may be cancelling the January 2019 OCH Board Meeting. Stay tuned! #babypenguins

Olympic Community of Health
Balance Sheet
As of July 31, 2018

	Jul 31, 18
ASSETS	
Current Assets	
Checking/Savings	
Petty Cash	500
First Federal Checking	77,155
First Federal Savings	872,074
Fidelity - Money Market	30,976
Total Checking/Savings	980,704
Other Current Assets	
Prepaid Expenses	2,597
Total Other Current Assets	2,597
Total Current Assets	983,301
Other Assets	
US Treasury Notes	4,485,482
Accrued Interest Receivable	17,379
Total Other Assets	4,502,861
TOTAL ASSETS	5,486,162
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	36,558
Total Accounts Payable	36,558
Other Current Liabilities	
Deferred Grant Revenue	
Design Funds	5,355,045
Total Deferred Grant Revenue	5,355,045
Wages Payable	32,880
Payroll Taxes Payable	12,172
Total Other Current Liabilities	5,400,098
Total Current Liabilities	5,436,656
Total Liabilities	5,436,656
Equity	
Unrestricted Net Assets	(4,901)
Net Income	54,408
Total Equity	49,507
TOTAL LIABILITIES & EQUITY	5,486,162

Olympic Community of Health
Profit & Loss Budget vs. Actual
January through July 2018

	Jan - Jul 18	Budget	$ Over Budget
Ordinary Expense			
Total Personnel	273,206	387,969	(114,764)
Office Expense	3,047		
Professional Services			
Legal	2,480	8,750	(6,270)
Contract Services			
Data Analytics	42,763	81,667	(38,904)
General IT Interoperability	15,360	29,167	(13,807)
Health Exchange Info Systems	45,786	23,333	22,452
MTP Implementation & Funds Flow	83,097	43,750	39,347
HR	500	1,167	(667)
CPA services	3,800	2,917	883
Health Systems/Hospitals	-	14,583	(14,583)
Bi-Directional Care Integration	-	14,583	(14,583)
Total Contract Services	191,306	211,167	(19,861)
Other Professional Services	5,625	29,167	(23,542)
Total Professional Services	199,411	249,083	(49,673)
Consumer Engagement Direct Cost	-	8,750	(8,750)
Administrative Services			
Payroll & Bookkeeping expense	5,804	8,750	(2,946)
Audit	7,848	4,521	3,327
Occupancy	18,117	29,167	(11,050)
Total Administrative Services	31,769	42,438	(10,669)
Professional Development	3,671	4,083	(412)
Travel Expense	15,805	18,667	(2,862)
Communcations	2,645	2,800	(155)
Subscriptions	1,694	1,750	(56)
Supplies	3,085	7,000	(3,915)
Events	3,846	3,208	638
Food	1,791	3,500	(1,709)
Insurance Expense	2,138	2,917	(778)
Reserved Fund	-	2,188	(2,188)
Miscellaneous	1,942	2,917	(975)
Total Expense	544,050	737,269	(193,219)
Other Income/Expense			
Other Income			
Interest Income	31,658		
Dividend Income	724		
Unrealized Gain/(Loss) on Inves	2,234		
Total Other Income	34,616		
Net Other Income	34,616		

Olympic Community of Health
Profit & Loss by Class
January through July 2018

	1 - Administration & Governanc (SIM)	Health Improvement Plannin (SIM)	Health & Delivery Syste (SIM)	2a - Opioid Project (SIM)	Project Plan Developme (Design)	2 - Engagement (Design)	3a - Administration (3 - Adm/Project Mgmt)	3b - Project Manageme (3 - Adm/Project Mgmt)	Total 3 - Adm/Project Mgm (Design)
Ordinary Income/Expense									
Income									
Contributions	-	-	-	-	-	-	-	-	-
Grant Income	100,829	7,947	905	17,278	1,781	100,931	106,327	141,434	247,760
Total Income	100,829	7,947	905	17,278	1,781	100,931	106,327	141,434	247,760
Expense									
Personnel									
Payroll Expenses									
Wages									
Executive Director	24,503	721	638	225	-	11,649	18,573	16,373	34,946
Staff Salaries	26,895	5,711	-	13,336	196	26,793	42,031	42,268	84,298
Total Wages	51,398	6,432	638	13,561	196	38,442	60,603	58,640	119,244
Payroll Taxes									
FICA	5,184	473	31	1,005	14	2,849	2,659	5,478	8,138
SUTA	706	70	3	159	2	300	218	611	828
L&I	774	99	4	118	1	274	135	322	458
Total Payroll Taxes	6,665	642	38	1,282	17	3,423	3,012	6,411	9,424
Total Payroll Expenses	58,063	7,074	676	14,844	213	41,865	63,616	65,052	128,668
Employee Benefits									
Health Insurance	3,497	80	18	651	17	1,660	2,218	4,331	6,548
SEP Expense	2,055	193	19	407	6	1,153	1,054	2,201	3,255
Total Employee Benefits	5,552	273	38	1,058	23	2,813	3,271	6,532	9,803
Total Personnel	63,615	7,348	714	15,901	236	44,678	66,887	71,584	138,471
Office Expense	-	-	-	-	-	-	3,047	-	3,047
Professional Services									
Legal	-	-	-	-	-	-	-	2,480	2,480
Contract Services									
Data Analytics	-	-	-	-	1,545	28,599	-	12,619	12,619
General IT Interoperability	-	-	-	360	-	-	-	-	-
Health Exchange Info Syster	-	-	-	-	-	-	-	-	-
MTP Implementation & Fund	21	-	-	-	-	18,634	23,384	41,058	64,442
HR	250	-	-	-	-	-	250	-	250
CPA services	2,875	-	-	-	-	-	925	-	925
Total Contract Services	3,146	-	-	360	1,545	47,233	24,559	53,677	78,236
Other Professional Services	-	-	-	-	-	-	-	5,625	5,625
Total Professional Services	3,146	-	-	360	1,545	47,233	24,559	61,782	86,341
Administrative Services									
Payroll & Bookkeeping expens	4,100	-	-	-	-	-	1,704	-	1,704
Audit	4,500	-	-	-	-	-	3,348	-	3,348
Occupancy	10,896	42	18	386	-	1,712	1,811	3,198	5,009
Total Administrative Services	19,496	42	18	386	-	1,712	6,863	3,198	10,061
Professional Development	3,462	-	-	-	-	-	209	-	209
Travel Expense	4,502	552	167	471	-	3,379	2,719	3,196	5,915
Communications	1,288	5	2	128	-	390	255	571	825
Subscriptions	504	0	6	31	-	280	384	488	872
Supplies	1,851	-	-	-	-	58	817	360	1,177
Events									
Rental (venue, A/V)	-	-	-	-	-	-	(45)	-	(45)
Events - Other	97	-	-	-	-	2,707	116	54	170
Total Events	97	-	-	-	-	2,707	71	54	125
Food	-	-	-	-	-	-	-	-	-
Insurance Expense	1,742	-	-	-	-	-	396	-	396
Miscellaneous	1,126	-	-	-	-	495	121	200	321
Total Expense	100,829	7,947	905	17,278	1,781	100,931	106,327	141,434	247,760
Net Ordinary Income	-	-	-	-	-	-	-	-	-
Other Income/Expense									
Other Income									
Interest Income	-	-	-	-	-	-	-	-	-
Dividend Income	-	-	-	-	-	-	-	-	-
Unrealized Gain/(Loss) on Inves	-	-	-	-	-	-	-	-	-
Total Other Income	-	-	-	-	-	-	-	-	-
Net Other Income	-	-	-	-	-	-	-	-	-
Net Income	-	-	-	-	-	-	-	-	-

Olympic Community of Health
Profit & Loss by Class
January through July 2018

	1 - , 4 - IT (Design)	- Health Systems & Community (Design)	5 - DSRIP Funds	MCO Contributions	Other	TOTAL
Ordinary Income/Expense						
Income						
Contributions	-	-	-	2,000	20,000	22,000
Grant Income	62,638	1,772	-	-	-	541,842
Total Income	62,638	1,772	-	2,000	20,000	563,842
Expense						
Personnel						
Payroll Expenses						
Wages						
Executive Director	869	832	-	-	-	74,383
Staff Salaries	92	128	-	-	-	157,450
Total Wages	961	960	-	-	-	231,833
Payroll Taxes						
FICA	91	53	-	-	-	17,839
SUTA	11	2	-	-	-	2,080
L&I	5	2	-	-	-	1,735
Total Payroll Taxes	107	57	-	-	-	21,654
Total Payroll Expenses	1,068	1,017	-	-	-	253,487
Emplolyee Benefits						
Health Insurance	45	55	-	-	-	12,572
SEP Expense	37	21	-	-	-	7,146
Total Emplolyee Benefits	82	76	-	-	-	19,718
Total Personnel	1,149	1,093	-	-	-	273,206
Office Expense	-	-	-	-	-	3,047
Professional Services						
Legal	-	-	-	-	-	2,480
Contract Services						
Data Analytics	-	-	-	-	-	42,763
General IT Interoperability	15,000	-	-	-	-	15,360
Health Exchange Info Syste	45,786	-	-	-	-	45,786
MTP Implementation & Fund	-	-	-	-	-	83,097
HR	-	-	-	-	-	500
CPA services	-	-	-	-	-	3,800
Total Contract Services	60,786	-	-	-	-	191,306
Other Professional Services	-	-	-	-	-	5,625
Total Professional Services	60,786	-	-	-	-	199,411
Administrative Services						
Payroll & Bookkeeping expens	-	-	-	-	-	5,804
Audit	-	-	-	-	-	7,848
Occupancy	27	27	-	-	-	18,117
Total Administrative Services	27	27	-	-	-	31,769
Professional Development	-	-	-	-	-	3,671
Travel Expense	673	146	-	-	-	15,805
Communcations	3	4	-	-	-	2,645
Subscriptions	0	2	-	-	-	1,694
Supplies	-	-	-	-	-	3,085
Events						
Rental (venue, A/V)	-	-	-	-	-	(45)
Events - Other	-	500	417	-	-	3,891
Total Events	-	500	417	-	-	3,846
Food	-	-	1,263	528	-	1,791
Insurance Expense	-	-	-	-	-	2,138
Miscellaneous	-	-	-	-	-	1,942
Total Expense	62,638	1,772	1,680	528	-	544,050
Net Ordinary Income	-	-	(1,680)	1,472	20,000	19,792
Other Income/Expense						
Other Income						
Interest Income	-	-	-	-	31,658	31,658
Dividend Income	-	-	-	-	724	724
Unrealized Gain/(Loss) on Inves	-	-	-	-	2,234	2,234
Total Other Income	-	-	-	-	34,616	34,616
Net Other Income	-	-	-	-	34,616	34,616
Net Income	-	-	(1,680)	1,472	54,616	54,408

MEMORANDUM OF UNDERSTANDING

between
PUGET SOUND REGIONAL FIRE AUTHORITY
OLYMPIC COMMUNITY OF HEALTH
GREATER COLUMBIA ACCOUNTABLE COMMUNITY OF HEALTH
UNIVERSITY OF WASHINGTON VALLEY MEDICAL CENTER
QUAD AIM PARTNERS

THIS MEMORANDUM OF UNDERSTANDING "MOU" is entered into by and between the Olympic Community of Health (OCH), Greater Columbia Accountable Community of Health (GCACH), University of Washington Valley Medical Center (UW VMC), Puget Sound Fire Regional Fire Authority (RFA), and Quad Aim Partners (QAP) collectively referred to as "Parties."

RECITALS

The purpose of this MOU is to establish the terms of a collaboration between the Parties to participate in the Heath Commons Project - - a project to build connected and sustainable systems for whole-person care, called "Natural Communities of Care."

AGREEMENT

In consideration of the mutual rights and obligations established herein, the parties agree as follows:

1. **Collaborative Activities:** The Parties agree to cooperatively and collaboratively work toward achieve the following goals:

   1.1. Create partnerships (MOUs) with health and social service providers to pilot test new workflows and technologies that digitally connect health and social service providers together into Natural Communities of Care.

   1.2. Deliver information/data needed by Natural Community of Care partners to deliver better value care (e.g., service eligibility/availability, care team, care plan, service utilization, etc.)

   1.3. For target population (high-needs cohort), increase engagement in community-based services in Natural Community of Care and decrease utilization of emergency / crisis services (e.g., 9-1-1 calls, emergency department visits, and inpatient hospital utilization)

2. **Future Agreements.** The parties believe a Collaborative Agreement across agencies and communities would provide the highest level of product and service to community members with the least duplication and at the lowest cost; therefore, facilitating new functions that would not have been possible if attempted as individual parties. Accordingly, the Parties agree to work toward establishing formal agreements to allow the Parties to collaboratively carry out the following activities.

2.1. Co-develop and pilot a next generation "Health Commons Communication Network" (Commons Network) .

2.2. Co-develop a Commons Toolkit, allowing the sharing of planning and prototyping across agency and community.

2.3. Establish a learning collaborative to share new workflows and best practices.

2.4. Reduce the costs for individual health and social service agencies by distributing costs of the Commons Network across multiple counties .

2.5. Raise additional funds to support the Commons Network through grants, public-private partnerships, and other sources.

2.6. Jointly contract with vendors to achieve economies of scale and reduce costs.

3. **Liability:** The parties acknowledge that this MOU does not alter applicable law governing the potential liability of any party or employee or agent thereof. This MOU is not intended, and should not be construed, to create any right or benefit, substantive or procedural, enforceable at law or otherwise by any third party against the parties hereto or by any party against the other.

4. **Term.** This Memorandum of Understanding shall be effective on mutual execution of both parties and shall and shall remain in force until the pilot project is completed or until either Party provides written notice of cancellation to the other Party.

Puget Sound Regional Fire Authority

By:_____
Matthew Morris, Chief

Dated:_____

Olympic Community of Health

By:_____

Dated:_____

Greater Columbia Accountable Community of Health

By:_____

Dated:_____

University of Washington Valley Medical Center

By:_____

Dated:_____

Quad Aim Partners

By:_____

Dated:_____

Accelerate your Community's Transformation to Whole-Person Care

THE HEALTH COMMONS PROJECT

"Where people combine their talents and efforts to design organized services for patients and local communities, extraordinary change can result."

- Atul Gwande, Cowboys and Pit Crews

Olympic COMMUNITY of HEALTH

Why are communities struggling to deliver whole-person care?

Today, health and social service providers in the community work on “care islands” - - while they appear close in proximity, communication and reporting barriers make it difficult for providers to track and coordinate care as an integrated team.

Communities with fragmented systems of care struggle to deliver whole-person care and produce relatively low achievement in population health and well-being.

Olympic COMMUNITY of HEALTH

How communities are improving population health and well-being

To improve population health and well-being, health and social service agencies are breaking down care silos to create connected and sustainable systems for delivery of whole-person care - - systems where providers work together to direct their specialized capabilities towards common goals for individuals and populations.

To create these fully integrated systems of care, communities are:

1. Aligning people, processes, and incentives across organizations and sectors: medical, dental, behavioral, social service, first responders, housing, transportation, legal, education, etc.

2. Connecting organizations and sectors to a common technology infrastructure that enables information sharing and dissemination of best practices

Olympic COMMUNITY of HEALTH

What is the Health Commons Project?

We are group of PNW communities, provider organizations, and technologists dedicated to creating connected and sustainable systems for delivery of whole-person care. We call these new systems Natural Communities of Care.

Building Natural Communities of Care

A Natural Community of Care is a fully integrated system of care where health and social service providers work together to ensure there is “No Wrong Door” for people to access the care and services they need. A Natural Community of Care is designed to improve the population health and well-being of individuals and populations.

Olympic COMMUNITY of HEALTH

What is the Health Commons Network?

The Health Commons Network

A Natural Community of Care is powered by a technology platform, called the Health Commons Network (Commons). The Commons is a communication network that digitally connects health and social service agencies in a community. Where agencies in a Natural Community of Care are connected to the Commons:

1. Providers can share the information needed to coordinate and track care as an integrated team
2. Organizations can disseminate strategies, workflows, and best practices that improve population health and well-being.

Before the Commons Network

After the Commons Network

Olympic COMMUNITY of HEALTH

How does the Health Commons Network work?

The Health Commons Network

The Commons supports a wide range of digital tools including Electronic Health Record, eReferral, Health Information Exchange, eConsult, Secure Chat, Digital Consent and Remote Monitoring.

The Commons is vendor agnostic. The Commons Project Team works with your organization to identify and implement best-in-class technology based on what is best for each pilot test / use case.

The Commons operates like a public utility. Partnering organizations in a Natural Community of Care develop a financial model to sustain the Commons. Each organization that connects to the Commons uses their voice to drive system improvements.

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Community pioneers committed to the Health Commons Project

THE HEALTH COMMONS PROJECT

Olympic Health Commons Project

Clallam Commons Pilot

- Addressing the Opioid Use Public Health Crisis
- Primary Care / Behavioral Health Integration
- Community-Based Care Coordination

Greater Columbia Health Commons Project

Kittitas Commons Pilot

- Improving Transitional Care
- Community-Based Care Coordination

South King Health Commons Project

South King Commons Pilot

- Improving Diversion Care
- Community-Based Care Coordination

South King Health Commons Pilot Project

Olympic COMMUNITY of HEALTH

How to set up your Natural Community of Care

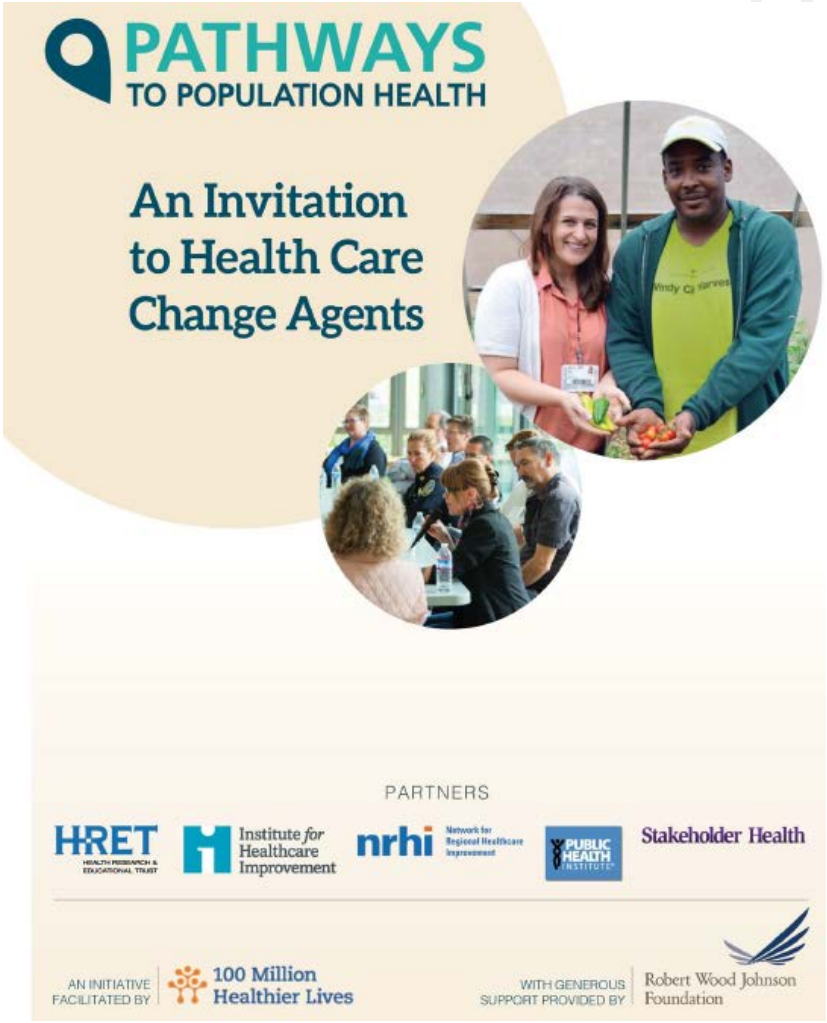
Building Natural Communities of Care

The Health Commons Network

When you join the Health Commons Project, you are assigned a Commons Project Team.

The team works with your organization at the “grassroots” level to create and sustain a Natural Community of Care and connect to the Health Commons Network.

The team follows IHI’s Pathways to Population Health Framework (http://www.pathways2pophealth.org/) to ensure that your voice and goals are fully understood and there is a plan for success.



Olympic COMMUNITY of HEALTH

The Commons Project Team guides you through the following steps

DRAFT

Phase I: LEARN

1. Identify key stakeholders within your organization and across organizations / sectors
2. Work at the "grassroots" level to ensure your voice and goals are fully understood
3. Understand the current gaps in care affecting community members and patients
4. Define a shared vision of your community goals, success measures, and team commitments
5. Prioritize which community services you would like to connect to the Health Commons Network

Phase II: ACT

1. Design workflows to support connectivity between agencies
2. Match needs / wants of agencies to best-in-class innovations
3. Complete pilot test of new workflows / technologies, prove utility, and connect to the Heath Commons Network
4. Roll out the Health Commons Network to Natural Community of Care stakeholders until services are fully integrated

Phase III: IMPROVE

1. Establish benchmark and target measures
2. Complete "Plan-Do-Study-Act" (PDSA) cycles until target measures are reached
3. Measure and sustain Health Commons Network in partnership with regional Accountable Communities of Health and Managed Care Organizations

THE HEALTH COMMONS PROJECT

DRAFT

To learn more about joining the Health Commons Project, send us a quick description of:

- Your agency, services you offer, geography you cover and population you serve
- Agencies you partner with and how you communicate with those agencies today
- If you joined the Health Commons Project, what would success look like

For inquiries in Olympic Peninsula, contact Elya Prystowsky at Elya@olympicch.org

Olympic COMMUNITY of HEALTH

Olympic Community of Health

S.B.A.R. Olympic Digital HIT Commons Budget Authorization

Presented to the OCH Board of Directors September 10, 2018

Situation

The pilot for the Olympic Digital HIT Commons (Commons) is completed, on time and on budget ($90,000). There are no additional funds authorized in the budget to continue.

Background

The Commons is a technological platform that connects health and social service providers together to improve patient/client care transitions into one e-referral network. The pilot use care was an e-referral between a primary care provider and substance use disorder treatment provider for shared patients with opioid use disorder.

Action

OCH will enter into a partnership with Puget Sound Fire, Greater Columbia ACH, Quad Aim Partners, and UW Valley Medical Center to continue develop the Commons, share lessons learned, gain computing efficiencies, and identify and secure additional funding sources. In October and December, OCH will review the 2019 budget which would include ongoing expense for the Commons. There are MTP funds set aside for the Commons for 2019-2021 in the approved OCH fund allocation model.

Recommendation

The Board authorizes a $50,000 budget increase to continue the Digital HIT Commons through 2018.