Olympic Community of Health
Agenda

Board of Directors Meeting
August 13, 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

- Agree on Fund Allocation model for 2018
- Enter into a partnership with Arcora Foundation
- Approve the revised OCH Personnel Policy

AGENDA (Action items are in red)

#	Time	Topic	Purpose	Lead	Attachment	Page #
1	1:00	Welcome and Approve Agenda	Action	Roy		
2	1:05	Consent Agenda	Action	Roy	1. DRAFT: Board Minutes: July 9, 2018 2. Executive Director's Report	1-4 5-9
3	1:10	Fund Allocation Recommendation	Action	Elya	3. SBAR: OCH Fund Allocation Recommendation	10-15
4	1:40	Integration Pilot Proviso	Information and Action	Joe Anders	4. SBHO Integration Pilot Proviso 5. SWOT: Analysis of an OCH position on the SBHO Integration Pilot Proviso	16 17-19
5	2:20	Board Alternates	Action	Elya	6. SBAR: Board Alternates and Retirements	20
6	2:30	Local Impact Network: A Partnership between OCH and ARCORA Foundation	Action	Elya Glenn	7. DRAFT MOU: OCH and Arcora	21-22
7	2:40	OCH Personnel Policy	Action	Maggie	8. Summary of changes to Personnel Policy 9. REVISED OCH Personnel Policy	23-24 25-52
8	3:00	Adjourn		Roy		

Acronyms
Arcora: Arcora Foundation (formerly the Washington Dental Services Foundation)
MOU: Memoranda of Understanding
MTP: Medicaid Transformation Project
SBAR: Situation. Background. Action. Recommendation.
SBHO: Salish Behavioral Health Organization
SWOT: Strengths. Weaknesses. Opportunities. Threats.

Olympic Community of Health

Meeting Minutes

Board of Directors

July 9, 2018

Date: 07/09/2018	**Time: 1:05-3:02**	**Location:** Norm Dicks Government Center, Chambers

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

Members Attended In-Person: Caitlin Safford, *Amerigroup;* Chris Frank, *Clallam County Public Health;* Tim Cournyer, *Forks Hospital;* Bobby Beeman, Olympic Medical Center; Anders Edgerton, *Salish Behavioral Health;* Jennifer Kreidler-Moss, *Peninsula Community Health Services*; Gary Kriedberg, *Harrison Health Partners*; Andrew Shogren, *Suquamish Tribe;* Wendy Sisk (alt. Joe Roszak), *Peninsula Behavioral Health;*
Dale Wilson, *Olympic Action Program;* David Cundiff, *Quileute Tribe;*

Members Attended via Telephone: Brent Simcosky, *Jamestown S'Klallam Tribe;* Dan Vizzini, Hilary Whittington, *Jefferson Health Center;* Libby Cope, *Makah Tribe;*

Non-Voting Members Attended: Laura Johnson, *United Health Care;* Jorge Rivera, *Molina;* Mike Maxwell, *North Olympic Healthcare Network* (via phone, alt. Jennifer Kreidler-Moss)*;* Kat Latet, *CHPW (*via phone)

Guests and Consultants: Rob Arnold, *Quad Aim Consulting;* Dan Vizzini, *OHSU* (via phone)*;* Amy Etzel, *DOH* (via phone)*;* Michelle Chapdelaine, *Kaiser Permanente Group Health Research* (via phone)*;* Larry Thompson, *Arcora Foundation;* Lena Nachand, *HCA;* Maria Klemesrud, *Qualis/DOH;* G'Nell Ashley, *Reflections Counseling* (via phone); Siri Kushner, *Kitsap Public Health District;* Rochelle Doan, *Kitsap Mental Health Services*

Staff: Elya Moore, Grace McCallister, Margaret Hilliard, JooRi Jun, Miranda Berger, Lisa Rey Thomas

Person Responsible for Topic	Topic	Discussion/Outcome	Action/Results
Roy Walker	**Welcome and Introductions**	Meeting Called to order at 1:03 pm *Board introduced to Miranda Berger, as new staff member of OCH*	
Roy Walker	**Consent Agenda**	Approval of Consent Agenda and minutes from June 11, 2018	June 11th Board Minutes **Motion Moved. Motion Carries Unanimously**
Elya Prystowsky Rob	**Olympic HIT Digital Commons:**	- Formerly called Apple Integrator. Commons is an e-referral network that connects health and social service providers together to improve patient care. - Board approved the first use case	- Finalize funding allocation with Funds Flow Workgroup - Bring proposal and budget to future Board meeting

		- Since the last update, the vendors approved the system going live, and have obtained the Business Associated Agreement. - Partners are now able to process patient transactions between agencies and are HIPAA compliant. - Individuals provide consent enabling the records to be shared between partners. - Next steps are to add partners, add more use cases, or expand. - Fee structure based off volume is being considered - There are several possibilities for sponsors. There is a benefit to the MCOs for providers to use this platform. - There must be a commitment from the provider network before moving forward - Is this just getting people "in line faster" for the same limited resources? - Digital HIT Commons is the most innovative thing OCH is doing - Board requests to hear from the piloters directly, requests staff to seek other investors, and requests more information on who is in	
Roy Walker Elya Prystowsky	**All-payer Collaborative**	- Going to a Medicaid focused model, to an all-payer focused model. - Notion was presented to Executive committee - Recurring theme that transformation cannot be focused on Medicaid only	
Elya Prystowsky	**Board Alternates, Board Member Replacements and Removals**	- Chris Frank has resigned - David Wunderlin has left Kitsap Community Resources - Tom Locke requests an Alternate	Motion 1: The Board approves the nomination of Dr. Scott Kennedy to serve as Dr. Tom Locke's Alternate for the *Oral Health* sector seat on the OCH Board of Directors, effective immediately. **Motion Moved,**

			Motion Carries Unanimously Motion 2: The Board approves the removal of David Wunderlin as Dale Wilson's Alternate for the *Community Action/Housing* sector, effective immediately. **Motion Moved, One Abstention, Bobby Beeman, Motion Carries** Motion 3: The Board approves the nomination of Vicki Kirkpatrick to replace Dr. Chris Frank starting September 2018 for the P*ublic Health* sector. The Board approves the nomination of Dr. Susan Turner to replace Vicki Kirkpatrick starting September 2018 as the Alternate Member for the *Public Health* sector **Motion Moved, Motion Carries Unanimously**
Elya Prystowsky	**Strategic Partnership: OCH and ARCORA Foundation**	- ARCORA is considering a new funding model, to fund local impact networks at $300-$500k to support anchor strategies to improve access to oral health care - All upside. Only potential downside to this opportunity is that it could be a distraction from MTP, or seen as competitive towards partners applying for grants with Arcora	Proposed Motion: The Board authorizes staff to negotiate a strategic partnership between OCH and the Arcora Foundation to increase our investment in oral health access. **Motion Moved. Motion Carries Unanimously**

Anders Edgerton	**Integration Pilot Proviso**	- There is unanimity among the behavioral health provider group in support of the proviso - In the event it doesn't work, the SBHO is working on a Plan B - Board asked: Is there any chance this bill would pass? Is this a viable option? Is it good for our community? What is the opportunity cost of pursuing this goal? - The first step for the SBHO is to get the resolution through each county legislatures. It is not believed the bill will be introduced this session. - MCOs have a much different perspective on the proviso than the BHO. - Shared agreement that this is a difficult issue	
Elya Prystowsky Dale Wilson Chris Frank Bobby Beeman	Planning for the Board Retreat	- The future of OCH. - Meeting around housing, and not homelessness with the initiative to bring advanced care planning to state and older counties. - Discuss health equity and integrating it into everything we do, and what the health equity lens should look like for OCH.	
Roy Walker	Adjourn	Meeting Adjourn: 3:02	

Acronyms:

HIT: Health Information Technology
NOHN: North Olympic Healthcare Network
OPG: Olympic Personal Growth
HIPAA: Health Insurance Portability and Accountability Act of 1996
NCC: Natural Community of Care
HCA: Health Care Authority
FFWG Funds Flow Work Group
GC ACH: Greater Columbia Accountable Community of Health
MTP: Medicaid Transformation Project
NSACH: North Sound Accountable Community of Health
BHO: Behavioral Health
OCH: Olympic Community of Health

Top 3 Things to Track #KeepingMeUpAtNight

1. Syncing fund allocation and performance measurement for the Medicaid Transformation Project (MTP) will be a complex task. Designing a fund allocation model now that can evolve each year with MTP is taking a good deal of forethought and planning.
2. It is difficult to find the time to step out of the whirlwind of the MTP for long enough to carefully think through the November 2 Board Retreat and how to prepare for an important conversation about the future role of OCH.
3. The Physical Health and Behavioral Health Change Plans and provider contracts are rolling in. The Change Plan template is loaded into ORCA. We are out of the gates and running and I keep neurotically asking myself "Did we think of everything?", "Are we forgetting anyone?", "Did we hear everyone?".

OCH Meetings

- July 13, Funds Flow Workgroup, Port Angeles
- July 24, Executive Committee Meeting, Virtual
- July 26, Finance Committee Meeting, Virtual
- August 13, Board Meeting, Poulsbo
- August 20, Clallam Natural Community of Care Convening, Port Angeles
- August 21, Jefferson Natural Community of Care Convening, Port Townsend
- August 28, Executive Committee Meeting, Virtual
- August 29, Kitsap Natural Community of Care Convening, Silverdale
- August 30, 3 County Coordinated Opioid Response (3CCORP) Treatment Workgroup Meeting, Sequim
- September 10, Board Meeting, Poulsbo **Director Sue Birch joins OCH**
- September 13, 3CCORP Prevention Workgroup Meeting
- October 8, Board Meeting, Poulsbo
- October 17, Regional Opioid Summit, Kingston
- November 2, Board Retreat, Lower Elwha Klallam Tribe, Little Boston

ANNOUNCEMENTS

New Addition to the OCH Team

Welcome Daniel! OCH welcomes its new Communications and Development Coordinator, Daniel Schafer. Daniel joins our team after five years as a professor of English at McDaniel College in Maryland. Daniel was educated at Washington State University, where he earned his undergraduate and master's degrees in English. In his free time, Daniel enjoys running and hiking with his wife and son.

Opening the office in Poulsbo

After six months of watching the new office building get built, OCH is finally moving into the new VIBE shared co-working space in Poulsbo in early September. Not only will this space accommodate our larger staff, it is beautiful, hip and full of natural light. See pictures of the new space here.

UPDATES

First Semi-Annual Report Submitted

OCH successfully completed and submitted the first Semi-Annual Report (SAR) to Health Care Authority (HCA) on Monday July 30th, 2018. The SAR accounts for the work that OCH has accomplished from January 1, 2018 to

June 30, 2018. View OCH's SAR on our website. This is the first "pay-for-reporting" requirement for the Medicaid Transformation Project.

Change Plans and Contracts

OCH released the finalized Physical Health and Behavioral Health Change Plans on July 17, 2018. The complementary Implementation Partner Standard Agreement (contract) was released on July 23, 2018. OCH staff are meeting with partners to assist in completing the Change Plans. Completed Change Plans and the contract are due by 5:00 p.m. August 20, 2018. Tribes may return the contract later, based on their own internal review processes. The Community Based Organizations and Social Services (CBOSS) Change Plan will be released in the beginning of September. The OCH Team has met with Peninsula Community Health Services, Kitsap Mental Health Services, Harrison Health Partners, Harrison Medical Center, Harrison NW Family Residency Program, Discovery Behavioral Health, Jefferson Healthcare, Forks Community Hospital and Clinics, Olympic Medical Center, Reflections Counseling, Kitsap Medical and Olympic Personal Growth to help them complete their Change Plans. We have received 3 contracts signed and returned!

OCH Policy and Statewide Engagement

- OCH participated in a site visit between Olympic Medical Center and HCA Director Sue Birch and her team on August 6 in Clallam County to discuss rural hospital payment and global budgeting.
- Elya Prystowsky testified in Olympia with the North Central ACH executive director on July 19 to the Joint Select Committee on Health Care Oversight. View the testimony (fast-forward to the final ~25 minutes)
- OCH continues to participate in the Salish Behavioral Health Organization-led meetings between behavioral health providers and MCOs to prepare providers for integrated managed care in 2020.

OCH Development Activities

- The Premera executive leadership team is coming to Clallam County on August 27 to meet with local healthcare leadership about potential investment strategies in rural health improvement. 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. The organizations involved in the site visit are: Jefferson Healthcare, Olympic Medical Center, North Olympic Healthcare Network, Peninsula Behavioral Health and Jamestown Family Health Center.
- OCH has been talking with the Greater Columbia ACH and Puget Sound Fire about cost sharing for the HIT Digital Commons. We have been discussing shared asks to potential funders or joint grant applications to foundations to shore up funding.

Three County Coordinated Opioid Response Project (3CCORP)

- 3CCORP Overdose Prevention Workgroup met July 11 and reviewed and prioritized next steps as we fold some of the work into the MTP.
- Dr. Chris Frank's last day working for our region was August 3. Chris served as co-chair of 3CCORP since it was launched in September of 2016 and provided critical leadership for our regional opioid response work. We wish Chris all the best! We are in the process of appointing a new co-chair.
- The Six Building Blocks (6BB) has successfully launched in our region! The Jamestown Family Health Clinic held a clinic-wide kickoff event on July 26 and are working closely with the 6BB team. More to come as we roll the 6BBs out across our region!
- Hold the date! October 17 is the Second Annual Opioid Summit at the Village Green in Kingston. We are working on the agenda and have confirmed the 6BB team so far. More to come!
- Lisa Rey has co-hosted 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. Jason McGill from the Governor's office is organizing an in person meeting for ACH and Tribal/Indian Health Care Providers and state leadership likely in September. Collaboration is great!

Community and Tribal Engagement

- OCH is in the process of establishing the Community and Tribal Advisory Committee. The purpose of CTAC is to proactively engage community-based organizations, Tribes, and the beneficiaries of services to ensure that their voice guides and informs the decision making of OCH. Recruitment has been a bit challenging and we will employ the assistance of our new Communications and Development Coordinator to strengthen our efforts.
- OCH has meetings scheduled with Tribal/Indian Heath Providers (IHCP) during the first two weeks of August. These meetings are in collaboration with Jessie Dean and Lena Nachand from HCA and Vicki Lowe from the American Indian Health Commission of WA State. The purpose of these meetings is to support the IHCP Specific Project Plans and the OCH Change Plans, so they complement each other where desired and appropriate.

  Community Partner Meetings
  - July 10, Jefferson County MH/SUD Advisory Committee, Port Townsend
  - July 11, 3CCORP Overdose Prevention Workgroup, Poulsbo
  - July 18, Meet with CEO of Forks Hospital and regional leaders, Forks
  - July 18, Olympic Peninsula Healthy Communities Coalition, Sequim
  - July 25, Monthly regional Opiate Treatment Network, conference call
  - July 25, Sophie Trettevick Indian Health Center, conference call
  - July 25, CHI Franciscan Harrison Medical Center presentation to the Board of Directors, Bremerton
  - July 26, 6 Building Blocks clinic kickoff, Sequim
  - July 27, SBHO 2020 Coordination, Sequim
  - July 30, Jefferson County CHIP, Port Townsend
  - July 31, Quarterly Statewide Opioid Response Workgroup, webinar
  - August 1, Monthly Tribal/IHCP/HCA/DOH meeting, webinar
  - August 1, Kitsap Drug Court, Port Orchard
  - August 3, SBHO Advisory Board, Sequim

TERM LIMITS DUE

Board Member Term Limits

In September, there will be three sectors that will be asked to renew or refill their sector representative. These are Mental Health, Private/Not-for-Profit Hospital and Chronic Disease Prevention across the lifespan. Please refer to the table below for the full list of Sector terms.

Board Member	Service Area	Sector	First Term Completed
Anders Edgerton Director Salish Behavioral Health Organization	Clallam Jefferson Kitsap	**Behavioral Health Organization**	**9/11/2019**
Joe Roszak Executive Director Kitsap Mental Health Services **Alternate - Wendy Sisk**	Kitsap Clallam	**Mental Health** (Medicaid Provider)	**9/11/2018**
Gill Orr Administrator and Provider Cedar Grove Counseling **Alternate - Ford Kessler**	Clallam Jefferson	**Substance Use Disorder Treatment** (Medicaid Provider)	**9/11/2019**
David Schultz Market President CHI Franciscan Harrison Medical Center	Kitsap	**Private / Not for Profit Hospital**	**9/11/2018**
Gary Kreidberg Manager CHI Franciscan Harrison Health Partners **Alternate- TBD**	Kitsap	**Primary Care**	**9/11/2019**
Bobby Beeman Manager, Communications and Public Affairs Olympic Medical Center **Alternate - Eric Lewis**	Clallam	**Public Hospital**	**9/11/2019**
Hilary Whittington Chief Financial Officer Jefferson Healthcare **Alternate - Tim Cournyer**	Jefferson Clallam	**Rural Health**	**9/11/2019**
Jennifer Kreidler-Moss, PharmD Chief Executive Officer Peninsula Community Health Services **Alternate - Mike Maxwell**	Kitsap Clallam	**Federally Qualified Health Clinic**	**9/11/2019**
Andrea Tull Director of External Affairs and Community Development Coordinated Care	Regional	**Medicaid Managed Care**	**Per MCO Rotation Schedule**
Thomas Locke, MD County Health Officer, Jefferson County Public Health **Alternate - Scott Kennedy, MD**	Jefferson Clallam	**Oral Health Access**	**9/11/2019**
Katie Eilers Director of Community Health Kitsap Public Health District	Kitsap	**Chronic Disease Prevention Across the Lifespan**	**9/11/2018**
Vicki Kirkpatrick Public Health Director Jefferson County Public Health **Alternate - Susan Turner, MD, MPH**	Jefferson Kitsap	**Public Health**	**9/11/2019**

Roy Walker Executive Director Olympic Area Agency on Aging	Clallam Jefferson	**Long Term Care / Area Agency on Aging / Home Health**	**9/11/2019**
Dale Wilson Executive Director Olympic Community Action Program	Clallam Jefferson	**Community Action Program**	**9/11/2019**
Maria Lopez Tribal Chairwoman Hoh Tribe		**Hoh Tribe**	
Dave Cundiff Quileute Tribe		**Quileute Tribe**	
Libby Cope Health Director Sophie Trettevick Indian Health Center Makah Tribe		**Makah Tribe**	
TBD Lower Elwha Klallam Tribe		**Lower Elwha Klallam Tribe**	
Brent Simcosky Health Clinic Doctor Jamestown S'Klallam Tribe		**Jamestown S'Klallam Tribe**	
Sammy Mabe Tribal Chairman Suquamish Tribe		**Suquamish Tribe**	
TBD Port Gamble S'Klallam Tribe		**Port Gamble S'Klallam Tribe**	

Olympic Community of Health

S.B.A.R. Funds Allocation Recommendation

Recommended by the Funds Flow Workgroup July 13, 2018
Recommended by the Executive Committee July 24, 2018
Presented to the OCH Board of Directors August 13, 2018

Situation

This SBAR presents a recommendation from the Funds Flow Workgroup (FFWG) on the design of a fund allocation model under the Medicaid Transformation Project (MTP). It also presents a recommendation from the Executive Committee to authorize staff and contractors to complete the model and begin making payments once all Change Plans are received. This SBAR takes into consideration:

- The work and recommendations of the FFWG
- The concerns and opinions voiced from many partners
- The intent of the Board and the OCH MTP Payment Policy (approved June 2018)

Background

OCH Board of Directors Mission and Vision for Transformation

OCH approach to the MTP is guided by a recognition that true system reform is not advanced by a series of projects, but by motivated providers willing to transform their practice, integrate new workflows, improve health equity, and forge new partnerships all in service to our community. The Board envisions:

1. Accessible, patient-centered healthcare system that effectively integrates physical, behavioral and dental health services
2. Effective linkages between primary care, social services and other community-based service providers
3. Common data metrics and shared information exchange
4. Provider adoption of value-based care contracts

Action

- **July 2017** → Board authorizes the formation of a Fund Flow Workgroup, which begins meeting in August 2017 and has met 14 times to-date
- **October 2017** → Board approves the FFWG recommendation of fund allocation by Natural Community of Care
- **November 2017**→ Board approves the FFWG recommendation of using number of Medicaid beneficiaries and an index of health equity to allocate funds by NCC; Board also approves recommendation for regional-level and NCC-level targeted investments
- **March & May 2018** → Board affirms the direction of the FFWG asks it to continue to refine a funds flow allocation model pending results from two consecutive phases of a Change Plan pilot
- **June 2018** → Board approves an MTP Payment Policy to guide the final recommendation of the FFWG
- **July 2018** → FFWG and Executive Committee formulate recommendations for Board

Recommendation

Funds Flow Workgroup participants at the July 13, 2018 FFWG meeting unanimously support four recommendations:

1. Large scale shift from the original MTP payment model
2. Criteria to select core measures *(Core measures form the foundation for determining which outcomes in the Change Plan should be required and how much potential revenue can be earned by each outcome)*
3. Core measures
4. Required outcomes associated with core measures

Each FFWG recommendation is described in detail below.

FFWG Recommendation 1: Large scale shifts to the original MTP payment algorithm

- Hospital ceiling of $100,000 per year, $1.6 million over four years, with any net difference reabsorbed into primary care Change Plans
- Reduction in MTP administrative and operational expense to $3.5 million over four years
- Reallocation of NCC-targeted investments directly to Implementation Partner Change Plans
- No change to the CBO payments per NCC, $1.4 million over six years
- No change to the regional investments, $1.7 million over four years

Table 1: Recommendation for estimated revenue available to NCCs/Providers by DSRIP Year

	Clallam 28%	Jefferson 16%	Kitsap 55%	Total 100%
Primary Care Change Plans	$2,603,000	$1,498,000	$5,063,000	$9,164,000
Behavioral Health Change Plans	$1,464,000	$843,000	$2,848,000	$5,155,000
Community-Based Organization Change Plans	$404,800	$233,200	$787,700	$1,425,700
Reserves & Contingencies	$168,700	$97,200	$328,200	$594,100
Total Potential MTP Revenues	$4,640,500	$2,671,400	$9,026,900	$16,338,800

FFWG Recommendation 2: Criteria to select core measures

Criteria	Priority Level (weight)
Value-based payment and (future) integrated managed care (IMC) contracting metrics	High
Olympic Implementation Partner preference	Low to High based on input from primary care, behavioral health and hospitals
Medicaid Managed Care Organization (MCO) currently measuring from contracted providers in Olympic	High
Pay-for-performance measures (P4P)	Medium
Commercial payers currently measuring in contracts with providers in Olympic	Low
Transformation Vision Statement	Low
Missing core measures by sector or Transformation Vision priority	Forced in

FFWG Recommendation 3: Core measures

INTEGRATION

1. Mental health treatment penetration
2. Substance use disorder treatment penetration
3. Psychiatric hospital readmission rate
4. All cause ED visits per 1000 MM

ACCESS

5. Child/adolescent access to primary care
6. Well child visits in the first 15 months
7. Well child visits in 3/4/5/6th years
8. Adult access preventive/ambulatory care*
9. Utilization of dental services by Medicaid*

VALUE-BASED CONTRACTING

10. Comprehensive diabetes care slate:
    a. Blood pressure control
    b. Eye exam
    c. HBA1C poor control
    d. HBA1C testing
    e. Medical attention nephropathy
11. Controlling high blood pressure
12. Statin therapy for patients with cardiovascular disease
13. Chlamydia screening, women ages 16-24 years
14. Combo 10 childhood immunization status

FFWG Recommendation 4: Required Outcomes (Desired Results in the Change Plan)

Required Outcomes were selected from each respective Change Plan based on their ability to move the Core Measures and/or meet the Board Vision for Transformation. *[Note: All Outcomes are not necessarily required for all Change Plans. There are three Change Plans: (1) Primary Care, (2) Mental Health and Substance Use Disorder Treatment and (3) Hospitals. The Community-Based Organization Change Plan is still under development.]*

Focus Area	Outcome (Desired Results in the Change Plan)
Population Health Management	Population-based platform is systematically utilized to follow subpopulations for more efficient and effective care
	Social determinants of health (SDOH) are assessed and integrated into standard practice
	Care coordination protocols that include screening, appropriate referral, and closing the loop on referrals are developed to connect specific subpopulations to clinical or community services
Shared Care Management	Streamlined process is in place for information to be shared in a timely manner for shared patients/clients
ED Diversion	At ED visit, patients are linked to a patient-centered medical home (PCMH) and appropriate services to treat mental health, substance use disorders and/or co-occurring disorders
	Providers are notified of patient/client ED visits
Primary Care Integrating Behavioral Health	Patients are screened for behavioral health conditions and patient tracking is initiated
	Access to behavioral health services is convenient and timely
Integrating Oral Health	Oral health education, screening and/or preventive procedures are integrated into care
Behavioral Health Integrating Primary Care	Patients are screened for physical health conditions and patient tracking is initiated
	Access to physical health services is convenient and timely
Opioid Misuse Abuse Prevention	Best practices for opioid prescribing are promoted and used

Focus Area	Outcome (Desired Results in the Change Plan)
Opioid Overdose Prevention	Naloxone is accessible
Opioid Use Disorder Treatment	Full spectrum of evidence-based care for OUD is available
Chronic Disease Prevention and Control	Culture shift across organization to prioritize chronic disease prevention and management is created
	Health information technology is used efficiently to facilitate effective care
	Community-clinical linkages are enhanced to ensure patients are supported and active participants in their disease management
Reproductive Maternal Child Health	Patient reproductive health planning and management is promoted and offered across the life course
	Coordinated, targeted outreach and engagement to increase well-child visits and immunizations rates is conducted
Capacity Infrastructure	Health information is exchanged securely, appropriately, timely, and efficiently
	Quality improvement methods are used to improve care and care delivery
Sustainability	Transformation is sustained beyond the Medicaid Transformation Project
Administrative	Organization can exercise effective leadership, management, transparency and accountability of MTP activities throughout the duration of its Change Plan

Next Steps

OCH staff and contractors will finalize funds flow models based on the assumptions below, subject to further refinement based on the results from the submitted Change Plans.

- **Scale:**
  - For primary care, scale will be based on attribution (coming soon) and number of Medicaid beneficiaries served in 2017. Medicaid beneficiaries receiving dental services are added.
  - For behavioral health, which includes both mental health and substance use disorder treatment providers, scale will be based on encounters in 2017.
  - Hospitals have a fixed maximum annual revenue regardless of scale.
  - Weights such as 25% for hospitals that were previously discussed will no longer be applied

- **Scope:** Core measures remain consistent across Change Plans. Nineteen of 45 Outcomes are shared across all Change Plans. Ten Outcomes are unique to Primary Care, while 5 are unique to Behavioral Health. The following table compares the structures of the Change Plans for Primary Care, Behavioral Health and Hospitals.

	Outcomes		Tactics		Core Measures (duplicated)	
Change Plan	Total	Required	Total	Recommend	Outcomes	Measures
Primary Care	40	20	180	23	20	177
Behavioral Health	30	14	121	19	14	158
Hospitals	24	11	95	15	11	119

- **Submissions:** Implementation Partners may submit more than one type of Change Plan, and as a result receive incentive payments based on each change plan. To qualify for incentive payments, Implementation Partners must commit to all required Outcomes in their change plans.

- **Incentive Pools:** Available incentives are divided into three pools, corresponding to the three Change Plans. Hospital change plan incentives are capped at $100,000 per hospital per year. The balance of available Change Plan incentives is allocated to Primary Care and Behavioral Health pools based on the following combination of scale and scope factors. For 2018, the allocation works out to 64% Primary Care and 34% Behavioral Health. In addition to these allocations, all savings from capping Hospital incentives is added to the Primary Care pool.

Metrics	PC	BH
Number of Partners	19	12
Number of Lives	149,497	14,184
Required Outcomes	20	14
Recommended Tactics	23	19
Core Measures (duplicated)	177	158

- **Installment Payments:**
  - Incentive payments to Primary Care and Behavioral Health partners are divided into two installments in 2018; one following the initial draft of their Change Plans, and a second following completion of the region's implementation plan and the finalization of their Change

Plans. The first installment is based solely on scale (lives or encounters). The second installment is based on a Change Plan scoring algorithm.

- Hospitals receive a single incentive payment for 2018, concurrent with the second installment paid to other partners. The installment is calculated based a Change Plan scoring algorithm.

- **Scoring Algorithm:** While the detailed composition of Outcomes, Tactics and Core Measures differ for each of the three types of Change Plans, a consistent scoring method or algorithm is applied to all three. Change Plans receive points for the number of additional or voluntary outcomes selected, and the total number of Core Measures impacted by the combination of required and voluntary Outcomes selected. These scores are accumulated to produce total scores for each of the four Change Plan domains – Care Coordination, Care Integration, Care Transformation and Care Infrastructure. The domain scores are then weighted, and the resulting total weighted score is used to allocate incentive payments. Piece of cake.

Proposed Recommendation

The Board accepts the recommendations from the Funds Flow Workgroup and directs staff to implement the funds flow model as set forth in this SBAR.

Salish Behavioral Health Organization – Integration Pilot

Whereas the State of Washington's vision for full financial integration of health care is within Managed Care Organization by January of 2020, therefore eliminating county behavioral health organizations and ceasing the accountability and oversight of local authorities in the planning and management of behavioral health care in the region;

Whereas it has been a long-held value of Kitsap, Jefferson and Clallam Counties that, if possible, behavioral and physical health care should be delivered locally;

Whereas the unique geographic areas within the Salish BHO region have distinct community based nonprofit behavioral health providers, hospitals, and health clinics working with the vast majority of the region's Medicaid clients;

Whereas the geographically isolated Salish BHO region is connected by more ferries than roads to the rest of the state, the provider community has long standing linkages and relationships that facilitate strong community collaborations and the coordination of care central to improving consumer focused, whole person care;

Whereas there are significant benefits to having local oversight and accountability of behavioral health care services and outcomes;

Whereas the Salish BHO region has been a leader in the planning necessary to bring on new innovative programs, including integrated care, to address behavioral health needs;

Whereas the Salish BHO maintains strong relationships between health and behavioral health providers throughout the Region; and

WHEREAS: The Salish BHO supports continuing its long-standing practice of full clinical integration of behavioral health services; now, therefore, be it

Resolved, that the Salish BHO Board of Directors requests the Washington State Legislature to create a legislatively approved pilot region in a geographically isolated area that provides for the clinical integration of Medicaid behavioral and physical health care services without full financial integration; and, be it, further

Resolved, that the pilot project shall, (1) measure the effect of maintaining separate funding streams for Behavioral Health Organizations and Managed Care Organizations on the overall clinical integration of care; (2) use standards for measuring clinical integration that shall be negotiated between the HCA, the existing BHO, and partnering MCOs and that are comparable to fully integrated regions; (3) provide annual detailed analysis of its ongoing integration efforts; and (4) be terminated at the end of 2024, should the region be comparatively unsuccessful in its service delivery and outcome levels.

Olympic Community of Health

S.W.O.T. Analysis: Analysis of OCH Position on SBHO Integration

Presented to the Board at the August 13, 2018 meeting

Purpose: To provide the OCH Board of Directors with an analysis of the strengths, weaknesses, threats, and opportunities related to the supporting the Salish Behavioral Health Organization (SBHO) Integration Pilot (attached).

Background: The proposed SBHO pilot project is supported by all mental health and substance use disorder (SUD) treatment providers in the region and would exempt the Olympic region from integrated finances for managed care (IMC) by 2020. The pilot would provide a statewide cost/benefit analysis of a consolidated payer system for BH/SUD against a fragmented payer system with five Medicaid Managed Care Organizations.

County commissioners from all three counties in the Olympic Region have formally signed the resolution in support of the SBHO Integration Pilot.

	Helpful	Harmful
Internal	**S.trengths** if OCH supports the pilot - Supportive of the BH and SUD partners in the region - Supportive of the local county commissioners - OCH may gain significant political capital by expanding an innovative CMS recognized bi-direction/co-location integration model.	**W.eaknesses** if OCH supports the pilot - Jeopardizes OCH funding for MTP, and therefore funding for OCH-contracted Implementation Partners. OCH has a contractual obligation with HCA to support IMC by 2020. The contract states: *Contractor must integrate physical and behavioral health services through new care models, consistent with the state's path to fully integrated managed care by January 2020.* - The Project Plan submitted by OCH in November 2018 includes an attestation of when the OCH will implement fully integrated managed care, January 1, 2020. The Board approved this attestation ahead of the November 2017 submission of the Project Plan. - The Implementation Plan, which is the reporting vehicle for the OCH to earn up to $3,269,000 in revenue, includes the following milestone: *For 2020 adopters of integrated managed care: Ensure planning reflects timeline and process to transition to integration of physical and behavioral health including: engage and convene County Commissioners, Tribal Governments, Managed Care Organizations, Behavioral Health and Primary Care providers, and other critical partners.* - OCH will lose political capital by not supporting legislation passed by the legislature and Governor's Office. - OCH will be called upon to expend political capital and significant staff and board time responding to executive branch and legislative staff, lobbyists and others during the legislative campaign to gain approval of the proviso. These efforts will continue during a subsequent campaign to gain CMS approval of changes to the Special Terms and Conditions of the MTP. These demands on OCH will come during a critical time when attention is focused on launching MTP initiatives with the NCCs and signed Implementation Partners.

External

O.pportunities if OCH supports the pilot

- Proposes to be administered at reduced overhead costs (potentially $5,000,000 less) thus comparatively increasing funding to direct services and maximizing funding for BH and SUD agencies.
- Proposes to advance clinical integration beyond MCO financing.
- Allows more time for BH and SUD agencies to prepare for IMC.
- Ensures continued county commissioner oversight of funding for BH and SUD agencies including planning for new programs.
- Centralizes all BH and SUD treatment funding into a uniform payer system.
- Allows MCOs and primary care providers to focus on integration of clinical care.
- Minimizes disruption to the system.
- Provides a cost/efficiency comparison to the State's IMC model.
- The Olympic region has historical precedence of being independent – the region broke from a 10-county ACH 3 years ago to form the current 3-county ACH that exists today.

T.hreats if OCH supports the pilot

- To be approved and implemented, HCA will need to negotiate with CMS for a change to Washington's Medicaid waiver, as well as the Special Terms and Conditions governing the MTP. Without these changes, the State risks losing MTP funds, up to:

DSRIP Year:	2020	2021
Initiative 1 – ACHs	$ 217,301,000	$ 190,000,000
Initiative 1 –Tribes	$ 3,320,000	$ 1,879,000
Initiative 2 – Medicaid Alternative Care and Tailored Support for Older Adults	$ 46,680,000	$ 50,644,000
Initiative 3 – Foundational Community Supports	$ 39,155,919	$ 42,494,053

If the pilot passes:

- MCOs will be in violation of their contracts with the HCA.
- The region would be responsible for the loss of all MTP funding statewide for 2020 and beyond, including funding for Initiatives 2 and 3, providers of which also serve the Olympic region.
- Providers who serve foster children will still need to contract with Coordinated Care regardless of this pilot – this means they would have to operate in both the MCO and BHO system which will be challenging from an administrative perspective.
- Access to Care standards may remain in place; therefore, clients could be turned away from care if they don't meet those standards.
- There will be no infrastructure at the state level to manage BHOs come 2020 so oversight at the current levels the BHO experiences is unknown.
- Providers in Olympic will be operating under a different payment system than the remainder of the State, which will create access barriers for clients in Jefferson, Clallam and Kitsap counties who wish to receive services from providers around the State.
- For the above reason, this will also make it difficult from clients outside the region to receive services from providers in Olympic
- RDA studies have shown that IMC had a demonstrated positive impact on access to SUD and BH services.

Olympic Community of Health

S.B.A.R. Board Alternate

Presented to the July 9 Board of Directors Meeting

Situation

In accordance with our bylaws, "A sector may designate an alternate member if desired". When a Board Member retires or resigns his or her position, a new Member may be appointed by the sector.

Background

The Member for the *Behavioral Health Organization* sector is retiring; a new Administrator has been appointed.

Currently the *Primary Care* sector is represented by Gary Kreidberg with no Alternate member designated.

Action

Both sectors caucused and put forward the following two recommendations:

- Stephanie Lewis, the new Administrator for the Salish Behavioral Health Organization as of Monday July 23, 2018.
- Heather Denis, the Manager of the Family Practice Residency Program, Endocrinology and Diabetic Education.

The sectors that Recommend that:

1. The Board approves the appointment of Stephanie Lewis as the Member for the *Behavioral Health Organizations* sector, effective September 30, 2018.

2. The Board approves the appointment of Heather Denis to serve as Kreidberg's Alternate for the *Primary Care* sector seat on the OCH Board of Directors, effective immediately.

Memorandum of Understanding

Olympic Community of Health

and

The Arcora Foundation

Purpose

The purpose of this Memorandum of Understanding (MOU) is to define the agreed upon roles and commitments of Arcora Foundation (Arcora) and Olympic Community of Health (OCH) to further the oral health goals and strategies in Clallam, Jefferson and Kitsap counties (Olympic region).

Background

OCH and Arcora have a shared goal of improving oral health and oral health access in the Olympic region and have agreed to work collaboratively toward this goal through the Medicaid Transformation Project (MTP) and the development of an Oral Health Local Impact Network (LIN). The framework of the LIN is organized around an agreed upon set of oral health anchor strategies and associated outcomes, the target for which will be determined by November 2018.

Roles

Arcora will provide project management support for the development of OCH's oral health strategy implementation plan. Arcora will collaborate with OCH staff to develop a shared project management and delegation plan, including work plan, milestones, and timelines. Arcora will take the lead in project managing this process, in consultation with OCH staff for key decisions and to support data needs.

OCH will serve as the lead coordinating entity for the Olympic region oral health LIN; an execution vehicle for implementing and sustaining a portfolio of effective oral health strategies in the Olympic region to increase oral health access and reduce health disparities. In this role, with the support of Arcora, OCH will serve as the local point of contact, convener, project manager, and key strategy development partner with Arcora.

Upon completion of the OCH implementation plan in October 2018, OCH and Arcora will meet to discuss next steps and finalize roles, with the intention of implementing agreed upon strategies within a LIN framework. The current understanding of OCH and Arcora roles are included in the table below:

Arcora Role	**OCH Role**	**OCH & Arcora Dual Role**
• Designate a LIN project manager to serve as point person as well as bringing in additional staff expertise as needed to support specific strategies. • Facilitate development and execution of OCH Implementation Plan as it	• Support the evaluation process of the LIN through the collection of data to inform effectiveness and potential modifications. • Recruit and engage key decision-makers within local organizations to be active partners within a network framework.	• Serve as the coordinating and communications center for the LIN. • Guide the overall vision and strategy, aligning activities and resources across multiple organizations and working with partners to establish shared strategies and measurement practices.

related to oral health access and integration. • Support writing of OCH compliance documents to HCA. • Advise on intermediary and outcome oral health measurement and tracking. •	• Convene the LIN and align anchor strategies, provide input and recommendations to a LIN steering group, to be defined. • Support efforts to foster community education community-wide strategies and individual-level behaviors to support good oral health • Work with network partners to cultivate a sustainability strategy.	• Build public will for the LIN/OCH strategies, advancing policies that support improved health and working with potential funders to mobilize additional investments in LIN strategies. • Co-develop and co-organize oral health anchor strategies with OCH staff and partners • Provide ongoing technical support; revise oral health strategies, as needed. • Bring a statewide and national perspective to the work of the LIN.

Funding

Arcora

Over the course of 3-5 years, Arcora will invest annually toward the OCH LIN, based on the specific needs associated with the anchor strategies. Annual funding level anticipated in the range of $300-500k, subject to availability of funding and Arcora Board of Directors approval. This will include flexible funding to OCH as the coordinating entity for these efforts, in acknowledgement of the staff time and resources OCH is dedicating to the development and ongoing support of LIN work. The funds are to be used as determined by OCH Board of Directors and staff to support the goals and objectives of the LIN.

OCH

OCH will contribute $40,000 to support oral health integration technical assistance coaching, subject to OCH Board approval.

Duration

This MOU is at-will and may be modified by mutual consent of authorized officials from Arcora or OCH. This MOU shall become effective upon signature by the authorized officials from Arcora and OCH and will remain in effect until modified or terminated by any one of the partners by mutual consent. In the absence of mutual agreement by the authorized officials from Arcora and OCH, this MOU shall end December 31, 2022.

Contact Information and signature block

_____ _____

Kristen West, Arcora Foundation **Date**

_____ _____

Elya Prystowsky, MS, PhD, Olympic Community of Health **Date**

Summary of Significant Changes to Personnel Policy

Presented at the August 13 Board of Directors Meeting

Background: The OCH Board of Directors approved the OCH personnel policies on September 11, 2017 with the intention to review the policy at the August 2018 Board meeting. The Director of Administration has made edits to the policy with two goals in mind:

1. To ensure the policy aligns with the actual, current, day-to-day practices
2. To make the policy more concise and remove repetitive language/sections

If changes are approved by the Board as presented, the Director of Administration will clean up numbering and formatting and submit a finished version of the policy to the Board of Directors and staff via email.

Significant Changes

101.1. Removed "Our Vision for Internal Operations." Included this portion in the introductory paragraph above.

207.2. Added further clarification to non-exempt employee work hours.

401. Removed line, "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." This has not been aligned with OCH practices. This line only applies to Elya Prystowsky.

402. Removed details from this section in favor of referring employees to dedicated policies.

403. Added "confidential information may not be disclosed to those outside of the OCH without a related data-sharing agreement." Removed examples of confidential information. Employees, Board Members, and contractors all sign agreement which describes examples confidential information and includes "any information which could reasonably be considered confidential."

405. Outside Employment section reworded for clarity.

408. Removed details from Employee Harassment section and referred employees to dedicated Anti-Harassment Policy and Procedure.

410. Political Activity reworded for clarity.

413. Computer policy statement removed in favor of dedicated computer policy.

414. OCH Identification Badges – Removed wording that stated that OCH ID badges would be required. Added an explanation that the JHC office lease requires that OCH employees have ID badges and that they be worn while on JHC premises.

417. Removed explanation of conflict of interest. This is described in greater detail in the Conflict of Interest form signed by all employees.

422. Ethics – removed as the section was vague and did not add anything substantive to the policy.

425. Employees who want to Volunteer – this content was added to 207.2.

502.1. In practice, work week is Monday-Sunday, not Sunday-Saturday.

603.1 Continuing Health Care Benefits - OCH does not offer this benefit and is not required to as we have fewer than 20 employees.

701.2 Vacation days are accrued on a monthly basis. Language corrected and clarified.

703.4 Language regarding personal holidays clarified as there was confusion regarding this benefit.

704.4 Rest breaks changed from ten minutes to fifteen minutes.

708. Compassionate Leave Policy – removed wording regarding “semi-annual donation drives.” There are not enough OCH employees to make this feasible. Donations can be made via request instead to allow for greater flexibility. Additional detail added.

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.

TABLE OF CONTENTS

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 critical in our region, and to fulfill that 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 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~~3.1~~2. 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; 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 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

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.

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 C~~c~~onfidentiality A~~a~~greement. Employees 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 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: 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.

40~~6.8.1~~ 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~~offices and at off-site meetings.

40~~7.9.1~~ Fragrance Sensitivity

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

40~~8.10.1~~ 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.

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

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.~~

411.~~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.~~

4<u>15.</u>~~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~~<u>to</u> determin<u>e</u>~~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<u>16.</u>~~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~~ *<u>417.</u> 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*~~*1418.* *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.

~~*424.1*~~*1419.* *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 ~~or termination~~.

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 factors, program needs and OCH resources.

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 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 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 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.

	Minimum Policy Requirement (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 work.	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 ~~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	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.

	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.	
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.	

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.~~ 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 at the end of the calendar year, if an employee's hours are reduced to below 20 hours per week, or at termination.
7.

~~8.~~ 8. Holiday and personal holiday hours should be recorded as follows:

- 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 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.

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.

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<u>3.</u>~~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 may be confirmed to the employee by registered letter sent to the employee's last known address.

90<u>4.</u>~~5.1~~ Pay at Time of Separation

1. Employees will be paid for all hours worked and any accrued vacation time with their last paycheck, to be processed with the next regular payroll after the employee's last day of work. Any monies due to the 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. 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.~~3. 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.~~4. "Separation" is defined as voluntary or involuntary termination of employment or reduction in work hours from 20 or more hours per week to less than 20 hours per week.