

KITSAP PUBLIC HEALTH BOARD AGENDA

March 1, 2016
1:45 p.m. to 3:15 p.m.
Norm Dicks Government Center, First Floor Chambers
Bremerton, WA

- 1:45 p.m. 1. Minutes, February 2, 2016
- 1:46 p.m. 2. Consent Items and Contract Updates: See Warrant and EFT Registers and Contracts Signed Report
- 1:48 p.m. 3. Public Comment
- 1:53 p.m. 4. Health Officer Report / Administrator Report

ACTION ITEMS:

- 1:55 p.m. 5. Resolution 2016-08: Approving a Line of Succession for the District Administrator
Jessica Guidry, Public Health Emergency Preparedness and Response Program Manager

DISCUSSION ITEMS:

- 2:00 p.m. 6. Gorst Creek Landfill Agreement
Keith Grellner, Environmental Health Division Director
Shelley Kneip, Kitsap County Prosecuting Attorney's Office
- 2:05 p.m. 7. Olympic Community of Health
Scott Daniels, Administrator
- 2:55 p.m. 8. Executive Session: Pursuant to RCW 42.30.110(g), Review of Performance of a Public Employee

ADJOURN:

- 3:15 p.m. 9. Adjourn

MEMO

To: Kitsap Public Health Board
From: Jessica Guidry, Emergency Preparedness & Response Program Manager
Date: January 26, 2016
Re: Administrator Line of Succession

The Kitsap Public Health District is currently revising its Continuity of Operations (COOP) Plan, which provides guidance on how the District will continue to perform essential functions and critical operations during and following an emergency. One key component of the COOP Plan is the designation of back-up personnel (i.e., a line of succession) to fill key leadership positions in the unlikely event that those leaders are unable to fulfill their duties or report to work.

The District has identified a line of succession for the Administrator position in proposed Kitsap Public Health Board Resolution 2016-08, which is attached. Board approval of this resolution will formalize this line of succession.

Approving a Line of Succession for the District Administrator

WHEREAS, RCW 70.05.040 authorizes Local Boards of Health to appoint an Administrator to carry out the powers and duties specified in RCW 70.05.045; and

WHEREAS, Kitsap Public Health District's Administrator directs, manages, coordinates, and evaluates the day-to-day operations of the District; and

WHEREAS, Kitsap Public Health District's Continuity of Operations Plan requires a line of succession for the Administrator position in the unlikely event that the Administrator is unable to fulfill his/her role and conduct his/her essential functions during an emergency or disaster.

THEREFORE, BE IT RESOLVED that the Kitsap Public Health Board hereby approves the following Administrator line of succession (listed in succession order) if the Administrator is unable to fulfill his/her role and conduct his/her essential functions during an emergency or disaster:

1. Environmental Health Division Director
2. Community Health Division Director
3. Assistant Environmental Health Division Director
4. Assistant Community Health Division Director

APPROVED: March 1, 2016

Mayor Becky Erickson, Chair
Kitsap Public Health Board

MEMO

To: Kitsap Public Health Board

From: Keith Grellner, Environmental Health Director

Date: February 24, 2016

Re: Gorst Creek Landfill Environmental Covenant

Attached for the Board's review and approval is a draft Environmental (Restrictive) Covenant related to a cleanup agreement for Gorst Creek Landfill (a.k.a. Bremerton Auto Wrecking Landfill) by the United States Environmental Protection Agency (EPA). In support of an Administrative Order on Consent between the EPA, Department of the Navy, and ST Trust (the owners of the landfill site), the purpose of the covenant is to conserve the property in its restored state after completion of the cleanup, implement post-cleanup controls --- including the prohibition of all future development of the landfill property --- and to grant a valid and enforceable environmental covenant to the Kitsap Public Health District and EPA

Background

The Gorst Creek Landfill operated between about 1968 and 1989 as a "ravine fill" dump that was constructed over Gorst Creek near its crossing of Highway 3, approximately halfway between Gorst and the Bremerton National Airport. The landfill was created by culverting about 700 feet of the creek with 24-inch culvert. When operations ceased at the landfill, it encompassed about 5.7 acres with depths of deposited wastes up to 80 feet, amassing a total of about 150,000 cubic yards of waste.

Over time, the culvert channeling the creek under the landfill failed, essentially creating a dam of waste material on the creek. This dam in turn creates a reservoir of water and localized flooding behind the landfill during periods of heavy rain. Site assessment and investigation has identified that the waste contains and is a source of hazardous substances. The crushed culvert and flooding have resulted in the release and erosion of waste material and hazardous substances to the creek and surrounding environment (See photos on Pages 3 – 5).

In an Action Memorandum dated January 20, 2016, a Non-Time-Critical Removal Action for the Gorst Creek Landfill was selected as the method of cleanup. The landfill will be dug up, removed, and

deposited at another permitted landfill facility in order to protect public health and the environment from the continued release and/or threatened release of hazardous substances from the landfill and to restore the creek ravine.

By agreeing to enter into the Environmental (Restrictive) Covenant, the Health District:

- Is granted a valid and enforceable Environmental Covenant to the Gorst Creek Landfill (i.e., enforcement rights);
- Is not granted an ownership interest in the property, but an interest in the property pursuant to the terms, conditions, and restrictions of the covenant;
- Is granted the right to enter the property to evaluate the condition of the property and to determine compliance with the Environmental Covenant; and
- Is authorized to request from the owner reimbursement for costs to process a request for any modification or termination of the Environmental Covenant.

At the time of preparation of this Memorandum, the covenant lacks a date for a required title search approved by EPA. While this date will be needed for the final document, the Health Board should have adequate information at this time to approve the execution of the covenant by the Public Health District Administrator when the document is finalized.

Recommended Action

We are requesting that the Board approve the covenant allowing the Kitsap Public Health District to execute it.

Please contact me at (360) 337-5284 or keith.grellner@kitsappublichealth.org if you have any questions or comments.

Attachment: Gorst Creek Landfill Environmental Covenant

Photo No. 1 – Exposed Face of Gorst Creek Landfill, 1997



Photo No. 2 – Water and Waste Material Cascading Down the Exposed Face of Gorst Creek Landfill, 2002



Photo No. 3 – Exposed Face of Gorst Creek Landfill after another Slide Event, 2007



AFTER RECORDING RETURN TO:

Kitsap Public Health District
345 6th Street, Suite 300
Bremerton, Washington 98337

ENVIRONMENTAL (RESTRICTIVE) COVENANT

Grantor: ST Trust (Owner)
William J. Nilles Jr., Trustee
413 State Route 702 E
Roy, Washington 98580-8848

Grantee/ Holder: Kitsap Public Health District
345 6th Street, Suite 300
Bremerton, Washington 98337

Legal Description: Located in Port Orchard, Kitsap County, Washington. Full legal description provided as Exhibit A and depicted in Exhibit B.

Tax Parcel Nos.: 012301-4-022-1005

ENVIRONMENTAL (RESTRICTIVE) COVENANT

I. Purpose and Background

Grantor, ST Trust, hereby binds Grantor and its successors and assigns to the covenants, conditions and restrictions identified herein and grants such other rights under this Environmental (Restrictive) Covenant (hereafter “Environmental Covenant”) made this ____ day of _____, 2016.

This instrument grants a valid and enforceable Environmental Covenant pursuant to the Washington State Uniform Environmental Covenants Act (“UECA”), Revised Code of Washington (“RCW”) Chapter 64.70, to the Kitsap Public Health District and its successors and assigns (“Kitsap” or “Holder”). Notwithstanding RCW 64.70.030, it is expressly agreed that the right of Kitsap as a holder is not an ownership interest under the Model Toxics Control Act (“MTCA”), Chapter 70.105D RCW, or the Comprehensive Environmental Response, Compensation and Liability Act (“CERCLA”) 42 U.S.C. § 9601 *et seq.*, or any other statute, regulation or ordinance that would impose obligations or restrictions due to ownership interest.

The covenants, conditions and restrictions granted herein are requirements of an Administrative Order on Consent (“AOC”) entered into between ST Trust and the United States of America, on behalf of the United States Environmental Protection Agency (“EPA”) and the Department of the Navy, EPA Docket No. 2016-10-0041, in the matter of a Non-Time-Critical Removal Action for the Gorst Creek Landfill Site (“Site”). The AOC concerns the implementation and settlement of claims for the environmental response action selected in the Gorst Creek Action Memorandum dated January 20, 2016 (“Action Memorandum”).

Between about 1968 and 1989, the Site was operated as a landfill with waste disposed in Gorst Creek Ravine on top of a 24-inch steel culvert through which Gorst Creek was channeled.

The landfill, encompassing about 5.7 acres, is approximately 700 feet long, reaches depths of approximately 60 to 80 feet, and was estimated to contain 150,000 cubic yards of waste when it ceased operation. Site assessment and investigation identified that the waste contains and is a source of hazardous substances. Sampling data from the surface of the landfill and in soil and sediment downstream of the landfill identified the presence of “hazardous substances,” as that term is defined under CERCLA section 101(14), 42 U.S.C. § 9601(14). The weight of the landfill crushed the 24-inch steel culvert, impeding the flow of Gorst Creek causing localized flooding and resulting in the release and erosion of additional waste material, including hazardous substances, from the landfill to the surrounding environment. The Action Memorandum selected a response action to remove all waste from the landfill to protect public health and the environment from the release and/or threatened release of hazardous substances at and from the Site and to restore the creek ravine.

The removal action set forth in the Action Memorandum is an “environmental response project” within the meaning of UECA. The purpose of this covenant is to implement post-removal site controls that will conserve Gorst Creek in its restored state after completion of the removal action by prohibiting all future development of the Site.

The property that is the subject of this Environmental Covenant is legally described in Exhibit A, and illustrated in Exhibit B, both of which are attached (“Property”). If there are differences between these two Exhibits, the legal description in Exhibit A shall prevail.

II. Administrative Record

A copy of the administrative record supporting the removal action for the Site is on file with EPA or its successor agency and is available for public review. In order to make arrangements

for such review, a person may contact the EPA Region 10 Superfund Records Center by calling telephone number (206) 553-4494. The EPA Region 10 office is located at 1200 Sixth Avenue, Seattle, Washington.

III. Conveyance and Covenant

This instrument is an Environmental Covenant executed pursuant to UECA, concerning the Property owned by Grantor. Grantor covenants to and with the Holder, and its successor and assigns, that Grantor is lawfully seized in fee simple of the Property, that the Grantor has good and lawful right and power to sell and convey the Property or any interest therein, that the Property is free and clear of encumbrances, except those reviewed and acknowledged by EPA Region 10 in a title search dated _____, 2016, and that Grantor will forever warrant and defend the title thereto and the quiet possession thereof.

With this Environmental Covenant Grantor hereby binds Grantor, its successors, and assigns, to the covenants, conditions and restrictions set forth herein, and conveys to the Holder such restricted property interests. The Washington State Department of Ecology (“Ecology”) and EPA shall have the full rights to enforce the covenants, conditions, restrictions or other rights set forth herein as provided by law including but not limited to CERCLA, MTCA and UECA.

Grantor makes the following covenants as to limitations, restrictions and uses of the Property and specifies that such covenants, conditions and restrictions shall run with the land, as provided by law, shall inure to the benefit of the parties hereto, and shall be binding on all parties and all persons claiming under them, including all current and future owners of any portion of, or interest in, the Property (hereinafter “Owner”):

The primary purpose of this Environmental Covenant is to conserve the Property in its restored state after completion of the response action. As such, the following covenants, conditions and restrictions shall apply:

1. All development of the Property is prohibited, including but not limited to the construction of buildings or other structures or the extraction of any natural resources for profit.

2. Owner shall prohibit any uses of the Property or activities on the Property that may interfere with the completed response action, operation and maintenance, monitoring or other measures that may be necessary to conserve the Property in its restored state after completion of the response action.

3. Should Owner become aware of any violation of this Environmental Covenant, Owner shall promptly report such violation to Kitsap and EPA Region 10:

Jeffrey Rodin
Federal On-Scene Coordinator
U.S. EPA Region 10
Emergency Response Unit
1200 Sixth Ave. Suite 900
Seattle WA 98101
206-553-6709
rodin.jeffrey@epa.gov

Keith Grellner R.S.
Environmental Health Director
Kitsap Public Health District
345 6th Street, Suite 300
Bremerton Washington 98337
360-337-5284
keith.grellner@kitsappublichealth.org

4. No conveyance of title, easement, lease or other interest in the Property shall be consummated by Owner without adequate and complete provision for continued adherence to this Environmental Covenant.

5. Owner must provide sixty (60) days advance written notice to Kitsap and EPA Region 10 of Owner's intent to convey or transfer any interest in the Property, including the name and address of the transferee and the date on which the transferee was notified of the AOC and the Environmental Covenant.

6. Owner shall allow authorized representatives of Kitsap and EPA the right to enter the Property, at their own risk, at reasonable times to evaluate the condition of the Property, to determine compliance with this Environmental Covenant and to inspect any aspect of the removal action conducted at the Property including, but not limited to: (1) Verifying any data or information submitted to the United States; (2) Conducting investigations regarding contamination at or near the Property; (3) Obtaining samples; (4) Assessing the need for, planning, implementing, or monitoring response actions; (5) Inspecting and copying records, operating logs, contracts, or other documents maintained or generated by ST Trust or its agents; (6) Determining whether the Property is being used in a manner that is prohibited or restricted, or that may need to be prohibited or restricted; and (7) Implementing, monitoring, maintaining, reporting on, and enforcing any institutional controls or any land, water, or other resource use restrictions regarding the Property. When practicable, Kitsap or EPA will endeavor to provide Owner at least 48 hours notice prior to entering the Property. When Kitsap and EPA will both be entering the Property, either agency may provide this notice on behalf of both agencies.

IV. Reservation of Rights

Grantor hereby reserves unto itself, its representatives, heirs, assigns and successors all rights accruing from ownership of the Property that are not conditioned, restricted or prohibited by this Environmental Covenant.

V. Enforcement

Compliance with this Environmental Covenant may be enforced pursuant to all applicable laws, including but not limited to CERCLA, UECA, and MTCA. Kitsap, EPA and Ecology shall have full enforcement rights. An action for equitable or injunctive relief for violation of this Environmental Covenant may also be maintained by the other persons and entities set forth in RCW 64.70.110. Failure by any party or person to enforce compliance with this Environmental Covenant in a timely manner shall not be deemed a waiver of the right to take subsequent enforcement actions.

VI. Recordation

Grantor shall record this instrument in the official records of Kitsap County, Washington and shall pay the costs associated with recording.

VII. General Provisions

Agency's Interest. Pursuant to RCW 64.70.030 the rights granted to EPA and Ecology by this Environmental Covenant are not interests in real property. As noted in Section I, *supra*, Kitsap's ownership interest is limited to the terms of this Environmental Covenant.

Liberal Construction. This Environmental Covenant shall be construed in favor of effectuating the purpose of this Environmental Covenant. If any provision is found to be

ambiguous, an interpretation consistent with the purposes of this Environmental Covenant that would render the provision valid shall be favored over any interpretation that would render it invalid.

Severability. If any provision of this Environmental Covenant is found to be unenforceable in any respect, the validity, legality and enforceability of the remaining provisions shall not in any way be affected or impaired.

Costs. Owner, upon request by Kitsap, shall be obligated to pay for Kitsap's costs to process a request for any modification or termination of this Environmental Covenant.

VIII. Termination and Modification

1. This Environmental Covenant may only be amended or terminated with the prior approval of EPA and in accordance with the procedures and process contained in the amendment and termination provisions of UECA, RCW 64.70.090 and 64.70.100. If EPA determines that it is necessary to amend the Environmental Covenant to carry out and maintain the effectiveness of the response action, EPA may request that Kitsap and any other necessary parties amend the Environmental Covenant. Kitsap reserves the right to request amendments to the Environmental Covenant in the event that Kitsap lacks the funds or resources to carry out any responsibilities under the Covenant.

2. By signing this agreement, per RCW 64.70.100, ST Trust agrees to waive all rights to sign amendments to and termination of this Environmental Covenant.

IX. Signature and Acknowledgements

Grantor covenants that it is authorized to grant this Environmental Covenant and shall warrant and defend the same against all claims and demands challenging such authority. The undersigned parties each represent and certify that they are authorized to execute this Environmental Covenant.

IN WITNESS WHEREOF, ST Trust has executed this Environmental Covenant on this _____ day of _____, 2016.

Signatory's printed name _____

Signature _____

William J. Nilles Jr., Trustee
For ST Trust, Grantor

STATE OF WASHINGTON)
County of _____)

On this _____ day of _____, 2016, before me personally appeared _____, to me known to be the Trustee of ST TRUST, that executed the within and foregoing instrument, and acknowledged the said instrument to be the free and voluntary act and deed of the trust, for the uses and purposes therein mentioned, and on oath stated that they were authorized to execute said instrument.

In witness whereof I have hereunto set my hand and affixed my official seal the day and year first above written.

Notary Public in and for the State of Washington,
residing at _____
My Appointment expires _____

The forgoing Environmental Covenant is hereby approved and certified.

By: _____
Sheila Fleming, Acting Director
Office of Environmental Cleanup
U.S. Environmental Protection Agency Region 10

By: _____
Scott Daniels, MS, Administrator
Kitsap Public Health District

Exhibit A to Environmental Covenant – Legal Description of the Property

EXHIBIT "A"

ORDER NO.: 32054732

THAT PORTION OF THE NORTHEAST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 1, TOWNSHIP 23 NORTH, RANGE 1 WEST, W.M., IN KITSAP COUNTY, WASHINGTON, DESCRIBED AS FOLLOWS:

COMMENCING AT THE INTERSECTION OF THE SOUTHEASTERLY MARGIN OF STATE HIGHWAY NO. 14, AS SAME EXISTED ON APRIL 12, 1957 AND THE NORTH LINE OF SAID NORTHEAST QUARTER OF THE SOUTHEAST QUARTER; THENCE SOUTHWESTERLY ALONG SAID SOUTHEASTERLY MARGIN 100.00 FEET; THENCE SOUTHEASTERLY AT RIGHT ANGLES, 35.0 FEET TO THE PRESENT RIGHT-OF-WAY LINE OF PRIMARY STATE HIGHWAY NO. 21; THENCE NORTHEASTERLY ALONG THE SAID PRESENT RIGHT-OF-WAY LINE 100.00 FEET TO A POINT CALLED "X" FOR THE PURPOSE OF THIS DESCRIPTION; THENCE SOUTHWESTERLY ALONG THE SOUTHEASTERLY RIGHT-OF-WAY OF SAID PRIMARY STATE HIGHWAY 790.0 FEET TO THE TRUE POINT OF BEGINNING; THENCE CONTINUE SOUTHWESTERLY ALONG SAID RIGHT-OF-WAY LINE TO THE WEST LINE OF THE NORTHEAST QUARTER OF THE SOUTHEAST QUARTER OF SAID SECTION 1; THENCE SOUTHERLY ALONG THE WEST LINE OF SAID NORTHEAST QUARTER OF THE SOUTHEAST QUARTER TO THE SOUTHWEST CORNER OF SAID NORTHEAST QUARTER OF THE SOUTHEAST QUARTER; THENCE EASTERLY ALONG THE SOUTH LINE OF SAID NORTHEAST QUARTER OF THE SOUTHEAST QUARTER TO A POINT WHICH RUNS SOUTHEASTERLY FROM THE POINT OF BEGINNING AND IS AT RIGHT ANGLES TO THE CENTERLINE OF SAID PRIMARY STATE HIGHWAY; THENCE NORTHWESTERLY ALONG SAID LINE TO THE TRUE POINT OF BEGINNING;

EXCEPT ANY PORTION OF SAID PRIMARY STATE HIGHWAY ALONG THE WEST LINE OF THE NORTHEAST QUARTER OF THE SOUTHEAST QUARTER OF SAID SECTION 1 WHICH MAY EXTEND INTO THE ABOVE DESCRIBED TRACT;

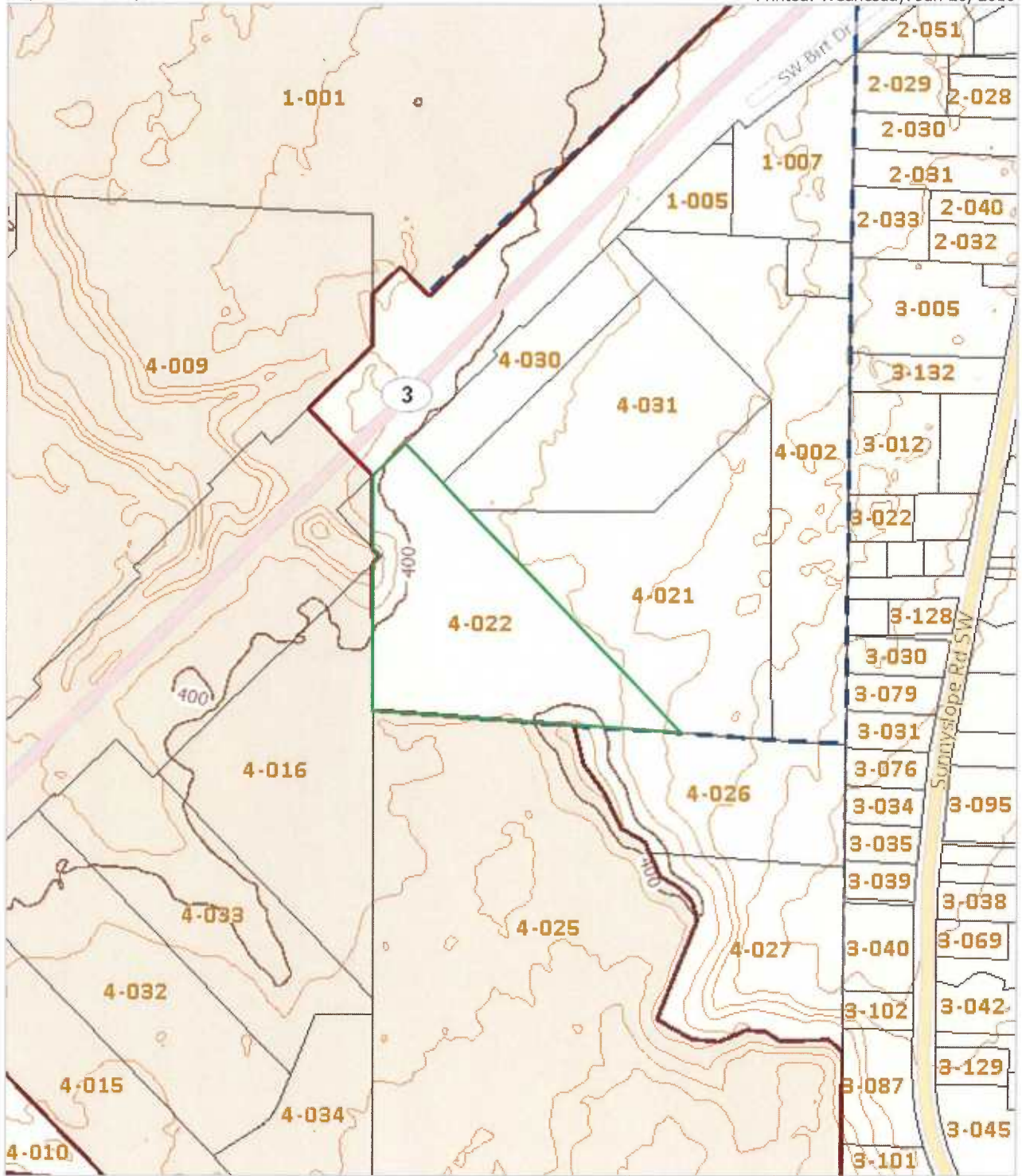
TOGETHER WITH A NON-EXCLUSIVE EASEMENT FOR INGRESS, EGRESS AND UTILITIES, OVER, UNDER AND ACROSS A STRIP OF LAND 60.0 FEET IN WIDTH, AND BEING CONTIGUOUS WITH AND LYING ON THE SOUTHWESTERLY SIDE OF THE FOLLOWING DESCRIBED LINE; BEGINNING AT THE ABOVE MENTIONED POINT "X"; THENCE SOUTHEASTERLY ON A LINE WHICH IS AT RIGHT ANGLES TO THE SOUTH EASTERLY RIGHT-OF-WAY LINE OF SAID PRIMARY STATE HIGHWAY 600.0 FEET; THENCE CONTINUE WITH SAID 60.0 FOOT WIDE EASEMENT BEING CONTIGUOUS WITH AND ON THE SOUTHEASTERLY SIDE OF A LINE WHICH IS PARALLEL WITH THE CENTERLINE OF SAID PRIMARY STATE HIGHWAY, 790.0 FEET TO THE NORTHEASTERLY LINE OF THE ABOVE DESCRIBED TRACT AND END OF SAID EASEMENT. THE ABOVE DESCRIBED 60.0 FOOT WIDE EASEMENT PROVIDED FOR BY INSTRUMENT RECORDED UNDER AUDITOR'S FILE NO. 883956.

... END OF EXHIBIT "A" ...

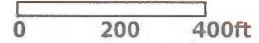
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Page: 3 of 3
02/26/2001 04:11P
FORECLOSURE KITSAP CO TRE DEED \$10.00 Kitsap Co, WA

Map Scale: 1 : 4,800

Printed: Wednesday, Jan 20, 2016



** This map is not a substitute for field survey **



Comments



MEMO

To: Kitsap Public Health Board

From: Scott Daniels, Administrator

Date: February 24, 2016

Re: Olympic Community of Health Presentation

At the March 1, 2016, Kitsap Public Health Board meeting, we will explain the work of the Olympic Community of Health (OCH), the Accountable Community of Health (ACH) focused on accomplishing the Triple Aim of health system reform in Kitsap, Clallam, and Jefferson Counties. ACHs are multi-sector voluntary public-private partnerships assembling to do this work.

We have put together a team to make the presentation and answer the following questions:

- 1. What's an ACH and how does it fit into larger efforts to reform healthcare in Washington State?**
Presenters: Chase Napier and Kayla Down, Washington Health Care Authority
- 2. What is the Olympic Community of Health doing, and what does it hope to accomplish?**
*Presenters: Rochelle Doan, OCH Manager (Kitsap Mental Health Services)
Roy Walker, OCH Interim Leadership Council Chair (Olympic Area Agency on Aging)*
- 3. What is the Health District's specific role in this work?**
Presenter: Scott Daniels, Kitsap Public Health District

In the presentation, we will also explain the intersection between the work of ACHs and the work of Behavioral Health Organizations (BHOs) which are moving to integrate mental health and chemical dependency care in the State. We will also briefly discuss the State's Medicaid Waiver application and how that will affect ACHs statewide. The Health District currently is contracted by HCA through January 2017 to serve as the backbone support organization for the OCH. We also have an interest in the population health work of the OCH and have staff participating on the ILC and its subcommittees. Our backbone support role will likely change over time.

Recommended Action: No action is required on this agenda item. The topic is informational only.

Frequently Asked Questions – Accountable Communities of Health

Accountable Communities of Health (ACHs) are an essential component of Washington’s Health Innovation Plan, known as “Healthier Washington,” which aims to transform the health system in the state to bring better health, better care and lower costs to Washington residents. The following provides basic information about ACHs, what they could mean to you or your organization, and how to become involved.

Washington’s nine ACHs are each at different stages of development. As a part of the Innovation Plan testing how to best achieve needed transformation, they will continue to evolve. This document will be updated and the most up-to-date version will be available on the website (http://www.hca.wa.gov/hw/Pages/communities_of_health.aspx). Please inform the Community Transformation Team (CommunityTransformation@hca.wa.gov) if the information you are looking for is not here, or if what is said here does not match your actual experience.

1. What is an Accountable Community of Health?

An Accountable Community of Health is a group of leaders from a variety of sectors in a given geographic area with a common interest in improving health. Participating, among others, are health and long-term care providers, health insurance companies, public health agencies, school districts, criminal justice agencies, non-profit social service agencies, legal services organizations, tribes, and philanthropic agencies. With support from the state, they are voluntarily organizing to coordinate activities, jointly implement health-related projects, and advise state agencies on how to best address health needs within their area. They are not intended to duplicate or replace existing services.

There are nine ACHs that together cover the entire state, with the boundaries of each aligned with the state’s Medicaid regional service areas.

2. What is the history of ACHs? Where did the idea come from?

Community-based, cross-sector coalitions dedicated to improving health at the local level have existed in Washington for many years. Recognition or support from the state has been limited and inconsistent, including a grant program in statute since 2006, but not funded since 2008. Their potential was explicitly revisited and acknowledged in Washington’s 2013 State Health Care Innovation Plan. It called for creating a new partnership between the state and these types of organizations that would draw on the unique strengths of each.

At the same time, other states were moving in a similar direction with their health reform efforts, and their success with “Accountable Communities” gave Washington further reason to pursue its own version – built on existing organizations, but designed to serve other interests called out in the Innovation Plan. State legislation passed in 2014 provided criteria and funding for two community of health pilot sites.

Additional specifications and funding to support ACHs were included in the State Innovation Model Test Award received by the state from the federal government later that year.

3. Why is Washington State supporting ACHs?

Because working with community-based, cross-sector coalitions is an effective and efficient way to transform the health system in the state. In developing its Innovation Plan, the state sought an approach that:

- Takes advantage of local knowledge and relationships to drive change in places where individuals are directly served;
- Allows those involved at the local level to each focus on what they do best, but in ways connected to and complementary of the contributions of others nearby; and
- Addresses through this collaboration both clinical care and social factors affecting health such as poor nutrition and inadequate housing. The state understands these things will not happen if they depend solely on random, informal contacts, but require the structure and intentional action brought by ACHs.

4. Which state agencies are supporting the development of ACHs and how are they doing so?

Primary support for ACHs, in the form of grants and technical assistance, comes from the Health Care Authority (HCA), the state agency leading the implementation of Healthier Washington. Working with the Department of Social and Health Services and the Department of Health, HCA establishes grant criteria, evaluates applications and makes the awards, and monitors performance and compliance with the terms and conditions of the grant. Technical assistance to support the development and initial operation of ACHs is being provided by a team of outside experts and consultants under contract with the HCA. Internally, these three agencies are looking at their own programs to determine if and how they might be better aligned to model the same collaboration expected at the local level, while eliminating any inadvertent obstacles to ACH success.

5. Are all ACHs the same?

ACHs are similar in matters of statewide significance or where necessary for them to function as part of Healthier Washington. Each ACH, for example, shares the same general purpose, has (or will have) a formal governance structure and bylaws, and includes representation from a diverse and broad cross-section of entities. Each ACH will also play a similar role in projects implemented statewide, such as the [Practice Transformation Support Hub](#). ACHs are different based on regional preference and priorities, such as the details of their governance structure, the particular entities participating, and the projects each undertakes in response to the unique health concerns of their region.

6. Who administers and governs ACHs?

ACHs are administered and self-governed at the regional level along general guidelines in the state's funding criteria. This gives each ACH discretion to do what works best for its region, but also means that none are organized or operate in exactly the same way.

For some ACHs, the backbone organization is a local public health agency. For others, it is a non-profit organization with a history of health reform activity in the region.

While the backbone organization may help develop the governance structure, it does not itself govern the ACH. Each ACH is instead governed by its local participants under a structure they design. It typically involves a board or committee to discuss issues brought to it and to make decisions.

The challenge for each ACH is to involve enough people in governance that the appropriate regional interests are represented, but to do so in a way that decisions get made and the organization remains functional. Achieving this balance will continue to result in creative, bottom-up approaches, the merits of which Healthier Washington is intended to test.

7. How are ACHs funded? What does this money buy?

ACHs are funded partly with grants from the Washington State Health Care Authority (HCA), using money from the State Innovation Model grant issued by the federal Center for Medicare and Medicaid Innovation (CMMI). These funds allow each ACH to have part-time staff for design and initial development, and hold necessary regional meetings.

In 2014, the legislature also made a state general-fund appropriation to the HCA for two pilot ACHs. ACHs supplement these funds with in-kind contributions and grants from other private and public sector organizations, some who participate in the ACH. The grant from CMMI also funds staff and consultants at the HCA and other state agencies who partner with and support ACHs statewide.

ACHs are working with the state to develop financial sustainability plans. These plans will likely draw on both local and state resources, including additional state grants and contracts, and the reinvestment of any savings that the ACHs help generate in health care or other areas.

8. Do ACHs have regulatory authority? What are they otherwise authorized to do?

ACHs do not have regulatory authority. They are community-based organizations acknowledged in state statute. They will be called on, as are many others, to provide state agencies with advice and recommendations and help implement state

programs. Although some receive administrative support from a local public health agency, ACHs themselves are not political subdivisions of the state and have not been delegated any independent authority to regulate or otherwise control activities of individuals or institutions within their region.

Although not granted any unique statutory authority, ACHs otherwise have the same general powers enjoyed by any organization. What each does is determined by agreement of their local participants based on their governance structure and process. Among other things, they can agree to accept grants or otherwise contract with outside parties, including the state. An ACH doing so would then be expected to execute the contract, and be subject to any of its terms and conditions, including performance standards.

9. What role will ACHs play in Medicaid purchasing? What is their relationship to Medicaid Managed Care Organizations?

ACHs will evaluate health needs within their region, take local action on those needs, and where appropriate, advise state agencies. Given Medicaid's importance to health, ACHs will join others in providing feedback on the design and operation of the program, and how it might be improved, particularly from a local perspective.

As Medicaid changes to better integrate physical and behavioral health care, and to link clinical care with other community services, the collective, multi-sector insights of ACHs will be critical to designing a supportive payment structure. However, ultimate legal and financial responsibility for Medicaid contracting, including monitoring and oversight, will remain with the state.

Medicaid Managed Care Organizations (MCOs) are active participants in ACHs throughout the state, and some have contributed funding and other resources. Independent of their participation in ACHs, however, the state will continue to contract with MCOs as the risk-bearing entities for Medicaid. There is no intent to transfer this risk-bearing function to ACHs.

More details on expectations surrounding the ACH-MCO partnership can be found on the [Healthier Washington website](#).

10. What is the role proposed for ACHs in Washington's Medicaid transformation waiver? Are they prepared for this?

The waiver application proposes that the Health Care Authority (HCA) contract with ACHs to coordinate Medicaid transformation projects within their region. In this role, an ACH will oversee projects intended to further the goals of Healthier Washington. This could include soliciting, reviewing or helping prepare project applications, distributing state funds to those within the region responsible for implementation, and reporting on progress. This role is consistent with the general purpose and

developing capacity of ACHs to facilitate regional collaboration towards improved health.

The HCA has begun negotiating the terms and conditions of the waiver with the federal Centers for Medicare and Medicaid Services. If they reach agreement and the application is approved, the state will allow ACHs the time and resources needed to prepare for and carry-out the particular expectations it makes of them. If an ACH is not ready it will not be given this responsibility, with the state then contracting with another organization to implement this portion of the waiver.

More information about the waiver, including the application and directions on how to provide input as it progresses, is available on the [Healthier Washington website](#).

11. What does it mean for an organization to be formally “designated” an ACH by the Health Care Authority? Does it change its responsibilities or authority?

Formal designation as an ACH by the Health Care Authority is a step in the organization’s development process that qualifies it for additional state grant funding. It generally recognizes the ACH has the basic infrastructure to continue building a successful organization. Designation requirements include:

- Balanced, multi-sector representation;
- The launch of community engagement activities;
- The ability to perform basic financial and administrative functions;
- Initial identification of regional health needs and priority projects; and
- Establishment of an initial budget, including a plan for continued funding.

Designation is an important benchmark that demonstrates progress and potential, and qualifies an ACH for additional grant funding to support its ongoing development. However, it does not change the general role or legal status of the ACH, or indicate a readiness to take on all conceivable ACH functions.

For details on ACH designation, including the relevant criteria and process, see the [Healthier Washington website](#).

12. What are ACHs actually doing to improve health? Are there concrete examples?

Many ACHs are still in the planning and development stage and have yet to decide which health improvement projects they will pursue. The Health Care Authority’s Community Transformation Team will compile a list and share information about all of the projects as they are identified. A project started by the [Cascade Pacific Action Alliance](#) (CPAA) as a pilot ACH offers an example of the type of work ACHs across the state may do.

CPAA found a need within their region for earlier identification and treatment of children with mental health or chemical dependency issues. They formed a work

group, including representatives of school districts, social service organizations, health care providers and others. The work group selected behavioral health screening tools, identified treatment resources within the region, discussed the roles of school staff and treatment providers, and mapped how these roles would be coordinated on behalf of the children. It developed a test site selection process, and by early 2016 will begin testing the project at four schools.

13. Who should be involved with ACHs? What types of entities are already involved?

If you or your organization have any responsibility for the health of your community, through clinical care, social services or otherwise, you should consider becoming involved with ACHs. ACHs represent a formal opportunity to achieve results you will not get working alone. They do this by connecting those with similar concerns and goals, allowing them to share information and coordinate activities. They are also a place to discuss what is expected, and from whom, in transforming health care in the region. And with the cross-sector representation, you will learn when and how to engage others to help residents whose needs are beyond your responsibility or expertise. Becoming involved will also give you a greater voice in identifying regional health needs and advising how to address them.

Those already involved include but are not limited to: health and long-term care providers, health insurance companies, public health agencies, school districts, criminal justice agencies, non-profit social service agencies, legal services organizations, tribes, and philanthropic agencies.

14. Are ACHs only about Medicaid? Should those whose interests are primarily related to commercial health coverage also be involved?

Healthier Washington is intended to transform all parts of the state's health system. As such, ACHs focus not only on a particular sub-population or payment system but represent health across the entire continuum and population within the region, from babies to seniors. Medicaid is expected to lead by example, primarily by changing the way it purchases care and services, with ACHs contributing to this process.

However, Medicaid payment reform and corresponding changes in care delivery will influence – and be influenced – by what goes on in the commercial market. With the right people involved, ACHs can help keep all participants appropriately aligned, avoiding inconsistent approaches that serve primarily to confuse. If you or your organization have any responsibility for the health of your community, either for Medicaid enrollees or otherwise, you should consider becoming involved with ACHs.

15. What is the best way to become involved with ACHs? Is it too late? Are there any prerequisites?

It is certainly not too late to become involved. The only prerequisites are that you have an interest and/or role – through clinical care or other community services – in

the health of residents within the region covered by the ACH, and a willingness to abide by its process. How to best become involved depends on who you are, the resources you have available, and in which of the nine ACHs you are interested.

Statewide associations (such as health care provider associations) should encourage their individual members to engage with their local ACH, with the association's leadership working with Healthier Washington partners and state agency staff. Other statewide organizations that provide services to residents of more than one region (such as health insurance companies or health systems) will want to be involved at the state level, and at the regional level with as many corresponding ACHs as their resources allow.

Because each ACH is structured differently and is at a different stage of development, seek advice on becoming involved directly from those ACHs in which you have an interest. Contact information for the ACH backbone leads and administrative support team [is here](#).

16. Frequent mention is made of ACH “members.” Do members have responsibilities or privileges others involved with ACHs do not? How does one become a member?

“Member” was the term initially used in Health Care Authority documents to describe any individual or organization formally involved with ACHs. It was not meant to imply a preferential status for some in the region over others. Going forward the intention is to use the term “participants” rather than “members.”

Like any organization, ACHs have an operational structure in which participants may each have different roles. It is not practical to give everyone a position on the governing board, and a position on the governing board is not the only way to participate. Involvement at the project level will become increasingly important as ACHs develop. ACHs are confronting the challenge of collectively but effectively engaging the large number of entities across multiple sectors with a role in improving health. And as with any innovation, the ACHs will evolve as they determine what works and what does not.

17. How can state agency policies concerning the role and operation of ACHs be influenced?

Because agencies are looking to ACHs themselves to help shape relevant state policies, participating at the regional level is a way to influence them.

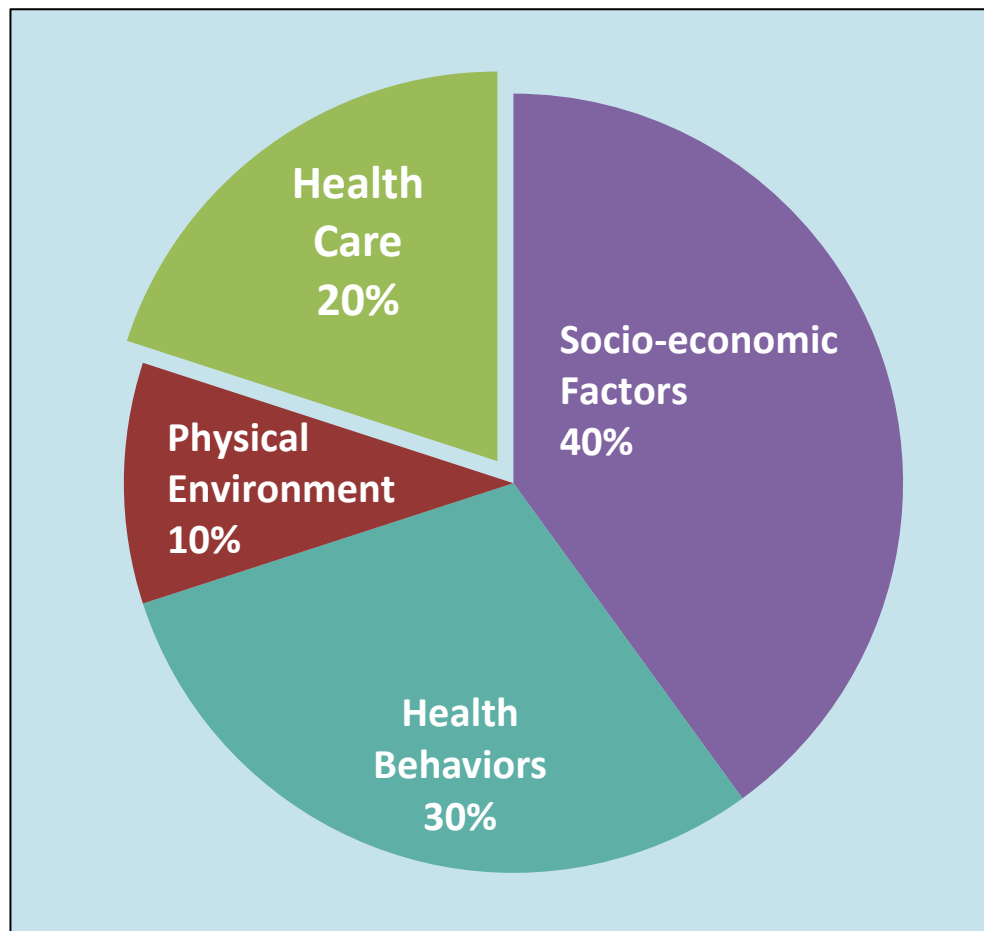
Organizations that typically, work directly with the state, such as statewide organizations, may continue to contact the Community Transformation Team or other agency staff directly. State agencies are considering development of a more structured, efficient and timely process for gathering state level input on ACH policy. Thoughts on what this should look like are welcome.

Accountable Communities of Health

March 1, 2016

Chase Napier, Kayla Down

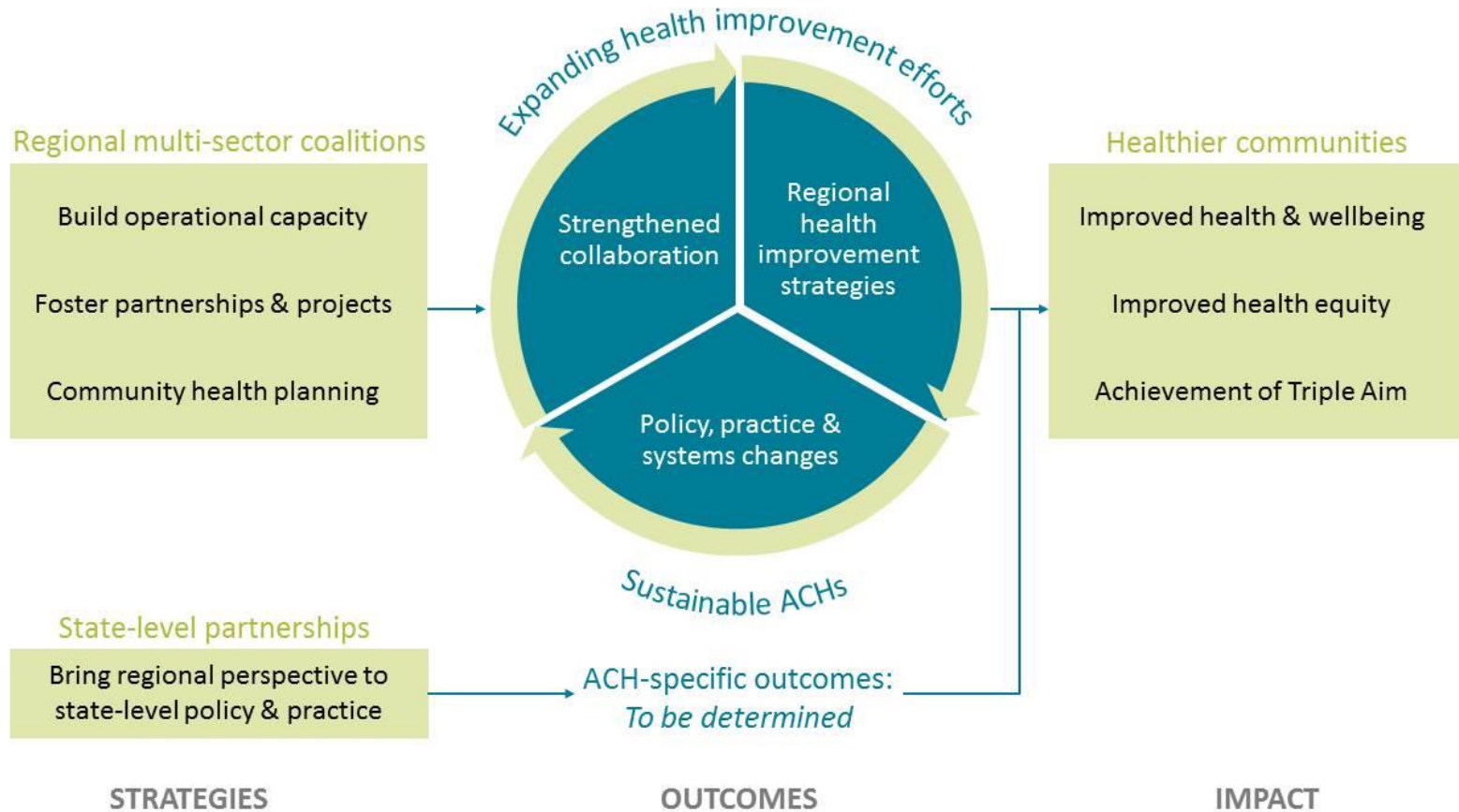
Healthier Washington recognizes that health is more than health care.



Adapted from: Magnun et al. (2010). *Achieving Accountability for Health and Health Care: A White Paper*, State Quality Improvement Institute.. Minnesota.

Simplified theory of change

Accountable Communities of Health | Theory of Change



Successful first year

All nine regions were formally designated as ACHs

- HCA encouraged community-driven development, which resulted in variation.



Regional priorities and projects are emerging

- ACHs are identifying health priorities & moving towards projects. Challenging and fulfilling to build multi-sector collaboration.

ACHs: A Foundation of Healthier WA





Medicaid Transformation Goals: Triple Aim

- Reduce avoidable use of intensive services and settings—such as acute care hospitals, nursing facilities, psychiatric hospitals, traditional LTSS and jails
- Improve population health—focusing on prevention and management of diabetes, cardiovascular disease, pediatric obesity, smoking, mental illness, substance use disorders, and oral health
- Accelerate the transition to value-based payment—while ensuring that access to specialty and community services outside the Indian Health system are maintained for Washington’s tribal members
- Ensure that Medicaid per-capita cost growth is two percentage points below national trends

Medicaid Transformation Initiatives

Initiative

1

Transformation through Accountable Communities of Health

Each region, through its Accountable Community of Health, will be able to pursue transformation projects focused on health systems capacity building, care delivery redesign, and population health improvement.

Initiative

2

Service Options that Enable Individuals to Stay at Home and Delay or Avoid the Need for More Intensive Care

A broadened array of Long Term Services and Supports (LTSS).

Initiative

3

Targeted Foundational Community Supports

Targeted supportive housing and supported employment services will be offered to Medicaid beneficiaries most likely to benefit from these services.



Thank you!

- Community Transformation monthly touch base scheduled for:
 - Thursday, March 17th 2016, from 2:00-3:00 pm
 - Reminder, and updated FAQ (if necessary) will be sent out ahead of time via a Feedback Network Blast

Contact us

CommunityTransformation
@hca.wa.gov

Learn more:
www.hca.wa.gov/hw



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The contents provided are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies.

QUICK GLANCE

Olympic Community of Health Development 10/8/15 – 3/31/16

“Regional Vision, Local Action”

CREATION OF THE OCH INTERIM LEADERSHIP COUNCIL

- 9/15 ILC Charter document completed by Governance subcommittee
- 9/22 Steering Committee approves ILC Charter, directs OCH consultant to convene ILC sector stakeholders identified at the July 22, 2015 Stakeholder meeting. Further directed to continue discussion to secure yet unidentified stakeholder representation, include Tribal, rural health, private/not for profit hospital, chemical dependency.
- 10/1 ILC meeting scheduled for 10/19. Steering committee to disband 10/19/15 as ILC takes on governance role.

OCH INTERIM LEADERSHIP COUNCIL

CHARGE: Support formation of an Olympic (Accountable) Community of Health and its future designation, serving in a transitional role October 2015 – February 2016 until a yet more formal Governing Board with additional sectors and deeper representation is in place. Provide 1-2 ILC members each subcommittee to chair and report back to ILC.

- Create a regional pathway to improving patient care, reducing the per-capita cost of health care and improving health of the population.
- Guide a regional vision by bringing the voice of sectors and the stakeholders they represent to the table to work collectively toward common areas of focus: access to care, population health improvements, access to “Whole Person” Support and promoting data sharing and a region-wide infrastructure. Collaborate across systems to improve our community safety and well being. Adhere to the OCH Guiding Principles.
- Intentionally work now to deepen stakeholder participation 1) within each sector so that representation on the Governing Board is rich with the experience and voice and 2) bring additional sectors and representation yet to be identified from Community Services System.

MEETINGS:

- | | | |
|--------------|--------------------|---------------|
| • 10/19/2015 | 2:30 pm – 5:00 pm | Silverdale |
| • 11/02/2015 | 1:00 pm – 4:00 pm | Port Gamble |
| • 12/07/2015 | 3:00 pm – 5:00 pm | Port Townsend |
| • 01/11/2016 | 1:00 pm – 4:00 pm | Port Gamble |
| • 2/29/2016 | 10:00 am – 4:00 pm | Port Gamble |
| • 3/22/2016 | TBD | Port Gamble |

SUSTAINABILITY SUBCOMMITTEE

CHARGE: Research and recommend OCH sustainability plan and health care payment models.

MEETINGS: 10/27/2015 12/21/2015
11/06/2015

STAKEHOLDERS

GOVERNANCE SUBCOMMITTEE

CHARGE: Research/recommend evolving governance structure for OCH. Research/recommend legal form of OCH to ILC including bylaws. Act on legal form if indicated.

MEETINGS:

10/30/2015 1/29/2016
12/07/2015 TBD

COMMUNITY HEALTH ASSESSMENT & PLANNING

CHARGE: Facilitate service gap analysis, priority setting; CHIP; develop approach for Regional Health Improvement Plan by 11/15; performance measures, recommend innovations. Carry out RHIP via collective impact.

MEETINGS:

10/21/2015 1/11/2016
11/13/2015 1/26/2016
12/18/2015 3/07/2016

STAKEHOLDER MEETINGS

- 1st November 2014
- 2nd July 29, 2015
- 3rd November 2, 2015
- 4th March 22, 2016

Better Health. Better Care, Lower Cost.

QUICK GLANCE

Olympic Community of Health Development 10/8/15 – 3/31/16

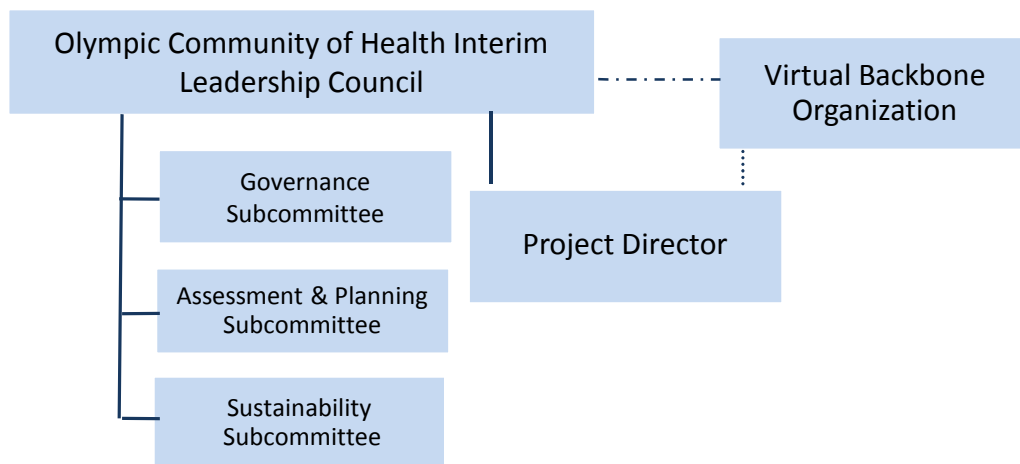
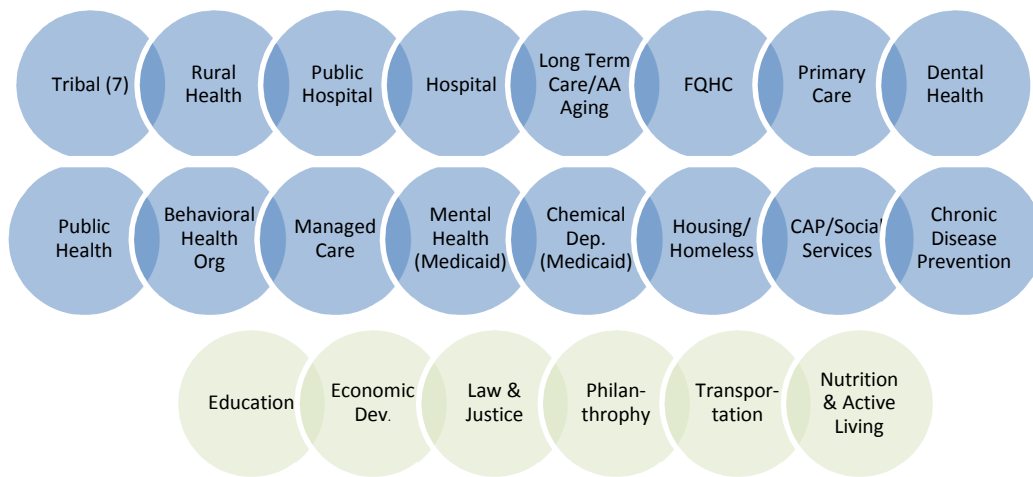
“Regional Vision, Local Action”

OCH STAKEHOLDERS

Represent a group of people in Clallam, Jefferson and Kitsap Counties who represent entities from a variety of different sectors with a common interest in improving health.

CHARGE: Through diverse multi-sector partnerships, ACHs are an integral part of the Healthier Washington initiative. The Olympic Community of Health will:

- Establish collaborative decision-making on a regional basis to improve health and health systems, focusing on social determinants of health, clinical-community linkages, and whole person care.
- Bring together all sectors that contribute to health to develop shared priorities and strategies for population health, including improved delivery systems, coordinated initiatives, and value based payment models.
- Drive physical and behavioral health care integration by making financing and delivery system adjustments, starting with Medicaid.



Accountable Communities of Health (ACHs) are where public and private entities come together to work on shared health goals. ACHs address health needs where they occur – at the local level. ACHs are based on the notion that health is more than health care, and will focus on issues that affect health, such as education, income, housing, and access to care, in order to address the needs of the whole person, and integrating purchasing on a regional basis to bring down costs and pay for value. *Adapted from WA State Health Care Authority ACH Fact Sheet July 2015*

Better Health. Better Care, Lower Cost.

<http://www.olympiccommunityofhealth.org/>

Healthier Washington and the Development of Accountable Communities of Health (ACH's)

In 2014 a five year roadmap for transforming health and health care in Washington State was created to achieve better care for individuals, better health for our population, and do so at lower costs. A \$65 million federal grant to carry out elements of *Healthier Washington* now supports communities in working together to improve the public health, so that the health care delivery system realizes better services, lower costs and greater access to community resources that result in better health and wellness for everyone - individuals and communities alike.

ACH's bring community, social service & public health strategies together for shared health goals

ACH Regional collaboratives are building blocks where public and private entities together work on shared health goals, dedicated to whole person care, and creating a foundation for lasting change that offers better health for all. To bring clinical and community partners together to plan and carry out health improvement across systems of care and align to leverage shared results, nine regionally based Accountable Communities of Health are being created across our state. ACH's are engaging the

many sectors affecting health, from public health, health care providers including behavioral health, social services and community organizations, housing, economic and workforce development, to education, health care payers, philanthropy, governmental entities, and Tribes. The state is partnering with regions to invest in development of the ACH's that can demonstrate concept and proof of design that will assure a sound foundation of governance and administrative infrastructure to be effective in this health transformation.

What affects our overall health and well-being?



Regional Designations by County

Specifically, ACHs:



- Establish collaborative decision-making on a regional basis to improve health and health systems, focusing on social determinants of health, clinical-community linkages, and whole person care.
- Bring together all sectors that contribute to health to develop shared priorities and strategies for population health, including improved delivery systems, coordinated initiatives, and value based payment models.
- Drive physical and behavioral health care integration by making financing and delivery system adjustments, starting with Medicaid.¹

HCA 82-008 (7/15)

1 Healthier Washington. The FACTS. Accountable Communities of Health, Washington State Health Care Authority, July 2015

Olympic Community of Health forms through local and regional planning, sector collaboration

In August 2014, in keeping with the vision of Healthier Washington, leaders representing voices of primary care, community behavioral health, public health, public hospital, social services and governmental entities began initial formation of an Olympic Community of Health (OCH) consisting of Clallam, Jefferson and Kitsap Counties. A history of cross system collaboration and partnerships to accomplish shared purposes resulted in a November 2014 gathering of 50+ leaders to explore together becoming the OCH. Participants were educated on current Health Care System Transformation and reviewed each counties Community Health Improvement Plan (CHIP), including shared priorities for future action. At this meeting, participants decided to come together as local drivers of our State's health system transformation, and requested the Kitsap Public Health District (KPHD) apply on the OCH's behalf for a 2015 design grant. Subsequently awarded, the KPHD currently serves as OCH backbone agency.

OCH Milestones

July 2014 – Oct 2015	Steering Committee	Plans monthly for actions needed to launch OCH
November 7, 2014	Stakeholder Meeting	Health Care System Transformation, Dale Jarvis, Consultant Local & regional CHIP priorities, Siri Kushner, Epidemiologist Decision to apply for HCA ACH Design Grant
Nov - Dec 2014	Design Writing Team	Kitsap Public Health District to serve as virtual backbone
Jan – April 2015	Kitsap Public Health District	Design Grant awarded, contracts initiated
May 2015	KPHD, Steering Committee	Project Manager hired
May – Oct 2015	Project Manager	Develops Stakeholder, Sector relationships
June – Aug 2015	Governance workgroup	Drafts Interim Leadership Council (ILC) Charter
July 29, 2015	Stakeholder Meeting	Discussion Governance/Charter Identification of Sector Representation for ILC, who is missing
October, 2015	Project Management	New Project Managers engaged
October 19, 2015	Interim Leadership Council	Approves Charter, appoints subcommittees, meets monthly
Oct 2015 –Feb 2016	Subcommittees	Meetings: Sustainability, Governance, Community Planning
November 2, 2015	Stakeholder Meeting	Community Assessment/Plan, Deepen Sector Participation
November 27, 2015	Project Management	OCH Readiness Proposal submitted to Health Care Authority
July 2014 to date	KPHD & Stakeholders	Participation in HCA & ACH communications and activities
December 23, 2015	Health Care Authority	Olympic Community of Health officially designated an ACH!

The role of the OCH Interim Leadership Council (ILC)

The ILC is guiding further development of the structures and the engagement needed to facilitates cross-sector health improvement. The ILC, with Project Management support, is preparing a Readiness Proposal portfolio for ACH designation so as to continue with ongoing ACH health transformation strategies. The ILC subcommittee for community assessment and planning is using existing assessments and plans from all three counties, local and regional CHIP priorities and data to hold a November 2, 2015 stakeholder discussion of service gaps, assets, and further define priorities. This will inform the development of the ILC's Regional Health Improvement Plan approach, and use of the approach to complete the RHIP in early 2016. The ILC, with its Community Assessment/Planning Subcommittee and OCH stakeholders, will discern how best to align with Healthier Washington's statewide common performance measures, use the information and technical assistance available through Healthier Washington, and continue to learn from other ACH's across the State. Deliverables for 2015 include the ACH Readiness Proposal to be submitted to the Washington State Health Care Authority November 30, 2015 for ACH designation. The proposal will include plans for approaches to the future Regional Health Improvement Plan, governance and administrative functions, and sustainability planning.

For more Information

-  Visit the Olympic Community of Health website at <http://www/Olympic community of care.org/>
-  Visit the Healthier Washington ACH website: http://www.hca.wa.gov/hw/Pages/communities_of_health.aspx



OCH Interim Leadership Council and Backbone Support Roles and Responsibilities

FUNCTION	OCH ILC COUNCIL	BACKBONE ORGANIZATION
Administration	<ul style="list-style-type: none"> ▪ Annually review support organization performance 	<ul style="list-style-type: none"> ▪ Prepare reports to ILC & HCA to demonstrate performance ▪ Contract management ▪ Backbone organization staff management
Communications	<ul style="list-style-type: none"> ▪ Review and approve regional communications plan and performance annually ▪ Develop and approve key messaging ▪ As sector representatives, provide lateral and vertical communication from and to sector/ILC re ACH associated issues ▪ Represent OCH in statewide meetings, committees, shared learnings ▪ Receive regular updates from project staff and communicate information as needed to HCA, stakeholders ▪ Direct stakeholder agenda, including shared learning opportunities and opportunity to provide comment to HCA, others as appropriate 	<ul style="list-style-type: none"> ▪ Project Managers to prepare regional communications plan, develop key messaging, implement communications plan ▪ Represent OCH in statewide meetings of ACH, committees, Peer Collaborative, shared learnings, other as needed ▪ Serve as liaison between OCH and State/partner agencies i.e., ACH Development Council calls ▪ Prepare publications, web postings (with Kitsap County Human Services for web management), and communications identified in ILC communications plan
Community Engagement	<ul style="list-style-type: none"> ▪ Plan agenda for and host Stakeholder meetings ▪ Determine additional stakeholders/sectors to be engaged and take action to engage ▪ Determine avenues to engage specific communities for inclusion in planning and implementation of ACH efforts, especially where health disparities are high 	<ul style="list-style-type: none"> ▪ Prepare for and coordinate stakeholder meetings ▪ Support ILC in outreach to additional sectors, stakeholders, communities
Data & Evaluation	<ul style="list-style-type: none"> ▪ Maintain active assessment and planning subcommittee to: <ul style="list-style-type: none"> ▪ Provide guidance for and engage stakeholders in assessment process ▪ Review data, determine performance metrics, review and approve regional dashboard, consider and approve baselines for key metrics ▪ Prepare prioritization information for ILC and stakeholder consideration ▪ Monitor regional performance toward achievement of shared regional goals & successful implementation of RHIP ▪ Monitor fulfillment of stakeholder commitments ▪ Review data and performance reports ▪ Use data to inform recommendations for action to ILC ▪ ILC to review and approve subcommittee prioritization of RHIP ▪ ILC to review, approve subcommittee reports, recommend further action 	<ul style="list-style-type: none"> ▪ Ensure provision of epidemiology support for community assessment and planning subcommittee <ul style="list-style-type: none"> ○ community assessment, ○ data analysis ○ prioritization process ○ evaluation ○ report preparation including regional dashboard ○ attendance/presentation at committee, ILC and stakeholder meetings ○ monitor and use available HCA/ACH TA for setting measures and gathering data

Finance	<ul style="list-style-type: none"> ▪ Determine program of work for budget cycle and communicate to backbone organization ▪ Approve budget ▪ Oversee management of funds including review of financial reports 	<ul style="list-style-type: none"> ▪ Develop budget to support OCH program of work ▪ Receive and manage funds ▪ Provide quarterly financial reports to Council
Governance	<ul style="list-style-type: none"> ▪ Governance subcommittee to research and recommend sustainable OCH structure ▪ Annually review governance model including governing body composition ▪ Adjust governance model as needed ▪ Review and approve governance policies 	<ul style="list-style-type: none"> ▪ Support ILC in annual governance review ▪ With Governance Subcommittee support continued development of governance structure, policies and develop bylaws if needed
Implementation	<ul style="list-style-type: none"> ▪ Form workgroups to advance RHIP strategies as needed ▪ Act collectively on strategies requiring region-wide aligned action at ILC level i.e., policy advocacy, opportunities to comment ▪ Evaluate & report on RHIP implementation 	<ul style="list-style-type: none"> ▪ Support workgroups with planning, logistics, facilitation, meeting summaries, reports, records and communications ▪ Provide process leadership as needed and/or desired ▪ Support regional action planning
Planning	<ul style="list-style-type: none"> ▪ With consideration of Planning and Assessment subcommittee recommendations, develop RHIP including: <ul style="list-style-type: none"> ○ Setting shared regional health priorities ○ Determining shared regional strategies for aligned action ○ Identify supporting actions support strategies implementation ○ Determine and support lead implementation agencies as appropriate 	<ul style="list-style-type: none"> ▪ With RHIP leads, develop Driver diagrams, goals, measures ▪ Support ILC and stakeholders in regional action planning by: <ul style="list-style-type: none"> ○ Organizing, coordinating and recording meetings ○ Providing thought and process leadership ○ Facilitating meetings ○ Recording & distributing meeting summaries ○ Preparing RHIP based on ILC content decisions ▪ Support OCH/ILC annual RHIP review
Policy	<ul style="list-style-type: none"> ▪ Develop and approve shared regional policies, including policies related to State action on Medicaid financing and health care services delivery ▪ Advocate for shared regional policies 	<ul style="list-style-type: none"> ▪ Support ILC in policy development ▪ Communicate ILC approved shared regional policies
Sustainability & Resource Development	<ul style="list-style-type: none"> ▪ Sustainability Subcommittee to develop, implement sustainability plan with ILC and stakeholders ▪ Sustainability Subcommittee to implement sustainability plan with ILC /stakeholders ▪ Design shared savings and reinvestment mechanism, model, possible wellness fund over time ▪ Sustainability Subcommittee to review and make recommendations to ILC annually for sustainability plan pathway ▪ Jointly, Sustainability and Governance Subcommittees to make recommendations to ILC regarding governance structure, including consideration of forming non-profit entity as OCH future becomes clear. 	<ul style="list-style-type: none"> ▪ Project Managers and ACH TA support Sustainability Subcommittee through research, contacts, thought leadership, grant prospecting and requests, liaison and acknowledgments, grants management. ▪ Project Managers and ACH TA creatively support Sustainability Subcommittee through research, identification and development of shared savings, reinvestment mechanisms, and wellness fund where opportunity arises. Research & prepare benefits of types of legal entity for review.

Functions of BHOs, MCOs and ACHs in Washington

Behavioral Health Organizations

Managed Care Organizations

Accountable Communities of Health

Behavioral Health Organizations	Managed Care Organizations	Accountable Communities of Health
County-based, quasi-governmental entities (except Pierce)	Private for-profit insurance firms	Regionally-governed public-private framework
<ul style="list-style-type: none"> • Oversee state expenditures for mental health and chemical dependency for inpatient and outpatient services • Monitor agency compliance with Federal and State regulations • Ensure compliance with Federal Managed Care regulations • Strong Quality Assurance/Improvement function • Authorizes all levels of care • Manages risk associated with program • Regional service area 	<ul style="list-style-type: none"> • Oversees medical expenditures with the exception of Behavioral Health • Provide some case management for complex cases • Pay health care providers via a variety of means • At risk for health costs • Comply with Federal Managed Care Regulations • Authorize care • Statewide service area 	<ul style="list-style-type: none"> • Enables healthcare providers and insurers, social services groups, and public health to join forces to improve community health, reduce unnecessary healthcare utilization, and reduce costs (Triple Aim) • Develop and set standards for priority regional population health improvement projects • Provide an environment for health care providers to discuss health system reform work directly with a broad array of stakeholders outside of traditional healthcare system • Advise state agencies on how to best address regional health needs and gaps, and design health system reform statewide • Currently funded through Federal grant awards • Currently non-risk bearing • BHO Regional Service Areas contiguous with ACH regions • May develop into “Coordinating Entities” under Medicaid Transformation (Global 1115 Medicaid Waiver)