

AMENDMENT TO IMPLEMENTATION PARTNER SPECIFIC AGREEMENT

Between

OLYMPIC COMMUNITY OF HEALTH

And

Kitsap Public Health District

This Amendment (“Amendment”) to the Implementation Partner Specific Agreement for is entered into between the Olympic Community of Health (“OCH”) and Kitsap Public Health District

RECITALS

WHEREAS, the Parties entered into the Contract effective January 1, 2017; and

WHEREAS, the Parties have agreed to update the contract language to clarify contract terms for 2021;

NOW, THEREFORE, THE PARTIES AGREE AS FOLLOWS:

I. Amendment of Agreement Section 1. Change Plan.

PARTNER agrees to complete the requirements under the Change Plan, attached herein as Attachment A. *(Note that the Change Plan is also referred to as the Project Plan in the Financial Executor Portal Standard Partnership Agreement, Attachment B).*

II. Amendment of Agreement Section 3. Payment and Costs.

- a. **Basis for Payment to Partner.** Compensation to the PARTNER for performance of this Agreement is from the State of Washington Health Care Authority’s (HCA) Delivery System Reform Incentive Payment (DSRIP) program, authorized by OCH. Payments of DSRIP funds are incentives based on performance, not payments or compensation for costs incurred. Payments are a portion of shared revenues earned by the region for the collective performance of OCH. Regional funds earned are distributed to partners based on the OCH Board of Directors approved funds flow model and 2021 Medicaid Transformation Payment Model, Attachment C. Factors to determine payment amounts are defined by the 2021 Medicaid Transformation Payment Model, Attachment C and include Medicaid lives served for primary care and Medicaid encounters for behavioral health, and completion of the following activities:
 - Partner reporting (change status, narrative questions, Health Care Authority Pay for Reporting metrics including MeHAF assessment for behavioral health, simplified quantitative data)
 - Enhanced transformation activities
 - Required change plan outcomes status
 - Implementation of enhanced community-clinical linkage work
 - Addressing increased behavioral health needs
 - Learning and convening

- Future state visioning input
- Value-based payment survey completion
- Site visits with OCH staff. While site visits are not an element of the 2021 Medicaid Transformation Payment Model, they are a component of contract monitoring.

- b. **Payments Contingent on Partner Compliance.** Payment of DSRIP Funds to the PARTNER is contingent on PARTNER complying with the terms of this Agreement. PARTNER acknowledges in accordance with this section and this Agreement, that any such funds received may not cover all the costs or expenses related to PARTNER’s participation in the DSRIP Change Plan.
- c. **Payment Process.** OCH will approve payments to be released from the Financial Executor Portal (Portal). The PARTNER must set up and manage an account on the Portal and sign a Standard Partnership Agreement (Attachment B) as required by Public Consulting Group, the organization which administers the Portal, to receive payment. OCH agrees to approve up to two payments per project year, subject to the terms of this Agreement and the Change Plan, through the Financial Executor Portal to PARTNER. Full payments are contingent on all deliverables being met in accordance with the 2021 Medicaid Transformation Project Payment Model (Attachment C).

Failure to complete deliverables to the satisfaction of OCH may result in delayed, reduced or withheld payments.

OCH may, from time to time, authorize additional payments to partners be made outside of the biannual Portal disbursement process. Such payments may be made by check sent to the PARTNER.

- d. **Attestation of Organization Governance, Management and Financial Solvency.** By signing this Amendment, the PARTNER attests that the organization is financially solvent, and has and will maintain sufficient governance structures, financial controls, and resources necessary to undertake the work required of this Agreement and the Change Plan.
- e. **Attestation to Focus on Medicaid Beneficiaries.** Consistent with the intent of the Medicaid Transformation Project, by signing this Amendment, the PARTNER attests that the organization will focus Change Plan-related activities on the Medicaid population.

III. Amendment of Agreement Section 12. Partner and OCH Contract Managers.

PARTNER’s Contract Manager will have primary responsibility and final authority for the services provided under this Contract and be the principal point of contact for all business matters, performance matters, and administrative activities. OCH’s Contract Manager is responsible for monitoring the PARTNER’S performance and will be the contact person for all communications regarding Contract performance and deliverables.

To PARTNER at:
Organization: Kitsap Public Health District
Attn: Yolanda Fong

Street Address: 345 6th Street, Suite 300
City, State Zip: Bremerton, WA 98337
Email: yolanda.fong@kitsappublichealth.org

To OCH at:
Organization: Olympic Community of Health
Attn: Miranda Burger
Street Address: PO Box 641
City, State Zip: Port Townsend, WA 98368
Email: miranda@olympicch.org

Both parties agree to notify the other party of changes to the person(s) named in this section by written notice (email acceptable) within 30 days of such change.

IV. Amendment of Agreement Section 22. Notice.

Any notice required or permitted under this Agreement shall be sufficient if given in writing and sent by email or registered mail or personal delivery or overnight courier service (i.e., FedEx, UPS, etc.)

To PARTNER at:
Organization: Kitsap Public Health District
Attn: Keith Grellner
Street Address: 345 6th Street, Suite 300
City, State Zip: Bremerton, WA 98337
Email: keith.grellner@kitsappublichealth.org

To OCH at:
Organization: Olympic Community of Health
Attn: Debra Swanson
Street Address: PO Box 641
City, State Zip: Port Townsend, WA 98368
Email: debra@olympicch.org

Both parties agree to notify the other party of changes to the person(s) named in this section within 30 days of such change.

V. Amendment of Agreement Section 23. Incorporation of Documents and Order of Precedence.

Each of the items or documents listed below is by this reference incorporated into this Contract. In the event of an inconsistency, the inconsistency will be resolved in the following order of precedence:

1. This Agreement
2. 2021 Change Plan, Attachment A
3. Financial Executor Portal Standard Partnership Agreement, Attachment B
3. 2021 Medicaid Transformation Project Payment Model, Attachment C

VI. Effective Date. This Amendment is effective as of January 1, 2021.

IN WITNESS WHEREOF, the Parties have subscribed their names hereto.

DATE: 1/5/2021

DocuSigned by:
Keith Grellner
612B11BE698E424...
PARTNER

DATE: 1/5/2021

DocuSigned by:
Celeste Schoenthaler
4F4AF34D58C54AE...
OCH Executive Director

4. Care Infrastructure	1. Capacity Infrastructure	H. Women with prior adverse pregnancy outcomes and women with other identified risks (including social determinants) to community-based programs that provide intensive services during the prenatal and interconception periods (NFP, Healthy Start)	x
		I. Adults requiring syringe exchange services to exchange programs	x
		J. Individuals with no medical home to primary care	x
		K. Individuals needing primary care services to primary care	x
		L. Individuals needing behavioral health services to behavioral health care (including SUD and MH services)	x
		M. Individuals needing oral health care to oral health care services	
		N. Individuals without health insurance coverage to enrollment specialist services	
		O. Women of child-bearing age for contraception education and services	
		P. Other	
		List Partner(s):	Willing to sign with any partner whom we do not have existing business agreement with
		x	
	F. Information is exchanged securely, appropriately, timely and efficiently	x	
		x	
		x	

Master Services Agreement

On January 9, 2017, the Centers for Medicare & Medicaid Services (CMS) approved Washington State's request for a section 1115(a) Medicaid demonstration entitled Medicaid Transformation Demonstration (hereinafter "Demonstration"). Part of this Demonstration is a Delivery System Reform Incentive Payment (DSRIP) program, through which the State will make performance-based funding available to regionally-based Accountable Communities of Health (ACH) and their partnering providers. Attachment C to the Special Terms and Conditions (STCs) of the Demonstration contains a DSRIP Planning Protocol.

In order to assure consistent management of an accounting for the distribution of DSRIP funds across ACHs, the Health Care Authority (HCA) has selected a Financial Executor who is responsible for administering the funding distribution plan for the DSRIP program.

This STANDARD PARTNERSHIP AGREEMENT (SPA) sets forth the basic agreement between an ACH and a partnering provider Participant. In addition, each ACH and Participant may enter into a PROJECT-SPECIFIC AGREEMENT (PSA) that sets forth each party's responsibilities with respect to a specific DSRIP project submitted for approval to the HCA as well the funding, project milestones, performance metrics, and payment schedules for that project.

Article I. **Basic Roles and Responsibilities**

Section 1.01 *Roles and Responsibilities of ACH.* The ACH will have the following roles and responsibilities, in accordance with and subject to the Demonstration, this Agreement, the PSAs, and applicable law:

- (a) Establishing and maintaining a governance and organizational structure that complies with the terms of the Demonstration and the DSRIP Planning Protocol;
- (b) Developing and submitting a Project Plan for the approval of the Health Care Authority (HCA) that meets the requirements of the DSRIP Planning Protocol;
- (c) Preparing, filing and certifying progress milestones, performance metrics, and such other reports to HCA as are required under the Project Plan and the DSRIP Planning Protocol; and
- (d) Keeping partnering providers, including Participant, informed of all DSRIP related communications received by the ACH from the State and facilitating communication among the Partners regarding DSRIP matters.

Section 1.02 *Roles and Responsibilities of Participant.* Partnering providers, including Participant, will have the following roles and responsibilities, in accordance with and subject to the Demonstration, this Agreement, the PSAs, and applicable law:

- (a) Collaborating with the ACH and other partnering providers in good faith to implement DSRIP and the Project Plan;

- (b) Complying with Project Plan and PSA requirements, including but not limited to timely and accurate reporting in accordance with the performance measures, project milestones, and timelines specified in the Project Plan and the PSA; and
- (c) Providing such other information as reasonably requested by the ACH.

Section 1.03 *Roles and Responsibilities of the Financial Executor.* Although the Financial Executor is not a party to this SPA, the parties acknowledge that the Financial Executor has the following roles and responsibilities, in accordance with and subject to the terms and conditions of the Demonstration:

- (a) Provide accounting and banking management support for DSRIP incentive dollars;
- (b) Distribute earned funds in a timely manner to participating providers in accordance with the state-approved funding distribution plans;
- (c) Submit scheduled reports to HCA on the actual distribution of transformation project payments, fund balances and reconciliations; and
- (d) Develop and distribute budget forms to participating providers for receipt of incentive funds.

Article II. **Distribution of DSRIP Funds: General Principles**

Section 2.01 *Basis for Payment to Participant.* Participant will receive payment of DSRIP Funds from the Financial Executor in accordance with the payment schedule set forth in the Project Plan and PSA, only if and to the extent that the ACH has achieved the project milestones and performance measures specified in the Project Plan. Any final payment decision is in the sole discretion of HCA.

Section 2.02 *Payments Contingent on Participant Performance.* Payment of DSRIP Funds to the Participant is contingent on Participant complying with the terms of this Agreement and the PSA, including timely submission of data to the ACH to meet the ACH's reporting obligations to HCA; (ii) Participant's performance on the project milestones and performance outcomes established in the Project Plan and PSA; and (iii) such other conditions and criteria as are set forth in the Project Plan and PSA. Participant acknowledges in accordance with this section and Section 2.01, that it may not receive DSRIP funds, and that any such funds received may not cover all the costs or expenses related to Participant's participation in a DSRIP Project Plan.

Section 2.03 *Advance Payments.* In the event that the Project Plan calls for advance payment of DSRIP Funds to Participant for specified purposes ("Specified Purpose Funds"), Participant shall use those Funds only for the purposes specified, and must return any funds to the Financial Executor or the ACH not so expended within 30 days of demand by the Financial Executor or the ACH.

Article III. **Record Retention and Auditing**

Section 3.01 *Retention of Records.* Each party shall retain all records (“Records”) relating to its activities related to the DSRIP program for a period of not less than six years, or as otherwise required by applicable law and regulations.

Section 3.02 *Sufficiency of Records.* The Records shall be sufficient to support confirmation that all data submitted by Participant to the ACH and by the ACH to HCA for any and all reports required by the ACH, HCA or CMS is accurate and complete.

Section 3.03 *Audit.* All Records relating to the DSRIP program are subject at all reasonable times to inspection, review, or audit by HCA and other state and federal officials so authorized by law, rule, regulation, or agreement.

Article IV. **Data Sharing and Privacy**

Section 4.01 *Business Associate Agreement.* The parties agree that in order to implement a Project Plan, they may need to exchange protected health information (PHI). PHI will be shared only in accordance with all federal and state laws, rules, regulations and agency guidelines applicable to the privacy and security of health information, including without limitation, the Health Insurance Portability and Accountability Act of 1996 and its related regulations (“HIPAA”), as modified or amended from time to time.

Section 4.02 *Sharing Confidential Information.* The parties acknowledge that, in addition to sharing PHI in accordance with the terms of the Business Associate Agreement, they may need to share other Confidential Information. “Confidential Information” means information of a Party, regardless of the form or media in which it is disclosed, which is identified in writing or other manner as confidential, restricted, or proprietary. The parties shall share Confidential Information in accordance with this Article IV.

Section 4.03 *Obligations of Confidentiality and Restrictions on Use.* A Party receiving Confidential Information from the other Party (the “Receiving Party”) shall not: (a) use the Confidential Information of the Party making the disclosure (the “Disclosing Party”), except as necessary to perform its obligations or exercise its rights under this SPA or to carry out the Project Plan or DSRIP Requirements; or (b) disclose or otherwise allow access to the Confidential Information of the Disclosing Party to a third party, except as permitted in this Section. The Receiving Party shall protect the Confidential Information of the Disclosing Party with at least the same level of care as it protects its own Confidential Information of similar nature, but not less than a reasonable level of care.

Section 4.04 *Disclosure of Confidential Information to Representatives.* The Receiving Party may disclose the Disclosing Party’s Confidential Information to the Receiving Party’s officers, directors, employees, professional advisors, and other agents and representatives to the extent such disclosure is necessary for the performance of their obligations under this Agreement; provided, however, that the Receiving Party shall cause such Confidential Information to be held in confidence by any such recipient.

Section 4.05 *Compelled Disclosure.* If a Receiving Party is requested by a court or state or federal regulatory body to disclose Confidential Information in any legal or administrative proceeding or determines that a disclosure is affirmatively required by applicable laws, the

Receiving Party shall promptly notify the Disclosing Party of such request or determination so that the Disclosing Party may take, at its expense, such steps as are necessary to protect the Confidential Information. If the Receiving Party is thereafter required to disclose the Confidential Information to the court or regulatory body compelling such disclosure or to which such disclosure is required to be made, only the part of such Confidential Information as is required by applicable laws shall be disclosed.

Section 4.06 *Exceptions.* The obligations of confidentiality and restrictions on use as set forth in this Agreement shall not apply to any Confidential Information that: (a) is in the public domain or is otherwise publicly known, without any breach hereof; (b) was previously known prior to disclosure by the Disclosing Party hereunder to the Receiving Party free of any obligation to keep it confidential; (c) was rightfully received by the Receiving Party from a third party whose disclosure would not violate a confidentiality obligation owed by such third party to the Disclosing Party and which disclosure was not in breach of the Agreement; (d) was subsequently and independently developed by the Receiving Party without reference to such Confidential Information disclosed under the Agreement; or (e) was expressly approved for release by written authorization of the Disclosing Party.

Section 4.07 *Obligations Upon Termination.* Upon expiration or termination of this Agreement for any reason, each Party shall promptly return, or destroy in a secure manner, any Confidential Information of the other Party and shall retain no copies thereof, except as required by law or to verify or document performance under this Agreement for audit purposes and to enforce its rights and defend itself from any claims or causes of action related to this Agreement or the other Party. Each Party shall extend the protections of this Agreement to any Confidential Information retained pursuant to this section and limit further uses and disclosures to those purposes permitted by this section.

Article V. Dispute Resolution

Section 5.01 *Informal Dispute Resolution.* The parties will use their best, good faith efforts to cooperatively resolve disputes and problems that arise in connection with the Project Plan, this SPA and any applicable PSA. The parties will attempt to resolve their dispute first through an informal dispute resolution process. One party will send a notice to the other party containing a detailed description of the issue under dispute, the good faith basis for the dispute, and a proposed resolution. Within fifteen (15) calendar days of receiving the notice, the disputing parties will meet at a mutually agreeable location or will hold a conference call to attempt to resolve the dispute. Both parties will continue without delay to carry out their respective responsibilities under these Agreements while attempting to resolve any dispute.

Article VI. Representations and Warranties

Section 6.01 Each party represents and warrants that it is not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded in any Washington State or Federal department or agency from participating in transactions (debarred). Participant must immediately notify ACH if, during the term of this SPA, Participant becomes debarred.

Section 6.02 Each party represents and warrants that it is in compliance with, and will at all times hereafter comply with, all local, state, and federal licensing, accreditation and registration requirements and standards necessary for the performance of the Project Plan.

Section 6.03 Each party represents and warrants that it has all requisite corporate power and authority to execute and deliver this Agreement and to consummate the transactions contemplated herein, and to perform its obligations in accordance with the terms of this SPA.

Article VII. Miscellaneous

Section 7.01 *Independent Contractor.* ACH and Participant understand and agree that the Parties intend to act and perform their respective obligations under this Agreement and any accompanying PSA as independent contractors and that neither is an employee, partner, or joint venture of the other.

Section 7.02 *Required Insurance.* Each Party shall, at its own cost and expense, have in effect insurance coverage of such amounts and types usually maintained by entities such as the Parties, including but not limited to comprehensive general liability insurance, workers compensation, and errors and omissions coverage.

Article VIII. Term and Termination

Section 8.01 *Term.* This Agreement shall terminate on December 31, 2021, unless terminated earlier in accordance with the provisions of this Article.

Section 8.02 *Termination by Participant.* Participant may terminate the Agreement on 30 days' written notice to the ACH. Participant may also terminate this Agreement by delivering written notice to ACH at least ninety (90) days before the end of any DSRIP Year (i.e., at least 90 days before December 31st of each year). In such event, termination in accordance with this Article shall take effect at the end of the DSRIP year in which notice is provided, or earlier upon the written agreement of the Parties. Participant may terminate this Agreement immediately upon written notice to the ACH if HCA withdraws its approval for the ACH to participate in DSRIP.

Section 8.03 *Termination by ACH.* ACH may terminate this Agreement in the event that Participant breaches a material term of this SPA, any relevant PSA, or the Project Plan and fails to cure such breach within thirty (30) calendar days after receiving written notice from ACH regarding the breach (or such other longer cure period as ACH deems reasonable under the circumstances). In addition, ACH may terminate this Agreement upon twenty-four (24) hours' written notice to Participant if any license, certification or government approval of Participant material to its performance under this Agreement is suspended, terminated, revoked, or surrendered.

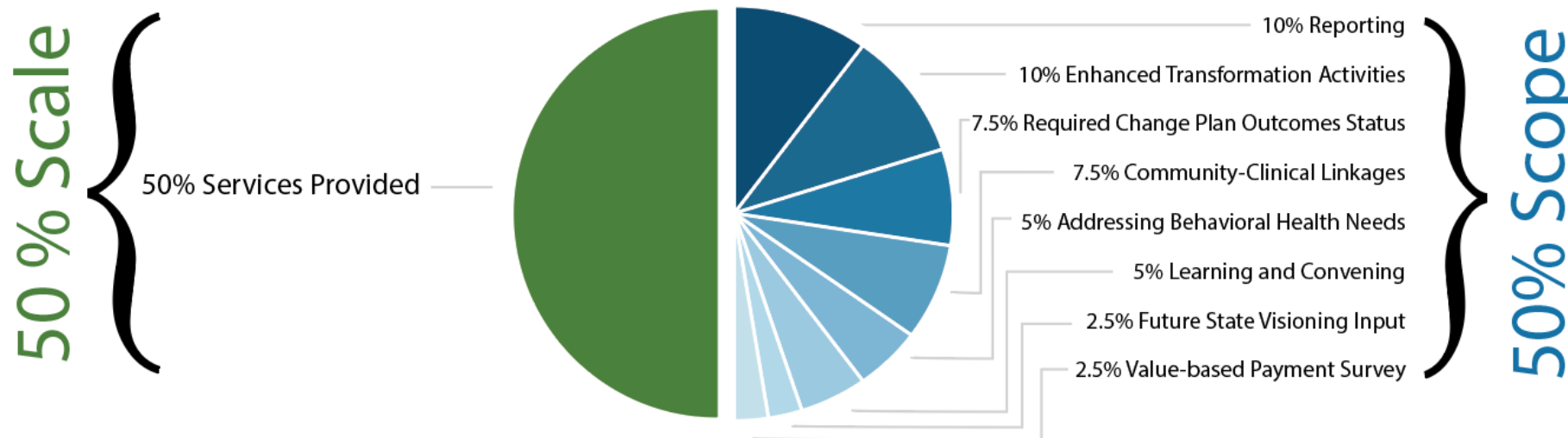
Section 8.04 *Termination for Exclusion.* Either Party may terminate this Agreement immediately if the other Party or any of its employees, agents or contractors are excluded from the Medicare or Medicaid program or any other federal or state health care program and, where the exclusion applies to the Party's employees, agents or contractors, the Party fails to terminate such employees, agents or contractors within five (5) business days of becoming aware of the exclusion.

Section 8.05 *Effect and Process in the Event of Termination.* In the event of termination of this Agreement for any reason: (i) the Parties shall work together to assure that there is no interruption in needed services to members of the ACH patient population and Participant's patients and (ii) Participant shall return any unexpended Specified Purpose Funds provided by ACH to Participant. Specified Purpose Funds that were expended by Participant as of the date of termination and DSRIP Funds provided to Participant as a bonus payment for past performance shall not be subject to return by Participant.

Section 8.06 *Termination for Uncured Breach.* Either Party may terminate this Agreement upon the other Party's material breach of its obligations hereunder, which breach is uncured for a period of thirty (30) calendar days after the non-breaching Party has given the breaching Party notice of that breach and requested that the breaching Party cure that breach; provided that no opportunity to cure shall be provided and termination shall be immediate in the event of (a) a breach that cannot reasonably be cured within thirty (30) calendar days, (b) repeated breaches of the same obligation or (c) a breach that would expose the non-breaching Party to civil or criminal liability or would otherwise cause a violation of applicable laws, rules, regulations or accreditation standards applicable to a non-breaching Party. Termination of this Participation Agreement by either Party shall automatically terminate Participant's participation in any Project under this agreement.

2021 Payment Model

Guidelines to submit a change plan: Must be able to complete all required elements



NOTE: Percentages are absolute, 50% scale, 50% scope, and 100% total

Scale: 50% of 2021 payments

50% of 2021 payments will be based on the following scale criteria as self-reported by change plan type. **Due to COVID-19 response, partners may choose between previously submitted 2019 or new 2020 scale criteria:**

- Primary Care = 2019 or 2020 Medicaid lives (partner choice)
- Behavioral Health = 2019 or 2020 Medicaid encounters (partner choice)
- CBOSS = Number of OCH core metrics impacted (based on 2020 change plan)
- Hospital = Scale calculation does not apply to payment calculation, although data are collected

NOTE: Partners with more than one change plan report and earn separate payments for scale for each applicable change plan type.

Scope: 50% of 2021 payments

Scope element <i>(absolute %)</i>	Description	Frequency and payment	Partners with more than 1 change plan <i>(report and earn separate payments for scope for each applicable change plan type)</i>
Partner reporting 10%	Complete all reporting elements that apply to change plan type (change status, narrative questions, Health Care Authority P4R metrics, simplified quantitative data)	Report twice, payment twice per year (5% each)	Complete required reporting for all change plans (earn full 10% per change plan).
Enhanced transformation activities 10%	<ul style="list-style-type: none"> Submit project plan in Spring 2021 that details work addressing determinants of health. Subsequent reporting on progress towards outlined project plan. Work may consist of continued previous change plan activities or new work that advances the determinants of health. 	Submit 1 project plan, payment once (2.5%) Report once, payment once (7.5%)	1 project per change plan, or 1 robust project that spans multiple change plan service lines (earn full 10% per change plan).
Required change plan outcomes status 7.5%	Self-reported status on selected outcomes. <i>NOTE: At least half of <u>all</u> required change plan outcomes status' must be "fully implemented", or "scaling and sustaining" to receive credit.</i>	Evaluated once (<i>second qualitative reporting of the year</i>), payment once per year (7.5%)	Earn full 7.5% for each full change plan. Earn 2.25% for each partial change plan.
Implementation of enhanced community-clinical linkage work 7.5%	Progress towards self-identified milestones as outlined in enhanced community clinical linkage work project proposal. If milestones are not progressing as predicted, partners must provide detailed mitigation strategies.	Report once, payment once per year (7.5%)	Project proposals are 1 per full change plan or 1 comprehensive across full change plans – report based on submission (earn full 7.5%). Does <u>not apply</u> to partial change plans (earn 0%).
Addressing behavioral health needs 5%	Implement and report on (1) activity to respond to increased behavioral health needs. <i>Activities may include and are not limited to: expand available behavioral health services (in-person or telehealth), participate in statewide advocacy, partner with agency new to OCH network, etc.</i>	Complete 1 activity and report, payment once per year (5%)	Complete 1 activity per change plan or 1 comprehensive activity across change plans (earn full 5% per change plan).
Learning and convening 5%	Participation in at least 4 OCH convenings, collaborative events, summits, trainings, and OCH committees/workgroups.	Attend a minimum of 4 (<i>counted by number of events per change plan, not number of people</i>),	Attend minimum of 4 per change plan (earn full 5% per change plan).



CLALLAM • JEFFERSON • KITSAP

	<i>NOTE: Governance related committees and workgroups do not apply (Board of Directors, Executive Committee, Finance Committee, Funds Flow Workgroup).</i>	payment once per year (5%)	
Future state visioning input 2.5%	Partners will be asked to provide input on proposed OCH future state vision, which will then be voted on by the OCH Board of Directors.	Complete once, payment once per year (2.5%)	Complete once per organization/Tribe, applies only to highest change plan payment (earn 2.5% for highest change plan, 0% for all other change plans).
Value-based payment survey completion 2.5%	Complete Health Care Authority value-based payment survey, which is part of the Health Care Authority P4R requirement. <i>NOTE: CBOSS partners not eligible to participate will automatically receive credit for this element.</i>	Complete once, payment once per year (2.5%)	1 survey completed per organization/Tribe, applies only to highest change plan payment (earn 2.5% for highest change plan, 0% for all other change plans).

NOTE: Site visits are not an element of the 2021 payment model and are a required component of contract monitoring.

Implementation Partner 2021 Calendar

Reporting and Payment 1 Period						Reporting and Payment 2 Period					
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
2021 contract amendments effective with all signatures	Future state visioning input	Enhanced transformation activities (submit project plan)			Partner reporting Will include: -report on work to address behavioral health needs		HCA value-based payment survey				Partner reporting Will include: -change plan outcomes status -report on enhanced transformation activities -report on implementation of enhanced community-clinical linkage work
						Payment 1 (Jan-Jun) – 40%					Payment 2 (Jul-Dec) – 60%
Learning and convening (OCH upcoming events page will be updated with opportunities on quarterly basis)											

NOTE: Timelines are estimates and subject to change. OCH strives to facilitate partner success and will adjust to accommodate changing partner priorities as needed.