


Slide 1



SRHD Board of Health
Administrative Officer Report

Thursday, September 26, 2024
1:30 p.m.

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Administrative Officer
Spokane Regional Health District

Good afternoon. Thank you all for being here today to learn more about what has been learned through Step One of the Feasibility Study.

Slide 2



Agenda – Feasibility Study

Step One Decision

- Review What Moving to Step Two would Mean
- The Roles & Responsibilities of the BOH
- The Purpose of the Study
- Data Results
- Recommendation



This is the agenda I will be following and I believe there are copies of presentation at the back of the room.

Slide 3



I want to start by reviewing what moving to step two would mean

What would Moving to Step Two Mean

- It means the Board of Health will direct the AO to continue gathering information on legal and fiscal ramifications of separation
- And whether another organization could address the concerns expressed by those who participated in Step One of the study
- If a decision is made to move to step two, at any point we could find insurmountable barriers to moving forward and the Feasibility Study would end



It means the Board of Health will direct the AO to continue gathering information on legal and fiscal ramifications of separation

And whether another organization could address the concerns that have been expressed by those who participated in Step One of the study

If a decision is made to continue the study, at any point we could find insurmountable barriers to moving forward and the Study would end

What would Moving to Step Two Mean

- It does NOT mean that Treatment Services (TS) will separate
- The decision to separate would not be made until Step Three
- Even at Step Three it is possible the Board of Health could decide there is not an interested party that meets their criteria for separation and the feasibility study would end



Should the Board of Health decide to continue to step two it DOES NOT mean that TS would separate from SRHD. That decision would not be made until Step 3 and even then, it is possible the BOH could decide there is not another organization that meets their criteria for separation and the feasibility study would end.

What does Moving to Step Two Mean

- **If treatment services were to separate from SRHD, it would have to stay in the same location.**
 - We know that Treatment Services will have to stay in the same location for several years, regardless of the outcome of the Feasibility Study. SRHD has a 10-year lease on the building at the current location with seven years remaining. SRHD is obligated under this lease for the full 10 years, and even if another entity sub-leases the building, SRHD is still ultimately responsible for the lease. Treatment Services will not move from its current location.
- **If treatment services were to separate from SRHD, it would continue to serve our current clients.**
 - *If SRHD were to separate, it would be with the intention of finding an organization that could provide equal or better care to our *current* clients.*



I also want to talk about a few things that we know regardless of whether the BOH decides to continue the study. If Treatment services were to separate from SRHD, it would have to stay in the same location. This is because we have a 10-year lease on the building with seven years remaining.

If treatment service were to separate, it would continue to serve our current clients without a gap in services.

What does Moving to Step Two Mean

- **The Board of Health (BOH) has permitted us to conduct this Feasibility Study so that we can examine whether there is an organization that can better serve our clients.**
 - The BOH has repeatedly stated their goal is to learn whether there is an organization that can provide equal or better care to our current clients and have more flexibility to respond to the opioid crisis. Monetary gain is not a factor in this decision .
- **Treatment Services—and the incredible support it provides to our community—is not in danger of ending. This effort is dedicated to finding a more efficient path to scaling services to meet community needs.**
 - Treatment Services will continue to operate seamlessly regardless of the outcome of the Feasibility Study.



The BOH wants to examine whether there is an organization that can better serve our clients. They have repeatedly stated their goal is to learn whether there is an organization that can provide equal or better care to our current clients and have more flexibility to respond to the opioid crisis. Monetary gain is not a factor in this decision

Lastly Treatment Services and the incredible support it provides to our community, is not in danger of ending. TS will continue to operate seamlessly regardless of the outcome of the feasibility study.



The Role & Responsibilities of the BOH

Organizational Structure of Spokane Regional Health (SRHD) District

- Health District – RCW 70.46
 - Special purpose district
 - Exists as a municipal corporation with fiscal and administrative independence from cities or counties
 - Our jurisdiction is a single county
 - Limited purpose local government formed for a specific function



For those attending today who are from the public or watching online, I wanted to review some critical information regarding the roles & responsibilities of the Board of Health. In order to do that it is important to understand that the Spokane Regional Health District is a special purpose district. We are independent from the cities in Spokane County and from Spokane County itself. Our purpose and special function is to provide for the public's health. Our Board of Health is responsible for ensuring we stay within our purpose and function.

BOH Sources of Authority

- Washington State Constitution
- Revised Code of Washington
- Washington Administrative Code
- **SRHD BOH Bylaws**
- **SRHD BOH Resolutions**



The Board of Health also has to operate under specific sources of authority. I am going to focus on the BOH Bylaws and Resolutions.

SRHD Bylaws July, 2024

•ARTICLE II

•PURPOSE

- The primary purpose of the Board of Health is (1) to serve as the governing body of the Spokane Regional Health District, hereafter referred to as "Health District"; (2) to unite the community in a cooperative effort to supervise all matters pertaining to the preservation of the life and health of the citizens within its jurisdiction; (3) to comply fully with the requirements of all applicable chapters of Title 70, Revised Code of Washington; (4) to create and promote prudent public health policy within the District; and (5) to make possible and invite the active participation of all professions, persons and organizations interested in public health.



Questions have come up regarding why we have involved so many people as part of conducting Step One of the Treatment Services Feasibility study. It was 100% intentional and it is because of the two highlighted portions of the by-laws, especially the fifth bullet. We have done everything we can to make possible and invite the active participation of anyone who is currently interested in this issue. The Board of Health is well aware of the opioid crisis in Spokane County. They are aware of the great need we have to offer treatment. They are also aware of the challenges of operating an Opioid Treatment Program from within a Special Purpose District. Their desire as I understand it is to figure out if our current structure is meeting the communities needs and if a different structure could do better and make a greater difference in the current Opioid Crisis.

Resolution #20-07 June 2020

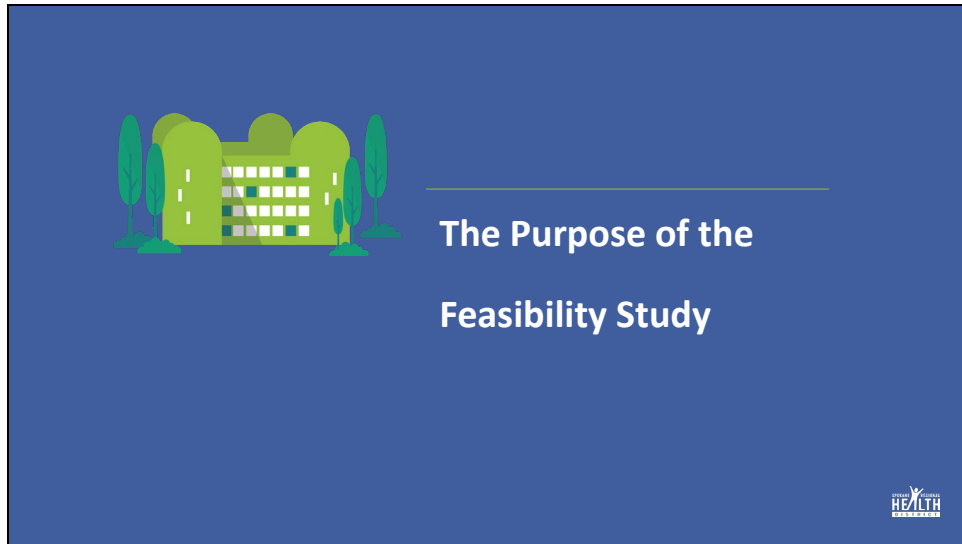
ADOPTING A SPOKANE REGIONAL HEALTH DISTRICT HEALTH EQUITY RESPONSE

This resolution gives all of SRHD a clear call to action to do our work through a Health Equity Lens

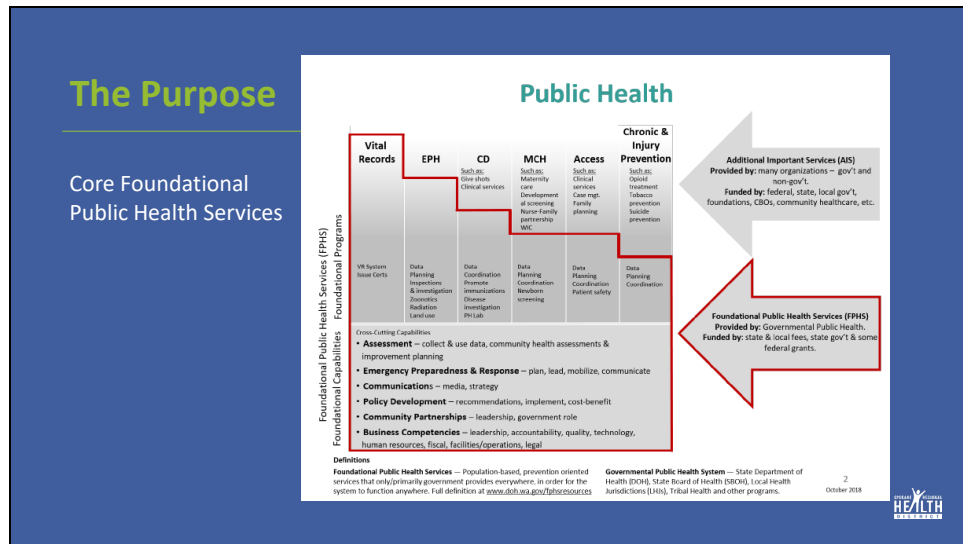


In addition, the Board of Health passed a resolution in June of 2020 that gives all of SRHD a clear call to action to do our work through a Health Equity Lens. We know we are having to turn people away from being assessed at TS because we do not have the capacity to provide these services to everyone who wants them. Since July 1st we have been unable to assess approximately 120 people who wanted to enroll in our program. As a special purpose district, we have to follow the accounting and operational principles of government. We are unable to establish an enterprise fund that would allow us to operate TS like a business within government. These factors hinder our ability to be truly equitable in the services we provide.

Why? We need to expand hours, and we need to hire additional staff. A business is able to do this quickly. As a governmental entity we do not have the same agility to respond to the need.



With that I want to move on and go over the main reasons why the decision was made to conduct the feasibility study.



One of the first reasons was because of how we are organized as a Special Purpose District with our purpose being providing for the Public's Health. In Washington State, legislation was passed that defines the core foundational public health services. These are the services within the red line. The core services are what everyone living in Spokane County can expect from the Health District. Above the red line are additional important services that can be offered by the Health District, and Treatment Services is one of these. Out of 34 local health jurisdictions in Washington State there are only two that offer Opioid Treatment Programs; The Health District and Tacoma-Pierce Health Department. With multiple Opioid Treatment Programs now providing these services in Spokane County, we need to look at whether SRHD is best to continue providing these services.

The Purpose

Treatment Services and Applying for Direct Federal Grants

- SRHD's indirect cost allocation rate helps to cover some of the administrative costs of the Health District (e.g. Human Resources, Information Technology, Finance, Facilities, etc.)
- Our cost allocation plan and rate is reviewed and approved by Washington State Department of Health
- Taking Direct Federal Grants would mean the Federal Government would have to review and approve the plan
- The Federal Government only reviews and approves indirect cost allocation plans for organizations that have over \$35 million in direct federal funding.
- Without approval we would have to use the flat rate of 15% and this would negatively impact SRHD



The next reason was our inability to apply for Direct Federal Grants and the concern that TS could miss funding opportunities. I am not going to read each of these bullets in the slide but give a high-level overview of what they mean.

Currently, the Health District covers some of its administrative cost through a Cost Allocation Plan. Washington State Department of Health reviews and approves our plan, and the rate that is applied to programs, which is currently 23%. If we received a direct federal grant, then the Federal Government would be required to approve the plan. The problem is the federal government only reviews plans for organizations that receive more than 35 million dollars and it is unlikely we would ever achieve this amount. So if we accepted a direct federal grant for a lower amount, we would then have to use the flat rate of 15% and this would negatively impact SRHD.

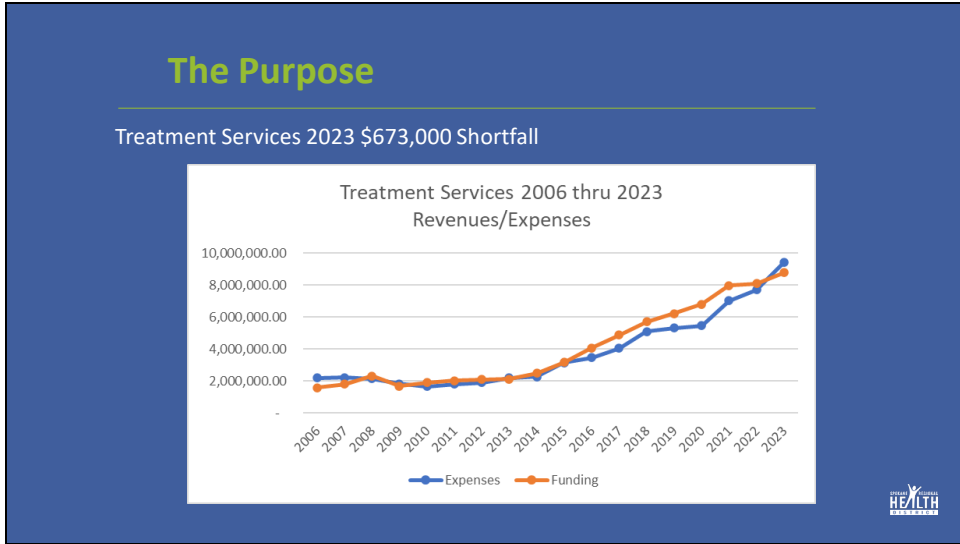
The Purpose

Treatment Services and Lack of Business Agility

- Client need vs. governmental processes (e.g. clothing closet)
- Filling Mental Health Therapist positions
- Disallowing
 - Client appreciation day
 - Snacks for clients
 - Bus pass restrictions
- Treating TS like it is grant funded rather than a business with earned revenue
- Etc. See handout



A third reason for doing the study was mentioned earlier; it is the lack of business agility within government. This isn't a problem for public health programs. However, It does not work well for a business with earned income like Treatment Services. I listed a few examples on this slide but have also included a handout in the packet that covers even more challenges.




A significant concern when the Feasibility Study was started is that TS ended 2023 in the red. However, 2023 was an anomaly. The orange line shows that most years TS collected excess revenue.

The Purpose

Financial Health of Treatment Services Over Time

\$	4,843,299.84	2006-2023 net surplus
less \$	1,412,387.59	2022-2023 relocation costs
less \$	500,000.00	EHR reserve
\$	<u>2,930,912.25</u>	net surplus through 2006-2023
\$	459,377.17	YTD surplus through July 2024
\$	<u>3,390,289.42</u>	2006 through July 2024 surplus

The above is put into the general fund



The above table shows that Treatment Services over time regularly earns more income than it spends. The 2006 thru 2023 net surplus at the very top includes the \$673,000 shortfall in 2023. Even when you subtract the cost of moving to 8th Avenue and the \$500,000 that is in reserves for a new Electronic Health Record, Treatment Services is doing well fiscally. The challenge for TS is that every year the net surplus is put into the Health District’s general fund rather than a designated TS Reserve. This is a very normal and an expected process for PH programs, but as we have already discussed TS is not a PH program.

The Purpose

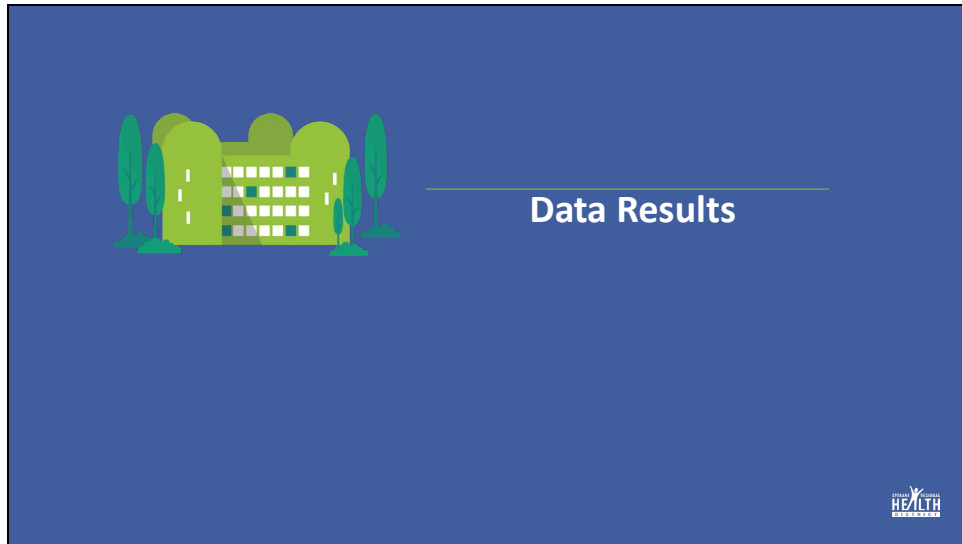
Is there another Opioid Treatment Program that might be interested in taking on SRHD's Treatment Services?

- Yes.
 - Behavioral Health Group
 - Oregon Health Recovery – STC
 - Camas Health Recovery
 - Acadia - STS



At the beginning of the study, we did not know if there were other OTPs that might be interested in taking on SRHD's Treatment Services. Now we know there are at least four and they are listed here.


With that we will move on to the results of Step One's data collection.



As I go through the next slides, I will not be reading from them. I will be giving high a level overview of the findings. Again, A hard copy of this presentation is on the materials table, so you have the actual presentation.

Data Result Participants – Total N = 387

- **Employee Survey** = One with 57 respondents
- **Employee Listening Sessions** = 9 with 108 participants
- **Client Survey/Interviews** by Health Equity Team = 114 respondents & 2 participants
- **Virtual Townhall Meetings** = 3 with 82 participants
- **WSU Researcher Meetings** – 2 with 13 participants
- **Key Informant Interviews Community Partners** – 5
- **Listening Sessions w/Unions** = 2
- **Interviews w/other OTPs** = 4
- **Better Health Together** = 322 participants (see packet contents)




Per the purpose of the Board of Health we have done everything we can to “make possible and invite the active participation” of anyone who is interested in this issue. In total SRHD received comments and feedback from 387 individuals. You can see each of our efforts listed here and the total number of participant for each effort.

Better Health Together offered to contract with an independent evaluator to gather additional community input, their process was independent from SRHDs efforts. And from their report they gathered information from an additional 322 individuals.

Between the two efforts to collect information, It is highly likely the numbers of respondents and participants include the same persons more than once.

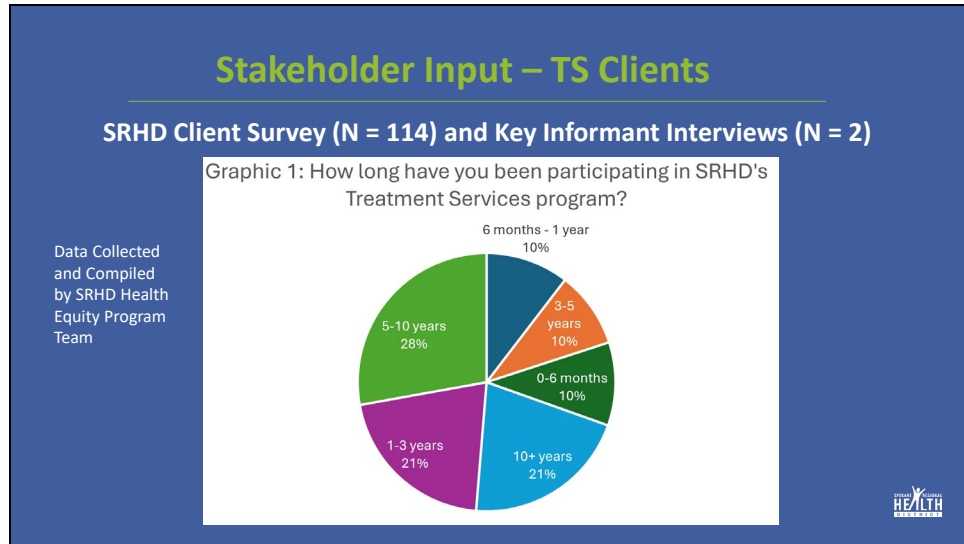
Stakeholder Input - Employees

Employment Concerns	Client Care Concerns
➤ Employee pay scales	➤ Sliding fee scale
➤ Time off policies	➤ Payor distribution
➤ PEBB Benefit package	➤ Demographic mix
➤ PERS Retirement	➤ Wrap around services
➤ PTO Accrual Limits	➤ Partnering w/other SRHD programs
➤ Employee Turnover Rates	➤ Connection to resources
➤ Productivity metrics	➤ Hardship payment program
➤ Job security	➤ Mental health therapists/Counselors, etc.



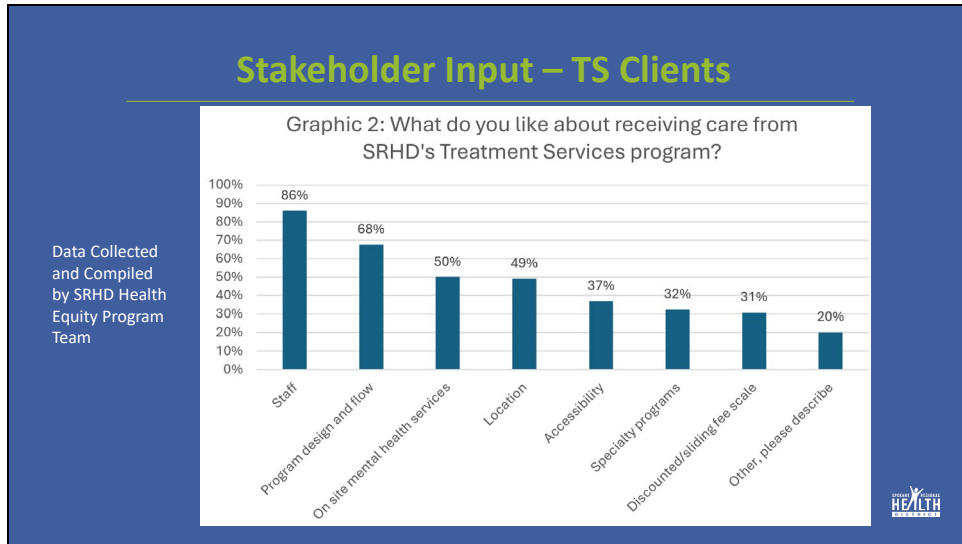
The employee concerns are around the benefits of working for a public agency. As public employees they have a great benefit package and are part of the Washington State Public Employee Retirement System. Losing their benefits as public employees is a very large concern for the more than 65 employees who work in Treatment Services. They were also concerned about productivity metrics that can be imposed by private Opioid Treatment programs. This concern leads right into the long list of concerns our employees expressed for our clients. This is because higher productivity requirements can decrease the quality of care that can be provided to clients. This thread of concern regarding the quality of care will be seen throughout all of the data collected. Employees were also very concerned about losing the culture we have of addressing not only the client’s opioid addiction but connecting clients to resources that address the Social Determinants of Health.

PEBB - Public Employee Benefits Board; PERS - Public Employee Retirement System

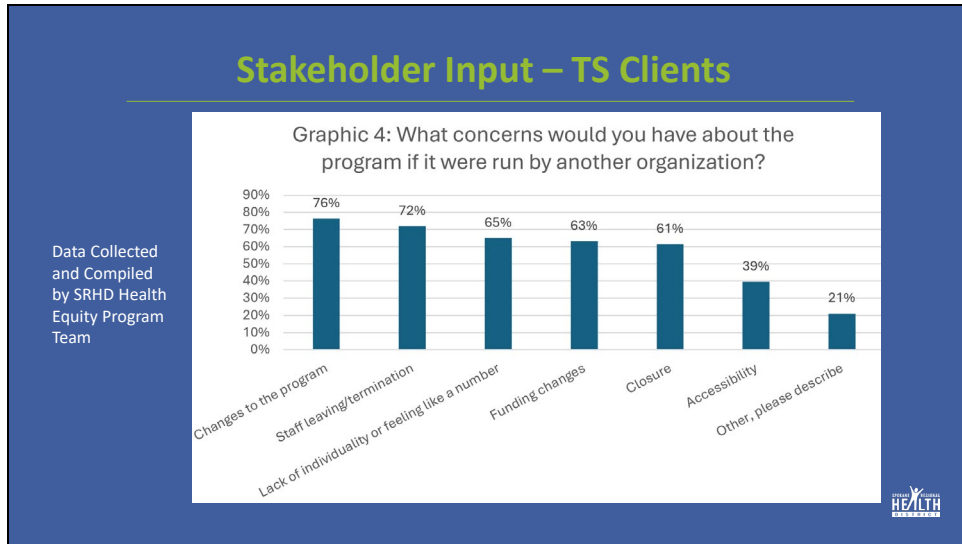


Reaching out to clients for their input was a difficult decision to make. We know that uncertainty for our clients can be very uncomfortable and is not beneficial to their recovery. But hearing from them was a critical component to understanding their concerns. The full report from the Health Equity Team is included in the BOH Packet. What I want to point out with this slide is that well over half of the clients who took the survey had used our services for (59%) 3 or more years

- Ten % 3 to 5 years
- 28% 5 to 10 years
- 21% >10 years



Clients of Treatment Services reported they most liked our staff, our program design and flow, having on site mental health services and the location.



The greatest concerns for clients if TS was run by another organization were potential changes to the program, the potential of staff leaving, the possibility they would be treated differently, funding changes, and closure. The issue of being treated differently generated 37 comments.

Stakeholder Input – TS Clients

Most prevalent theme in the comments and key informant interviews.

“I feel like SRHD treats me like a person, they don't look down their nose at you. I've been on MAP for 17 years. This is the first clinic I'm happy to visit rather than anxious.”

Data Collected and Compiled by SRHD Health
Equity Program Team



The quote here reflects the theme of those 37 comments. The culture at Treatment Services of treating clients like people was also mentioned by the WSU researchers as something they had noticed.

Stakeholder Input – Townhall Participants

Concern that for profit entities might only be concerned about the numbers and not focus on client care

Concern that access to SRHD's other programs & services may end if TS is separated

What kind of oversight would exist to ensure clients are not treated as just a revenue source?



Three Townhalls the major themes that came out of them were;

Concern that for profit entities might only be concerned about the numbers and not focus on client care

Concern that access to SRHD's other programs & services may end if TS is separated

What kind of oversight would exist to ensure clients are not treated as just a revenue source?

Stakeholder Input - Researchers

SRHD is seen as a safety net provider, would this continue?
Concern that a profit motive could preclude the focus on patient centered and harm reduction care
Concern about access for marginalized community members
Reputational Risk
Some researchers won't work with for profits
Private entities can pull data sharing agreements and quash results
Sometimes it is easier to work with private sector (e.g. getting letters of support in a timely manner)



The WSU Researchers voiced concerns that SRHD is seen as a safety net provider, would this continue?

Concern that a profit motive could preclude the focus on patient centered and harm reduction care

Concern about access for marginalized community members

Reputational Risk to SRHD

Some researchers won't work with for profits

Private entities can pull data sharing agreements and quash results they disagree with

Sometimes it is easier to work with private sector (e.g. getting letters of support in a timely manner)

Stakeholder Input – Community Partners

- Continued path of SRHD decreasing services to the community
- Negative impact on community perception
- Other community healthcare providers have stepped in to fill gaps left when SRHD stops providing services, but they aren't sure that is their role
- Services need to continue without a gap



In talking with community partners, they voiced concerns about;

- A Continued path of SRHD decreasing services to the community
- Negative impact on community perception
- Other community healthcare providers have stepped in to fill gaps left when SRHD stops providing services, but they aren't sure that is their role
- Services need to continue providing services without a gap in care

Stakeholder Input - Unions

“WSNA is not in support of separation. WSNA does not believe separation would be in the best interest of their members or the clients. WSNA expresses grave concerns for the continuity of care for TS clients.”



“WSNA wanted to go on record and say they are not in support of separation. WSNA does not believe separation would be in the best interest of their members or the clients. WSNA expresses grave concerns for the continuity of care for TS clients.”

Stakeholder Input - Unions

“PROTEC17 strongly supports Treatment Services to maintain the incredible work combating the opioid crisis in our community through Spokane Regional Health District, and opposes any privatization or separation of these vital services. We have heard from an overwhelming number of staff who choose to work at SRHD because of the human-centered approach and wraparound support services that have shown to be effective and successful. The system is working and it is saving lives. We urge the Board of Health to end to the feasibility study now and instead invest time, resources, and energy into making an already effective program even better.”



PROTEC17 submitted their statement which says they strongly supports Treatment Services to maintain the incredible work combating the opioid crisis in our community through Spokane Regional Health District, and opposes any privatization or separation of these vital services. We have heard from an overwhelming number of staff who choose to work at SRHD because of the human-centered approach and wraparound support services that have shown to be effective and successful. The system is working and it is saving lives. We urge the Board of Health to end to the feasibility study now and instead invest time, resources, and energy into making an already effective program even better.

Stakeholder Input – Better Health Together

See BHT documents in the packet


BHT's results are consistent with SRHD's results



We are grateful for the partnership with Better Health Together and their offer to collect additional information from the community. The PowerPoint of findings is included in the packet at the table of materials. The findings of hadley morrow consulting are consistent with the concerns expressed in the feedback that SRHD was able to collect. Adding the additional 322 voices to our findings and the consistency between the two indicates we were able to accomplish the goal of making it possible and inviting the active participation of anyone who is actively interested in this issue.

The Data – Financial Viability

<p>SRHD Treatment Services is financially viable.</p> <p>Should the BOH decide to end the feasibility study it is recommended that an assigned reserve be established for Treatment Services</p>	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 15%; text-align: right;">\$ 4,843,299.84</td> <td>2006-2023 net surplus</td> </tr> <tr> <td>less</td> <td style="text-align: right;">\$ 1,412,387.59</td> <td>2022-2023 relocation costs</td> </tr> <tr> <td>less</td> <td style="text-align: right;">\$ 500,000.00</td> <td>EHR reserve</td> </tr> <tr> <td></td> <td style="text-align: right; border-top: 1px solid black;">\$ 2,930,912.25</td> <td>net surplus through 2006-2023</td> </tr> <tr> <td></td> <td style="text-align: right; padding-top: 10px;">\$ 459,377.17</td> <td>YTD surplus through July 2024</td> </tr> <tr> <td></td> <td style="text-align: right; border-top: 1px solid black; border-bottom: 1px solid black;">\$ 3,390,289.42</td> <td>2006 through July 2024 surplus</td> </tr> <tr> <td></td> <td></td> <td>The above is put into the general fund</td> </tr> </table>		\$ 4,843,299.84	2006-2023 net surplus	less	\$ 1,412,387.59	2022-2023 relocation costs	less	\$ 500,000.00	EHR reserve		\$ 2,930,912.25	net surplus through 2006-2023		\$ 459,377.17	YTD surplus through July 2024		\$ 3,390,289.42	2006 through July 2024 surplus			The above is put into the general fund
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The next area that was part of the Feasibility Study was to look deeper into its financial viability. This table was shown previously, and it shows that Treatment Services is financially viable and in fact has been contributing to SRHD’s general fund regularly over the years. Should the BOH decide to end the feasibility study it will be important for us to explore whether the surplus revenues generated by Treatment Services can be put into a dedicated fund for their use.

The Data – Operational Efficiency

There are multiple operational challenges to running Treatment Services under the current structure

It is a fee for service healthcare provider, it is not a Public Health program

It is not able to utilize its excess revenues to expand services at the rate needed in the current method of the budgeting process

It can not spend its earned revenues in ways that bump up against what is allowable for a governmental Special Purpose District (see handout on business agility)



Another area that we needed to look at was the operational efficiency of the Treatment Services program. We discovered there are multiple challenges. In the previous slide you were shown that the program regularly contributes its excess revenues to the Health District's general fund. This is a normal process within a governmental organization. In a business those excess revenues could be used to expand services or to address other needs of the business.

Another challenge is that as a special purpose district, we can only use the earned income in ways that align with the governmental guidelines. Also included in the packet is a handout I mentioned previously on business agility that identifies the challenges to operational efficiency under our current structure.

The Data – Public Health Impact

- Is the appropriate level of care/service available in a timely fashion?
- Does the quality of the care/service meet the best standards of practice?
- Is the governance/oversight (accountability) appropriate to meet the needs of the public/patients/clients?
- Is the business model sustainable at the proposed structure and scope?




When we looked into the potential public health impact of separating Treatment Services, the data center was unable to find any research specific to a Public Opioid Treatment program separating and becoming private. The research has been primarily conducted on public hospitals becoming private. What we learned is that the above questions and addressing them are what would have the most positive public health impact on our Treatment Program regardless of whether it is public or private.

The Data – Other Organizations

Is there an organization that could provide equal or better services than SRHD?

Organization Name	Payor Mix			
	Medicaid	Medicare	Sliding Fee Scale	Commercial/ Self Pay
Spokane Regional Health District	69.5%	14.5%	5.0%	11.0%
Oregon Health Recovery (STC)	84.4%	5.1%	Yes	10.5%
Behavioral Health Group (BHG)	53.0%	11.0%	3.0%	35.0%

Camas Health Recovery started seeing clients in September 2024 it is too soon for them to provide data



When our program started in 1990 as a “Methadone Clinic” there were no other Medication Assisted Treatment providers in the community. Now there are many organizations providing Opioid Treatment. I have talked to four organizations that could potentially be interested in taking on our program should the BOH decide to continue all the way through Step 3.

However, we did not know whether any of them provided care to similar populations as SRHD. This table shows the payor mix for our Opioid Treatment program compared to Behavioral Health Group and STC – Oregon Health Recovery. You can see that STC provides care to an even greater percentage of clients on Medicaid than does SRHD. Camas Health Recovery just opened their Airway Heights Clinic, so they did not have this information. Acadia did not provide data.

The Data – Other Organizations

Could a different organization provide equal or better services than SRHD?

BHG and STC – Oregon Health Recovery are both Joint Commission Accredited

SRHD's TS and Camas Health Recovery are Accredited thru The WA DOH and - All State & Federal Compliance is in line with Addiction Treatment Licensing & Accreditation

BHG, STC – Oregon Health Recovery, and Camas Health Recovery have online Continuing Education Platforms specific to OTPs


All of these programs follow best practice curriculums




Other information I was able to collect about whether a different organization could provide equal or better services includes that both BHG and STC-Oregon Health recovery are Joint Commission Accredited this status goes above and beyond the required accreditation through WA DOH.

BHG, STC, and Camas Health Recovery all have online Continuing Education platforms for their staff that are specific to OTPs and all of the program's report using best practice curriculums.

With that I want to move on to a reminder and my recommendations to the Board.



Reminder &
Recommendations



What would Moving to Step Two Mean

- It means the Board of Health will direct the AO to continue gathering information on the legal and fiscal ramifications of separation
- And whether another organization could address the concerns expressed by those who participated in Step One of the study
- At any point during Step Two we could find insurmountable barriers to moving forward and the Feasibility Study would end



So again, a decision to continue the study means the Board will direct me to continue gathering information on the legal and fiscal ramifications of separation
And whether another organization could address the concerns expressed by those who participated in Step One of this study
At any point during Step Two we could find insurmountable barriers to moving forward and the Feasibility Study would end

What would Moving to Step Two Mean

- It does NOT mean that TS will separate
- The decision to separate would not be made until Step Three
- Even at Step Three it is possible the Board of Health could decide there is not an interested party that meets their criteria for separation



Continuing the study does NOT mean that TS will separate

The decision to separate would not be made until Step Three

Even at Step Three it is possible the Board of Health could decide there is not an interested party that meets their criteria for separation

Recommendation — BOH Decides to End Feasibility Study

End Feasibility Study - TS stays under SRHD:

- 1) Create a dedicated assigned reserve for TS excess revenues
- 2) Create a dedicated TS community advisory committee to provide guidance to TS Leadership and make recommendations to the BOH on TS matters
- 3) Fully research any and all exceptions for operating a business within government in Washington State (i.e. identify opportunities for increased business agility)



Recommendation – BOH Decides to Move to Step Two

If the BOH chooses to continue to Step 2:

- 1) Clearly articulate to the community that:
 - i. TS will not move location,
 - ii. will continue to provide services to its current patient population, and
 - iii. that all employees within TS would be able to transition to the new organization/company if and when that time or opportunity should come to fruition.
- 2) Dedicate resources to investigate the legal and fiscal impacts of separation on the organization

Questions?