

# King County Accountable Community of Health

## Governing Board Meeting Summary

August 10, 2017, 9 a.m. - 12 p.m.

The Seattle Foundation – 1601 Fifth Avenue, Seattle, WA 98101 – Suite 1900

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### **Members Present:**

Teresita Batayola (International Community Health Services), Elizabeth “Tizzy” Bennett (Seattle Children’s Hospital), Roi-Martin Brown (Washington Community Action Network), Molly Carney (Evergreen Treatment Services), Elise Chayet (Harborview Medical Center), Kristin Conn (Kaiser Permanente of Washington), Steve Daschle (Southwest Youth and Family Services), Ceil Erickson (Seattle Foundation), Marya Gingrey (Regional Equity Network), Patty Hayes (Public Health – Seattle & King County), David Johnson (Navos Mental Health Solutions), Betsy Lieberman (Betsy Lieberman Consulting), Maureen Linehan (Seattle Aging and Disability Services), Esther Lucero (Seattle Indian Health Board), Daniel Malone (Downtown Emergency Service Center), Sarah Rafton (Washington Chapter – American Academy of Pediatrics), Jihan Rashid (Somali Health Board), Jeff Sakuma (City of Seattle), Erin Sitterley (Sound Cities Association), Amina Suchoski (United Healthcare), Elizabeth Tail (Cowlitz Tribal Health) alternate for Stephen Kutz (Cowlitz Indian Tribe), Jim Vollendroff (King County Department of Community and Human Services) delegate for Adrienne Quinn (King County Department of Community and Human Services), and Sherry Williams (Providence Health Services of Washington) delegate for Preston Simmons (Providence Health Services of Washington).

### **Members Not Present:**

Shelly Cooper-Ashford (Center for MultiCultural Health)

### **Staff:**

Christina Hulet (Hulet Consulting), Gena Morgan and Melissa Warner (Public Health – Seattle & King County).

### **Guests:**

Jeff Sconyers (University of Washington), Kylie Walsh (Wilson Strategic), Sarah Klaus (Health Care Authority), Erin Hertel (Center for Community Health and Evaluation), Michelle Chapdelaine (Center for Community Health and Evaluation), Ellie Wilson-Jones (Sound Cities Association), Victor Loo (Asian Counseling and Referral Service), Jessica Fjerstad (Kaiser Permanente), Chavie Cramer (University of Washington Medicine), Brad Finegood (King County Department of Community and Human Services), Maureen Finneran (Arcora Foundation), Lauren Schilperoort (MultiCare Health System), Jen DeYoung (Public Health – Seattle & King County), Alicia Bissonnett (Molina Healthcare), Tavish Donahue (Mercy Housing NW), Liz Mills (Crisis Clinic), Sharon Poch (Qualis Health), Kirsten Wysen (Public Health – Seattle & King County), Elisa Del Rosario (Asian Counseling and Referral Service), Allie Franklin (Crisis Clinic), Brook Buettner (Public Health – Seattle & King County), Aqeel Williams (Swedish Medical Center), Christine Stalie (WA Department of Health), Torri Canda (Amerigroup), Howard Springer (Navos), Jim Jackson (DSHS), Hiroshi Nakano (Valley Medical Center)

## Welcome, Meeting Goals & Agenda Review

Co-chair Betsy Lieberman (Betsy Lieberman Consulting) called the meeting to order, and thanked Ceil Erickson and the Seattle Foundation for hosting.

Goals for the meeting were noted:

- Discuss and approve Phase II Certification and budget approach and SIM grant funds
- Review board member responsibilities
- Receive updates from the Executive Director, Executive Committee and Demonstration Project Committee (DPC)

Board members were asked if they had had an opportunity to review the draft meeting summary from the July 17 Governing Board meeting. Comments were welcomed, and no changes were requested. The summary was approved with all in favor, none opposed.

Co-chair Esther Lucero (Seattle Indian Health Board) welcomed everyone and noted that she is relatively new to the table, part of the “next generation” of leaders. She thanked Betsy for the privilege of being able to work together and to learn from her experience. Esther shared the Native American concept of the medicine wheel, which illustrates the idea of being whole, healthy and balanced. She explained how the sharing of knowledge, practices and ways of knowing enabled tribes to survive. Esther pointed out that everyone involved in the ACH comes from different communities, but are all related. Decisions should come from this concept of unity, summed up in the phrase “We were all indigenous once.”

Brief introductions were given by all members and guests.

## Executive Director’s Report

Executive Director Susan McLaughlin said the ED report will be a standing agenda item for Governing Board meetings and provided the following updates:

### ACH Infrastructure

- Backbone staff transitions expected in late September
  - Gena Morgan will become KCACH Director of Programs
  - Lee Che Leong will become KCACH Project Manager
- Chief Financial Officer (CFO) hiring process
  - 40 applications received. Health Management Associates helping to screen.
- Administrative Assistant hiring process
  - 200 applications received

Susan thanked King County backbone staff for their continued assistance during this transition. She also thanked the Seattle Foundation for housing the ACH for the time being.

### Office Space

- Looking at potential office spaces
- Doing availability and financial analysis
- Will move into lease negotiation
- Will require 3-5 year lease commitment at \$80-100K per year

Betsy noted that an agreement for a multi-year office space lease should be brought to the board for formal approval.

### Additional updates

- The Seattle Foundation is assisting with some basic accounting and budget reporting
- The website will be transitioning to a new URL ([kingcountyach.org](http://kingcountyach.org)) at some point in the near future

- A KCACH phone number has been set up

#### DSRIP consultant updates

- Thanks to Ingrid McDonald (Public Health – Seattle & King County) for leading the process of choosing the DSRIP consultant
- Process was:
  - 8 bids received
  - Bids reviewed and scored, and interviews held by Ingrid McDonald, Esther Lucero, Ceil Erickson (Seattle Foundation) and Amina Suchoski (United Healthcare)
  - Top 3 candidates were also reviewed by Susan McLaughlin for the final decision
  - Health Management Associates (HMA) was chosen for reasons including:
    - Values (including community engagement)
    - Expertise in DSRIP projects in other states
    - Innovative thinking and approaches
    - Hands-on approach and local staff (have 2 other WA contracts)
    - Experience working with wide variety of stakeholder groups
    - User-friendly tools for community involvement and accessibility
- Health Management Associates:
  - Is currently helping with Phase Certification II to ensure the highest score possible
  - Will provide targeted technical assistance to design teams
  - Will provide strategic planning to the Demonstration Project Committee (DPC) on how to build the project portfolio
  - Will attend a future ACH Governing Board meeting

### ACH Budget and Certification

Betsy Lieberman recused herself from the SIM grant vote related to the Housing-Health Partnership.

#### RESOLUTION: Phase II Certification Budget Approval

Finance Committee Co-chair Amina Suchoski presented the memo “Approving Certification Phase II Budget Projection” (Agenda Packet pp. 9-10). A more detailed budget will be brought forward once the ACH CFO is in place.

Finance Committee Co-chair Patty Hayes (Public Health – Seattle & King County) reiterated that this discussion was really about the framework and approach to the anticipated maximum of \$5 million that can be received based on Certification II. Board approval of the budget projection is a requirement for Certification II.

Patty reviewed the Budget Forecast provided (Agenda Packet pp. 11-12):

- Funds divided into buckets
- Categories and timelines are consistent with the requirements for Certification II
- Project funds will likely be depleted in 2018, which is why additional years are not reflected
- Does not reflect expenses from Certification I
- Could receive less than \$5 million depending on score
- 51% toward project planning, 27% for administration (team of 6 staff, office space), 12% health information technology, 10% community engagement

The Finance Committee recommended this model to ensure stability for the ACH.

Teresita Batayola (International Community Health Services) acknowledged the need to discuss in this format to meet the certification deadline during this time of transition, but recommended setting up infrastructure for how the Governing Board will receive and process future budget information.

Patty Hayes replied that the Finance Committee is committed to transparency, and eager for the arrival of the ACH CFO to help set up that infrastructure. Esther Lucero and Betsy Lieberman reiterated the ACH's commitment to transparency.

David Johnson (Navos Mental Health Solutions) noted that the Budget Projection reflected different information from the office rental details discussed earlier in the meeting.

Susan McLaughlin acknowledged that the projection was written before the ACH received rental quotes. Gena Morgan (Public Health – Seattle & King County) elaborated that the budget projection reflected the portion of Certification II funds that would go toward office space rental. Additional office rental fees would come from other ACH funds. The goal is for a rental rate of approximately \$30 per square foot, with access to a meeting room.

Elizabeth “Tizzy” Bennett (Seattle Children’s Hospital) suggested changing the “Marketing and Outreach” line item to “Communication.”

Patty Hayes said that “Marketing and Outreach” is the language used for Certification II. The ACH will be able to write the full version of the budget in a way that more accurately reflects its values.

Elizabeth Tail (Cowlitz Tribal Health), alternate for Stephen Kutz (Cowlitz Indian Tribe) inquired about the line item “Tribal Consultation.”

Susan McLaughlin replied that this could include hiring a liaison and/or paying directly to tribes. The ACH will need to consider the options and decide how to use the funds.

Esther Lucero noted that the local tribes are talking about this and expect involvement with the ACH.

Elizabeth Tail recommended writing out budget notes for the moving targets (e.g., office rental).

Marya Gingrey (Regional Equity Network) thanked those involved for allocating the percentage of funding to community engagement. She looks forward to discussing the details of what that looks like, which could include awarding funds to grassroots groups to ensure and support their involvement (e.g., local health boards). The Community and Consumer Voice Workgroup (CCV) encouraged viewing the budget holistically, with engagement as a piece of each line item.

Patty Hayes reaffirmed that the Finance Committee recommended approving this budget projection memo. All were in favor, none opposed.

#### RESOLUTION: Phase II Certification Approval

Betsy Lieberman presented the memo “Certification Phase II Submission to HCA” (Agenda Packet pp. 13-14) and brought forward the resolution to accept Phase II Certification. She thanked the section coordinators for their work on the certification submission: Kirsten Wysen, Christina Hulet, Gena Morgan, Lee Che Leong, Ingrid McDonald, Liz Arjun, Eli Kern and Marguerite Ro.

Susan McLaughlin noted the work done by HMA and Manatt to ensure thorough responses to maximize funding, incorporate board feedback, and comply with word count limits. The final draft would be received on the day of this meeting, and would then be reviewed and edited by Susan, Gena Morgan and Marguerite Ro. The final draft will be distributed to the Governing Board.

Elise Chayet (Harborview Medical Center) inquired when the ACH would receive a response, and Sarah Klaus (Health Care Authority) replied that responses are expected in a month. Gena Morgan noted that funds flow are expected in mid-October.

A motion was made to approve the resolution. All were in favor, none opposed.

#### RESOLUTION: Use of Remaining SIM Grant Funds

Patty Hayes discussed the memo “Approving Use of Remaining SIM Grant Funds” (Agenda Packet pp. 15-16) and presented the recommendation for the remaining State Innovation Model (SIM) grant funds. Health Care Authority (HCA) requires a SIM project, and the King County ACH Interim Leadership Council (ILC) chose the Housing-Health Partnership 1.5 years ago. The ACH anticipates having \$110-120K SIM funds remaining for 2017, and the Finance and Executive Committees recommend committing these remaining funds to the Housing-Health Partnership.

Future funding recommendations will be brought forward through the Finance Committee, but this recommendation is being brought forward by both Finance and Executive Committees due to timing issues related to the recent formation of the Finance Committee.

Sarah Rafton (Washington Chapter – American Academy of Pediatrics) noted that the project goals and health outcomes are not clear and recommended that the Housing-Health Partnership present this information to the Governing Board.

Tavish Donahue (Mercy Housing NW) elaborated that the partnership uses data to help evaluate the value of community health workers in partnership with the health care system to positively impact community members.

Elizabeth “Tizzy” Bennett referred to the outcomes sections of the logic model provided (Agenda Packet p. 19). She noted the importance of focusing on what the Board wants to accomplish.

Susan McLaughlin and Gena Morgan noted that the funding would run through the end of 2018 and the ACH would request a scope of work and budget from Mercy Housing NW, similar to how the previous SIM grant was structured.

Sherry Williams (Providence Health Services of Washington), delegate for Preston Simmons (Providence Health Services of Washington) suggested putting a pause on additional funding until the group could make a more thorough presentation.

Betsy Lieberman and Teresita Batayola reaffirmed that the ILC did a thorough vetting of the Health-Housing Partnership when it was selected. However, Teresita said she would like a report on the work accomplished

from the previous investment, and more details about the work moving forward (including timeline). She suggested that this process would demonstrate and help solidify how the ACH works.

Amina Suchoski noted that timing is critical to sustain the work because previous funds have run out. Tavish Donohue confirmed that their PHPDA grant ran out June 30, and funding for the work has reached a crisis point.

Jeff Sakuma suggested that the Housing-Health Partnership can distill the information for the Board, and a large report is not needed. The goal is to get the necessary information, and not to overburden Mercy Housing.

Patty Hayes suggested approving gap funding, with plans for the Health-Housing Partnership to present more information at the next Governing Board meeting. David Johnson (Navos) voiced support for this proposal.

Elizabeth “Tizzy” Bennett suggested approving \$25K of immediate gap funding to fund the work through September 2017.

Teresita Batayola pointed out the need to address accountability for the non-healthcare portion of this work. The ACH needs to know what impact is being made on the social determinants of health. Sherry Williams and Esther Lucero agreed.

All voted in favor, none opposed for gap funding of \$25K, with plans to review process outcomes, goals, and achievements to-date at the next meeting.

Betsy Lieberman abstained from this vote.

## ACH Governance

Christina Hulet (Hulet Consulting) distributed the conflict of interest policy and annual disclosure of interest form. She requested that Board members review and return their annual form by the end of the meeting.

Elise Chayet questioned how the Board will be able to vote on a balanced portfolio when there is a chance that everyone might have a conflict of interest.

Christina elaborated that, if this unusual case were to arise, Board members could be counted for purposes of establishing a quorum, but approval would be made based on a 2/3rds votes of the majority of disinterested persons in attendance at the meeting.

Delegates need to fill out the form, and Christina offered to send electronically to anyone not present.

Board members previously agreed to represent their sectors when at the table, and also to bring information back to them. They also previously listed the organizations with which they would engage, and Christina provided a summary of responses. She requested that Board members review and submit updates as needed, based on realistic networks and capacities.

For reporting purposes and to ensure community engagement, the ACH needs to track outreach. For now, Board members were asked to provide this information to Susan McLaughlin. Once the ACH is more fully staffed, another point person will be designated.

Susan and Christina asked that Board members reach out if they have a presentation that they have given, or alternately if they need presentation materials.

David Johnson requested a template for submitting outreach notes to Susan.

Marya Gingrey requested a central repository for recording questions that are coming up at meetings. Elizabeth “Tizzy” Bennett noted that the ACH will need to take action on those questions and report back.

Amina Suchoski noted that managed care organizations can play a big role in communicating with Medicaid beneficiaries since they are already required to communicate updates to their networks.

Betsy Lieberman encouraged attendees to sign up for the interested party commend period.

## Public Comment

None

## Tribal Engagement

Daniel Malone (Downtown Emergency Service Center) attended the July ACH Tribal Workshop at the Muckleshoot Health & Wellness Center with Jeff Sakuma, Tizzy Bennett, Gena Morgan, Roi Martin-Brown and Elizabeth Tail.

He reported that it was an excellent training provided by Jessie Dean (HCA) and Vickie Lowe (AIHC), and included presentations from the tribe about physical and behavioral health integration work.

Daniel noted the importance of the ACH creating a strategy for tribal engagement – both as expression of an ACH value and to meet the HCA’s board training requirement. He provided the example of how tribal members may not feel that the healthcare system meets their needs, and how this is a critical issue for the ACH.

Jeff Sakuma, Tizzy Bennett, Gena Morgan, Roi Martin-Brown and Elizabeth Tail agreed that the training was very powerful and valuable.

Tizzy reminded the Board that evidence-based models may not work for tribal communities. The ACH will need to keep its audience in mind and remember who we serve. Elizabeth Tail agreed that evidence-base is a conundrum. It is imperative to resist the urge to assimilate, and to hear when people say things won’t work.

Patty Hayes asserted that the Board should continue putting this concern on the record. Patty suggested the KC ACH can be the ACH that elevates this issue, as it was a grave concern when the project toolkit was first received.

Esther Lucero suggested leveraging the tribal consultation process with the state, and recommended the ACH be strategic about what it pushes back on.

Elizabeth Tail noted that Stephen Kutz would be open to that. Culture is an important tool and key resource that builds resilience in a community. We need to call that out and make sure it is not lost.

Betsy Lieberman offered to set up a one hour phone call with the attendees of the training to discuss how the ACH can ensure this is part of its work plans.

## Demonstration Project Committee Updates

Marguerite Ro provided a handout on the DPC update.

Susan McLaughlin noted that the DPC's purpose has not changed. The DPC will:

- Provide leadership and guidance on the ACH's project portfolio
- Conduct analyses of projects
- Make a recommendation to the Governing Board for approval

Marguerite noted that Governing Board members Elise Chayet, Amina Suchoski, Shelley Cooper-Ashford and delegates sit on the DPC. The Governing Board will make the final decision on the project portfolio, including investments, distribution of incentive funding to the community, and approval of the November 16 project portfolio application.

Patty Hayes reminded the Board that there will need to be some difficult conversations around the distribution of funds, but the ACH will have the opportunity to invest upstream, meet equity goals and get creative.

Marguerite pointed to the calendar provided, and noted that design team members from all sectors have put great thought and effort into this work. The calendar is evolving. Project scopes were previously submitted, and discussions have begun around what the cross-cutting elements of the portfolio will be. Project plans were due yesterday and are being review by HMA and DPC members.

The public comment period is August 21-September 1 (and has since been extended to September 8), and Governing Board members were encouraged to review and comment on the plans. Design teams are using the Community and Consumer Voice Workgroup's Health Equity Toolkit, and will turn in this work September 1. Project plans will be refined by HMA and the DPC.

In addition to the full day Governing Board meeting on September 18, a full day meeting request will be sent for October 12.

Page 5 of the handout provided a sense of the DPC's work, including:

- Feedback on project scopes
- Discussion of cross-cutting elements
- Breakout groups as needed
- Vision and portfolio framework workgroup (engaging Governing Board in this conversation)
- Addressing the need for a glossary (request from last Governing Board meeting)
- Feedback provided to design teams:
  - Reminder of the goal to reduce disparities and move toward health equity (not seeing enough of that lens)
  - Need to address sustainability
  - Need to meet all identified performance metrics

Next steps included reviewing project plans, releasing the plans for public comment, and continuing with Domain I and cross-cutting work.

Sarah Rafton observed tension between HCA’s identified metrics and what may realistically work for communities of color. She pointed out the ACH’s responsibility to understand if evidence-based methods will have the right impact. She recommended that the Board call this out and should push back if the ACH believes other methods will work better.

Susan McLaughlin agreed with Sarah’s point, and replied that HCA is on board to help the ACH figure out ways to work through issues like this.

Key dates were noted:

August 30 – receive robust framework for building the project portfolio

September 18 – determine key investments and leave-behinds, framing for fund distribution

October 12 – deeper dive into the portfolio and investment strategies

November 9 – final plan due

Susan encouraged Board members to let her know if there are resources they feel would help the Board to make these decisions.

The handout’s depiction of the ACH reflected a shift in how the ACH talks about this work, moving the focus to what matters to the people we serve. In other words, the true test of the work is “Did you (the patient) get what you needed?”

Four to eight projects will be chosen. Six are needed for 100% funding eligibility. Further discussion will be needed to decide how to strategically align projects to meet the required metrics and benchmarks, and to ensure they meet the needs of the large, complex King County population.

Marguerite Ro opened the floor to quick reflections and pertinent questions.

It was clarified that the term “leave-behinds” refers to what will be successful, have a notable impact, and also be sustainable beyond the waiver.

Additional comments included:

- Patty Hayes – How do we keep track of external influencers that can impact our efforts? (e.g. grants from the Federal government that end unexpectedly?)
- Esther Lucero – At meetings can we pull together Governing Board knowledge on policy changes that might impact ACH work?
- Teresita Batayola – Can we have the Equity Tool brought back to everyone for review?
- Elizabeth “Tizzy” Bennett – How can we make sure we don’t completely lose project items that are promising yet do not fit into our portfolio plans? Perhaps we can pass along to other teams.
- Kristin Conn (Kaiser Permanente of Washington) – Suggested that this (comment above) may be an opportunity to use incentive dollars.
- Jihan Rashid (Somali Health Board) – Supports combining projects in ways that will reach the ACH’s goals without letting go of promising projects.
- Elise Chayet – Reminded that each Governing Board member is responsible for pushing information about the public comment period out to their sector. Members should think about how providers will be engaged, as the ACH will need letters of intent from providers.

## Wrap-Up

Betsy Lieberman and Esther Lucero offered thanks to the Governing Board for their hard work and partnership.

Board members were reminded to hand in their conflict of interest forms, and all attendees were encouraged to fill out meeting evaluation forms.