



## October 2018 Executive Director Report

**Date:** October 4, 2018

**To:** HealthierHere Governing Board

**From:** Susan McLaughlin

### 1. The Results Are In!

On Monday, October 1, 2018, HealthierHere received its evaluation results from Myers and Stauffer, the independent assessor contracted to review and score all ACH reporting deliverables. I am pleased to share that HealthierHere received an Achievement Value of 100% and therefore earned 100% of our funding for the first half of 2018. Below is the breakdown of our evaluation by Pay-for-Reporting deliverable.

Semi-annual Report for January 1 – June 30, 2018	
P4R Deliverables and Milestones	Achievement Values Earned
Completed Semi-annual Report	1.0
Milestone 1: Capacity Assessment	1.0
Milestone 2: Domain I	1.0
Milestone 3: Evidence-based Approaches and Target Populations	1.0
Milestone 4: Partnering Providers	1.0
<b><i>Achievement Values Earned</i></b>	<b>5.0</b>
<b><i>Number of Projects Conducted by HealthierHere</i></b>	4.0
<b><i>Total AVs Earned</i></b>	20.0/20.0 (100%)

As a result, HealthierHere has earned \$14,452,240 for the King County region. These earned incentive dollars will allow us to begin investment in implementation with our partners. According to our letter, we will receive payment of these funds sometime in October 2018. Congratulations to

the HealthierHere staff and all the committees who had a role in shaping our Semi-Annual Report. In addition, a huge thank you to our Manatt team who worked with us to ensure we had a top-notch report that reflected all of the work HealthierHere did during the first half of 2018.

## 2. Implementation Plan Submitted

On Friday, September 28, 2018, HealthierHere submitted our Implementation Plan to the Health Care Authority. The Implementation Plan is one of our reporting requirements for the second half of 2018. The Implementation Plan was informed by all of the work we've done this year including the Current State Assessment, HIE/HIT Assessment, Implementation Work Group meetings, Subject-Matter Expert meetings, Practice Partner Change Plans, as well as the Transformation Committee and lays out HealthierHere's workplan for the coming years. You should have received a copy of the final Implementation Plan on Friday. The Governing Board will be accepting the report at today's meeting.

## 3. Hiring

HealthierHere is nearing completion of securing our identified and budgeted staff for 2018.

**Community and Tribal Engagement Manager:** After many months of searching, we are pleased to announce that Myani Gilbert-Guetta will start with HealthierHere on October 16<sup>th</sup> as one of two Community and Tribal Engagement Managers. Myani has many years of experience working in community as well as working on issues of diversity and inclusion. She is coming to us from Microsoft where she was a Community Development Specialist and prior to that she worked at Puget Sound Sage as the Director of Community Leadership. Please join us in welcoming Myani to this work.

The second Community and Tribal Engagement Manager position will be reposted next week and will focus extending and enhancing our partnerships with our regional tribal nations.

## 4. Wonderful Turnout For our Community Partner Information Sessions

HealthierHere has started our community partner information sessions. So far we have held 4 sessions in Kent, Rainier Beach, central area, and Bellevue. There are 2 more sessions scheduled in Federal Way and Des Moines and we are working on scheduling 2 more in the north end. Turn out has been fantastic – 52 organizations were represented with 73 participants across the 4 sessions. In addition to the Information Sessions, Marya has spoken to the King County Human Services Coalition, South King County Health Coalition, Healthy King County Equity Summit reaching another 200+ people about HealthierHere's work. As a result of these engagements, HealthierHere and Marya have been invited to speak at the Eastside Human Services Coalition, North Urban Human Services Alliance, Sno-Valley Coalition and Community Living Connections Network. Finally, we will be conducting a webinar for those that aren't able to make it to an in-person information session. Thus far we have 24 people registered for the webinar. There is great excitement from community partners about our work and they are appreciative of the information sessions and learning more about HealthierHere and the Medicaid Transformation.



## COI Memo of Interpretation

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The following is a compendium of decisions and interpretations of HealthierHere's Conflict of Interest (COI) policy. It is intended to clarify the policy, capture learnings, and serve as a guide for future COI issues.

### **METHODOLOGY VS. SPECIFIC ALLOCATION**

#### *Background - Fully Integrated Managed Care (FIMC) Fund Allocation Methodology Decision:*

On September 20, 2018, the Governing Board received a decision memo outlining a *methodology* for allocating FIMC funds (e.g., percentage of dollars) versus a *specific allocation* to individual behavioral health agencies (BHAs) (e.g., SW Youth & Family Services receives  $x$  dollars, Navos receives  $y$ ). This raised the question of whether a "methodology" decision falls under the policy's definition of a "development action" or "transaction" and therefore requires members with a material financial interest to recuse themselves (e.g., any contracted behavioral health agency that might be eligible to receive some portion of the percentage of allocated funds). During the discussion, it was also noted that 39 BHAs would be potentially eligible for this funding and that funding would be distributed equally among them (e.g. each receiving ~\$107,000). That is, individual GB members who are BHAs would know how much benefit they would be receiving from this decision. To err on the side of caution, 10 out of the 22 present GB members recused themselves from the vote because they were current contracted BHAs that might be eligible to receive the ~\$107,000, and therefore might have a real or perceived conflict of interest.

*Clarification:* On advice of legal counsel, "methodology" decisions generally do not involve a conflict of interest or require recusal.

An exception to this general statement occurs where the choice of methodology will itself result in a specific and direct material financial benefit to an individual or organization. For example, a member will have a conflict of interest if it is reasonably likely that the methodology favors that member or member's organization, i.e., where the selection "stacks the deck."

It is also important to note that even a "hypothetical possibility" that a methodology might benefit an individual or organization is not by itself sufficient to create a conflict of interest. For example, if an organization is one of several that could potentially receive benefits based on the methodology, but where there is no certainty of any particular organization receiving a greater share of benefits, that is neither a specific nor direct benefit and therefore does not give rise to a conflict of interest.

Similarly, there is not a conflict of interest when the difference in outcomes is considered "de minimis"—that is, lacking in significance. For example, if the difference between "methodology a" and "methodology b" is minimal, then that difference does not create a conflict of interest. There may be no hard and fast test for determining materiality, but this will generally be apparent from any given situation.

*Application:* **Members CAN vote on methodology decisions so long as the methodology establishes ground rules that do not favor or unfairly benefit an organization(s), and do not result in a specific or direct material financial benefit to an individual or organization. A mere possibility that a decision might benefit an organization, or a de minimis difference in outcomes, is not sufficient to warrant recusal or disqualification from full participation in and voting on the decision.**

*Conclusion:* Applying the above principles, the FIMC methodology established fair ground rules for allocating funds across BHAs. BHAs did not have to recuse themselves from this methodology vote because only BHAs were eligible and the methodology did not favor or unfairly benefit any particular organization(s).



09/24/2018 05:00 PM PST

## New “Public Charge” Rule Threatens the Well-being of King County Residents

### HealthierHere urges community leaders, businesses and individuals to voice opposition

HealthierHere, a non-profit organization dedicated to improving health and health equity in King County, and its 26-member multi-sector Governing Board join with advocates, individuals and families across the state to condemn the proposed “Inadmissibility on Public Charge Grounds” rule proposed by the Department of Homeland Security on September 22, 2018.

If finalized, this new rule would have a significant and detrimental effect on the health and safety of our communities. People who have legally immigrated to the United States, their families and their U.S. born children will be forced to give up the basic assistance for which they are lawfully eligible – such as healthcare, food, and housing – or risk being separated from each other.

**This new rule proposes to change the way the “public charge test” in federal law is applied to people immigrating and seeking to obtain legal status.** Under the current rule, the government can deny admission to the U.S. or refuse an application for lawful permanent residency (i.e. a green card) if it determines the applicant is likely to become a “public charge” — in other words, if they are likely to use certain types of government assistance. Until now, the government has limited their review of an applicant's use of public benefits programs to only those that provide cash assistance, but the new rule will change that.

**This proposed rule would greatly expand what is considered “assistance” to include previously excluded health, nutrition and housing programs.** Under the new rule, immigration officials could consider the applicant's use of a broader array of programs such as:

- Supplemental Nutrition Assistance Program (SNAP or food stamps)
- Temporary Assistance for Needy Families (TANF)
- Medicaid, and Medicare Part D (prescription drug subsidies)
- Section 8 Housing and Rental Assistance Programs
- Subsidized public housing

These are all programs intended to help promote access to nutritious food, health care, and to promote economic stability.

**It is important to understand that these programs are already limited to *lawfully present* individuals, who often have U.S. born children.** It will most affect individuals who are seeking green card status through a family-based petition. These individuals and families, facing a very real fear of being separated from one another, may feel they have no choice but to forgo vital assistance, putting their households at risk of hunger, homelessness, and illness. Also, although the rule does not apply to some groups of people (*see note below*), it would likely cause fear and confusion among all individuals who legally immigrate and their families, causing many to drop Medicaid coverage – even if they are not affected by the policy changes.



## An Invitation to Partner

Please join us for an information session to learn how community-based organizations can become part of our efforts to improve health equity and outcomes in King County

**HealthierHere is a new nonprofit organization dedicated to improving the health and well-being of people in King County through cross-sector collaboration + innovation.**

Our first effort is to improve health outcomes for people on Medicaid through a state contract to serve as the Accountable Community of Health (ACH) for King County. To succeed, we believe it is critical to address factors that impact health outside of traditional health care services. We are actively seeking community-based organizations to partner in this work.

Learn about this innovative, multi-year effort at an info session. Marya Gingrey, JD, HealthierHere's Director of Equity and Community Partnership, will explain:

- HealthierHere's vision for a healthier and more equitable King County
- What an Accountable Community of Health is and how it is different from a grant program
- Which types of programs and health outcomes are targets for innovation
- Opportunities to partner, learn, network, and participate in ACH innovations
- How we intend to bring funding to King County for system-wide investment
- Ways your community can help shape priorities and decisions

We hope you will join us in this communitywide effort to make King County a healthier place for everyone.

**Attending an information session is an important first step to becoming a HealthierHere partner. Space is limited. Please reserve your seat today by visiting our website at [HealthierHere.org/CBOinfo](https://HealthierHere.org/CBOinfo)**

### INFO SESSIONS FOR COMMUNITY-BASED ORGANIZATIONS

#### **Tuesday, September 25**

**3 – 5 pm • Kent Regional Library**  
212 2<sup>nd</sup> Ave N • Kent

#### **Wednesday, September 26**

**10:30 am – 12:30 pm • Rainier Beach Library**  
9125 Rainier Ave S • Seattle

#### **Tuesday, October 2**

**10:30 am – 12:30 pm • 2100 Building**  
2100 24th Avenue South • Seattle

#### **Wednesday, October 3**

**3 – 5 pm • Bellevue Public Library**  
1111 110th Ave NE • Bellevue

#### **Friday, October 5**

**1 – 3 pm • Federal Way Regional Library**  
848 S. 320th St • Federal Way

#### **Tuesday, October 9**

**1 – 3 pm • Des Moines Public Library**  
21620 11<sup>th</sup> Ave S • Des Moines

*While attending an event is highly recommended,  
a webinar is also offered on  
Tuesday, October 9 from 9 – 11 am*