

King County Accountable Community of Health

Governing Board Meeting

August 10, 2017, 9:00 am – 12:00 pm

Seattle Foundation – 1601 5th Avenue, Suite 1900, Seattle, WA

MEETING GOALS

The primary objectives of today’s meeting are to (1) discuss and come to resolution on Phase II Certification and budget approach and the use of remaining SIM grant funds; (2) review and discuss board member responsibilities related to sector representation; and (3) learn about preliminary demonstration project scopes and work plan of the Demonstration Project Committee.

AGENDA

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|-------------------|--|--|
| 9:00 a.m. | 1. Welcome & Introductions | <i>Betsy Lieberman and Esther Lucero, Board Co-Chairs</i> |
| | <ul style="list-style-type: none"> ▪ Meeting Goals & Agenda Review ▪ Approval of Last Meeting’s Minutes | |
| 9:10 a.m. | 2. Executive Director’s Report | <i>Susan McLaughlin, King County ACH</i> |
| | <ul style="list-style-type: none"> ▪ ACH infrastructure and DSRIP contract | |
| 9:20 a.m. | 3. ACH Budget and Certification | <i>Patty Hayes and Amina Suchoski, Finance Committee Co-Chairs and Executive Committee members</i> |
| | <ul style="list-style-type: none"> ▪ Resolution: Phase II Certification Budget Approach ▪ Resolution: Phase II Certification Approval ▪ Resolution: Use of Remaining SIM Funds | |
| 10:10 a.m. | 4. ACH Governance | <i>Christina Hulet, Hulet Consulting</i> |
| | <ul style="list-style-type: none"> ▪ Conflict of Interest Policy Signing ▪ Board Member Responsibilities Review | |
| 10:30 p.m. | BREAK | |
| 10:45 a.m. | 5. Interested Party Comment Period | |
| 10:55 a.m. | 6. Tribal Engagement | <i>Governing Board member</i> |
| | <ul style="list-style-type: none"> ▪ Update on ACH Tribal Workshop ▪ Future Governing Board Training | |
| 11:10 a.m. | 7. Demonstration Project Planning | <i>Demonstration Project Committee members</i> |
| | <ul style="list-style-type: none"> ▪ Project Planning Update ▪ Presentation of Project Scopes ▪ Discussion | |
| 11:55 a.m. | 8. Wrap-Up | <i>Betsy Lieberman and Esther Lucero, Board Co-Chairs</i> |
| | <ul style="list-style-type: none"> ▪ Meeting Evaluation | |
| 12:00 p.m. | Meeting Adjourn | |

Next Meeting: Wednesday, August 30, 2017, 1:00 pm – 4:00 pm (Location TBD). Refreshments and networking at 12:30 p.m.

King County Accountable Community of Health

Governing Board Meeting Summary

July 17, 2017, 1 - 4 p.m.

King County Elections – 919 SW Grady Way, Renton, WA 98057 – Alvine Conference Room

Members Present:

Elizabeth “Tizzy” Bennett (Seattle Children’s Hospital), Roi-Martin Brown (Washington Community Action Network), Molly Carney (Evergreen Treatment Services), Kristin Conn (Kaiser Permanente of Washington), Shelly Cooper-Ashford (Center for MultiCultural Health), Steve Daschle (Southwest Youth and Family Services), Marya Gingrey (Regional Equity Network), David Johnson (Navos Mental Health Solutions), Betsy Lieberman (Betsy Lieberman Consulting), Esther Lucero (Seattle Indian Health Board), Sarah Rafton (Washington Chapter – American Academy of Pediatrics), Jihan Rashid (Somali Health Board), Jeff Sakuma (City of Seattle), Elise Chayet (Harborview Medical Center), Maureen Linehan (Seattle Aging and Disability Services), Elizabeth Tail (Cowlitz Tribal Health), alternate for Stephen Kutz (Cowlitz Indian Tribe), Laurel Lee (Molina Healthcare of Washington), delegate for Amina Suchoski (United Healthcare), Sherry Williams (Providence Health Services of Washington), delegate for Preston Simmons (Providence Health Services of Washington)

Members Not Present:

Teresita Batayola (International Community Health Services), Daniel Malone (Downtown Emergency Service Center), Patty Hayes (Public Health – Seattle & King County), Adrienne Quinn (King County Department of Community and Human Services), Erin Sitterley (Sound Cities Association), Ceil Erickson (Seattle Foundation)

Staff:

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

Guests:

Mike Bonetto – speaker (TenFold Health), Kylie Walsh (Wilson Strategic), Sarah Klaus (Health Care Authority), Samantha Zimmerman (Health Care Authority), Alex Davis (Country Doctor), Chelsea Affleck (WA State Hospital Association), Howard Springer (Navos Consortium), Bill Rumpf (Mercy Housing NW), Tiffany Wong (no affiliation provided), Erin Torrens (COPE Health Solutions), Sharon Poch (Qualis Health), Tara Cashman (Valley Medical Center), Christine Stalie (WA DOH), Mattie Osborn (Amerigroup), Travis Erickson (Public Health – Seattle & King County), Erin Hafer (Community Health Plan of Washington), Anne Farrell-Sheffer (YWCA), Muna Osman (Somali Health Board), Ahmed Ali (Somali Health Board), Tavish Donahue (Mercy Housing NW), Ross C. Baker (Virginia Mason Health System), Katherine Wells (Health Care Authority), Sarah Oppenheimer (King County Housing Authority).

Welcome, Meeting Goals & Agenda Review

Co-chairs Betsy Lieberman (Betsy Lieberman Consulting) and Esther Lucero (Seattle Indian Health Board) called the meeting to order.

Betsy reminded everyone of the new process to approve the previous meeting's minutes at the beginning of each meeting. She asked if the Board had reviewed the minutes and if members were ready to move forward. A few corrections were noted:

- All attendees participated in an icebreaker: Please say one word that describes what community health means to you.
- Sarah Rafton noted that the Medicaid Waiver will take most of the ACH's time and energy, so staff may not have the capacity to consider other grant work. As a result, the Governing Board will need to step in ~~and help~~ *to help guide*.

Elizabeth "Tizzy" Bennett (Seattle Children's Hospital) moved to approve with these edits, and Sarah Rafton (Washington Chapter – American Academy of Pediatrics) seconded. Approved with all in favor, none opposed.

Attendees participated in an ice breaker by naming a social justice activity or action in which they participated in the past year.

Betsy and Esther welcomed Susan McLaughlin, the King County ACH's new Executive Director.

Brief introductions were given by all attendees.

Betsy and Esther offered the following Executive Committee updates:

- The Executive Committee looks forward to supporting their new executive director, Susan
- Susan will be located at the Seattle Foundation for the time being, but is seeking a permanent space
- The DSRIP consultant interview process is underway
- The HCA's Tribal Workshop for ACH Governing Board members will be on July 20 – flyers provided
- Thanks to Christina Hulet and King County backbone staff for their support
- The ACH is moving quickly into Phase II Certification with the State

ACH Governance

Decision Memo: Backbone 2.0 Contract with King County

Esther referred to the decision memo handout, and summarized the following:

- Memorandum of understanding was previously approved, and the formal proposed contract from King County has been received.
- By approving, the Board would move forward with King County backbone staff funding which would be:
 - Backdated to April 2017
 - Capped at \$1,290,119
 - Have payment deferred until later in 2017 when funds are received by the Health Care Authority (HCA)

Elise Chayet (Harborview Medical Center) asked if the Board had the ability to approve this expense given the timing for receipt of funds from HCA.

Ingrid McDonald (Public Health – Seattle & King County) clarified the funding timeline:

- \$1,000,000 planning funds have already been received

- Next funding stream (up to \$5,000,000) for design is expected in a few months (likely mid-September)
- Project incentive funds (up to \$31,000,000) won't be expected until quarter 1 of 2018, but can be used retroactively
- Potential for additional integration incentive funds (with binding letter of intent submitted by the county authority to HCA by September 15, 2017)

Sarah Rafton suggested that the Board consider bringing in more experienced contractors now, and Esther said the Board is addressing this need by preparing to hire a DSRIP consulting firm.

Elise Chayet recommended adding language to the memo which will clearly state that the approval is subject to receipt of funding from HCA.

Steve Daschle (Southwest Youth and Family Services) moved to approve the memo with the edit above, and Sarah Rafton seconded. All were in favor, none opposed.

Decision Memo: Approving Certification Phase I Budget Projection

Gena Morgan (Public Health – Seattle & King County) noted that an incorrect title was printed on the handout provided. The correct title is “Approving Certification Phase I Budget Projection.”

Ingrid McDonald provided an overview and notes regarding the memo:

- The budget for planned use of Certification Phase I funds is a requirement due to HCA by August 15
- Expenses for some categories of work will change over time (e.g., staff will be hired, King County backbone staff funding will be paid from the next wave of funding in 2018)
- Other Consulting and Infrastructure categories reflect the Executive Director's startup costs (e.g., IT set-up, office lease, etc.)

Gena and Ingrid noted that the information in this memo is intended to illustrate the ACH's budget intentions to meet the documentation requirements for Certification Phase I. It is not intended to reflect a full, detailed budget for the year. When a Chief Financial Officer is hired, they will develop a full budget.

Elise Chayet recommended an addition to reflect that the King County Backbone 2.0 contract will be covered with Phase II Certification dollars and is thus not illustrated in this projection.

It was suggested that the Board approve the memo conceptually with this addition. It was also suggested that the Seattle Foundation and the state could be consulted about how best to account for this.

David Johnson (Navos Mental Health Solutions) motioned to approve, which was seconded by Shelly Cooper-Ashford (Center for MultiCultural Health). All voted in favor, none opposed.

Ingrid noted that a handout with Certification Phase II budget projections was distributed, with no memo for approval. This draft forecast was intended to give the Board a sense of future expenses.

David Johnson urged the Board to set clear expectations now regarding funding that may be available for providers. He noted that providers will be investing money for set-up and involvement, and it would be easier to

elicit excitement if they were provided with clear expectations about funds distribution so they can anticipate if the investment will be worthwhile.

Esther noted that the current certification work is being done with the intention of optimizing the amount of funds received so that the ACH can fulfill its commitment to its partners.

Marya Gingrey (Regional Equity Network) requested clarification on what “community engagement” means in this budget.

Esther stated that this still needs to be flushed out, and the Board is not letting go of this need. Betsy reaffirmed that the Board intends to integrate community engagement into its work.

Steve Daschle had a question regarding “Legal – Inslee Best,” listed under Project Planning in the Certification Phase II forecast and included in the Other Consulting category for the Certification Phase I budget. He will address the question with Ingrid separately, due to limited time on the agenda.

Elise Chayet noted that it would be helpful to see the ratio of administrative costs to project costs, and had the following questions, which will be addressed by Mike Bonetto from the Manatt technical assistance team:

- Will it meet HCA’s expectations to only show expenses through 2018?
- Can remaining DSRIP funds be carried over into the next year?

ACH Committee/Workgroup Updates

Elise provided Demonstration Project Committee (DPC) updates:

- The DPC is reviewing projects and providing feedback to Project Design Teams
- Final project proposals are due back to the DPC by August 4 (*Note: due date since revised to August 9*)
- Will bring final portfolio to the Governing Board

A calendar handout was distributed, and Board members were encouraged to raise any issues as soon as possible because the work is moving forward quickly.

Shelley Cooper-Ashford inquired about engagement during the public comment period. Elise noted that some teams have made individual efforts around public comment engagement.

Sarah Rafton noted that the Governing Board will need time to review infrastructure needs as well as the portfolio of project plans in November.

Marya Gingrey asked if the Equity Impact Assessment Tool will be used in the evaluation of the portfolio, and if there is a way to ensure that an equitable array of partners can be involved in the projects (e.g., smaller organizations may need resources provided up front in order to participate).

Elise said the design teams are using the equity tool, and a letters of intent process will be used. Esther noted that the plans should be scored in a way that provides equitable consideration to smaller organizations.

Elizabeth Tail (Cowlitz Tribal Health) inquired if there is a way to reserve some capital for groups that need payment up front in order to participate.

Elise responded that what the state will allow is currently unclear, but hopefully they will release more information soon.

The Performance Measurement Workgroup update was canceled for this meeting.

SIM Project Update

Betsy Jones (Public Health – Seattle & King County) provided some background on the Housing-Health Partnership:

- Prior to the Governing Board's formation, the Interim Leadership Council was awarded a State Innovation Models (SIM) grant to set up the ACH. A cross-sector project was required, which led to the adoption of the Health-Housing Partnership as the King County ACH SIM project in June 2016.
- Goals included: create a balanced portfolio, move upstream, move toward a population-based health model, test cross-sector partnerships, and emphasize equity, social justice, community engagement and social determinants of health.

Leaders on the team presented their efforts:

Adam Taylor (Global to Local) provided insight into how community health workers learn about the issues driving health disparities and apply this knowledge to develop solutions. Partnerships and coordinated efforts with HealthPoint and Mercy Housing Northwest have enabled better insight into the linkages between health and housing, more transformative solutions, and improved outcomes.

Ahmed Ali (Somali Health Board) noted that the Somali Health Board ensures culturally relevant care, focuses on prevention and addressing disparities, and is driven by the community. All leadership, work and projects come from the community and are for the community. Great partnerships have been formed with local health systems and providers, and Ahmed asserted his hope that this work may continue to receive funding.

Sarah Oppenheimer (King County Housing Authority) reported on the large population of low income households served by the KC Housing Authority. Cross-sector partnerships and data sharing between the Housing Authority, Public Health – Seattle and King County, and Global to Local are essential to address the ties between housing and health needs in our community.

Public Comment

None

Demonstration Project Planning

Guest Mike Bonetto (TenFold Health, Manatt technical assistance team) provided a high level overview of the ACH funds flow and addressed examples and questions related to the King County ACH (packet p. 28-51).

The statewide focus is currently on design funds and project incentive funds (p.31).

It is important to look at the next 5 years, but also to consider sustainability and what will happen in year 6 and beyond.

Maximum Project Incentives per ACH is based on relative Medicaid attribution (number of covered lives) as of November 2017 (p.32).

Tizzy Bennett inquired how funding will be distributed, for instance, to a patient who lives in Pierce County but receives services in King County. She noted that it would be helpful to know details like these, and to have time to provide feedback on how situations like this will be handled. *(Update: Katharine Weiss from WA State Health Care Authority confirmed that Medicaid attribution for an RSA is based on the enrollee's residence, not the provider location. So, if an enrollee lives in Pierce County but gets Medicaid services in King County, they would count as a "Medicaid life" in Pierce County.)*

Larger projects are incentivized, and scoring framework examples were provided (p.41-42).

Additionally, Mike provided and reviewed examples of funding that could be earned by the KC ACH. Example figures per project were provided for "Project Plan Awards based on Alternative Project Portfolios" and "Project Performance Levels (regardless of project portfolio make-up)." Also provided were examples for the best and worst case scenarios for funds awarded and revenue loss based on qualitative scoring and number of projects.

David Johnson asked if there will be an opportunity to receive feedback prior to turning in the project application portfolio paperwork. He noted that more examples of the quality of work expected would be helpful. Mike said there is an ongoing discussion with the HCA about this, and he will submit this feedback.

Elise Chayet noted that the KC ACH may need to forego Project 2B, and asked if that funding could be redistributed across 2C and 2D. Mike affirmed that this is possible for year 2 and forward, but not for year 1.

David Johnson and Sarah Rafton noted that the Board needs to discuss strategy about which and how many projects are selected. Susan McLaughlin said this will happen after the Board receives the evaluation and report from the Design Project Committee.

Marya Gingrey asked for clarification between incentive and performance funding. Mike explained that scoring will award a portion of the possible \$31 million in early 2018. Marya noted that part of those funds could be used to support the involvement of smaller providers/CBOs.

Shelley Cooper-Ashford inquired about what the project scoring framework will look like. Mike said there is information available and he will share it with the Board.

Elise Chayet asked how sustainability and investments in Domain I will be weighed in scoring. Mike confirmed that they will be considered.

Elise Chayet reminded the Board that at year 6 the projects need to have a way to be self-sustaining.

Elise also noted that the Board needs to learn about the state's expectation based on the definition of "value-based purchasing." Esther agreed. Laurel Lee (Molina Healthcare of WA) noted that this may be related to a shift in who is assuming the risk.

The Board would like further clarification and conversation around the following terminology:

- Value based purchasing
- Care coordination
- Formulas (e.g., Medicaid covered lives)

Managed care conversations are intended to examine the dollars available now, what may be available in 5 years, how we can creatively use these dollars to fill needs. Esther noted the need to think holistically, examining current systems for missing components or things that could be done differently.

Board members added:

- Need good techniques to capture what's working well and share that information
- May need to change course, if needed for better outcomes
- Need a balanced portfolio

Wrap-Up

Betsy noted that the Board will need to manage their time well over the coming weeks to address all these questions and concerns. She thanked everyone for a great discussion, and thanked Mike Bonetto for his presentation.

Esther expressed her appreciation for these conversations, including tough ones. She noted that the Board will need to plan small group work to discuss scenarios and get cross-discipline expertise and opinions.

Betsy noted that the next meeting is August 10 at the Seattle Foundation and motioned to adjourn, which was seconded.

KCACH DECISION MEMO: Approving Certification Phase II Budget Projection

Memo prepared by: Ingrid McDonald on behalf of the KCACH Finance
Committee Co-Chairs

Date prepared: August 1, 2017

Date of proposed action: August 10, 2017 KCACH Governing Board

Issue

As part of the Phase II Certification from the Washington State Health Care Authority (HCA), the King County ACH is required to secure the primary decision making body's approval of an approach for projecting and budgeting for the Project Design Funds to be awarded under Phase II Certification. Depending on the scoring of our response, the KCACH is anticipated to receive up to \$5 million dollars.

Background

At the Governing Board meeting on July 17, 2017, the Board approved planned use for \$1 million dollars in Project Design Funds received in response to Certification I. This and the Phase II budget projection for \$5 million dollars under consideration today do not represent a full, detailed budget for 2017 and beyond. They only represent potential use of funds for the up to \$6 million in Design Funds.

Going forward, the newly hired Chief Financial Officer, with support from the Finance Committee, will develop a detailed budget for the KCACH inclusive of all sources of projected revenue. In addition to up to \$6 million in Design Funds, this budget will include up to \$31 million in Project Incentive funds due to be received in February 2018, in addition to potential Integration Incentive funding.

Planned Use for Certification Phase II Design Funds

In consultation with ACH Executive Director Susan McLaughlin and the KCACH Finance Committee Co-Chairs, staff have prepared a budget projection for Phase II Design Funds. The approach for this projection prioritizes covering the fixed costs of KCACH Administration for the first two quarters of 2018 and funding for Project Planning, including payment of the King County Backbone 2.0 contract for work dating back to April 1, 2017. Remaining funds are dedicated to increasing investment in community engagement and for an initial down payment investment in health information technology improvements necessary for project implementation.

Summary of planned use for the up to \$5 million in Certification Phase II Design Funds:

Category	Total Projected Spend	Percent Allocation
Project Planning	\$ 2,557,500	51%
ACH Administration	\$1,367,500	27%
Health Information Technology	\$575,000	12%
Community Engagement	\$500,000	10%
TOTAL	\$5,000,000	100%

Attached is a detailed illustration of this projection. These figures will be captured in a workbook template provided by the HCA and submitted as a required attachment to KC ACH Certification Phase II response.

Recommendation: Adopt the Phase II Budget Plan

The Finance Committee Co-Chairs recommend that the Board approve this approach for projecting and budgeting for the Project Design Funds to be awarded under Certification Phase II.

Budget Forecast: Certification II (\$5 million)

INCOME

Revenue Source	2017	
	Total	Q3
Phase 1 Design Funds	\$ 5,000,000	
Total Revenue	\$ 5,000,000	

EXPENSE

ACH Administration	KCACH Salary & Benefits	\$ 787,500	
	Temp Agency Support	\$ 100,000	
	Fiscal Sponsor	\$ 400,000	
	Rent - Office Space	\$ 36,000	
	Technology and Supplies	\$ 44,000	
	Subtotal	\$ 1,367,500	
	<i>percent of allotment</i>		27%
Project Planning	KCACH Salary & Benefits	\$ 262,500	
	King County Backbone 2.0	\$ 1,890,000	\$ 645,000
	DSRIP Experts	\$ 300,000	
	Governance Consulting	\$ 90,000	
	Legal - Insee Best	\$ 15,000	
	Subtotal	\$ 2,557,500	\$ 645,000
	<i>percent of allotment</i>		51%
Engagement	Convening	\$ 140,000	
	Education and Training	\$ 120,000	
	Tribal Consultation	\$ 120,000	
	Marketing and Outreach	\$ 120,000	
	Subtotal	\$ 500,000	
	<i>percent of allotment</i>		10%
Information Technology	Health IT / HIE	\$ 575,000	
	Subtotal	\$ 575,000	
	<i>percent of allotment</i>		12%
	Total Expenses	\$ 5,000,000	\$ 645,000
	Cumulative Expenses	\$ 5,000,000	\$ 645,000
		\$ -	\$ 4,355,000

Q4	2018			
	Q1	Q2	Q3	Q4

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\$ 337,500 \$ 450,000
 \$ 50,000 \$ 50,000
 \$ 200,000 \$ 200,000
 \$ 18,000 \$ 18,000
 \$ 22,500 \$ 21,500

	\$ 628,000	\$ 739,500		
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\$ 112,500 \$ 150,000
 \$ 645,000 \$ 300,000 \$ 300,000
 \$ 150,000 \$ 150,000
 \$ 30,000 \$ 30,000 \$ 30,000
 \$ 7,500 \$ 7,500

\$ 675,000	\$ 600,000	\$ 637,500		
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\$ 20,000 \$ 70,000 \$ 50,000
 \$ 20,000 \$ 50,000 \$ 50,000
 \$ 20,000 \$ 50,000 \$ 50,000
 \$ 20,000 \$ 50,000 \$ 50,000

\$ 80,000	\$ 220,000	\$ 200,000		
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			\$ 200,000	\$ 375,000
			\$ 200,000	\$ 375,000
\$ 755,000	\$ 1,448,000	\$ 1,577,000	\$ 200,000	\$ 375,000
\$ 1,400,000	\$ 2,848,000	\$ 4,425,000	\$ 4,625,000	\$ 5,000,000
\$ 3,600,000	\$ 2,152,000	\$ 575,000	\$ 375,000	\$ -

KCACH DECISION MEMO: Certification Phase II Submission to HCA

Memo prepared by: Backbone Staff on behalf of the KCACH Executive Committee
Date prepared: August 4, 2017
Date of proposed action: August 10, 2017 KCACH Governing Board

Issue

The purpose of this decision memo is to request the Board’s approval of the KCACH proposed response to the Health Care Authority’s Certification Phase II requirements.

Background

The Washington State Health Care Authority is requiring each of the nine regional Accountable Communities of Health (ACHs) to complete a certification process to illustrate that they are meeting state expectations regarding progress and milestones necessary to serve as the regional lead entity and single point of performance accountability to the state for Initiative 1 of the Medicaid Transformation Demonstration Project.

Certification I: Previously, the KCACH submitted a response to the Certification Phase I requirement which resulted in an award of \$1 million Design Funds.

Certification II: The submission deadline for submitting the Certification Phase II response is August 14, 2017.

Each ACH is eligible to receive up to \$5 million in Design Funds for successful demonstration of Phase II expectations. The actual level of Design Funds awarded will be determined by the scoring of the Certification response.

Overview

The Phase II Certification response illustrates that KCACH is well-qualified to submit a Transformation Project Plan application to the HCA and shows that the KC ACH will be ready to launch selected projects. The response includes answers to a series of questions to demonstrate achievement of expectations in the categories listed below, in addition to required attestations and attachments.

Category	Word Count	Points Possible	Coordinator
Theory of Action and Alignment Strategy	1,250	10	Kirsten Wysen
Governance and Organizational Structure	1,000	10	Christina Hulet
Tribal Engagement and Collaboration	1,000	10	Gena Morgan
Community and Stakeholder Engagement	2,000	10	Lee Che Leong

Budget and Funds Flow	1,500	15	Ingrid McDonald
Clinical Capacity	1,250	15	Liz Arjun
Data and Analytic Capacity	1,750	15	Eli Kern
Transformation Project Planning	2,000	15	Marguerite Ro

Process

The KCACH employed a thorough and inclusive process for developing the Certification Phase II response. Key steps included:

- Backbone staff and Governance Consultant served as coordinators for each section.
- Coordinators produced a first draft and distributed this content for review by relevant KCACH committee leads and members who have been working in these areas. Coordinators re-drafted their sections based on this review.
- Executive Director Susan McLaughlin, reviewed the full draft submission and requested assistance from Health Management Associates to edit and revise for “one voice” alignment across sections, consistency and thoroughness.
- The response was reviewed by the KCACH Executive Committee, further revised by Health Management Associates, and then distributed to the full KCACH Governing Board.

Recommendation

The KCACH Executive Committee recommends that the Governing Board approve the Certification Phase II response so that the KCACH can receive up to \$5 million in Design Funds, and that staff submit this response to the Health Care Authority.

KC ACH GOVERNANCE

DECISION MEMO: Approving Use of Remaining SIM Grant Funds

Memo prepared by: Gena Morgan on behalf of the KCACH Executive Committee and Finance Committee Co-Chairs
 Date prepared: August 4, 2017
 Date of proposed action: August 10, 2017 KC ACH Governing Board

Issue

The KCACH Executive and Finance Committee Co-Chairs recommend that the remaining funds available under the SIM (State Innovation Models) grant budget be allocated to deliverables of the Housing-Health Partnership as a continuation of the SIM grant project.

Background

Since 2015, the King County ACH has been supported through grant resources made available by the Health Care Authority (HCA) through the State Innovations Models (SIM) grant. In 2016, the King County ACH was required by the HCA to select a SIM project, which would be awarded \$50,000 in grant funds. The KCACH Interim Leadership Council selected the Housing-Health Partnership as its SIM project in June 2016 based on the ACH's recognition that housing was an important social determinant of health in the King County region, and the desire of the ACH to invest in a partnership that already had strong community roots.

Since June 2016, the Housing-Health Partnership has supported community health worker activities related to chronic disease prevention and management in public housing, signed MOUs between housing and health partners, continued to add new partners to its coalition, begun to integrate data between the housing and health sectors by leveraging a DASH grant from the Robert Wood Johnson Foundation, and hired a project manager who is actively contributing to Medicaid Demonstration project planning in workforce development and chronic disease prevention. The Executive Committee believes the Housing-Health Partnership is an important test strategy for activities the KCACH might pursue under the Medicaid Demonstration. For that reason, they recommend that the KCACH dedicate remaining SIM budget funds to support the Housing-Health Partnership.

Based on current SIM grant budget projections (see below), the KCACH expects to have about \$120,000 remaining for Q3 and Q4 of 2017.

Recommendation: Dedicate remaining SIM Grant Funds to the Housing-Health Partnership

The Executive Committee recommends that the Board approve remaining SIM grant funds be used to support the ongoing work of the Housing-Health Partnership. Estimated at \$120,000 (minus administrative costs), these funds would be made available as a subcontract to Mercy Housing Northwest, who would manage the work on behalf of the Housing-Health Partnership, and submit a scope of work and budget to the King County ACH. Similar to the original SIM grant allocation, KCACH staff would manage the

subcontract with Mercy Housing Northwest.

King County ACH SIM Budget Forecast 2017

INCOME						
Revenue Source		Q1 2017	Q2 2017	Q3 2017	Q4 2017	Total
	2016 SIM grant allocation (remaining)					\$156,435
	2017 SIM grant allocation					\$231,000
	TOTAL ESTIMATED REVENUE					\$387,435
EXPENSE						
Staff						
	Subtotal	\$ 65,500	\$ 112,000	\$ -	\$ -	\$ 177,500
Consulting						
	Subtotal	\$ 24,000	\$ 54,000	\$ -	\$ -	\$ 78,000
Miscellaneous Expenses						
	Subtotal	\$ 5,000	\$ 5,000	\$ -	\$ -	\$ 10,000
	TOTAL EXPENSE	\$ 94,500	\$ 171,000	\$60,967.50	\$60,967.50	\$ 387,435

King County Housing-Health Partnership SIM Project Update: August 2017

Program Overview

The King County Housing Health Partnership (KCHHP) was selected as the King County SIM project by the ACH Interim Leadership Council (predecessor to Governing Board) in June 2016. The KCHHP addresses health disparities with a focus on new immigrant communities in South King County and South Seattle. We match CHWs capable of addressing language and cultural barriers with local populations primarily living in affordable and public housing. This is a place-based approach using housing as a platform for health that builds trust between CHWs and communities by prioritizing shared language, culture, and lived experience.

- Partner commitments: MHNW, Global to Local, Somali Health Board, HealthPoint, Neighborcare, Public Health-Seattle & King County, King County Housing Authority, and Seattle Housing Authority have executed an MOU committed to producing deliverables under the SIM through 2019.
- **Upstream activities and interventions focused on prevention** include: healthy eating and active living programs, chronic disease management, health systems navigation and care coordination, health education, outreach and enrollment, and clinical preventive services (immunizations, mobile dental and medical, and health fairs).
- The **CHW team has proficiency in nine languages**, representing the diverse communities of King County. **Languages spoken include Amharic, Arabic, English, Oromo, Russian/Ukrainian, Somali, Spanish, Tigrinya, and Vietnamese.**

3,164 low-income South King County and Seattle residents were served in 2016, participating in healthy eating/active living activities, health fairs, and chronic disease prevention programs.

Race/Ethnicity	Total	Percentage	Age Group	Total	Percentage
African	1,024	32%	Infants	87	3%
Asian/Pacific Islander	657	21%	Children	495	16%
Latino	601	19%	Youth	300	9%
African American	246	8%	Adults	1,098	35%
White	244	8%	Seniors	416	13%
Other/Unknown	203	6%	Unknown	768	24%
Arab/Middle Eastern	134	4%	Total	3,164	100%
Native American	32	1%			
Mixed Race	23	1%			
Total	3,164	100%			

What does this work look like going forward?

- Somali Health Board joined the KCHHP in mid-2017, we plan to support their work through capacity building and mentorship.
- MHNW and G2L have expanded, growing their combined CHW workforce from 7 to 9 as of July 2017.
 - G2L hired 2 new CHWs (Somali and Spanish speaking) as part of a PHPDA funded expansion into clusters of section 8 voucher holders in Seatac and Tukwila.
 - 3 of MHNW's current CHWs have been reassigned to new KCHA communities in Kent to support an evaluation of culturally competent engagement strategies by CHWs.

Value add to the ACH

By continuing support to the KCHHP over the next 18 months, the ACH will fulfill its obligations to the HCA by completing the SIM project, and will produce the following 4 deliverables for the benefit of the community and health system transformation initiatives.

1. *Piloting what it means to work at the Intersection of Housing and Health*

Agenda Packet 18 of 19

- The KCHHP exemplifies the ACH's focus on community, equity and the social determinants of health.
- Whole person approach- partnering with public and affordable housing organizations gives us the opportunity to reach people where they are. Housing is a natural setting to address social determinants that are a challenge for health systems such as financial literacy, employment, and education.

2. *Building the case and expanding the local evidence base*

- One of the greatest strengths of the KCHHP is its targeted, culturally and linguistically competent approach to health and wellness engagement with the diverse immigrant communities in King County.
- Over the next 18 months we will document the tailored approaches our CHWs use for health and wellness engagement in four local immigrant communities- Somali, Ethiopian, Latino, and Russian/Ukrainian. We will contract with a local health consultancy to research our methods and produce a report detailing the approaches that have been successful with these large immigrant communities in King County. The report will include detailed information about these communities (what the population looks like, what we know about their health profiles and needs, and how to link them to data).

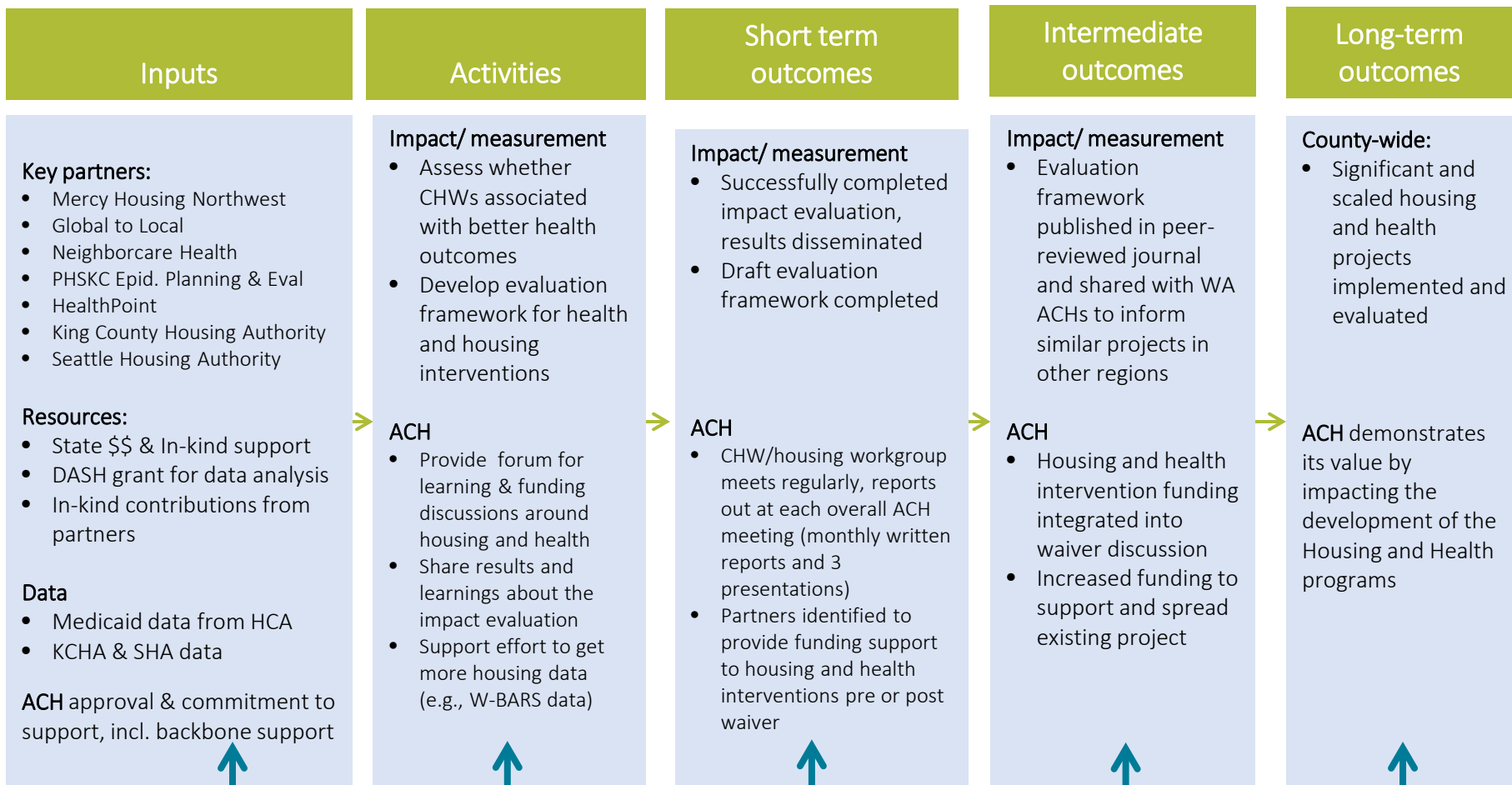
3. *Sustainability Plan*

- The KCHHP's Project Manager is a member of several Medicaid Transformation Demonstration project design teams, keeping KCHHP partners connected to the developing project proposals and representing the community voice by advocating for approaches that leverage community-based CHWs and the opportunities to scale projects through public housing communities. We hope to contribute to a domain 1 workforce development strategy that includes community-based CHWs as well as the chronic disease management and care coordination projects, if they move forward in 2018.

4. *Data linkages to address the social determinants of health*

- A major piece of the KCHHP has been data integration, through the RWJ DASH grant and the great work of the analysts at Public Health- SKC, KCHA, and SHA. Reporting on the linkage of Medicaid claims data with public housing authority data is expected this fall, this work will shed light on how residents of public housing are using the Medicaid system and how their disease profiles and utilization compare to the Medicaid population as a whole.
 - ***Early data shows that approximately 15% of the total Medicaid population in King County is living in public housing.***

King County ACH Housing-based Community Health Worker Program



EXISTING PROJECT

ACH Project builds on and adds value to two years of work doing community engagement and pulling resources together around housing and health:

- Three ongoing workgroups on housing and health care
- Work by Public Health Seattle & King County Epidemiology , Planning and Evaluation unit on integrating housing and Medicaid data – funded by RWJF through a DASH grant.
- Community Health Worker intervention in Seattle and King County public and affordable housing buildings - Partners: Mercy Housing Northwest, Global to Local, Neighborcare Health