

King County Accountable Community of Health

Governing Board Meeting Summary

November 9, 2017, 9:00 a.m. – 12:00 p.m.

Boardroom, Seattle Foundation, 1601 5th Ave, Ste. 1900, Seattle, WA 98101

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), Shelly Cooper-Ashford (Center for MultiCultural Health), Steve Daschle (Southwest Youth and Family Services), Ceil Erickson (Seattle Foundation), Marya Gingrey (Regional Equity Network), Patty Hayes (Public Health – Seattle & King County), Betsy Lieberman (Betsy Lieberman Consulting), Maureen Linehan (Seattle Aging and Disability Services), Daniel Malone (Downtown Emergency Service Center), Adrienne Quinn (King County Department of Community & Human Services), Jihan Rashid (Somali Health Board), Jeff Sakuma (City of Seattle), Preston Simmons (Providence Health Services of Washington), Erin Sitterley (Sound Cities Association) and Amina Suchoski (United Healthcare)*

Members Not Present: *David Johnson (Navos Mental Health Solutions), Stephen Kutz (Cowlitz Indian Tribe), Esther Lucero (Seattle Indian Health Board), Sarah Rafton (Washington Chapter – American Academy of Pediatrics)*

Staff: *Thuy Hua-Ly, LeeChe Leong, Susan McLaughlin, Gena Morgan, Kelsey Robinson (KCACH), Christina Hulet (Hulet Consulting)*

Guests: *Brook Buettner (King County DCHS), Michelle Chapdelaine (CCHE), Adam Davis (PSF), Kaitlyn Donahoe, Katharine Weiss (HCA), Tavish Donahue (Seattle Housing Authority), Anne Farrell Sheffer (YWCA – Seattle & King/Snohomish), Brad Finegood (King County Department of Community and Human Services), Maureen Finneran (Arcora Foundation), Masha Fry (Cowlitz Tribal Health), Erin Hafer (CHPW), Jim Jackson (DSHS), Kahanu Kahwnei (Highline Medical Services Organization), Kay Knox (Within Reach), Laurel Lee (Molina), Ingrid McDonald, Kirsten Wysen, Marguerite Ro (PHSKC), Amber Moore (Kaiser Permanente), Sharon Poch (Qualis Health), Howard Springer (Navos), Sherry Williams (Providence Health Services of Western Washington)*

Welcome & Introductions

Co-Chair Betsy Lieberman (*Betsy Lieberman Consulting*) called the meeting to order. Betsy announced Preston Simmons has stepped down from the board to take on a new role with Providence St. Joseph (Alaska). Sherry Williams (*Providence Health Services of Western Washington*) has been identified as Preston’s replacement, a formal resolution will be presented at the next meeting.

Betsy reviewed meeting goals and agenda. The primary objectives are for the Governing Board to (1) approve the final project plan application for submission to the Health Care Authority and (2) review the 2017-2018 community engagement plan and upcoming tribal and provider engagement activities.

Brief introductions were made by the board and public.

Betsy asked for a motion to approve meeting minutes from the 10/12 Governing Board (GB) meeting.

Molly Carney (*Evergreen Treatment Services*) was absent from the 10/12 GB meeting, however had a comment regarding the diversion metrics discussion from the meeting summary. At the time of the 10/12 meeting, a comment was made that the re-arrest metric was too difficult to move. Significant data has been collected and the re-arrest rate in the LEAD cohort has decreased by 60% in 6 months. This metric *is* moveable.

Request for an acronym cheat sheet to go out with the agenda packet.

The minutes were approved with minor revisions.

Board Business and Executive Director's Report

Executive Committee Update

At the 8/30 GB meeting a motion was approved for the KCACH to issue a letter to the Health Care Authority (HCA). The letter was to express a position that Community Health Workers be reimbursable under Medicaid, and explain why the KCACH Housing-Health Partnership SIM project was not sustainable. A formal report of the SIM project is being drafted. No "official" communication with HCA, regarding project end date, is needed.

Since that time the Executive Committee (EC) and KCACH staff have considered this issue further. As a result, the EC recommends forming an ad hoc workgroup to study the issue and formulate a more impactful approach.

Additionally, the initial motion to approve the letter did not follow the ACH GB's practice of providing 5-days' notice of a decision, and a decision-making memo to support rationale and recommendation.

For these reasons, the EC recommends formally rescinding the 8/30 motion. Instead, it proposes creating an ad hoc workgroup to return with a recommendation(s) on how the KCACH can best engage this issue.

Betsy asked the GB to consider volunteering to join the workgroup. Members offering to volunteer included Teresita Batayola (can't go to additional meetings, but would like to review drafts), Shelley Cooper-Ashford, Elise Chayet, Amina Suchoski, Roi-Martin Brown.

It was noted that in the process of formulating a workgroup we should be sure to connect with different projects and try to connect with other ACHs.

Betsy called for a motion to approve rescinding the letter and forming a workgroup.

All in favor.

Motion approved.

Executive Director's Report

Lease Update

- Space at Central Building fell through

- New space identified – 1000 2nd Ave, Ste. 1730, Seattle, WA 98101
- Terms of lease very similar as Central Building, slightly more expensive
- Move in ready! Furniture and equipment purchased from previous tenant

Tribal Training

- 5 GB members attended tribal health workshop – hosted by HCA and the American Indian Health Commission (July 2017)
- Working to hold another training for GB members who were unable to attend the July training
- Ongoing training around working with tribes is required
- 90 min training, to be held at January GB meeting (pending HCA availability) – *this training has since been confirmed to happen at the January 11 GB meeting*

2018 Budget

- A draft budget for 2018 will be available at the 12/18 GB meeting
- Still many unknowns regarding staffing/program needs
- Thuy (CFO) developing financial policies, procedures and controls
- Thuy is also developing a high-level “assumption” page regarding finance and budget preparation for the GB

Contracts

- Reviewing existing contracts and transitioning contracts directly to KCACH
- Majority of contracts exist as part of “backbone” contract with Seattle-King County Public Health
- SIM contract has been transitioned to KCACH

Communications & Branding

- Two half day sessions have been scheduled to understand strengths/skills of team and needs moving forward
- Still working to identify a good communications and branding firm
- We need a new name! – Susan presented the board with the “New Name” handout and asked the board to fill out or email suggestions to the team
- It was noted that we need to be mindful of existing names of complementary organizations
- Susan and Gena asked for volunteers to help with “sifting” through name/logo options – Jeff Sakuma and Kristin Conn volunteered

Project Portfolio Submission

Update on HCA

The ACH Executive Directors statewide requested that the HCA adjust their scoring criteria to allow applications with fewer than 6 projects to be still eligible for full funding.

- ACHs can receive 100% funding for 4 projects or more
- Project scores now correlate to percent of funding, e.g. a score of 98 = 98% funding
- ACHs that do more than 4 projects are eligible to earn any “un-earned” funds and scoring bonuses

- An independent assessor will review the project application and there will be two write-back periods before scoring is finalized
- Unearned Year 1 funds will be paid out after scoring is complete

Update on Other ACHs

- All ACHs are incorporating aspects of projects not chosen in their project applications
- ACHs are working towards aligning all projects and statewide metrics
 - Well-child visits are considered an outlier for statewide metrics
- 5 of 9 ACHs are doing 4 projects
- 3 of 9 ACHs are doing 6 projects
- 1 ACH is doing 8 projects
- ACHs have until 1/31/2018 to drop projects without penalty

Board Discussion on Submission

The KCACH Executive Committee recommends the Governing Board approve the Project Portfolio response, and that staff submit it to the HCA by November 16, 2017.

- Appreciation for high quality of work, passion and commitment
- Encouragement to engage with design team members of unchosen projects – Susan has reached out and is working with design team members around how to incorporate elements from the unchosen projects
- WSHA op-ed: Homelessness needs to be a focus in healthcare, WSHA will likely adopt homelessness as a formal issue, potential to coordinate efforts and be more effective
- Let’s think about how we are going to continually ensure our focus is on addressing social determinants of health
- Request for an unbridged version of the Regional Health Needs Inventory
- Request for stock PowerPoint for GB members to share with their sectors

Public Comment

- Howard Springer (*Navos*) – Very impressed with the high level of organization and participation with the design team process

Board Decision

Betsy called for a motion to approve the Project Portfolio.

All in favor.

Motion approved.

Leave Behind – Community Engagement

2017-2018 Draft Plan

At the 9/18 meeting the GB identified “an infrastructure that provides an effective mechanism for meaningful community and consumer involvement and voice in the continuous improvement of the delivery system” as a priority leave behind. Shelly Cooper-Ashford (*Center for MultiCultural Health*) reviewed the “KCACH Community Engagement” slide deck (slides 1-6). She reviewed the King County Health Improvement Plan, which included priority focus areas and principles. Marya Gingrey (*Regional*

Equity Network) reviewed the KCACH Community Engagement Plan (slides 7-10 and handout), which included principles, priorities, methods of engagement, and a timeline of activities.

Questions and discussion included the following:

- Medicaid eligibility and requirements change frequently, people get lost in the system. How do we ensure that we don't leave anyone behind?
- How do we think about this in a sustainable way?
- Can we collaborate with MCOs other partners to survey and engage with the community?
- We need worthy, relevant and actionable content
- Planning to engage in a small grants program
- Partners and CBOs need to be intricately connected to the work at hand
- It will be more difficult to engage and receive input from people with more severe mental health issues

Marya asked the GB and members of the public to answer the following questions on 3x5 note card:

If you could sit with community member, Medicaid consumer, or CBO/Social Service Provider/Non-Traditional Health Partner serving the community members most impacted by health disparities in King County in the first 2 quarters of 2018:

1. What 3 things would you like to ask them that you believe would meaningfully inform the work of the King County ACH?
2. What would you do as a GB member to incorporate that information into the work of the King County ACH moving forward?

CCV Survey Results

Shelly reviewed the results of the CCV survey (slides 11-15 of the KCACH Community Engagement deck).

1st CCV Survey

- Survey was conducted this fall through the Center for Multicultural Health
- 60 respondents (all Medicaid recipients) – primarily Iraqi seniors, Congolese and East African communities (Kent area)
- First of several client surveys the CCV intends to do in collaboration with project teams
 - Intentions to survey broader communities
 - Interest in leveraging and incorporating other partnering organization surveys

Results

- 83% report having a medical provider
- 73% are able to access the healthcare they need
- 72% have a yearly checkup
- 70% know what Medicaid is
- 68% have a medical home
- 60% say they have access to the social services they need
- 58% say they have access to the dental care they need

- 58% know how to access Medicaid benefits

What stops you from accessing the health care you need?

- Transportation: 30%
- Language Barrier: 15%
- Confusion: 11%
- Long Wait Times: 9%
- No insurance/Coverage gaps: 8%
- Expensive: 8%
- Dental Care: 6%
- Laws: 4%
- Other: 9%

If no access to social services, what are you missing?

- Info/Assistance: 21%
- Vitamins, Medication, Equipment: 11%
- Asylum Seeker: 11%
- Transportation: 11%
- Everything: 11%
- Vision: 8%
- Identification: 5%
- Rent Money: 5%
- Doctor/Medicaid: 5%
- Dental: 3%
- Rehab: 3%
- Language: 3%
- Don't Know: 3%

Equity Tool Discussion

Marya reviewed slides 16-18 of the Community Engagement deck.

The project design teams responded to the first 2 questions of the equity tool:

1. Describe the project and intended equity outcomes.
2. Describe the population(s) affected by the project.

The CCV will review those responses to identify potential impact of projects and suggest partners and additional considerations in project implementation to inform steps 3 – 5 of the Equity Tool. Equity Tool training and technical assistance will be provided in the first and second quarters of 2018.

Community & Tribal Engagement Position

Gena Morgan (*KCACH*) reviewed the Community and Tribal Engagement Manager position. This role will provide strategic coordination and oversight of engagement activities and will be posted on Indeed.com shortly.

Tribal Engagement Update

Susan and Esther Lucero (*Seattle Indian Health Board*) have been working to engage with Snoqualmie and Muckleshoot tribes. Indigenous Pact has been identified as a potential partner.

Provider Engagement Update

Kristin Conn (*Kaiser Permanente of Washington*) provided a brief Provider Engagement Update (slides 22-25), which included information about the formation of a Provider Engagement Workgroup, some initial learnings, and thoughts on next steps for this group.

Clinical Manager Position Update

Susan reviewed the Clinical Manager position. Staff will be conducting initial screening calls with an interview panel to be formed in the next few weeks.

- Position posted through October 27
- Received over 55 applications; interviewing 6 candidates
- Key responsibilities:
 - Provide clinical expertise and leadership across projects
 - Serve as lead staff for Clinical Provider Committee and project teams
 - Recruit, support and work with health care, behavioral health and social service providers, and community partners
 - Ensure successful implementation (e.g., provide technical assistance/trainings to providers, track clinical outcomes/milestones, monitor contracts)

Public Comment

Betsy asked for public comment

Adam Davidson (*Puget Sound Fire*) – Providers in the field would love to be a part of design teams and provide feedback from the bottom up. The EMS system is looking to find their niche and how to engage as a provider.

Timeline & Next Steps

Susan reviewed the KCACH timeline:

11/9: GB approves project portfolio submission

11/16: Portfolio due to HCA

12/9-12/15: 1st write back period

12/18: GB meeting

12/18-1/5: 2nd write back period

1/31: Last day to drop projects without penalty

Jan-July: Project planning begins

Feb: MOAs with providers for participation

March: Incentive payment for project app comes in

June: Provider contracts in place

Q3: Project implementation begins

Betsy reviewed the Future GB Topics handout and asked for suggestions from GB members.

Additional topic suggestions included:

- Homelessness – Josh Bamberger – physician from the Bay area engaged in homelessness interventions and with Mercy Housing in California. Has philanthropic funding from the Kresge Foundation. Daniel to forward paper to Gena who will distribute to GB members.
- Housing – the affordable housing task force data that show King County is 150,000 units short.
- Open Spaces – effort to create safe open spaces in high need areas, using the Public Health disparity maps, and as factors that affect the social determinants of health. Identifying open space “activations.”
- MCO Contracts 101 – an overview of MCO contracts, how they work, processes, elements, indicators.
- The state of the substance abuse disorder industry in King County.
- Care coordination through the Camden Coalition for complex case management.

The executive committee will prioritize and create agenda for the next GB meeting on 12/18.

Meeting adjourned.