HealthierHere

Governing Board Meeting Summary

April 5, 2018, 8:30 a.m. – 4:00 p.m.
2100 Building, 2100 24th Ave S. Seattle WA 98144

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), Shelley Cooper-Ashford (Center for MultiCultural Health), Steve Daschle (Southwest Youth and Family Services), Ceil Erickson (Seattle Foundation), Patty Hayes (Public Health – Seattle & King County), David Johnson (Navos Mental Health Solutions), Cathy Knight (Seattle Aging and Disability Services, delegate for Maureen Linehan), Laurel Lee (Molina Healthcare), Betsy Lieberman (Betsy Lieberman Consulting), Esther Lucero (Seattle Indian Health Board), Adrienne Quinn (King County DCHS), Jihan Rashid (Somali Health Board), Erin Sitterly (Sound Cities Association), Elizabeth Tail (delegate for Steve Kutz, Cowlitz Indian Tribe)*

Members Not Present: *Daniel Malone (Downtown Emergency Service Center), Jeff Sakuma (City of Seattle), Sherry Williams (Swedish Medical Center)*

Staff: *Tavish Donahue, Marya Gingrey, Thuy Hua-Ly, Susan McLaughlin, Gena Morgan, Kelsey Robinson, Melissa Warner (HealthierHere), Christina Hulet (Hulet Consulting)*

Guests: *Elisa Del Rosario (ACRS), Anne Farrell Sheffer (YWCA – Seattle & King/Snohomish), Brad Finegood (DCHS/BHRD), Wei-Lin Huang (Qualis Heath), Sybill Hyppolite (SEIU1199NW), Darcy Jaffe (HMC), Laura Johnson (United Healthcare), Ingrid McDonald (PHSKC), Amber Moore (Kaiser), Matania Osborn (Amerigroup), Christel Osterstrom (PacMed), Sharon Poch (Qualis Health), Ellie Wilson-Jones (Sound Cities Association)*

Welcome & Introductions

Betsy Lieberman (*Betsy Lieberman Consulting*) welcomed everyone reviewed the meeting goals and agenda. The primary objectives for this meeting were for the Governing Board (GB) to: (1) approve the Finance Committee's (FC) recommendation for domain year 1 fund allocation methodology & the partner agreement addendum, (2) gain a fuller understanding of HealthierHere's (HH) high-level system approach and emerging focus populations, (3) continue to practice leading with our values as we make decisions and advance our work.

Betsy entertained a motion to approve the March meeting minutes; the minutes were approved with no revisions.

Christina Hulet (*Hulet Consulting*) provided the board with context to help ground the board and convey how the agenda items correlate to key deliverables for HH's 2018 work. There are four major deliverables due to the Health Care Authority (HCA) in 2018: the Current State Assessment (CSA), establishing our focus populations and approaches to system change, Domain 1 investments and the implementation plan.

Christina noted that the board would be spending time hearing "Community Stories" to ground the

board in the "why" of HH's work. The board is embedding public comment and will encourage broad public participation throughout the meeting.

Executive Director's Report

Hiring: Marya Gingrey was hired as the "Director of Equity & Community Partnerships". She will oversee all community engagement and ensure HH staff and board aligning with core values.

Current State Assessment: The CSA and data assessments were sent to providers. These will allow us to assess how prepared our partnering providers are for implementation. Unique assessments are now being developed for Community Based Organizations (CBO) and Tribes.

Finance: Amerigroup gifted HH $20k for its Social & Equity Fund. We have received $17.2M of our $22.7M for DY1 and will receive the balance in June. Thuy Hua-Ly (*HealthierHere*) and FC are working on a recommendation for the allocation for these funds.

Icebreaker

The board and public broke up into small groups and were asked to complete the following sentence:

"My name is _____ and I am from _____. One thing you cannot tell just by looking at me is _____. This is important for me to tell you because _____."

Brief introductions were made by the board and public.

Upcoming Deliverables & Decision-Making Process

Susan McLaughlin (*HealthierHere*) drew the board's attention to three handouts and reviewed: a timeline of key deliverables, a flow chart of HealthierHere's decision making process and a list of board committees. She noted that the Performance Measurement & Data Committee (PMD) is being reseated. Betsy asked that two board members sit on the PMD committee and asked anyone with interest to let her know. The board was reminded that it is their duty to be aware of the makeup of committees and ensure broad and balanced representation.

The decision-making flow chart was well received by the board. It was requested that the flow chart be circulated to other committees and workgroups.

Who We Serve – Community Stories

Several board members volunteered to share stories about clients and how they have navigated the current health system. The board was asked to consider the following as they listened:

1. What needs to be different for these clients?
2. What needs to happen with respect to each of our values-–e.g., equity, community, partnership, innovation and results?
3. Specific to our role as a board, how do we ensure that HH is operationalizing these values (e.g., guidance/direction we give to our committees)?

After several stories it was clear that board felt that connecting clients to culturally relevant programs and people were key to advancing the work.

Marya Gingrey (*HealthierHere*) led the board in an exercise to focus on who and why we serve, and on equity as a value. The board and public broke into small groups, discussed a client story, the barriers each client faced and opportunities for improvement.

From this exercise, the board identified several opportunities to operationalize equity:

- Flexible payment (payment not tied to clinical site)
- Peer support
- Stronger link between health and housing – Are basic needs met? Can we guarantee it?
- Cultural sensitivity and team-based care
- Building trust between communities and providers
- Better understanding of alternative care, and holistic approach to healthcare
- Providers coming from communities they serve
- Addressing the credentialing pipeline issue and need for increased competency training
- Community partners link clients more broadly to services
- Desire to push the limits of existing policies

Building trust between providers and the communities they served was a strong theme from this discussion. The board was reminded that trust takes time, but that we will continue to engage for "as long as it takes".

The board took a brief break.

How We Serve – HealthierHere's Approach to Transformation & Focus Populations

Susan reviewed the slide deck "HealthierHere Transformation Portfolio" and reminded the board that we must start thinking of the portfolio as one cohesive system change and not four separate projects. Susan reviewed the primary objectives of the portfolio and the metrics HH is accountable to.

Discussion:

- Can we see what the state is measuring beyond our portfolio?
- SUD/mental health penetration is part of Molina's metrics
- We rely too heavily on crisis response, need to move our focus to prevention and early intervention
- How can we bring care to people? Meet them where they are?
- CBOs are an alternative entry point and have a better opportunity to establish trust
- We need to be measurement- and outcome-oriented and not just assess for medical needs
- For SUD clients, a broad assessment can potentially hinder service
- Recommendation to use PRAPARE tool
- It would be interesting to see a policy assessment and how our initiatives can be linked to current policy making
- What population(s) were measured to establish the "evidence-based approach" and who was left out?
- The tool-kit is very prescriptive; HH is seeking flexibility from the HCA
- We can use our Tribal partners to help move work forward (e.g., when requesting information from the HCA)
- How can we turn promising practices into evidence-based practices?

Eli Kern (*Public Health Seattle & King County*) reviewed the slide deck "Focus Population Setting for Medicaid Transformation". Eli and the Transformation Committee (TC) propose an analytical approach to selecting a focus population. By identifying a cross-cutting population with co-morbidities, an overlap with unmet needs, and populations underutilizing systems we can better understand our investment opportunities. We also need to make balanced investments—those that allow us to meet performance targets, are rooted in social justice, and are equitable.

Discussion:

- We don't capture data on patients with dual coverage, more than a 30-day coverage gap, or underinsured
- Just because our data is limited does not mean we are not interested in investing in populations not included in the data
- It is up to us to find the populations not represented and seek more data
- Seattle Indian Health Board is considered a Public Health Authority and may have access to additional data
- We can look at other organizations that have access to hard to reach communities
- We can create a HealthierHere-specific scorecard that includes the broader set of metrics and populations to measure our success against
- We want to incorporate housing, churn, underinsured and duals data where possible

The board took a break for lunch.

Governance – Update on Conflict of Interest Policy

Christina reviewed the updated Conflict of Interest Policy (COI). The earlier version of the COI was very clear regarding COI at decision points. What was less clear was how we manage COI during the development of workplans, implementation, budgets, RFPs, etc. with organizations that our board members directly or indirectly work with. This work is unique by design and therefore we need explicit language on the balance we desire to achieve. We also may need to navigate difficult situations, such as if a contracted organization affiliated with the board is not meeting agreed upon metrics.

Christina asked the board to review the COI policy and send feedback. She and the Executive Committee (EC) will synthesize the feedback and provide and update COI policy to be voted on at a future meeting.

Finance Recommendation – 2018 Funding Allocation Methodology for Partner Engagement & Planning

Patty Hayes (*PHSKC*), co-chair of the FC, briefly introduced the work the FC has been conducting and the framework they have been grappling with. Thuy reviewed the decision memo that was prepared for the board. HH has earned $22.7M for its project application, per the board's approval $12.5M was allocated for Partner Engagement. The board now needs to approve how $12.5M will be distributed to our partners.

Thuy and the FC started with 10-11 "payment triggers" but wanted to keep the process transparent and simple from an operational standpoint. What was proposed were the following payment triggers: CSA/data assessments, change plan, Medicaid volume, partner participation, signing standard partnership agreement and addendum(s), signing addendum 2.

The FC recommended that the board approve the proposed payment triggers to be used for allocation of the incentive dollars. The Finance Committee will recommend the dollar amount associated with each payment trigger at the next board meeting.

A motion was tentatively opened but the board thought further discussion and time to process the recommendation was prudent. The public had an opportunity to comment, however there was no public comment. The board broke into small groups and then returned to the table to share.

Discussion:

- Medicaid volume pays out to Behavioral Health Organizations (BHO) and traditional Medicaid providers
- Medicaid volume was determined with 2016 claims data
- Partner participation triggers could potentially be a balancer for small providers who may not have large Medicaid volume
- Payment triggers are for year 1 only
- We need to consider how we weigh each trigger
- Community engagement funds could be used to help support smaller organizations
- How can we build trust and expand current partnerships?
- Anxiety about investing in fewer organizations
- How do we incentivize partnerships and not create more intermediaries?
- We need to consider that community partners won't necessarily have the capacity to engage
- Just because certain populations are not included in the outcomes does not mean we won't engage with them

The board approved the FC's recommendation and approved the open motion with no abstentions and one amendment: amend the language in the Partner Change Plan payment trigger to include "…providers will be incentivized to demonstrate increased partnerships across provider types *and sizes*…"

The board took a brief break.

Finance Recommendation – Partner/Project Specific Agreement Addendum 1

Thuy reviewed the Partner/Project Specific Agreement (PSA). The Master Services Agreement (MSA) is a statewide agreement between ACH's and the provider and cannot be amended. The PSA and addendum 1 will serve as a tool to specify and clarify certain terms and allow us to create contracts for unique providers. The PSA will not supersede the MSA. Thuy is still working with legal consultants to determine what additional language or disclosures are needed, if any.

The FC recommended the board approve the use of the PSA and addendum 1 template in conjunction with the MSA.

The motion was approved with no abstentions.

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Reflections & Next Steps

Christina summarized the action steps established at the board meeting and next steps. The board was asked to share their reflections:

- Happy 1-year anniversary to us!
- Don't want this to be an RFP process, encourage focus on mission
- Impressed with a diverse group working well together
- "Faith is taking the first step, even when you don't see the whole staircase."

Christina closed with a poem by Marge Piercy:

To be of use

The people I love the best
jump into work head first
without dallying in the shallows
and swim off with sure strokes almost out of sight.
They seem to become natives of that element,
the black sleek heads of seals
bouncing like half-submerged balls.

I love people who harness themselves, an ox to a heavy cart,
who pull like water buffalo, with massive patience,
who strain in the mud and the muck to move things forward,
who do what has to be done, again and again.

I want to be with people who submerge
in the task, who go into the fields to harvest
and work in a row and pass the bags along,
who are not parlor generals and field deserters
but move in a common rhythm
when the food must come in or the fire be put out.

The work of the world is common as mud.
Botched, it smears the hands, crumbles to dust.
But the thing worth doing well done
has a shape that satisfies, clean and evident.
Greek amphoras for wine or oil,
Hopi vases that held corn, are put in museums
but you know they were made to be used.
The pitcher cries for water to carry
and a person for work that is real.

Meeting adjourned.