



Governing Board Meeting Summary

March 1, 2018, 1:00 p.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), Molly Carney (Evergreen Treatment Services), Elise Chayet (Harborview Medical Center), Kristin Conn (Kaiser Permanente of Washington), Steve Daschle (Southwest Youth and Family Services), Marya Gingrey (Regional Equity Network), Patty Hayes (Public Health – Seattle & King County), David Johnson (Navos Mental Health Solutions), Maria Langlais (delegate for Cathy Knight, Seattle Aging and Disability Services), Laurel Lee (Molina Healthcare), Betsy Lieberman (Betsy Lieberman Consulting), Daniel Malone (Downtown Emergency Service Center), Brad Finegood (delegate for Adrienne Quinn, King County DCHS), Jihan Rashid (Somali Health Board), Erin Sitterly (Sound Cities Association), Jeff Sakuma (City of Seattle), Sherry Williams (Swedish Medical Center)

Members Not Present: Roi-Martin Brown (Washington Community Action Network), Shelley Cooper-Ashford (Center for MultiCultural Health), Ceil Erickson (Seattle Foundation), Stephen Kutz (Cowlitz Indian Tribe), Esther Lucero (Seattle Indian Health Board)

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

Guests: Jacob Colter (Keiro Northwest), Elisa Del Rosario (ACRS), Anne Farrell Sheffer (YWCA – Seattle & King/Snohomish), Mary Franzen, Wei-Lin Huang (Qualis Heath), Ingrid McDonald (PHSKC), Sharon Poch (Qualis Health), Nick Rebo (Swedish Health), Marguerite Ro (PHSKC), Howard Springer (Navos Consortium), Ellie Wilson-Jones (Sound Cities Association)

Welcome & Introductions

Betsy Lieberman (*Betsy Lieberman Consulting*) welcomed everyone and thanked the board for their ongoing willingness to have tough discussions. The board also recognized the staff for their work and dedication. Betsy reviewed the agenda; the primary objectives for this meeting were for the Governing Board to: (1) revisit HealthierHere’s core values and discuss the implications to our work, (2) understand the current landscape for our smaller, community based partners, (3) review the Center for Community Health and Evaluation’s (CCH) survey results of our ACH, and (4) review/approve the distribution of funds for intergovernmental transfer (IGT) contributors.

Brief introductions were made by the board and public. Betsy opened the floor for public comment and no public comment was made.

Board Business & Executive Director’s Report

Betsy reviewed the February minutes and entertained a motion. The minutes were approved with no revisions and two abstentions: Betsy Lieberman and Teresita Batayola.

The Executive Committee (EC) is developing a 360 evaluation for Executive Director, Susan McLaughlin. The EC is working with several external partners to develop an evaluation survey. The survey will be sent out in early May and will solicit feedback from consultants, board members and staff. This feedback will assist Susan in identifying opportunities for improvement and defining her goals for the year ahead.

Executive Director's Report

Hiring: First round of interviews for the Community & Tribal Engagement Manager (CTEM) and Director of Clinical Transformation (DCT) will take place during the week of 3/5-3/9. Christina Hulet (*Hulet Consulting*) is in the process of reviewing over 250 applications for project managers. Thuy Hua-Ly (*HealthierHere*) is also reviewing applications for our Data Analytics Manager. Additional hiring will take place in the future.

Incentive Funds: We received a 100% score on our project application. We have earned \$24M dollars which will be distributed in two installments, \$5M in April and \$17M in May. The \$17M will be distributed across multiple use categories while the \$5M goes directly to provider engagement. 15% of the \$24M has been allocated for indirect costs (admin).

ACHs across the state have been concerned that incentive funds will be subject to B&O taxes. Through an extensive effort, a bill exempting ACHs from this tax was dropped in the House. The Health Care Authority (HCA) is holding our funding until the bill can be reviewed and signed by the Governor. Assuming the bill passes, our ACH will not be subject to B&O tax on incentive funds.

Re-Convening of Project Workgroups: We are re-launching our workgroups, formerly referred to as design teams. We are pulling in a broad audience of former design team members, board members, providers, consultants and subject matter experts to assist us in developing our implementation plan. The project workgroups kick off 3/19 with a half-day session.

2018 Key Deliverables & Key Board Decisions: Susan reviewed a timeline of board decisions and required deliverables. The semi-annual report is due to HCA in July and our implementation plan is due in October. The GB will review and approve DY1 Fund Allocation Methodology and Partner Agreement Addendum 1 in April. The board will approve Domain 1 investments, Domain 1 fund allocation and review our current state assessment and semi-annual report in June. To facilitate the amount of work ahead, the April and June board meetings have been extended to all day.

Discussion: How are we going to pay providers?

- The Finance Committee (FC) is still working out the best way to do this.
- We can pay providers as frequently as every two weeks, one lump sum, quarterly etc.
- Depending on the activity providers may prefer lump sum vs. installments.
- Equity Lens: Payments could be structured based on what is easiest, administratively, for providers.
- The more unique each payment is, the more complex it will be to process. There will be more opportunity for error.
- We need to find a balance between doing what is right and what is practical.

Leading with Our Values

Updated Language & Implications for Our Work

Betsy directed the board to page 7 of the agenda packet to review the equity statement that was developed for Best Starts for Kids (BSK). The board has been in the process of developing its own equity statement; there has been some discussion about incorporating or adopting the equity statement of BSK.

While there was support for incorporating the BSK equity statement, there was a strong desire from the board to own this work and develop its own statement. The Community and Consumer Voice workgroup (CCV) volunteered to facilitate a discussion and assist the board in developing an equity statement.

Christina Hulet (*Hulet Consulting*) directed the board to review agenda pages 14-19. The board reviewed

the current language for our “Core Values” and “Norms” and the recommended updates from the EC. Board members primarily spent time discussing tensions that will likely surface as HealthierHere leads with its values within the context of the Medicaid waiver (e.g., funding small/specialty CBOs and larger health systems, identifying priority populations).

Below is a summary of potential approaches for consideration:

- **Support and build the capacity of smaller community-based organizations**
 - Small CBOs are well positioned to test innovative strategies, often more so than our larger institutions; they have unique assets/expertise within the very communities we are trying to reach and serve (health equity outcomes)
 - Consider Best Starts for Kids and other examples to seed partner-driven innovation
 - Simplify applications, invoicing, other processes to make it easy for CBOs to participate
 - Provide TA for applications/RFPs
 - Address central infrastructure and staffing needs; without tackling this, small CBOs will continue to be at a disadvantage (e.g., funding indirects allows small CBOs to get involved, Ryan White infrastructure support model)

- **Disseminate and support use of equity tool**
 - Encourage all partnering organizations to use the equity tool
 - Support small CBOs to use equity tool with funding

- **Embed social determinants of health in all RFPs and contracts**
 - “Set aside” funding will not result in transformation; we must integrate SDH and equity in all parts of the system and during all stages of HealthierHere’s work

- **Study to the test and take the long view on transformation**
 - HealthierHere should meet Medicaid waiver requirements but it should also prioritize, and deliberately integrate, broader transformational change throughout
 - For example, integrating CBOs from the beginning/during planning vs. waiting until we have flexible funds

CCHE 2017 Survey Results

Erin Hertel (*Center for Community Health and Evaluation*) reviewed the CCHE 2017 Survey results, pages 21-68 of the agenda packet. Overall HealthierHere scored very well and had a high response rate. Our highest and lowest score were within half a point of each other which implies that our organization is functioning relatively well. Furthermore, ACHs across the state had similar scores, and similar strengths and weaknesses.

The majority of ACH’s scored lowest in community engagement, indicating that community engagement is complicated work and we need to be constantly looking for ways to improve and engage better. The board had the opportunity to discuss the survey results.

Discussion:

- The survey participants are not exhaustive and primarily made up of folks who participated in design teams or workgroups.

- We need to see responses from the Medicaid population.

- Self-evaluation is good.

- We need to find a way to engage with community and not expect community to come to us.
- It is difficult to express what we do, which means it is difficult to engage.
- Can we define community?
- We can focus on short term successes, it will take some time to see long-term results.
- We need to be transparent in our communications, and continually work to improve them.
- Stories are a useful tool to help us engage with community.

Finance – DSRIP Year 1 Fund Distribution

Patty Hayes (*PHSKC*) initiated the finance discussion with updates for the board. The first regular finance status report was submitted by Thuy and reviewed by the Finance Committee (FC). Thuy will continue to reconcile HealthierHere finances monthly and report back to the FC. Thuy is in the process of seating the “Incentive Funds Flow Workgroup”. This workgroup will ideally be comprised of individuals with finance and complex financial modeling experience. This workgroup will assist Thuy and the FC in determining the payment mechanisms for the incentive funds. Thuy will send out a charter and application by 2/5.

Due to funding caps the HCA anticipates a statewide \$300M shortfall for Medicaid Transformation. The HCA has identified the IGT financing strategy as a primary means to mitigate this shortfall. The Finance Committee recommended the Governing Board’s approval of the percentage distributions to the IGT contributors as prepared by the HCA. The IGT Contributor financing approach requires all ACHs to approve or there will be less incentive dollars available to everyone.

Patty moved to approve this decision. The motion was approved with one abstention from Elise Chayet.

There was a request for clarification regarding our “conflict of interest” policy. Susan and Christina will tee up this discussion for a future board meeting.

Community Voice & Public Comment

Betsy opened the floor for public comment.

Elisa Del Rosario (*Asian Counseling & Referral Service*) expressed her appreciation for the board’s dedication to equity and our values. She also suggested utilizing private or philanthropic dollars to assist with implementation.

Howard Springer (*Navos Consortium*) thanked the board for reserving time for public comment. He suggested that we cross reference Medicaid enrollment with a “Severity Complex” (# that indicates focus populations with greatest need) to help us determine our funding allocations.

Next Steps

The current state assessment will be sent out in March. Board members were encouraged to fill out the meeting evaluation. The EC will work to prioritize and reduce the number agenda items at future meetings.

Meeting adjourned.