



Governing Board Meeting Summary

May 3, 2018, 1:00 p.m. – 4:00 p.m.

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), Kristin Conn (Kaiser Permanente of Washington), Shelley Cooper-Ashford (Center for MultiCultural Health), Steve Daschle (Southwest Youth and Family Services), Ceil Erickson (Seattle Foundation), Brad Finegood (delegate for Adrienne Quinn, King County DCHS) Patty Hayes (Public Health – Seattle & King County), Darcy Jaffe (delegate for Elise Chayet, Harborview Medical Center), David Johnson (Navos Mental Health Solutions), Cathy Knight (Seattle Aging and Disability Services, delegate for LTC seat), Laurel Lee (Molina Healthcare), Betsy Lieberman (Betsy Lieberman Consulting), Daniel Malone (Downtown Emergency Service Center), Jeff Sakuma (City of Seattle), Erin Sitterly (Sound Cities Association), Aren Sparck (delegate for Esther Lucero, Seattle Indian Health Board), Elizabeth Tail (delegate for Steve Kutz, Cowlitz Indian Tribe), Sherry Williams (Swedish Medical Center)

Members Not Present: Jihan Rashid (Somali Health Board)

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

Guests: Elisa Del Rosario (ACRS), Travis Erickson (PHSKC), Carrie Glover (Hopelink), Wei-Lin Huang (Qualis Health), Sybill Hyppolite (SEIU1199NW), Julie Lindby (Molina), Ingrid McDonald (PHSKC), Kelli Nomura (KCBHRD), Matania Osborn (Amerigroup), Sharon Poch (Qualis Health), Caitlin Safford (Amerigroup), Jamie Smeland (Consultant), Howard Springer (Navos), Andrea Tull-Davis (Coordinated Care)

Welcome & Introductions

Betsy Lieberman (*Betsy Lieberman Consulting*) welcomed everyone, reviewed the meeting goals and agenda. The primary goals for this meeting were for the Governing Board (GB) to: (1) receive an update on domain year 1 fund distributions, (2) understand King County’s fully integrated managed care (FIMC) rollout, (3) learn about efforts to integrate public health and housing data and (4) review/approve the Executive Committee’s recommendation regarding two open board seats.

Brief introductions were made by the board and public. Community members had the opportunity to make comments or give feedback. No public comment was made.

Betsy entertained a motion to approve the April minutes; the minutes were approved with no revisions. Daniel Malone (*Downtown Emergency Service Center*) abstained because he was absent from the 4/5 meeting.

Board Business & Executive Director’s Report

Betsy and Esther Lucero (*Seattle Indian Health Board*) have contracted Beroz Ferrell (*The Point*) to



develop a 360 evaluation for HealthierHere Executive Director Susan McLaughlin. Betsy and Esther will send out the evaluation to HealthierHere staff, board members, and community partners. Additionally, the results of this evaluation will be shared with the board at the July board meeting.

Christina Hulet (*Hulet Consulting*) reviewed the open board seat nominations (page 9-12 of packet). The Executive Committee (EC) was tasked with screening and recommending members to fill the “at-large” and “long-term care (LTC) services/support” seats. Board members were asked to name important skills they thought would be helpful to add to the board. Some of the responses included: persons with lived experience (behavioral health, criminal justice/Familiar Faces), community representative with experience trying to access services, youth perspective, etc.

The application process was open for one month and during that time HealthierHere received two applications. The EC considered re-opening the application; however, they felt that the candidates were strong and had expertise that would benefit the board. The EC also discussed HealthierHere’s commitment to maintain equity and a balanced partnership between government and non-government entities. The EC acknowledged that while Giselle Zapata-Garcia is currently a King County employee (*Language Services and Community Engagement Supervisor at King County Elections*), her experience working in community is incredibly valuable and relevant to HealthierHere’s work. If approved, Giselle Zapata-Garcia would be appointed in her capacity as co-chair of Latinos Promoting Good Health, not as a representative of King County government.

The Executive Committee recommended that the Governing Board approve Cathy Knight for the LTC seat and Giselle Zapata-Garcia for the at-large seat. Cathy Knight brings extensive experience in long-term care services and Giselle Zapata-Garcia is a long-time community organizer with expertise in health-specific community outreach.

The board briefly discussed some of the candidate’s responses to the application and expressed a deep desire for a community member to sit on the board. The board was reminded that the Community and Consumer Voice Committee (CCV) will be recommending a nomination to fill Marya Gingrey’s (*HealthierHere*) vacant seat. There was also a suggestion to review our board recruitment process and bring candidates to a meeting prior to a vote.

A motion was opened to approve Cathy Knight for the LTC seat and Giselle Zapata-Garcia for the at-large seat. The motion was approved.

Executive Director’s Report

HealthierHere has hired a Director of Clinical Practice Transformation; Michael McKee will start on 5/7. He will focus on the work with health/behavioral health providers and the implementation of the clinical innovations of our project portfolio.

HealthierHere is finalizing a contract with the Center for Multicultural Health to expand the work of the CCV. The CCV will be tasked with equity training for the board and developing a curriculum to train our region on the Equity Tool that was created last year. The CCV will also assist in developing a Community Based Organization (CBO) assessment. They will help identify CBOs that will be able to participate in implementation. We must be transparent and communicate that not all organizations that fill out an assessment will necessarily be “go-first” partners.

The board commented that while the assessments for health and behavioral health providers took



significant time and effort, it was a helpful exercise and evaluation for the organization.

DY1 Fund Distribution Update

Patty Hayes (*Public Health – Seattle & King County*) updated the board on DY1 fund distribution. The Finance Committee (FC) had planned to have a decision memo prepared but needed more time to evaluate their recommendation.

DY1 funds are for planning and capacity building and therefore do not go very far. The FC needed to realign the dollars so that we weren't disincentivizing providers to participate and we were making equitable investments. The fund distribution decision will be delayed by a month.

Patty reminded the board that the FC was not changing the framework of the distribution and the payment triggers approved by the board; their priorities remained the same. The FC is looking at how we can support smaller organizations, honor our values and meet the state deliverables. The FC will have an updated fund distribution methodology prepared for the board at the next board meeting.

It was suggested and well received, that a CCV member sit on the FC to help continue to drive equity into this work.

The board took a brief break.

Fully Managed Integrated Care

Isabel Jones (*HCA*), Kelli Nomura (*BHRD*) and our MCO partners presented their respective organizations' plans for fully integrated managed care. The Health Care Authority (HCA) has long worked to manage two distinct managed care systems but clients are still being underserved. By integrating finance and administration, Apple Health clients and their services will be managed by one managed care plan. A single Managed Care Organization (MCO) will coordinate all care for their clients and access to care standards will no longer apply.

King County plans to contract with 5 MCOs. King County will manage the behavioral health provider network under contract with the MCOs and the behavioral health administrative service organization contract. King County is anticipating significant changes for the Behavioral Health Provider Network. There will be more accountability for clients, increased partnership with primary care, better performance metrics and standardization, and transformation of practices. An independent practice association (IPA) like structure will manage the behavioral health provider network under contract with the MCOs. Additionally, the King County Behavioral Health Organization (BHO) will transition to the Behavioral Health – Administrative Service Organization (ASO). They will manage crisis and commitment services, the crisis response system, the Behavioral Health Advisory Board and centrally coordinated programs.

MCOs are looking to implement this in stages. In early IMC adopter regions, they saw almost immediate improvement of care coordination, continuous care for clients, and timely payment to providers.

Discussion:

- Primary care will be managed by MCOs.
- How do you integrate a network and do away with access to care standards with an IPA serving a smaller population from a different network? The scope of services under the IPA are not fully



developed yet; this is being worked on.

- MCOs are working to have broad alignment of medical necessity criteria.
- Ideally there will be no wrong door for clients to enter the system.
- There is still an expectation and MCOs are accountable to have plan for integrating the network.
- Enrolled BHO services will be contracted with an MCO but likely facilitated by the IPA.
- It is not going to be as easy as 1 billing plan, one set of criteria.
- This work is still in its early stages.
- We have an opportunity to figure out how to meld care for unique client populations.

Housing/DASSH Report

Amy Laurent (*PHSKC*) and her team presented the “King County Data Across Sectors for Housing and Health” report. They cross referenced data from King County Housing Authority, Seattle Housing Authority and Medicaid enrollment/claims data to explore population overlaps between Medicaid and Public Housing Authority (PHA) systems. They found that 11% of the King County Medicaid population were PHA residents. Furthermore, PHS residents are more likely to engage with the healthcare system than the non-PHA Medicaid population.

This data set is not exhaustive; it only includes claims billed to Medicaid. More data will be added to this dataset as it becomes available and further analyses is needed to increase understanding of the causes and nature of service utilization. An online dashboard was built from this dataset to serve as a resource for better understanding housing as it relates to health, and how policy and system change can impact health. It will continue to be expanded as data becomes available.

Discussion:

- They lose data on dual enrollees because Medicaid is the payor of last resort.
- Medicaid data was a good set to work from because there was enough data to perform population analysis but nuanced enough to identify actionable opportunities.
- The dashboard allows you to see across populations from different PHAs.
- You can also cross reference a variety of metrics (e.g. emergency department use, gender, age etc.)
- They are working on obtaining better Medicaid data and better insight on elderly and dual enrollees.
- The dashboard can serve as a hypothesis and conversation facilitator.

Summary & Next Steps

Betsy opened the floor for community and consumer voice, no public comment was made. The board was reminded that our June board meeting was changed from an all-day meeting to a half day meeting.

HealthierHere staff anticipate the implementation plan, due 10/1, will be complex and necessitate a longer session. HealthierHere received feedback that a full day meeting was difficult to accommodate. The board was asked to vote on their preference for 1 full day meeting in September or two half day meetings in September. Most of the board preferred one full day meeting. However, there was concern that content wouldn't be fully prepared by 9/6. Christina confirmed that board members that have difficulty accommodating a full day meeting, can split the meeting with their alternate.

The meeting was adjourned.