



## Governing Board Meeting Summary

September 20, 2018, 1:00 p.m. – 4:00 p.m.

Seattle Foundation, 1601 5<sup>th</sup> Ave. #1900, Seattle, WA 98101

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*Members Present:* 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), Michael Erikson (delegate for Teresita Batayola, International Community Health Services), Brad Finegood (delegate for Adrienne Quinn, King County DCHS), Masha Fry (delegate for Steve Kutz, Cowlitz Indian Tribe), Sybill Hyppolite (SEIU1199NW), Darcy Jaffe (delegate for Elise Chayet, Harborview Medical Center), David Johnson (Navos Mental Health Solutions), Cathy Knight (Seattle Aging and Disability Services), Laurel Lee (Molina Healthcare), Betsy Lieberman (Betsy Lieberman Consulting), Esther Lucero (Seattle Indian Health Board), Daniel Malone (Downtown Emergency Service Center), Michael Myint (delegate for Sherry Williams, Swedish Medical Center), Suzanne Petersen-Tanneberg (delegate for Elizabeth “Tizzy” Bennett), Jeff Sakuma (City of Seattle), Erin Sitterley (Sound Cities Association), Ingrid Ulrey (delegate for Patty Hayes, Public Health – Seattle & King County), Giselle Zapata-Garcia (Latinos Promoting Good Health)

*Members Not Present:* Ceil Erickson (Seattle Foundation), Jihan Rashid (Somali Health Board)

*Staff:* Alexis Desrosiers, Marya Gingrey, Thuy Hua-Ly, Michael McKee, Susan McLaughlin, Gena Morgan, Kelsey Robinson, Joseph Whitley (HealthierHere), Christina Hulet (Hulet Consulting)

*Guests:* Elisa Del Rosario (Asian Counseling & Referral Service), Wei-Lin Huang (Qualis Health), Laura Johnson (United Healthcare), Sharon Poch (Qualis Health), Howard Springer (Navos), Ali Thomas (Kaiser Permanente)

## Welcome & Introductions

For the first 30 minutes, the board met in a closed session to discuss Susan McLaughlin’s (HealthierHere) annual evaluation. The public and staff joined the meeting once the closed session concluded.

Betsy Liberman (Betsy Lieberman Consulting), welcomed everyone and reviewed the agenda. The primary objectives for this meeting were to (1) discuss the Executive’s Director’s annual review, (2) review/approve the distribution of Fully Integrated Managed Care (FIMC) funding and (3) give guidance to the Medicaid transformation project planning process. Brief introductions were made by the board and public. Susan made a request for volunteers to participate in an HCA video, “I love my ACH because...”. The board was informed that they would have the opportunity to practice the newly updated Conflict of Interest (COI) policy.

### Community Voice/Public Comment:

Elisa Del Rosario (Asian Counseling & Referral Service) wanted to draw the boards attention to the proposed federal changes to the Public Charge regulation. The changes will affect immigrant’s ability to obtain legal status and is keep people from accessing and using public services. Co-chair Esther Lucero (Seattle Indian Health Board) requested feedback from the board on how HealthierHere (HH)



should address the changes to Public Charge.

A motion was made for HH to draft a message in response to the changes to Public Charge. Susan will draft a message and send it to the board for approval.

The motion was approved.

Abstentions: Laurel Lee, Roi-Martin Brown

## Board Business & Executive Director's Report

The board briefly reviewed the minutes from the 7/12 meeting. There were no revisions; the minutes were approved.

Abstentions: Roi-Martin Brown, Steve Daschle, Michael Erikson, Brad Finegood, Laurel Lee, Betsy Lieberman, Michael Myint, Suzanne Petersen-Tanneberg

### Executive Director's Report

**Hiring:** After two full rounds of interviewing for the Community & Tribal Engagement Manager position, HH has decided to split this into two positions: one focused on community and community-based organization (CBO) engagement and one focused on Tribal engagement. The CBO engagement manager recruitment will close shortly, and the Tribal engagement position will be re-posted.

Dr. Dan Lessler is contracted as Chief Medical Officer for about 30 hours a month to provide additional clinical support to the team.

**Implementation Plan:** The implementation plan is due to the Health Care Authority (HCA) on 10/1. The plan will serve as HH's workplan moving into implementation. HH will work closely with our Practice Partners throughout the implementation process to ensure we meet key metrics.

**Medicaid Provider Payments:** The first round of payments went out to Medicaid providers. A list of providers and payments are on page 12 of the agenda packet.

**Defining CBO:** We will be using the term Community Partners to include the following: Community Partners are those formally organized groups, organizations and/or institutions with an established and trusted presence and history working within a community in a non-clinical setting that provides and/or promotes community supports or innovative approaches to help HealthierHere meet its goals. Community partners may or may not provide direct health services but are "trusted advisors" within community who reach HealthierHere's focus populations.

**Other Updates:** ACHs have recently met with state legislators and legislative staff from the governor's office to assist them in understanding the work/opportunity of the waiver and to identify ways to support each other.

HCA Director, Sue Birch, will be joining HH at the November board meeting. There will be time on the October agenda to discuss this opportunity.

The HCA is sponsoring a Learning Symposium on 10/24. HealthierHere can send up to 20 people, please let us know if you are interested in attending.



Betsy took a moment to re-iterate the COI policy and reminded the board that if they are unsure about potential COI it is better to disclose it.

## Finance Committee Business

### Decision Memo: Fully Integrated Managed Care

Steve Daschle (*SWYFS*), Finance Committee (FC) co-chair, reviewed the decision memo (pages 7-8 of the agenda packet). The purpose of the memo is to seek the Governing Board's (GB) approval for the allocation methodology of the 2018 Fully Integrated Managed Care (FIMC) incentive dollars. We have received the first round of funds from the state. The funds are intended to assist Medicaid behavioral health providers and the region with the process of transitioning to integrated care. Susan worked with county behavioral health providers to develop the recommended methodology. The provider network strongly desired that this first round of funds be split evenly amongst the providers. The FC also considered the state's recommendation that 25% of the funds be allocated for training and technical assistance for the region.

The FC recommends the board approve the following funding methodology:

1. 70% - for Medicaid behavioral health providers (split evenly to 39 providers)
2. 25% - for regional training and technical assistance.
3. 5% - to back-fill staff to close transition the BHO.

The board briefly discussed the recommendation. Thuy Hua-Ly (*HealthierHere*) invited the board to consider if they had a potential COI. Thuy reminded the board they were approving a methodology and not a specific amount of funding to organizations.

Some of the board's responses were:

- Since the funds are being split evenly to providers, it doesn't seem like a COI.
- Is it considered COI if your sector benefits? The current policy does not reference sector.
- Do we consider who would be signing the contract? We have many EDs and CEOs on the board.

HH believes it is reasonable the behavioral health organizations (BHOs) do not have a COI, because they are not approving a specific amount of funding and HH will broker all training and technical assistance for the region. King County employees do have COI because their organization directly benefits from the back-fill staffing.

HH will clarify with legal the distinction between approving methodology and distribution. The board was reminded that, if they were unsure they had COI, it was better to disclose/recuse themselves.

Before the vote, the board took a moment to discuss if this funding methodology was equitable. This initial funding was intended for contracted Medicaid behavioral health service providers but there is more funding available in late 2019 that can be distributed to community. The board requested that HH do some level-setting and provide more insight into the process of reaching recommendations.

A motion was made to approve the methodology.



Recusals: Molly Carney, Steve Daschle, Brad Finegood, Masha Fry, Darcy Jaffe, David Johnson, Esther Lucero, Daniel Malone, Suzanne Petersen-Tanneberg and Ingrid Ulrey

The motion was approved.

#### Update: DY1 Payments to Medicaid Providers

They very briefly updated the board on the DY1 payments to Medicaid providers. HealthierHere has dispersed \$3.6 million to 52 providers on 8/24/18. One payment will have to be re-processed due to failed banking information. Providers will also receive payment for submitting change plans (\$2.1M) and signing addendum 2 (\$313k).

The board took a break.

## Medicaid Transformation Planning

Michael McKee (*HealthierHere*) reviewed the “Medicaid Transformation Project – Putting the Pieces Together” slide deck. HealthierHere invited 27 health and behavioral health organizations with high volumes of Medicaid clients as well as well-established infrastructure capacities (“Practice Partner”) such as electronic health records, population health/registry tools, etc. to complete change plans in July and August. The change plans identified gaps in clinical provider capacities and informed HH’s Implementation Plan.

The implementation plan will serve as a “work plan” for HH moving forward. It is not necessary for the board to approve the implementation plan; instead the board will acknowledge receipt of the plan at the October meeting.

HH will work closely with practice partners who have agreed to serve as our “go first” partners for implementation. HealthierHere will also be engaging with partner organizations at different levels and in phases.

Michael asked the board to think through how HH should prioritize and make investments. He asked them to respond to a list of potential criteria (slide 23). The board and public discussed the criteria in small groups for 20 minutes. Representatives of each group briefly summarized their responses.

Are these the right criteria?

1. Are these the right criteria? Would you add or remove any?
  - Add Innovative: novel approach, of high value but not currently being done outside of current practice, but potential for breakthrough
  - Add Direct Community Member Impact: the ability to improve the lives of our focus populations, related to Focus and Alignment
    - i. Does an investment build capacity, invest in people, etc. as an outcome; and the degree to which communities are prioritizing and asking for the investment—that is, communities engaged in the process.
    - ii. Is it authentic?
  - Combine Leveraging and Opportunistic and expand the definition to include the alignment of money, policies and needs
    - i. Opportunistic has a negative connotation, use instead Opportunity



- Combine Sustainable and Viable
  - Change Viable to Results, Impact or Effective
  - Consider using HealthierHere's values as the criteria: equity, community, partnership, innovation and results
  - Recommend better definitions for equitable, sustainable (does this mean beyond DSRIP?), community engagement (what does authentic mean?), systemic (does this include MCO funding? upstream interventions?)
2. How would you prioritize them?
    - High – Equitable, Sustainable, Direct Community Member Impact, Systemic
    - Medium/Low – Innovative, Leveraging/Oppportunistic, Viable (if "Viable" is changed to "Results" rank as high priority)
  3. How should HealthierHere balance investments in individual provider readiness versus system-level investments?
    - There was strong support for a bias towards system-level investments such as HIT/HIE, shared care plans, as well as closed-loop referrals to SDOH services
    - Reminder to not have too many criteria and make targeted/meaningful investments (don't spread the dollars too thin resulting in less impact)

Michael briefly reviewed the next step, which is to discuss the investment strategies with committees.

Esther and Betsy thanked everyone, and the meeting was adjourned.