



## Governing Board Meeting Summary

October 4, 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: 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), Sybill Hyppolite (SEIU1199NW), 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), Adrienne Quinn (King County DCHS), Jihan Rashid (Somali Health Board), Jeff Sakuma (City of Seattle), Erin Sitterley (Sound Cities Association), Sherry Williams (Swedish Medical Center), Giselle Zapata-Garcia (Latinos Promoting Good Health)*

*\*denotes remote participation*

*Members Not Present: David Johnson (Navos Mental Health Solutions), Steve Kutz (Cowlitz Indian Tribe)*

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

*Guests: Siobhan Brown (CHPW), Sam Clark (Navos Consortium), Katie Escudero (KCHA), Marissa Ingalls (Coordinated Care), Laura Johnson (United Healthcare), Kay Knox (Within Reach), Hani Mohammed (CHPW), Sharon Poch (Qualis Health), Howard Springer (Navos)*

## Welcome & Introductions

Betsy Lieberman (*Betsy Lieberman Consulting*) welcomed everyone and brief introductions were made by the Governing Board (GB). Esther Lucero (*Seattle Indian Health Board*) offered board members and the public a sage cleansing. The public introduced themselves and Betsy reviewed the meeting agenda. The primary objectives for this meeting were to: (1) approve the payment methodology for community-based organization (CBO) partners, (2) develop HealthierHere’s (HH) equity statement and guiding principles, (3) follow-up on the conflict of interest (COI) policy, and (4) acknowledge receipt of HealthierHere’s (HH) implementation plan and quarterly finance administration report.

Community Voice/Public Comment: Betsy opened the floor for public comment and no comment was made.

## Board Business & Executive Director’s Report

The board briefly reviewed the minutes from the 9/20 meeting. There were no revisions; the minutes were approved.

Abstentions: Tizzy Bennett, Ceil Erickson, Patty Hayes, Jihan Rashid, Semra Riddle



#### Executive Director's Report

**Semi-Annual Report Evaluation:** On 10/1 HH received a score of 100% from Myers and Stauffer, the independent assessor contracted to review and score all ACH reporting deliverables. HH has earned \$14,452,240 for the King County region and should receive funds in October 2018.

**Hiring:** After an extensive search, Myani Guetta was hired as one of HH's Community and Tribal Engagement Managers and will start on 10/16.

The second Community and Tribal Engagement Manager position will be reposted shortly and will focus on extending and enhancing our partnerships with regional tribal nations.

**CBO Information Sessions:** HH has started its community partner information sessions. Eight sessions and one webinar have been scheduled throughout King County. To date, turn out has been excellent – 52 organizations were represented by 73 participants in the first four sessions. In addition to the Information Sessions, Marya has spoken to the King County Human Services Coalition, South King County Health Coalition, and at the Healthy King County Equity Summit reaching another 200+ people. HealthierHere and Marya have also been invited to speak at the Eastside Human Services Coalition, North Urban Human Services Alliance, Sno-Valley Coalition and Community Living Connections Network.

**Implementation Plan:** On Friday 9/28, HH submitted its Implementation Plan to the Health Care Authority (HCA). The Implementation Plan is one of our reporting requirements in 2018 and will serve as a high-level work plan.

A motion was made for the board to acknowledge receipt of the implementation plan.

The motion was approved.

Abstentions: Semra Riddle

## Conflict of Interest Policy

Esther thanked the board for putting the Conflict of Interest (COI) policy into practice at the last board meeting. Christina Hulet (*Hulet Consulting*) drew the board's attention to the COI policy (pages 6-16 of the agenda packet), which was revised and adopted by the board in July 2018. Christina requested the board read and sign the policy (page 16). The board was reminded that members also need to designate a formal delegate and that delegates should also sign the policy. Per the board's request, a Frequently-Asked-Questions (FAQ) document was created for the board's review (pages 17-18). HH will continually revise and improve its FAQ and decision-making flow charts (pages 19-20) as needed.

The board was reminded to disclose COI even if they are unsure if they have COI. If they do disclose they cannot vote but can participate in the discussion. They are not allowed to advocate or lobby.

Thuy Hua-Ly (*HealthierHere*) briefly reviewed the handout "COI Memo of Interpretation." At the last board meeting there was a question about whether approving a funding methodology constituted COI. On the advice of legal counsel, "methodology" decisions generally do not involve a conflict of interest or require recusal. There was much discussion about whether approving the 70% funding allocation for the Behavioral Health Agencies (BHAs) constituted COI. Since the funds would be split



evenly amongst the providers and each agency would still need to earn their funding, it was determined that there was no COI and therefore board members did not need to recuse themselves from the vote.

Moving forward the Finance Committee (FC), Executive Committee (EC) and legal counsel will review decision memos as needed for potential COI in advance of board meetings. Furthermore, HH will maintain a decision memo log to easily track board decisions and COI.

## Finance Committee Business

They briefly reviewed the year-to-date Administrative Budget Report. Currently there is a projected underspend of \$131k and no foreseeable issues carrying these funds into 2019. We anticipated paying a fee for the delay in paying our B&O taxes, but it was forgiven. The King County Backbone contract payment was accidentally reversed and will be moved to the 2019 budget. The primary impact is a delay for King County to receive funds.

### DECISION MEMO: 2018 Non-Medicaid/Community Partners Allocation Methodology

Susan McLaughlin (*HealthierHere*) briefly reviewed the process by which the methodology was developed and recommended by the FC. The methodology was developed with input and feedback from the FC, the Community & Consumer Voice Committee (CCV) and Transformation Committee (TC). Key principles and an explicit definition of “Community Partner” were developed by the CCV as guidelines.

They briefly reviewed the decision memo. There was discussion regarding establishing funding tiers within each payment deliverable, but ultimately it was thought more equitable to establish a flat rate for each deliverable. To allow flexibility, engage as many partners as possible and not over burden our Community Partners, the FC recommends the board approve the following funding methodology allocation (\$5.2M) for organizations that meet the Community Partner definition and did not receive DY1 Planning and Engagement dollars as a Medicaid provider:

- Community Partner Innovation Plans: 40%
  - This is a high priority and is an acknowledgement of the work required to complete these plans and engage with HH.
- Partner Participation & Registering in the Finance Executor Portal: 30%
  - This is a high priority and is an acknowledgement of our partners’ time and energy and to encourage continued participation.
- Community Partner Assessment: 25%
- Sign Project Specific Agreement (PSA)/Addendum: 5%

They reviewed the decision memo with legal counsel. Since the memo pertains to a methodology that is evenly split and where providers must earn funds, there should be no COI for this board decision. There was some discussion about the type of Community Partners HH is looking to engage. The board will have the opportunity to discuss and approve a community partner selection criterion at an upcoming meeting. The board was reminded that HH is casting a wide net and that organizations that are not prepared to partner now will have opportunities to partner in the future. We are encouraging organizations to fill out information forms so we can understand how they might partner.

Community Voice/Public Comment: Betsy took a moment to open the floor for public comment. Howard Springer (*Navos Consortium*) recommended that HH consider establishing an electronic health



records (EHR) fund for the Community Partners.

They asked board members if anyone needed to disclose COI before a motion was made to approve the DY1 Non-Medicaid/Community Partner allocation methodology. There were no recusals and no oppositions, the funding methodology was approved.

It was announced that it was Adrienne Quinn's (*King County DCHS*) last board meeting because she is transitioning to a position with the University of Washington.

## CCV Equity Statement & Principles

Marya Gingrey (*HealthierHere*) and Shelley Cooper-Ashford (*Center for MultiCultural Health*) briefly reviewed the historical work of the CCV and the development of the Equity Statement and Principles. The CCV was developed as a committee intended to look at the work of the ACH and guide how it leads with equity. The CCV developed the equity tool used in the design and development of HH's projects. This statement is a foundational step in operationalizing how to lead with equity. Some of the priorities in creating this statement were:

- Call-out institutionalized racism – not sugar coat anything
- Consider, measure and understand unintended impacts
- Look to communities as experts
- Have a clear and common shared language – so we are all on the same page

CCV members briefly introduced themselves and described their contribution and why they were proud of the statement. Marya asked the board and public to read the statement and respond with one word. The board was then asked to discuss, in small groups, some of its strengths, opportunities gaps.

### **Strengths:**

- Powerful, ambitious and hopeful
- Community-centered – Community is in position of power
- Onus is on the system not the community

### **Opportunities:**

- We may need to be more explicit in what we are attempting address
- The definition of equity doesn't seem to reflect community as broadly as our focus populations
- This should help us encourage equity in our sectors not just inward facing
- Once we start naming we risk un-naming

### **Missing and up for more Discussion:**

- Intention – more explicit
- Intended consequences included in definition
- Stigma as associated with:
  - Substance Use Disorder (SUD)
  - Age
  - LGBTQ+
  - Trauma
  - Etc.
- Intersectionality



- How does this address health inequities?
- Who owns this work internally and externally?
- Would we partner with an organization that is not dedicated to equity?

Marya collected feedback from the small groups and will use it to revise the Equity Statement for further discussion.

Board members were thanked for their time and the meeting was adjourned.