



Governing Board Meeting – November 3, 2022, 1:00pm – 4:00pm (Virtual)

MEETING GOALS

The objectives of today's meeting are to: (1) approve adjustments to HealthierHere's board composition, (2) approve specific policy priorities for the 2023 legislative session, (3) review HealthierHere's 3rd quarter financial reports for 2022, and (4) review a draft 2023 administrative budget.

AGENDA

1:00 pm Governing Board Retreat: Executive Search

** Closed session for Governing Board members & delegates only **

Public Meeting Starts at 1:30

1:30 pm	1) Land Acknowledgement	Kristin Conn, Board Member
1:35 pm	2) Welcome & Introductions <ul style="list-style-type: none"> Meeting Goals/Agenda 	Shelley Cooper-Ashford & Jeff Sakuma, Board Co-Chairs
1:40 pm	3) Board Business <ul style="list-style-type: none"> Approval of October Meeting Minutes Interim CEO Report 	Shelley Cooper-Ashford & Jeff Sakuma, Board Co-Chairs Thuy Hua-Ly, HealthierHere
2:10 pm	4) Equity Moment: Native American Heritage Month <ul style="list-style-type: none"> Tribal Medicine Video Small Group Reflection 	Thuy Hua-Ly, HealthierHere
2:35 pm	5) Governance: 501c3 Board Evolution <ul style="list-style-type: none"> Action Item: 501c3 Board Composition 	Shelley Cooper-Ashford & Jeff Sakuma, Board Co-Chairs with Executive Committee members
2:50 pm	6) Policy: 2023 Legislative Agenda <ul style="list-style-type: none"> Action Item: Specific Policy Priorities for the 2023 Legislative Session 	Shelley Cooper-Ashford & Jeff Sakuma, Board Co-Chairs with Executive Committee members
3:10 pm	Public Comment	
3:15 pm	Break	
3:20 pm	7) Finance <ul style="list-style-type: none"> 3rd Quarter 2022 Finance Reports for HealthierHere's LLC and 501c3 Draft 2023 Administrative Budget 	Thuy Hua-Ly, HealthierHere Doug Sanders, Interim Contract CFO
4:00 pm	Adjourn	

Next Meeting: December 1, 2022, 1:00 pm - 4:00 pm (virtual)

Governing Board Meeting Summary

October 6, 2022, 1:55 p.m. – 3:55 p.m.

Video Conferencing

Members Present: Andrea Yip (delegate for Seattle/King County Aging & Disability Services), Ceil Erickson (Seattle Foundation), Christina Diego (delegate for Seattle Indian Health Board), Elizabeth Tail (Cowlitz Indian Tribe), Giselle Zapata-Garcia (Latinos Promoting Good Health), Jeff Foti (Seattle Children's Hospital), Jeff Sakuma (City of Seattle), Kevin Wang (delegate for Swedish), Laura Johnson (delegate, United Health Care), Leo Flor (King County Department of Community and Human Services), Lisa Yohalem (HealthPoint), Michael Ninburg (Hepatitis Education Project), Raj Sundar (delegate, Kaiser Permanente of WA), Roi-Martin Brown (Washington Community Action Network), Semra Riddle (Sound Cities Association), Shelley Cooper-Ashford (Center for Multicultural Health), Tricia Madden (Harborview Medical Center), and Yusuf Bashir (Falis Community Services).

Members Not Present: Betsy Lieberman (Betsy Lieberman Consulting), Daniel Malone (Downtown Emergency Service Center), Dennis Worsham (PH, Seattle & King County) Ka'imi Sinclair (WSU – Native Partnerships), Mario Paredes (Consejo Counseling and Referral Service, and Daschle (Southwest Youth and Family Services).

Staff: Abriel Johnny, Alexis Desrosiers, Catherine Seneviratne, Christine Berch, Graeme Aegerter, Jaspreet Malhotra, Laila Nimbalkar, Lisa Watanabe, Maria Escalera Maldonado, Marya Gingrey, Monica De Leon, Sara Standish, Thuy Hua-Ly, Tony Ke, and Christina Hulet (Consultant).

Guests: Amber Casey (Hepatitis Education Project), Barbara de Michele (Sound Cities Association), Candice Hunsucker (Community Health of WA), and Hali Willis (SCA).

Governing Board Meeting

The Governing Board meeting, including board members, delegates, and the public, was called to order at 1:55 pm.

Welcome & Introductions

Thuy Hua-Ly welcomed everyone, and Shelly Cooper-Ashford reviewed the agenda.

Board Business

Approval of the Minutes from September 1, 2022

The board reviewed and approved the September 1st meeting minutes.

Abstentions: Leo Flor

Executive's Report

Thuy Hua-Ly reviewed the CEO report. See page 5 of the pre-read packet for details. Thuy's highlights included:

- Introduction of self as new interim CEO of HealthierHere
- Review and discuss interim executive focus
- HealthierHere will be launching our new website where it reflects more who we are and where we are going.

Governance

Decision Memo: Updated Equity Definition & Guidelines

Marya Gingrey and Abriel Johnny referred to the decision memo on page 16 of the pre-read packet regarding the at the request of the Governing Board, HealthierHere's Equity and Engagement Team initiated an authentic engagement process to review and revise the Equity Definitions and Guidelines in July of 2021.

The Community and Consumer Voice Committee and Indigenous Nations Committee request Governing Board approval of the revised Equity Definition and Guidelines along with the recommendation that HealthierHere staff develop implementation plans within 6-months of adoption and schedule the Equity Definitions and Guidelines review within 2-years of adoption.

The board unanimously voted to approve the updated Equity Definitions & Guidelines with the amendment of changing the timeline from six months to eight months.

Equity Moment

Lisa Yohalem shared an equity moment related to advocacy efforts to the 340B program essential to Federal Health Qualified Centers' community funding.

Governance

Executive Committee/ Governance: 501c3 Board Evolution

Shelly Cooper-Ashford and Jeff Sakuma reviewed the evolution of HealthierHere. Below are some highlights:

- Review the HCA MTP renewal goals
- HealthierHere organizational evolution
- Review and discuss 2021-2023 Strategic Priorities
- Review and discussed the draft proposal of 501c3 Board Composition

Time was provided for Q & A from the Board and Community partners. Next steps are to take the feedback to Executive Committee and will incorporate the feedback and present at the November Board meeting.

Public Comment

A follow-up question to the 501c3 Board Evolution was asked. No other public comment was made.

Policy Update

Thuy Hua-Ly and Christina Hulet updated the board on policy work underway regarding specific policy actions to focus on in the 2023 legislative session, including:

- Ensure a robust behavioral health system
- Address significant workforce capacity
- Continue public financing for ACH's
- Focus on board specific actions

Next steps are to go back to partners and share the feedback we received. The Executive Committee will incorporate today's reflections and feedback and will bring back the final recommendation for board action in November/December.

Shelley Cooper-Ashford and Jeff Sakuma thanked the meeting attendees and concluded the meeting.

The meeting adjourned at 3:55 pm.

November 3, 2022, Executive Report

Date: November 3, 2022

To: HealthierHere Governing Board

From: Thuy Hua-Ly

Dear HealthierHere Governing Board Members:

As Fall arrives in the Pacific Northwest, I hope the clean air brought by much-needed rain, along with bursts of sunshine and beautiful falling leaves bring you ease, joy, and reflection.

This November, HealthierHere joins communities around the country in celebration of National Native American Heritage month. This is a time dedicated to honoring the vibrant and diverse cultures, traditions, and histories of Native American, American Indian, Alaska Native, and Indigenous peoples who have lived on these lands since time immemorial. This is also a time to raise awareness about Tribal sovereignty, Treaty rights, and the historical and ongoing challenges – and unique solutions – affecting the health and vitality of Native communities.

In honor of National Native Heritage Month, I would like to uplift the powerful work of our Tribal and Native-led, Native-serving partners, and highlight HealthierHere's investments in Tribal Health and Traditional medicines. Please see below for short descriptions of this work.

We are also thrilled to share a **new short video**, entitled "Traditional Indigenous Medicines: Shifting the Paradigm!". Click here for the video: <https://www.youtube.com/watch?v=PrHPLf3wd2M>

This video was filmed at the Sea Fair Indian Days Powwow this summer, which resumed with much rejoicing after a two-year hiatus due to the pandemic. It was produced in partnership with our Traditional Medicines partners (Cowlitz Behavioral Health, Nakani Native Program, Seattle Indian Health Board, United Indians of All Tribes Foundation, and Unkitawa), HealthierHere, and local filmmakers Marques DuPree and Che Sehyun.

We believe this video and the stories within are a testament to the healing power of community, culture, and traditional knowledge. We hope you enjoy it! We also encourage you to share the video with your organizations, communities, local leaders, and funders to raise awareness of and support for Traditional Indigenous Medicines in our region and beyond.

In the Fall, we come together to gather the nourishing harvest and lessons learned from the past year and prepare for the coming winter. With colder and wetter months now arriving, and the prospect of new COVID variants ever on our minds, we will remain vigilant for the health and safety of our communities, particularly those most vulnerable and marginalized.

Thank you to you, our Governing Board members, for carefully nurturing and tending to our organization and community throughout the changes big and small this year.

I look forward to connecting with you at our November meeting.

Warmly,

Thuy Hua-Ly

Tribal Health Innovations:

HealthierHere has awarded a total of \$1.5 million to three Native-led/Native-serving organizations (Cowlitz Tribe, Nakani Native Program, Unkitawa) to test innovations to reduce disparities and improve care, health, and well-being for AI/AN and Tribal Affiliated Indigenous people in the region. These organizations will implement innovations in partnership with Native and non-Native providers to demonstrate the value of traditional medicines in improving the overall health and well-being of AI/AN people in King County. [Click here](#) to learn more.

Traditional Medicines Investments – Project Summaries

Cowlitz Behavioral Health

Providing holistic Services to our Native Community. At Cowlitz, we believe in a wraparound approach. We know that learning about your culture and participating in relevant activities is a foundational element of spiritual and physical healing.

Nakani Native Program

Aims to incorporate traditional knowledge into the healthcare system to make that system responsive to Native culture. Share teachings with Indigenous community members on how to prepare and use traditional medicines. Share with Indigenous community members the knowledge or stories of cultural significance tied to the traditional medicine(s) supporting mental, emotional, spiritual, and/or physical well-being.

Seattle Indian Health Board

Indigenous Knowledge Informed Systems of Care (IKISOC) model which places Traditional Medicine at the center of its delivery of health and human services, its workforce training and development components, its research and evaluation methodologies, and its governing and policy initiatives.

United Indians of All Tribes Foundation

Collectively gathering traditional knowledge from community knowledge holders and elders and supporting generational knowledge sharing. UIATF will offer a robust set of workshops from several Nations that center on healing, from the rules of regalia and the creation of ribbon skirts to the ceremony of smudging and offering of prayer pipes. We expect community members to release some of

their fears, share their experiences, gain a deeper understanding, and strengthen their sense of identity. We think of all these offerings as trauma-induced care where we offer a safe space for community members to experience time-honored cultural practices that can ground them during a time of upheaval.

UNKITAWA

To provide a place of healing and support through Ceremony, Art and Culture for the overall whole-self health of body, mind, and spirit.

– Other HealthierHere Happenings –

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HealthierHere Says a Fond Farewell to Sara Standish

Sara Standish, Associate Director, Community Information Exchange will be leaving HealthierHere, with her last day on November 25th. Sara is stepping back to be able to spend more time with her family – in particular, her youngest who is needing some extra support.

Sara joined HealthierHere in early 2020, right at the start of the pandemic. Together with the CIE team, she has led the development of the Connect2 Community Network. This has included co-designing a governance structure that ensures clinical and community organizations are leading decision-making for the Network, oversight of technology RFP and build, and support for the CIE team. Our work would not be where it is without Sara's leadership and commitment.

We are working closely with Sara and others to develop a strong transition plan and start the hiring process – stay tuned. We won't be able to replace Sara but we will be able to and should build on what Sara has helped us achieve thus far. Please join us in thanking her for all she brought to HealthierHere and wishing her well in this new chapter.

HealthierHere's Community Hub Contracts with Care Coordination Agencies to Serve Community Members Recovering from COVID-19

HealthierHere's new [Community Hub](#) has executed contracts with three Care Coordination Agencies (CCAs) as of October 14 (WithinReach, Sisters in Common, Chinese Information & Service Center), and Lutheran Community Services Northwest. This work to serve community members through the DOH Care Connect Washington program is new and exciting for HealthierHere! In addition, Hannah Borneman, Referral Specialist for the Community Hub started with HealthierHere in early October to help support this work. Finally, HealthierHere is in the process to finalize a contract with Solid Ground to process and pay Housing Assistance Requests (HAR). We hope to start that work in November. HealthierHere continues to assign referrals, develop workflows, and onboard our new CCA partners and staff.

HealthierHere's Office Closing

We are in the process of closing our downtown office as our lease ends on November 30th. We do have some office furniture that will be available if partners are interested. We will post available furniture on our website on a first come first serve basis. The furniture will need to be picked up by November 10th. Please reach out to me directly if you are interested.

Washington Care Coordination Collaborative to Sunset in 2022

It was recently announced that the Washington Care Coordination Collaborative will be sunsetting at the end of 2022. They hosted their last webinar of the year on October 25th, titled Sustainable Practices for Using Collective Medical.

Community & Consumer Voice Committee (CCV)*Meets the 4th Monday of each month at 1:30pm-3:30pm*

Roi-Martin Brown	Washington Consumer Action Network
Joe Chrasti	IAF Northwest/Health Equity
Gladis Clemente	Promotora Comunitaria South Park
Shelley Cooper-Ashford	Center for Multicultural Health
Shantel Davis	Peoples Harm Reduction Alliance
Michelle DiMiscio	Community Health Workers KC
Lisa Floyd	KC Department of Community and Human Services
Dorothy Gibson	Sound Alliance/AF
Riham Hashi	Living Well Kent
Shamso Issak	Living Well Kent
Elizabeth Kimball	Public Health Seattle/KC
Guo Liao	Asian Counseling & Referral Service
AJ McClure	Global to Local
Hani Mohamed	SKC Public Health
Sonia Morales	Molina Health Care
Cicily Nordness	Seattle Housing Authority
Janelle Okorogu	Center for Multicultural Health
Hallie Pritchett	Lake Washington Institute of Technology
Isabel Quijano	Promotora Comunitaria South Park
Jihan Rashid	Community Member
Marguerite Ro	AARP Washington
Julie Romero	Neighborhood House
Nadine Shiroma	Hepatitis B Foundation
Christine Stalie	DOH & Washington Immigrant Network
Michael Ninburg	Hepatitis Education Project
Laura Titzer	Northwest Harvest
Janet Zamzow Bliss	Community Member
Giselle Zapata-Garcia	Latinos Promoting Good Health

Staff: Marya Gingrey, Myani Guetta

Executive Committee (EC)*Meets the 3rd Friday of every month at 8:30am-10:00am*

Shelley Cooper-Ashford (co-chair)	Center for MultiCultural Health
Steve Daschle	Southwest Youth and Family Services
Ceil Erickson	Seattle Foundation
Betsy Lieberman (chair Emeritus)	Affordable and Public Housing Group
Mario Paredes	Consejo
Jeff Sakuma (co-chair)	City of Seattle, Human Services Dept.
Elizabeth Tail	Cowlitz Tribal Health

Staff: Christina Hulet, Susan McLaughlin

Finance Committee (FC)*Meets the 3rd Thursday of each month at 3:30 pm-5 pm*

Roi-Martin Brown	WA Consumer Action Network
Janine Childs	Neighborcare
Steve Daschle (co-chair)	Southwest Youth & Family Services
David DiGiuseppe	Community Health Plan of WA
Ceil Erickson	Seattle Foundation
Pam Gallagher	Swedish Hospital
Travis Grady	Cowlitz Tribal Health
Stacy Kessel	Community Health Plan of WA
Hiroshi Nakano (co-chair)	Valley Medical
Mario Paredes	Consejo Counseling & Referral Service
Karen Spoelman	King County DCHS - BHRD
Jenny Tripp	DESC

Staff: Thuy Hua-Ly

CEO Hiring Committee*Meets the 2nd & 4th Friday of each month at 8am*

Shelley Cooper-Ashford (co-chair)	Center for MultiCultural Health
Steve Daschle	Southwest Youth and Family Services
Ceil Erickson	Seattle Foundation

Betsy Lieberman (chair Emeritus)	Affordable and Public Housing Group
Mario Paredes	Consejo
Jeff Sakuma (co-chair)	City of Seattle, Human Services Dept.
Elizabeth Tail	Cowlitz Tribal Health
Marguerite Ro	AARP Washington
Roi-Martin Brown	Washington Consumer Action Network
Sally Carlson	Carlson Beck
Heidi Holzhauer	Cowlitz Tribal Health
Elizabeth Tail	Cowlitz Tribal Health

Staff: Christina Hulet and Carlson Beck staff Sally Carlson, Heidi Holzhauer and Celeste Andrini

Indigenous Nations Committee (INC)

Meets monthly

Colleen Chalmers	Chief Seattle Club
Craig Dee	Fred Hutchinson
Matt EchoHawk - Hayashi	Headwater People
Travis Grady	Cowlitz Tribal Health
Camie Goldhammer	UIATF - Doula program
Sacena Gurule	Cowlitz Tribal Health
Christian Hogan	Unkitawa
Leslie Jimenz	KC Public Health - Environmental Health
Jessica Juarez-Wagner	United Indians of All Tribes Foundation
Ellany Kayce	Nakani Native Program
Esther Lucero	Seattle Indian Health Board
Sara Marie Ortiz	Highline Public Schools - Native Education
Ka'imi Sinclair	WSU – Native Partnerships
Jeff Smith	Nakani Native Program
Elizabeth Tail	Cowlitz Tribal Health
My-le Tang	Dept of Commerce - Tribal Homeless Youth
Raven Twofeathers	
Ixtli White Hawk	Unkitawa

Chair: Ka'imi Sinclair / Staff: Abriel Johnny

Connect2 Community Network Advisory Group

Meets every other month

Tashau Asefaw	Community Health Plan of WA
Modester Chatta (co-chair)	Association of Zambians in Seattle, WA
Barbara de Michele (co-chair)	Issaquah City Council
Joanne Donahue	Sound Generations
Jon Ehrenfeld	Seattle Fire Department
Allie Franklin	Harborview
Michelle Glatt	HealthPoint
Donald Lachman	Westcare WA/WA Serves
Joceyln Lui	Asian Counseling & Referral Service
Sara Mathews	Premera
AJ McClure	Global to Local
Thuy Hua-Ly	HealthierHere
Peter Muigai	Pamoja Christian Church
Michael Myint	MultiCare
Gary Renville	Project Access Northwest
Marcy Miller	King County
Michelle McDaniel	Crisis Connections
Marguerite Ro	AARP Washington
Lina Stinson-Ali	WA State Coalition for African Community Leaders
Sally Sundar	YMCA of Greater Seattle
Cody West	Peer Seattle
Kim Wicklund	Kaiser Permanente
Andrea Yip	Aging & Disability Services

Staff: Sara Standish, Christina Hulet

Integration Assessment Workgroup

Meets the 1st Monday of each month at 2:30pm-4 pm

Liz Baxter	North Sound ACH
Dee Brown	United Health Care
Miranda Burger	Olympic Community Health
Jodi Castle	Elevate Health
Sylvia Gil	Community Health Plan of WA
Tory Gildred	Molina
Jennie Harvell	HCA
Susan McLaughlin	HealthierHere
Michael McKee	HealthierHere
Jessica Molberg	Coordinated Care

Nyka Osteen	North Sound ACH
Colette Rush	HCA
Caitlin Safford	Amerigroup
John Schapman	North Sound ACH
Audrey Silliman	Coordinated Care
Sharon Williams	United Health Care

Tri-Chairs: Tory Gildred, Michael McKee, Colette Rush

Staff: Diana Bianco & Cathy Kaufman, Artemis Consulting

Washington Care Coordination Collaborative (WCCC)

Meets monthly, typically Tuesdays

Kathie Olson	Molina
Katie Dowd	Collective Medical
Amy Sharrett	Community Health Plan of WA
Eric McNair Scott	Southwest ACH
James Cook	Community Health Plan of WA
Jenna Moody	Collective Medical
Jennie Harvell	HCA
Angelique Cardon	United Health Care
Kim Lepin	Southwest ACH
Kimberly Bjorn	Elevate Health
Amber Stokes	Coordinated Care
Lindsay Knaus	North Sound ACH
Lou Schmitz	American Indian Health Commission
Matania Osborn	Anthem
Martin Sanchez	Greater Columbia ACH
Naveen Shetty	King County
Rebecca Carbajal	Molina
Rena Cleland	Molina
Sarah Bolling-Dorn	Better Health Together ACH
Tina Seery	WSHA
Sam Werdel	Greater Columbia ACH
David Roehn	North Sound ACH
Erika Anderson	Collective Medical
Terri Brazelton	Amerigroup
Laureen Tomich	Elevate Health
Celeste Schoenthaler	Olympic Community of Health ACH
Christopher Chen	HCA
Bre Holt	Comagine Health
Christopher Chen	Health Care Authority

Rachel Leiber	Collective Medical
Suzanne Swadener	HCA
Steve Clark	Choice Regional Health Network
Caroline Tillier	North Central ACH
Wendy Brzezny	North Central ACH
Jenn Neumann	Multicare
Rajdeep	North Sound ACH
Amanda Bieber-Mayberry	Anthem
Nikki Lewis	Anthem
Angela Castro	HCA
Shane Deleuw	United Health care
Kimberly Studzinski	Collective Medical
Laura Kaster	Collective Medical
Jane Hanneken	Collective Medical
Janet Devlin	Collective Medical

Staff: Michael McKee

Who	Purpose	Highlights	What's Next
Governing Board (GB, Board)	<ul style="list-style-type: none"> Steward the organization's overall mission and strategic plan Assume fiduciary responsibility/single point of accountability, including financial decision-making authority for demonstration projects and fund allocations Hire, fire and evaluate the Executive Director (ED) Maintain updated operating agreements and bylaws Monitor organizational and project performance Appoint Governing Board members Represent and communicate HH's work to the public Review and approve consumer/community engagement plan Ensure alignment with regional health needs and priorities 	<p>October 6 Agenda:</p> <ul style="list-style-type: none"> Welcome HealthierHere's new Interim CEO, Approve the updated Equity Definition and Guidelines, Discuss the Executive Committee's proposed adjustments to HealthierHere's board composition and seats, and To review feedback from our community, tribal and clinical partners about policy actions for the 2023 legislative session. 	<p>November 3 Agenda</p> <ul style="list-style-type: none"> Approve adjustments to HealthierHere's board composition Approve specific policy priorities for the 2023 legislative session Review HealthierHere's 3rd quarter financial reports for 2022 Review a draft 2023 administrative budget. <p>Next Meeting: December 1</p>
Executive Committee (EC)	<ul style="list-style-type: none"> Support the ED in achieving organizational goals Oversee ED selection, compensation, and evaluation Act on behalf of the Governing Board in cases of emergency or when urgent decisions are needed Approve expenditures/contracts between \$100-\$500K not included in the board-approved budget as needed Oversee board member recruitment and selection process 	<p>October 14 Agenda</p> <ul style="list-style-type: none"> Review and recommend specific policy actions for final Board approval in November Review and recommend 501c3 Board composition for final Board approval in November Review November Agenda Continue to support Hiring Committee and CEO search 	<p>November Agenda</p> <ul style="list-style-type: none"> Discuss Board roles/responsibilities Discuss and review the ACH Association update, B&O tax update, and 501c3 bylaws draft <p>Next Meeting: TBD due to Veteran's Day Holiday</p>

Who	Purpose	Highlights	What's Next
	<ul style="list-style-type: none"> • Oversee board governance (e.g., committee structure, bylaws) • Support HH's future sustainability and the development of key initiatives such as the Equity & Wellness Fund • Approve state-required reports 		
Finance Committee (FC)	<ul style="list-style-type: none"> • Oversee HH's budgeting, financial monitoring, internal control processes and financial policies and procedures • Ensure adequate protection of HH's assets • Oversee distribution of funds to partnering organizations and for investment priorities • Ensure HH is meeting requirements for state, provider, and other contracts • Oversee/coordinate with Funds Flow Workgroup • Facilitate value-based payment 	<p>October 20 Agenda:</p> <ul style="list-style-type: none"> • Reviewed 2022 Admin Budget projections and reviewed first draft of 2023 Admin Budget 	<p>Agenda:</p> <ul style="list-style-type: none"> • Approval of 2023 Admin Budget <p>Next Meeting: November 17</p>
Community & Consumer Voice Committee (CCV)	<ul style="list-style-type: none"> • Proactively engage communities and beneficiaries to co-design and embed equity in HH's work • Engage and support community-based organization (CBO) partners and build CBO capacity • Actively recruit and support community members serving on the Board/committees • Provide input into and help design the community engagement plan • Gather data/information on the experience of Medicaid members 	<p>October 24 Agenda:</p> <ul style="list-style-type: none"> • October CCV meeting will include a presentation of Care Coordination topics, updates on the ERT, and updates and discussion on the Traditional Medicine video roll out 	<p>Agenda: TBD</p> <p>Next meeting: November 28</p>

Who	Purpose	Highlights	What's Next
	<ul style="list-style-type: none"> Monitor results and ensure accountability/transparency with communities 		
Indigenous Nations Committee (INC)	<ul style="list-style-type: none"> Proactively engage American Indian/Alaska Native/Indigenous (AI/AN/I) community and beneficiaries to co-design and embed equity in HH's work Engage and support AI/AN/I serving community-based organization (CBO) partners and build CBO capacity Actively recruit and support AI/AN/I community members serving on the Board/committees Provide input into and help design the tribal engagement plan Gather data/information on the experience of Medicaid members Monitor results and ensure accountability/transparency with community 	<p>October 19 Agenda:</p> <ul style="list-style-type: none"> INC and Communications thought partnership on communications plan for Native American month and Traditional Medicine videos roll out. Clinical team presented on the Landscape Analysis and facilitated thought partnership and input. 	<p>Agenda:</p> <ul style="list-style-type: none"> Agenda TBD <p>Next Meeting: November 16</p>
Washington Care Coordination Collaborative	<p>Supports statewide implementation and optimization of a care coordination information-sharing platform (e.g., Collective Platform) by bringing ACHs, providers, and Managed Care Organizations (MCOs) together to:</p> <ul style="list-style-type: none"> Identify and/or develop effective information-sharing workflows, within and across care settings, for improved support of care coordination Support wider and enhanced use of the care coordination platform 	<p>October Agenda:</p> <ul style="list-style-type: none"> Announced that the Collaborative will be sunseting at the end of 2022. Hosted our last webinar of the year on October 25th titled Sustainable Practices for Using Collective Medical 	<p>November Agenda:</p> <ul style="list-style-type: none"> Steering Committee will meet in November to discuss end of year close out and celebrations. <p>Next Meetings: Steering Committee: 11/08/2022 Collaborative: 11/14/2022</p>

Who	Purpose	Highlights	What's Next
	<ul style="list-style-type: none"> • Support standard protocols for the collection and use of data within the platform • Support standard protocols for data governance • Identify/develop standard processes for coordination of care across providers and provider types • Provide opportunities for shared learning across ACH regions • Ensure related protocols, processes, and workflows are developed in HIPAA-compliant manner 		
<p>Connect2 Community Network Workgroups</p>	<p>Community Information Exchange (CIE) Collaborative:</p> <ul style="list-style-type: none"> • Collaborative members will work together to establish a community-led governance structure and guide the development of a CIE <p>Network Partners Workgroup (NP):</p> <ul style="list-style-type: none"> • Develop shared long-term CIE requirements and implementation plan in consultation with Legal Framework and Data & Technology Workgroups <p>Legal Framework and Data and Technology Workgroups (LDT):</p> <ul style="list-style-type: none"> • Develop shared long-term CIE requirements and implementation plan in partnership with Network Partners Workgroup 	<p>September Agenda:</p> <p>Advisory Group</p> <ul style="list-style-type: none"> • Met in October to review integrations, approve two new members, and receive an update on statewide CIE. <p>Unite WA Workgroup</p> <ul style="list-style-type: none"> • Will be meeting in Oct 25 to share best practices 	<p>C2C Network Advisory Group Agenda:</p> <ul style="list-style-type: none"> • TBD <p>Next meeting: 12/13/2022</p> <p>C2C Network Partner Workgroup</p> <ul style="list-style-type: none"> • TBD <p>Unite WA Workgroup</p> <ul style="list-style-type: none"> • TBD <p>Next meeting in January 2023</p>

Who	Purpose	Highlights	What's Next
<p>Integration Assessment Workgroup</p>	<p>Supports statewide implementation of a standardized tool to assess level of integration for outpatient primary care and behavioral health agencies. Includes representatives from HCA, MCOs, & ACHs to:</p> <ul style="list-style-type: none"> • Identify a tool to be implemented statewide • Make recommendations to HCA on implementation and timeline • Make recommendations to HCA on data collection, analysis, reporting, and data sharing • Make recommendations to HCA on quality improvement structure and areas of focus including training, TA, practice coaching, etc. to help providers advance along the continuum of integrated care • Oversee launch of WA-ICA 	<p>October 3 Agendas:</p> <ul style="list-style-type: none"> • WA-ICA workgroup finalized recommendations to the Health Care Authority regarding TA and support for integration for future cohorts. • Cohort 1 data analysis and Cohort 2 planning continue to be underway. 	<p>WA-ICA Agenda:</p> <ul style="list-style-type: none"> • TBD <p>Next Meetings: November 7</p>

DECISION MEMO: 501c3 Evolution – Board Composition

Memo prepared by: Christina Hulet, on behalf of the Executive Committee
 Date prepared: October 25, 2022
 Date of proposed action: November 3, 2022

Issue

Adjusting HealthierHere's Governing Board composition to meet our evolving needs, prepare for a future beyond the Medicaid Transformation Project waiver, and transition from a Limited Liability Company (LLC) to a 501c3 non-profit.

Background

At its inception, HealthierHere's 27-member Governing Board was established with designated seats representing specific sectors and perspectives. In allocating seats, the Board sought to balance representation between public, private, and non-profit organizations, as well as between institutional health care partners and community-based organizations and members. In addition, seats were designated as either 'open' (i.e., open to applicants from the general public) or 'reserved' for a lead entity to nominate a candidate for the board's approval.

Over the past two years, the Board has had several conversations regarding the evolving needs of the organization. Specifically, HealthierHere is preparing for a future beyond the current Medicaid Transformation Project waiver and into new business lines & strategic priorities recently adopted by the Board. It is also transitioning from its current legal structure, a Limited Liability Company (LLC), to a 501c3 non-profit.

The Executive Committee worked over the summer and fall to adjust the Governing Board's current composition to adapt to these changing needs. Specifically, it discussed the importance of:

- Preparing for a future beyond the MTP, including new roles and responsibilities, projects, and funding sources
- Creating a strong, sustainable non-profit
- Strengthening communication across communities
- Getting closer to those we serve
- Adding voices and sectors that are currently missing
- All the while, preserving our strong, cross-sector collaboration and the building upon the strengths of our current Board

At the October 2022 Board meeting, the Executive Committee presented a draft proposal. Feedback from the Board was positive and included the following suggestions/questions:

- Ensuring that the primary care provider seat serves all ages (e.g., pediatric)
- Maintaining a balance of CBOS (e.g., not having all 5 CBO seats represent one or two sectors, the importance of long-term care)
- Clarifying questions about the proposed language change for the Community & Consumer seats

Recommendation

Based on this feedback, the Executive Committee recommends that the Board approve the following 26-member Governing Board composition for HealthierHere's 501c3. In brief, the proposal:

- Maintains our collective-impact, multi-sector table
- Preserves current "reserved seats" to ensure strong sector representation
- Adds some seats and reduces others to meet HealthierHere's future direction and anticipated financial needs, including:
 - Fewer hospital/health system, behavioral health and King County government seats overall
 - More community/consumer seats
 - Additional business and philanthropic seats
 - Greater flexibility with our CBO/SDOH seats; not as prescriptive seat "assignments" so that we can adjust to HH's evolving priorities
- Maintains our current size; goes from 27 to 26 total board members

RECOMMENDED NEW BOARD COMPOSITION

Sector / Partner	Seats
Providers & Payers	
Behavioral health providers	2
Hospital/health systems	1
Family practice provider	1
FQHC	1
MCO	1
<i>Sub-total</i>	6 (23%)
Government	
King County/public health	1
City of Seattle	1
Suburban area	1
<i>Sub-total</i>	3 (12%)
Community & Consumer	
Community-based equity networks, coalitions, consumer advocate organizations and/or individuals from communities that are disproportionately impacted by racism and health disparities, are low-income, or un/under-insured consumers of the health system	4
Native/Indigenous community member and/or consumer of Indian health services	1
<i>Sub-total</i>	5 (19%)
Tribes	
Federally recognized tribes in King County	3
Urban Indian Health Board	1
<i>Sub-total</i>	4 (15%)
CBOs & Social Determinants of Health	
A balance of CBOs representing the Social Determinants of Health	5
<i>Sub-total</i>	5 (19%)
Philanthropy	
Philanthropy	2
<i>Sub-total</i>	2 (8%)
Business	
Business/technology/communications	1
<i>Sub-total</i>	1 (4%)
TOTAL SEATS	26

If adopted, the Executive Committee recommends a gradual transition to this 501c3 Board composition. We would begin the process in the spring as part of the Board's normal "April wave" of appointments and work with existing members who agreed to stay on the Board beyond their current terms during this transition year.

Values

How does this recommendation align with HealthierHere's core values of equity, community, partnership, innovation, and results?

The Executive Committee believes this proposal is aligned with our values of **equity**, **community**, and **partnership**. It adds additional voices to the Board, preserves our strong cross-sector collaborative and supports HealthierHere in becoming a strong, sustainable non-profit.

REFERENCE: CURRENT BOARD COMPOSITION

SECTOR / PARTNER	# OF SEATS	TYPE	RESERVED SEATS: LEAD ENTITY
Providers / Payers			
Primary care provider	1	Open	
Federally qualified health centers	1	Reserved	Community Health Center Council
Hospital, health systems	3	Reserved	Washington State Hospital Association
Behavioral health providers	1	Reserved	King County Behavioral Health Provider Association
	1	Reserved	King County Integrated Care Network, Executive Committee provider
	1	Open	
Managed care organizations (MCO)	1	Reserved	Coordination between MCOs
Local public health	1	Reserved	Public Health - Seattle King County
SUB-TOTAL	10 (37%)		
Government			
King County	1	Reserved	King County Government
City of Seattle	1	Reserved	Seattle Mayor's Office
Suburban area	1	Reserved	Sound Cities Association
SUB-TOTAL	3 (11%)		
Community / Consumer			
Community-based equity networks, coalitions and/or consumer advocate organizations	3	Reserved	HealthierHere's Consumer/Community Voice Committee
SUB-TOTAL	3 (11%)		
Tribes			
Federally recognized tribes in King County	3	Reserved	Tribal Governments: Cowlitz, Muckleshoot, Snoqualmie Indian Tribes
Urban Indian Health Board	1	Reserved	Seattle Indian Health Board
Tribal health community member	1	Reserved	HealthierHere's Indigenous Nations Committee
SUB-TOTAL	5 (19%)		
Community Based Organizations / Social Determinants of Health			
Housing	1	Reserved	Housing Development Consortium Seattle King County
Long-term care services/supports	1	Open	
Non-profit social service organizations	2	Open	
Philanthropy	1	Reserved	The Seattle Foundation
At-large	1	Open	
SUB-TOTAL	6 (22%)		
TOTAL SEATS	27		

DECISION MEMO: 2023 Legislative Policy Agenda

Memo prepared by: Christina Hulet, on behalf of the Executive Committee
 Date prepared: October 25 2022
 Date of proposed action: November 3, 2022

Issue

The Executive Committee requests the Governing Board's approval of HealthierHere's policy agenda for the 2023 legislative session.

Background

In February 2022, HealthierHere's Governing Board approved an updated set of broad policy priorities to guide its advocacy work. These priorities centered on equity and health disparities, and included the following 8 areas:

1. Ensure a robust behavioral health system
2. Maintain and make permanent telehealth statewide
3. Address significant workforce capacity
4. Advance and protect services that support social determinants of health
5. Create an anti-racist health care delivery system
6. Support a robust public health system
7. Preserve the safety net for our most vulnerable populations
8. Continue public financing for Accountable Communities of Health (ACHs)

In prior meetings, the Governing Board also agreed that HealthierHere stay in the "advocacy lane" (versus lobbying) given its current funding streams for the time being. The Appendix below has more details on this, as well as the Board's timeline for 2022-2023.

In August and September 2022, HealthierHere solicited the counsel and input of its community, clinical and tribal partners on what **specific policy actions to focus on during the 2023 legislative session** within these Board-approved policy priorities. We convened meetings with our Clinical Partners (about 25 participants), the Connect2 Community Advisory Group (~15 participants), the Community & Consumer Voice Committee (~15 participants), Community Grants Alumni (~15 participants), Community Practice Partners (~30 participants), and the Indigenous Nations Committee (~ 5 participants). The full summary of what we heard is also attached below.

Recommendation

Based on this feedback, the Executive Committee, which acts as the Policy Committee for the Board, recommends the following policy agenda for the 2023 legislative session:

2023 Legislative Policy Agenda	HealthierHere's Role
1. Ensure continued public funding for ACHs & support for the MTP waiver renewal	Coordinate & collaborate with the ACH Association's new lobbyist, who will serve as lead/point person on this issue
2. Support a statewide Community Information Exchange (CIE) that aligns with, strengthens, and supports regional/local CIEs and amplifies community voice (see specific messaging below)	Advocate & influence the HCA's approach to a statewide CIE; engage C2CN Advisory Group and Network Partners in messaging based on our collective experience building and implementing a CIE at the local level; serve as a credible voice/lead convener on this issue
3. Support a robust, culturally appropriate workforce with a particular focus on: <ul style="list-style-type: none"> Behavioral health; and Services provided by individuals that represent & are closest to the communities they serve (e.g., Community Health Workers, Promotores, Peer Support Specialists, Patient Navigators, Traditional Healers) 	Monitor & support community partners through tracking what bills/budget items are in play, sharing information with partners, supporting others' lobbying and advocacy efforts, and educating policy makers about the need/impact with data, partner stories, etc.

CIE Specific Messaging (as approved by the C2CN Advisory Group):

- We **support the state's efforts** to explore CIE statewide and believe it has the potential to benefit individuals in all regions, if done appropriately.
- CIE and Community-Based Care Coordination (CBCC)** are complementary, but different efforts. Both require support for robust, multi-sector care coordination to be successful.
- CIE has four key components that are necessary to ensure success: **governance, technology, community engagement/support, and equitable data practices**.
- Any effort to support statewide CIE infrastructure must be done in partnership and in consideration of what is happening at the **regional level**; trust among clients and local organizations is critical to CIE's success.
- Stepwise design and implementation** is critical for learning and improvement.
- There are **specific and distinct roles** for the state and for the region.

Values

The Executive Committee purposefully developed and refined this legislative policy agenda to lead with **equity** and prioritize issues identified by our **community** partners as most important. We believe these priorities reflect what our partners are seeing and where HealthierHere can add the most value in conversations with policy makers.

Appendix

Advocacy Role

The Board has agreed that, at this time, HealthierHere's role is to advocate (not lobby). That means we:

- **Educate and inform** legislators on the work of HealthierHere/ACHs and serve as a resource
- **Build relationships** with legislators who can be thought partners on policy and system issues
- **Synthesize and share information** on policy/system issues
- **Convene partners and policy makers** to develop and recommend solutions
- **Partner** with organizations who can advance specific priorities

What do we mean by advocacy? Here is a list of specific activities HealthierHere can engage in:

- Educate and inform state legislators on the work of HealthierHere/Accountable Communities of Health (ACHs)
- Provide information or data on an issue so long as we don't make an "ask" or "call to action" or state a position (e.g., a fact sheet)
- Answer questions about the impact of a policy or funding decision under consideration
- Educate the general public about the importance of an issue
- Talk to decisionmakers about the implementation of a policy (i.e., a bill that's already passed)
- Host education sessions for policy makers to provide background information, convene stakeholders and/or discuss a policy issue
- Build relationships with legislators who can be thought partners; serve as a resource to them
- Synthesize and share information on issues surfacing through our waiver projects or other initiatives
- Convene partners, community members and/or policy makers to problem-solve an issue and brainstorm solutions
- Submit public comment to a proposed Washington Administrative Code (WAC) change, so long as we don't declare a position (e.g., we can share information, describe the impact, etc.)
- Testify on a bill in a public hearing, so long as we sign in as "neutral" and speak in a balanced way (e.g., we can speak to the potential impact, offer observations from the field, highlight unintended consequences)
- Notify partners about a policy or funding issue under consideration (e.g., share upcoming public hearing schedules, track the status of bills, disseminate information/data on an issue)
- Provide or translate academic/policy research for decision-makers to consider
- Coordinate meetings with an alliance of stakeholders to advance policy issues
- Track bills or monitor the status of policy/budget issues

Timeline for 2022

May-Sept	Identify 1-3 specific policy items within the board-approved policy priority areas for the 2023 state legislative session and at the local county and city levels based on feedback from the CCV, INC, C2CN, clinical partners and other community groups
October	Initial discussion of draft 2023 legislative policy items with Executive Committee and Governing Board
Nov-Dec	Board final review/approval of specific 2023 policy agenda
Dec-Early 23	Board updates and assistance on legislator outreach

Prioritizing Policy Actions for 2023 Legislative Session
Clinical, Community & Tribal Partner Feedback
 Final Summary - October 7, 2022

Background

HealthierHere solicited the counsel and input of its community, clinical and tribal partners on the **specific policy actions to focus on in the 2023 legislative session** within the Board's already-approved 8 policy priorities. These include:

1. Ensure a robust behavioral health system
2. Maintain and make permanent telehealth statewide
3. Address significant workforce capacity
4. Advance and protect services that support social determinants of health
5. Create an anti-racist health care and social support system
6. Support a robust public health system
7. Preserve the safety net for our most vulnerable populations
8. Continue public financing for Accountable Communities of Health (ACHs)

We held meetings August and September with Clinical Partners (about 25 participants), the Connect2 Community Advisory Group (~15 participants), the Community & Consumer Voice Committee (~15 participants), Community Grants Alumni (~15 participants), Community Practice Partners (~30 participants), and the Indigenous Nations Committee (~ 5 participants). Below is a summary of what we heard.

What We Heard – General Guidance

- **Strong support for the Board's approved policy priorities**, particularly behavioral health, workforce capacity, social determinants of health (SDOH), and the safety net
- Support HealthierHere **moving from advocacy to lobbying** and leveraging its powerful voice as a cross-sector convener
- Recommendation that HealthierHere **add value by communicating** what is "in play" during session and letting partners know how to support shared goals (e.g., messaging, informational one-pagers on key priorities)

What We Heard – Specific Policy Suggestions

- **Specific policy actions/areas that were most frequently mentioned were:**
 - **Medicaid rate increases**, particularly in behavioral health (BH)
 - Numerous strategies to improve **workforce capacity**; increased pay, loan forgiveness, training and scholarships in particular
 - Additional support for **Community Health Workers, Promotores, Patient Navigators, Peer Support Specialists and Social Workers**
 - Increased **CBO contracting dollars** to support the social determinants of health
 - Additional support for **culturally appropriate health care services**
 - Additional support for **traditional medicine**
 - Safety net services/healthcare regardless of **immigration status**
 - **Language and translation** support
- Specific messaging to the state as it develops a **statewide Community Information Exchange**

What We Heard – Themes by Group

Clinical Partners	Community Partners	Tribal Partners
<ul style="list-style-type: none"> • Workforce capacity, particularly BH • Medicaid rate increases (e.g., BH, care coordination, options for hospital discharge) • Support for CHWs, patient navigators, social workers, etc. • Data/connection between agencies (e.g., CIE) 	<ul style="list-style-type: none"> • Workforce capacity • Support for CHWs, Promotores, peers, etc. • Medicaid rate increases, particularly BH • CBO contracting for SDOH • Anti-racist policy work • Safety net/health services regardless of immigration status • Literacy/translation funding • Telehealth support 	<ul style="list-style-type: none"> • BH support • Access to traditional healing practices/medicine • Culturally appropriate, wholistic services • ACH funding

Detailed Feedback

Question 1: What do you see as the most immediate policy actions or community needs within any of HH's eight policy priority areas? *(Items in bold were most frequently mentioned.)*

1. Ensure a Robust Behavioral Health System
 - **Medicaid behavioral health rate increases** (e.g., integrated care reimbursement, increased community home reimbursement rates for mental health patients to facilitate hospital discharges, among many others)
 - **Increased funding and ability to deliver culturally appropriate mental health care, including traditional healing practices**
 - Actuarial mandate/carve out rate setting for youth behavioral health
 - Pay parity between behavioral and physical healthcare workforce
 - Inclusion of BA-level credentialing in reimbursable support roles for youth BH
 - Funding for non-traditional mental health services/holistic care
 - Implement and standardize suicide risk assessments and training
 - Increase behavioral health in schools
2. Maintain & Make Permanent Telehealth Statewide
 - Continued telehealth option for behavioral health services
 - Improve digital literacy/address the digital divide so that more clients can access telehealth services
3. Address Significant Workforce Capacity
 - **Additional funding/reimbursement/support to improve behavioral health workforce retention and pipeline** (e.g., education scholarships, bonuses, legislative incentives to support counselors in CBO/NPOs)
 - **Additional funding/reimbursement/support for CHWs, Promotores, Patient Navigators, Peer Support Specialists, as well as removing barriers to entry** (e.g., immigration status is a barrier for many CHWs)
 - **Loan forgiveness programs, grant funding and other support, especially for behavioral health providers and social workers**

- **Rate increases for a variety of services** (e.g., behavioral health, care coordination, OTP, co-occurring services, AFH reimbursement for challenging residents)
 - **Increased Cost of Living Adjustments and salary increases** for a variety of providers
 - Support the advancement and training of people from the community to become health professionals in their own communities; will improve outcomes by ensuring culturally competent care
 - Support workforce partnerships between providers, communities and technical colleges including scholarships, technical assistance, training and testing
 - Workforce development for pediatric and geriatric care (e.g., Geriatric MHS certification curriculum; strengthen skill sets of AFH providers to support older/disabled adults with mental health conditions through ongoing training, consultation and curriculum)
 - Increase workforce capacity in juvenile justice centers
4. Advance & Protect Services that Support the SDOH
- **Increased contracting dollars for CBOs and service providers** (e.g., in lieu of service funding of MCOs to fund healthcare that occurs outside of the clinical environment, automatic inclusion of 20% overhead in contracts)
 - **Language translation for SDOH services** (ties to public health item below)
 - Increase funding for basic needs (food, shelter, medical, health care access, etc.) that is specifically focused on BIPOC communities
 - Investment in data/communication between agencies (e.g., CIE)
 - Increased awareness and education of available resources that impact SDOH for low-income communities (e.g., Freshbucks, vouchers)
5. Create an Anti-Racist Health Care Delivery System
- **Provide culturally appropriate health care services** (e.g., screening, assessment, interventions, traditional healers)
 - **Training, funding and staff support for traditional medicine**
 - Provide education and interventions that create and sustain anti-racist health care and social services
 - Advocate for a stronger health equity commitment from organizations and government agencies to really serve communities of color, low-income and non-English speaking communities (e.g., County's emergency response system)
6. Support a Robust Public Health System
- Additional translation/language support to address emerging public health needs (e.g., Monkeypox)
7. Preserve the Safety Net for our Most Vulnerable Populations
- **Healthcare coverage and access to safety net services for undocumented communities**
 - Additional services and support for homeless populations
 - Increased access to oral health services
 - Financial relief for underinsured/uninsured medical bills (ex. Current COVID relief does not include this sort of financial support)
8. Continue Public Financing for ACHs
- Continued state funding for ACHs particularly given HealthierHere's commitment to community voice and its ability to provide flexible funding to support community needs (e.g., non-traditional services)

Question 2: What are you or your organization prioritizing this legislative session?

- Increasing Medicaid rates (ACRS), inc. for behavioral health (Center for Human Services)
- Full cost contracting; indirect cost allowables in government contracts (Atlantic Street Center)
- Strong behavioral health system supports (Recovery Café, WA Recovery Alliance)
- Student loan forgiveness (Children's Behavioral Health Work Group)
- Increasing long-term care supports and rate increases (WA Association of AAA)
- Recess policy grades K-6 (King County Play Equity Coalition)
- Strengthening public health system, prevention, health equity, healthy & safe environments (WA State Board of Health [strategic priorities](#))
- Workforce shortage inc. licensing and supervision requirements, tuition reimbursement programs (Center for Human Services)
- Naturalization support services (Chinese Information & Service Center, OneAmerica)
- Social determinants of health (North Sound ACH)
- Behavioral Health Collaborative Care Program (contract between VMFH and Concert Health)
- Rate increase for OTPs providing behavioral health services (org not provided)
- Integrated care reimbursement for behavioral health agencies and pay parity (org not provided)
- Improved DOH licensing process for Residential Treatment Facilities (org not provided)

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In addition to the feedback above, HealthierHere's Executive Team, Executive Committee and its Connect2Community Network Advisory Group also discussed policy items for 2023.

### Connect2 Community Network Advisory Group (CIE-specific messaging)

The C2CN Advisory Group also helped HealthierHere develop key messages to state leaders about the Community Information Exchange (CIE):

- We support the state's efforts to explore CIE statewide and believe it has the potential to benefit individuals in all regions, if done appropriately.
- CIE and Community-Based Care Coordination (CBCC) are complementary, but different efforts. Both require support for robust, multi-sector care coordination to be successful.
- CIE has four key components that are necessary to ensure success: governance, technology, community engagement/support, and equitable data practices.
- Any effort to support statewide CIE infrastructure must be done in partnership and in consideration of what is happening at the regional level; trust among clients and local organizations is critical to CIE's success.
- Stepwise design and implementation is critical for learning and improvement.
- There are specific and distinct roles for the state and for the region.

### Executive Team & Executive Committee's Initial Brainstorm

- Funding and infrastructure to support the interoperability and integration of a statewide Community Information Exchange
- Expedited licensure for out-of-state and foreign-trained providers
- Community health worker support
- Behavioral health supports
- Implementation of equity zones within the renewal waiver
- Continued advocacy for ACH funding & the renewal waiver
- Medicaid rates increases to support whole-person care
- Funding for local CBOs to provide SDOH services
- Additional public health funding



Board Meeting Evaluation Form (also available online at [HERE](#))

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On a scale of 1 to 10, how would you rate the quality of today's meeting?

What would it take to make it a 10?

COMMENTS (optional)



## Glossary of Terms

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|         |                                                                                 |
|---------|---------------------------------------------------------------------------------|
| ACH     | Accountable Community of Health                                                 |
| AI/AN   | American Indian/Alaska Native                                                   |
| AIM     | Analytics, Interoperability, and Measurement, part of the Health Care Authority |
| AIMS    | Advancing Integrated Mental Health Solutions, part of University of Washington  |
| AMDG    | Agency Medical Directors' Group                                                 |
| BHO     | Behavioral Health Organization                                                  |
| BMI     | Body Mass Index                                                                 |
| BRFSS   | Behavioral Risk Factor Surveillance System                                      |
| CMS     | Centers for Medicare & Medicaid Services                                        |
| CBO     | Community-Based Organizations                                                   |
| CCM     | Chronic Care Model                                                              |
| CCV     | Community/Consumer Voice Committee                                              |
| CDP     | Chronic Disease Prevention and Control Project                                  |
| CDR     | Clinical Data Repository                                                        |
| CEO     | chief executive officer                                                         |
| CHARS   | Comprehensive Hospital Abstract Reporting System                                |
| CHW     | Community Health Worker(s)                                                      |
| CLS     | Community Learning Sessions                                                     |
| CMCH    | Center for Multi-Cultural Health                                                |
| CMS     | Centers for Medicare & Medicaid Services                                        |
| DAST    | Drug Abuse Screening Test                                                       |
| DCHS    | Department of Community and Human Services                                      |
| DPC     | Demonstration Project Committee                                                 |
| DPP     | Diabetes Prevention Program                                                     |
| DSHS    | Department of Social and Health Services                                        |
| DSRIP   | Delivery System Reform Incentive Payment                                        |
| DT      | Design Team                                                                     |
| DY1     | DSRIP Year 1                                                                    |
| ED      | Emergency Department                                                            |
| EHR     | Electronic Health Record                                                        |
| FIMC    | Fully Integrated Managed Care                                                   |
| FFS     | Fee-For-Service                                                                 |
| FPL     | Federal Poverty Level                                                           |
| FQHC    | Federally Qualified Health Centers                                              |
| GAD     | Generalized Anxiety Disorder                                                    |
| G2P     | Guidelines to Practice                                                          |
| HCA     | Health Care Authority                                                           |
| HCP LAN | Health Care Payment Learning & Action Network                                   |
| HHSTP   | Health and Human Services Transformation Plan                                   |
| HIE     | Health Information Exchange                                                     |
| HIT     | Health Information Technology                                                   |
| HKCC    | Healthy King County Coalition                                                   |
| HUD     | U.S. Department of Housing and Urban Development                                |
| IDC     | Integration Design Committee                                                    |
| IHCP    | Indian Health Care Provider                                                     |

|          |                                                                          |
|----------|--------------------------------------------------------------------------|
| ILC      | Interim Leadership Council                                               |
| IOM      | Institute of Medicine                                                    |
| IPT      | Investment Prioritization                                                |
| IT       | Information Technology                                                   |
| ITU      | Indian Health Service, tribally operated, or urban Indian health program |
| JAMA     | Journal of the American Medical Association                              |
| KCACH    | King County Accountable Community of Health                              |
| LEAD     | Law Enforcement Assisted Diversion                                       |
| LGBT     | Lesbian, Gay, Bisexual, and/or Transgender                               |
| LOI      | Letter of Intent                                                         |
| MAT      | Medication Assisted Treatment                                            |
| MCO      | Managed Care Organization                                                |
| MeHAF    | Maine Health Access Foundation                                           |
| MHIP     | Mental Health Integration Program                                        |
| MIDD     | Mental Illness and Drug Dependency                                       |
| MOU      | Memorandum of Understanding                                              |
| MTP      | Medicaid Transformation Project(s)                                       |
| MVP      | Medicaid Value-Based Purchasing                                          |
| ODU      | Opioid Use Disorder                                                      |
| P4P      | Pay-for-Performance                                                      |
| P4R      | Pay-for-Reporting                                                        |
| PAL      | Partnership Access Line                                                  |
| PCORI    | Patient-Centered Outcomes Research Institute                             |
| PCP      | Primary Care Provider                                                    |
| PHSKC    | Public Health – Seattle & King County                                    |
| PIMH     | Partnership for Innovation in Mental Health                              |
| PMD      | Performance Measurement and Data                                         |
| PMP      | Prescription Monitoring Program                                          |
| PRISM    | Predictive Risk Intelligence System                                      |
| PSH      | Permanent Supportive Housing                                             |
| QBS      | Quality Benchmarking System                                              |
| RHIP     | Regional Health Improvement Plan                                         |
| RHNI     | Regional Health Needs Inventory                                          |
| SAMHSA   | Substance Abuse and Mental Health Services Administration                |
| SBIRT    | Screening, Brief Intervention, and Referral to Treatment                 |
| SCORE    | South Correctional Entity                                                |
| SIHB     | Seattle Indian Health Board                                              |
| SIM      | State Innovation Model(s)                                                |
| SUD      | Substance Use Disorder                                                   |
| TA       | Technical Assistance                                                     |
| TSP      | Transition Support Program                                               |
| UIHI     | Urban Indian Health Institute                                            |
| US       | United States                                                            |
| VBP      | Value-Based Payment                                                      |
| VOCAL-WA | Voices of Community Activists and Leaders, Washington State Chapter      |
| WAC      | Washington Administrative Code                                           |
| WSHA     | Washington State Hospital Association                                    |
| WSMA     | Washington State Medical Association                                     |