Welcome and New Members Introductions

Betsy Jones (King County Executive’s Office) welcomed the group and extended a special welcome to new members Julie Lindberg (Molina), Erin Hafer (Community Health Plan of WA) and Patty Hayes, Interim Director for Public Health-Seattle & King County, and also indicated that David Fleming will continue to be involved in this important work.

Brief Updates

a. Accountable Communities of Health

Janna Wilson noted that since the last Advising Partners Group meeting (May 15), King County applied for and was awarded a planning grant from the Washington State Health Care Authority to support local efforts to collaborate and plan for an Accountable Community Health (ACH) for the King County region. Planning activities will take place from August – December 2014. See an Overview of ACH planning approach for the King County region for more information.

A timeline of planning steps and their alignment with related state activities and future meetings of the Advising Partners Group was reviewed, noting that further conversations with the Advising Partners Group regarding ACH planning are planned for future meetings. See slides 4-5.

b. Individual Level Strategy

Liz Arjun noted that Lean support resources have been secured. The proposed subpopulation for the focus of this go-first strategy is the top 10% of jail utilizers with a mental health need and/or substance abuse issue. Reasons for selecting this group include: Not too small of a population (just over 400 people); Likely to include some people who are homeless, others who aren’t; Likely to include some people with physical/medical conditions, others who don’t; and Mapping the process for this group and
making suggested policy and process improvements likely to touch across the health and human service delivery system.

The timeline anticipated for this work is:

- **August**: Convene Management Guidance Team
- **September**: Convene Design Team/Current State Mapping (4-6 weeks)
  - Develop conference room map
  - Help identify data needs
  - People raise where they see bottlenecks “this part doesn’t work”
  - Identify areas for the “process walks” that are needed and crosswalk between systems
  - Collect data
  - Plan the process walks
  - Carry out process walks (may lead to identification of additional questions, additional data needs)
- **October**: Reconvene Management Guidance Team
- **November**: Design Future State & Make Recommendations (2-3 Days)
- **2015**: Implement Recommended Changes/Improvements/Investments

Meeting discussion included:

- it will be interesting to analyze cost and establish savings targets.
- how do we talk about this work in relationship to CoO? Answer: Our hope is the CoO work will prevent many from entering the jail in the first place, and offer community supports for those that are discharged.

**Discussion and Strategic Input on Communities of Opportunity**

a. **Living Cities takeaways from June Chicago Learning Community**

Living Cities’ work through The Integration Initiative (TII), supports teams of leaders in cities as they transform systems to produce outcomes for all. In June, 2014, teams from the second cohort of sites selected to participate in TII—Albuquerque, New Orleans, San Antonio, San Francisco, and Seattle/King County—met in Chicago for their first “Learning Community.” The two day event, hosted by Living Cities at the Catalyst Ranch, offered an opportunity to work together for a significant period of time on initiative planning and focused on collective impact. Ten representatives from King County attended and discussed the Communities of Opportunity initiative for our region: Michael Brown, Deanna Dawson, David Fleming, Hilary Franz, Alice Ito, Jennifer Martin, Gordon McHenry, Jr., Jeff Natter, Adrienne Quinn, and Kirsten Wysen.

Attendees noted their takeaways from this event:

- Gordon McHenry, Jr.:
  - This is a multi-year commitment, long term change.
  - Have to adapt as needed.
Deanna Dawson:
• We were the only County at the table. This level of collaboration makes our work more challenging, but will be richer in the end.
• Aha moment: need to be more comfortable with ambiguity – this is the nature of the beast when doing collective impact.
• “Stop being polite, start getting real” need to start getting specific about what we’re looking for and trying to accomplish. Need to have agreement/recognize disagreement as we move forward on strategies.
• Help cities feel engaged in this process.

Adrienne Quinn:
• Should focus on having the right folks at the table; folks that really going to move the initiative forward, that have both power and will to move it forward. Requires setting a different type of table than we usually do in this community.
• Serving “at the table” is not a “life sentence.” Be strategic in inviting folks for the right amount of time.

David Fleming:
• We are on cutting edge- developing the model as we go.
• Incredible group of people working on this.
• Aha moment: thinking about maps, wanting to improve red areas. Need to do some thinking about what we want them to become. Don’t want to be successful because we pushed all the minority groups out, but rather should consider how to bring those communities along.
• Consider how to capture the power of other assets in our community.

Kirsten Wysen:
• Appreciate comradery on this team
• Systems thinking and 12 leverage points in changing systems
• Having best bets for strategies that we’re working on.
• Be well-informed by working deliberately with folks directly affected by inequities.

Living Cities’ expectation is that our work and that of others in the cohort will move at a rapid pace and drive change across the nation. King County has the opportunity to participate in another learning community scheduled for October.

b. Two rounds of funding for Communities of Opportunity (COO): policy/system change and site selection

Communities of Opportunity’s (a partnership of King County, The Seattle Foundation, Living Cities and others) goal is to improve outcomes in communities in lowest ranked census tracts through:

• Special focus on the poorest 20%
• Work across sectors
• Use a prevention approach
• Intervene in the areas of health, housing and economic development
• Make policy & system changes and place-based improvements
• Create a toolbox
• Combine financing streams and investment types

Maps of King County show “red” overlap in census tracts ranked by index of health, housing and economic opportunity measures and other demographics, indicating that some of the greatest inequities exist in south King County. COO has a 3 inter-locking part approach: 1. Use a mutual selection process to identify three cities/neighborhoods for focused investment, 2. Work on policy and system changes that have cross-cutting benefits across many “red” areas, 3. Use toolkits and learning community to support all areas of the county. See also slides 9-11.

Two rounds of funding (currently totaling approx. $700k contributions from The Seattle Foundation and King County combined) have been designated for 2014: 1st Round for policy and system changes and 2nd Round for place-based investments. See also Funding Timeline.

Meeting discussion included:

• Clarification about the interplay of the 2 rounds of funding: barriers to communities’ success rarely exist in a vacuum and may be systemic in nature. By funding in two waves, hope to create a push/pull between systems and grass-roots change.
• This is a different way for the County to do business, which allows for a different funding/sustainability model by facilitation of capacity building in these communities. This is the transformative nature of what we’re doing.
• For those in the political realm, need to be communicating with our constituents about the key drivers (see Feedback Loop in slides 13-14). Consider how to keep this work from being a cult of personality.
• Draw learnings from past successful efforts, such as the Annie Casey investments in White Center.
• Concerns about disaggregation of data: Immigrant and refugee communities are not tracked separately, and looks like they are doing OK when lumped with more successful counterparts of their same designated racial group.

c. Small Group Discussion notes

What learnings do we carry forward from the Living Cities insights?
• Set the table:
  o Potluck vs. poker
  o People committed to vision
  o People with power and resources to move tings forward
  o But no all people of power
• Honest conversations vs. “Seattle Nice”

• Visioning success in neighborhoods:
  o What are we really trying to do? Not trying to create affluent white communities in “red” areas
  o Articulate vision of success to others
  o How do we ensure people in “red” areas stay and thrive?
  o What are characteristics of mixed income/mixed race communities?
  o What supports strong communities (e.g., passing levy)

• Take time for relationships & reflection
  o Interactive, shared experiences
  o Afternoon meetings followed by dinner
  o Spend time in sites, dine there

• Focus-Align high aspirations with resources
  o Avoid siloing
  o Look for cross-cutting themes
  o Clear communications

• Set the baseline
  o Define the problem, but...
  o ...remember the problems aren’t static
  o Better understand root cause
  o Problems & solutions will vary by community

How do we tell the story of the whole Communities of Opportunity effort - the policy/systems changes, sites and the toolkit?

• One king county – people are fluid and move. Message that if things are going well in one place of the county, it affects the whole.

• That we’re a region of innovation could be compelling point for some

• Can’t just be talking about the 3 funded communities. Need also to talk about the learning community and how folks can be involved NOW.

• Compelling data points to use going out**
  o Free/reduced lunch
  o Life expectancy
  o Combined with food dessert info
  o Kids*

• Some people different messages
  o Justice
  o Economics/innovation
  o Cutting edge- doing things smarter
  o Untapped potential

• Remind people of the scale differential

• Start off these meetings with voices of people from communities

• Remind people “go first” strategies ➔ longer term plan
- Communications:
  - **Families is a good “door opener”**
  - Message one KC matters
  - Lots of movement people live, work, play all over
  - **Hear from community members**
    - What is it you are doing that we can help with? (ADD VALUE)
    - Open door talking about life expectancy – then talk about why and what can do.
  - Read map lessons
    - Big picture messages vs.
    - Terminology used in targeted communities

**Sooner – some already there>tap into what’s already there**

**What tough questions do you anticipate we’ll receive, and how would you answer them?**

- Why did only 3 places get funded? Why are you doing this work differently?
  - Concentration of resources to make difference
  - Funneling
  - Check & adjust

- How to ensure spread of this work?
  - Measuring
  - Choose strategies that can spread
  - Collective energy

- What’s the sustainability plan?
  - Visibly celebrate success
  - Articulate to whom returns on investments flow and engage those communities
  - Policy/system approach
  - Community systems in place

- How are funders authentically engaging community?
  - Mutual selection process
  - respecting people’s time
  - linking to related work

- How doing cultural competency & diversity assurance? (disaggregation of data, creating effective models of engagement, not just language assistance)
  - Acknowledge it, build it into the process
  - [Disaggregation of data is a resources issue and also about how data is collected]

- How to acknowledge past efforts? What distinguishes this effort from what we’ve already done? What learnings from past efforts can we use?

- Which disparities do we focus on first?
  - Social determinants of health are very important – put out there

- How does COO relate to ACH?
  - Find alignment with existing efforts (SHCIP and Prevention Framework), and linkages for the long run
Initiatives linked into Prevention Framework and other elements of the Innovation Plan.

- How are we leveraging heavy-duty financial resources in healthcare and business?
  - (Same as community above)
- How are we leveraging evaluation/measurement resources at local learning institutions?
  - Acknowledge funding realities of academic environment
- How do we identify quick wins/short term goals, interim goals, medium-term goals, and longer-term goals?

Evaluation Framework for Transformation Plan

Evaluating collective impact requires a mindshift from traditional evaluation. Instead of assessing the impact of a single intervention, we will assess multiple components and connections. Instead of limiting our study to the effect/impact of a pre-determined set of outcomes, we will study intended and unintended outcomes as they emerge over time. Instead of providing findings at the end, we will embed feedback and learning throughout.

Each stage of the collective impact change process (see slides 18-19) will require a different approach to evaluation.

1. **Developmental Evaluation:**
   - Snapshot that lets us know how we are doing and what immediate adjustments we might make to the process
   - Using right now and will be on-going. Brief survey will be administered at multiple times in each work group, we will monitor for change
   - Informs what might be included in process evaluation

2. **Process Evaluation:**
   - Developing survey focused on topics such as communication, collaboration, transparency, etc.; to be implemented this fall, repeated in the spring and annually thereafter
   - Also tracking how we are transforming internal County practices and lessons learned
   - Findings will be included in reports to King County Council later this year

3. **Outcome Evaluation:**
   - Initiatives: within 60 days of community site selection, develop evaluation plan in collaboration with communities for funded initiatives, with annual evaluations
   - Overall: look at to what extent we have improved health, social, economic and racial equity?

A logic model for the Transformation Plan’s Evaluation was distributed, which reflects time sequence from left to right. Over time, there will be additional detail about defining measures and collecting data.
Meeting attendees were asked to respond in small groups to the question (notes are listed in table below): *If you were evaluating the Transformation Plan, what would you most want to know?*

<table>
<thead>
<tr>
<th>At 6 months:</th>
<th>At 12 months:</th>
<th>At 3 Years:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• <em>Communities selected</em></td>
<td>• Policies identified to change, or changed?</td>
<td>• Early outcomes/failures (beyond process)</td>
</tr>
<tr>
<td>• Actively engaged communities</td>
<td>• What ended up on people’s local and state legislative agendas?</td>
<td>• See policy/system change</td>
</tr>
<tr>
<td>• <em>Community leaders with sense of ownership</em></td>
<td>• Did we identify target areas for coordinating integrating jail with care systems?</td>
<td>• Tables/processes that are functioning</td>
</tr>
<tr>
<td>• Are we on track, are indicators going in the right direction</td>
<td>• Realistic assessment of resources needed?</td>
<td>• Moved beyond planning</td>
</tr>
<tr>
<td>• Is the early bird table set correctly?</td>
<td>• Identify milestones for next 12 months</td>
<td>• Syncing up with State measures</td>
</tr>
<tr>
<td>• We know what we are doing</td>
<td>• Successes to date: communities served? Partnerships?</td>
<td>• Resources from community partners to shared goals and measures</td>
</tr>
<tr>
<td>• Shared agenda</td>
<td>• How does ACH align with TP/Do we have alignment</td>
<td>• Structure for cross-system work</td>
</tr>
<tr>
<td>• Buy-in and shared outcomes</td>
<td></td>
<td>• Linking work – not one monolithic intervention</td>
</tr>
<tr>
<td>• <em>Pick red #’s or %’s – know what we will measure by how much</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• What $ are we really applying</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• <em>Ask people how likely we are to be successful</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Continuous sharing with other groups real time</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*top 3*

This group was asked to fill out a brief 3 question survey at the meeting to inform the developmental evaluation.

**Wrap up and Next Meeting Preview**

Next meeting is scheduled for Sept. 17, 1-3:30 p.m. and will contain updates on this work and further discussion on the Accountable Communities of Health exploration.
Engagement in State Health Care Innovation Plan Activities
Transformation Plan: Last Meeting’s Focus

- **Funders Group**
  - Design team
  - Communities of Opportunity
  - Seattle Foundation Partnership
  - Living Cities Integration Initiative

- **Design team**
  - Adults with complex conditions: focus - jail involved
  - Dual eligibles demonstration

**Catalyst Fund**

**Engagement in State Health Care Innovation Plan Activities**
Transformation Plan: Today’s Focus

Advising Partners Group

Funders Group

Design team - Communities of Opportunity
Seattle Foundation Partnership

Design team
Adults with complex conditions: focus - jail involved

Dual eligibles demonstration

Living Cities Integration Initiative

Catalyst Fund

Engagement in State Health Care Innovation Plan Activities
Accountable Community of Health Planning Steps – King County Region

Phase 1
Scoping & consultant selection

Phase 2
Listening & analysis (consultant work)

Phase 3
Developing options

Phase 4
Reviewing and finalizing a community of health plan (due December 31)

July 21: State applies to federal government for big grant (SIM) to implement Health Care Innovation Plan

Oct 1: Regional Service Areas (RSAs) determined by HCA & DSHS

Oct 31: Federal SIM grant award announced (estimate)

Fall: ACH certification criteria/process established

Jan 1: SIM grant begins

January: Two ACHs selected

Related State Activities
Accountable Community of Health Planning Steps – King County Region

**Phase 1**
Scoping & consultant selection

**Phase 2**
Listening & analysis (consultant work)

**Phase 3**
Developing options

**Phase 4**
Reviewing and finalizing a community of health plan (due December 31)

July | Aug | Sept | Oct | Nov | Dec | Jan 2015
--- | --- | --- | --- | --- | --- | ---
APG August 6 | APG Sept 17 | APG Oct 30 | APG Nov 20

Future structure(s) to support Transformation Plan
Informs and links to ACH community of health plan recommendations for governance

**Advising Partners Group**

ACH planning check-in, potentially with consultants
Discussion with consultants and State partners

Apply for designation?
Proposed Subpopulation

Top 10% of jail utilizers with a mental health need and/or substance abuse issue

- Not too small of a population
- Likely to include some people who are homeless, others who aren’t
- Likely to include some people with physical/medical conditions, others who don’t
- Mapping the process for this group and making suggested policy and process improvements likely to touch across the health and human service delivery system
Critical Path

August: Convene Management Guidance Team

September: Convene Design Team/Current State Mapping (4-6 weeks)
  • Develop conference room map
  • Help identify data needs
  • People raise where they see bottlenecks “this part doesn’t work”
  • Identify areas for the “process walks” that are needed and crosswalk between systems
  • Collect data
  • Plan the process walks
  • Carry out process walks (may lead to identification of additional questions, additional data needs)

October: Reconvene Management Guidance Team

November: Design Future State & Make Recommendations (2-3 Days)

2015: Implement Recommended Changes/Improvements/Investments
Communities of Opportunity

A partnership of King County, The Seattle Foundation, Living Cities and others

Goal: Improve outcomes in communities in lowest ranked census tracts

- Special focus on the poorest 20%
- Work across sectors
- Use a prevention approach
- Intervene in the areas of health, housing and economic development
- Make policy & system changes and place-based improvements
- Create a toolbox
- Combine financing streams and investment types
Map of King County

Census tracts ranked by an index of 10 health, housing and economic opportunity measures below

<table>
<thead>
<tr>
<th>Physical and behavioral health, housing and economic opportunity</th>
<th>Lowest 10% (red)</th>
<th>Highest 10% (blue)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life expectancy</td>
<td>74</td>
<td>87</td>
</tr>
<tr>
<td>Adverse childhood experiences</td>
<td>20%</td>
<td>9%</td>
</tr>
<tr>
<td>Frequent mental distress</td>
<td>14%</td>
<td>4%</td>
</tr>
<tr>
<td>Smoking</td>
<td>20%</td>
<td>5%</td>
</tr>
<tr>
<td>Obesity</td>
<td>33%</td>
<td>14%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>13%</td>
<td>5%</td>
</tr>
<tr>
<td>Preventable hospitalizations</td>
<td>1.0%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Poor housing condition</td>
<td>8%</td>
<td>0%</td>
</tr>
<tr>
<td>Low-income, &lt; 200% poverty</td>
<td>54%</td>
<td>6%</td>
</tr>
<tr>
<td>Unemployment</td>
<td>13%</td>
<td>3%</td>
</tr>
</tbody>
</table>
Demographics Across King County

People of Color

Low Income

Low Educational Attainment

[Maps showing demographics across King County with color-coded areas for different categories]
Communities of Opportunity: 3 inter-locking parts

1. Use a mutual selection process to **identify three cities/neighborhoods** for focused investment

2. Work on **policy and system changes** that have cross-cutting benefits across many “red” areas

3. Use **toolkits and learning community** to support **all** areas of the county
Communities of Opportunity Funding Timeline

July
- 7/18: 1st Round RFP Due
- 7/21 and 8/21 Design Team Mtg – Rd 1 and 2 Funding

Aug
- 8/13 and 8/25: Review Panel Selection – Finalist Selection
- Late-Aug: LOI Released/Site interviews

Sept
- 9/3: Exec Review
- 9/10: Seattle Foundation Board Meeting
- Late-Sept: Rd 1 Grants awarded
- Mid Sept: Rd 2 Review Committee Grantee Selection

Oct
- Rd 1 Implementation
- Rd 2 Site selection and Implementation
- Late Sep: Exec Review
Elements of the Feedback Loop
The process decision makers use to evaluate progress toward their Shared Result with data and learn what’s working, what’s not working, and most importantly: why

The Driver/s data is available most frequently. They give you info/feedback fast enough to course correct.

The outcomes allow you to gauge how you are performing in relation to the Shared Result. The data you collect will be specific to the strategy you believe will have the biggest impact on the shared result. The information will be at a slower frequency than the key drivers, but will still allow you to course correct.

The Shared Result shows whether you are achieving needle-moving Enduring Change. It may move the slowest but it is hard to deny the scale of impact when it moves.

Key Drivers
3-6 Year Outcomes
6-10 Year Outcomes
Shared Result
Feedback Loop in Action

Strategies align with the shared result
Lack of Physical Activity

Tobacco Use

Frequent Mental Distress

Adverse Childhood Experiences

Life Expectancy

Obesity

Diabetes

Preventable Hospitalization
<table>
<thead>
<tr>
<th><strong>Community features</strong></th>
<th><strong>Health and well-being</strong></th>
<th><strong>Economic development</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Substandard housing</strong></td>
<td>Asthma, lead poisoning</td>
<td>Financial stress, low property values</td>
</tr>
<tr>
<td><strong>Lack of healthy food</strong></td>
<td>Poor diet, diabetes, heart disease</td>
<td>Food deserts, food sector economic stagnation</td>
</tr>
<tr>
<td><strong>Inadequate transportation</strong></td>
<td>Obesity, heart disease, injury</td>
<td>Reduced employment and entertainment opportunities</td>
</tr>
<tr>
<td><strong>Lack of social cohesion</strong></td>
<td>Poor mental health, adverse childhood experiences</td>
<td>Safety, lack of community and identity and vitality</td>
</tr>
<tr>
<td><strong>Insufficient health care &amp; social services</strong></td>
<td>Poor health</td>
<td>Low economic productivity</td>
</tr>
</tbody>
</table>
The “Stream”

Societal Level  Community  & Policy Level  Individual & Family Level

Pro-Equity Policies

Affordable Housing  Good Paying Jobs  Access to Healthy Foods & Physical Activity  Incarceration  Obesity
Safe Neighborhoods  Quality Education

Address Structural Racism and Privilege

Healthy Environment  Access to Transportation  Homelessness  Untreated Mental Illness  Health Problems

Healthy Environment

Social, economic, & physical conditions that allow people to reach their full potential

Services for individuals and families to treat problems

Political structures & institutional practices that assure fairness & opportunity for all
VISION: By 2020, the people of King County will experience significant gains in health and well-being because our community worked collectively to make the shift from a costly, crisis-oriented response to health and social problems, to one that focuses on prevention, embraces recovery, and eliminates disparities.
Collective Impact Theory of Change

1. Social-Political-Economic Context

2. CI Design and Implementation
   - CI Process Outcomes and Indicators
     - COMMON AGENDA
     - SHARED MEASUREMENT
     - CONTINUOUS COMMUNICATION
     - CI Capacity
     - MUTUALLY REINFORCING ACTIVITIES
     - BACKBONE INFRASTRUCTURE
   - CI Learning Culture

3. Intermediate Outcomes
   - Outcomes and Indicators
     - Behavioral Changes (professional practices, individual behavior)
     - Systems Changes (funding flows, cultural norms, public policy)

4. Impact
   - Outcomes and Indicators
     - CI Goals

Key
- Potential evaluation focus
- Continuous learning

What progress?
- Early performance indicators
- Shared measurement system indicators

For whom, how, and why?
- Developmental evaluation
- Formative evaluation
- Summative evaluation
Transformation Plan: Next Mtg September 17

Advising Partners Group

Design team - Communities of Opportunity
Seattle Foundation Partnership

Design team
Adults with complex conditions: focus - jail involved

Dual eligibles demonstration

Living Cities Integration Initiative

Funders Group

Catalyst Fund

Engagement in State Health Care Innovation Plan Activities
## Transformation Plan Evaluation Logic Model

**Overarching evaluation question:** To what extent does the Transformation Plan improve health, economic, social, and racial equity?

<table>
<thead>
<tr>
<th>Because we have these resources...</th>
<th>Initiative Capacity and Context</th>
<th>Collective Impact Design</th>
<th>Outputs/Implementation (^1)</th>
<th>Individual behavior/Process Outcomes (^2)</th>
<th>System Outcomes (^3)</th>
<th>Population and Place-based Outcomes/Impacts (^3)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initiative Capacity and Context</strong></td>
<td><strong>Collective Impact Design</strong></td>
<td><strong>Outputs/Implementation (^1)</strong></td>
<td><strong>Individual behavior/Process Outcomes (^2)</strong></td>
<td><strong>System Outcomes (^3)</strong></td>
<td><strong>Population and Place-based Outcomes/Impacts (^3)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Initiative Capacity</strong></td>
<td>-interest in initiative by KC leadership</td>
<td>-Transformation Plan, Proviso, ESJI, Strategic Plan</td>
<td>-Initial Catalyst fund</td>
<td>-Funding partners with shared goals</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Context</strong></td>
<td>-Healthcare reform</td>
<td>-Behavioral health care integration and accountability</td>
<td>-Medicaid/Medicare &quot;Duals&quot; project</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Common Agenda</strong></td>
<td>-Engage community/stakeholders</td>
<td>-Collective action plan and interventions</td>
<td>-Partners agree upon action plan and interventions</td>
<td>-Partners have buy-in and commitment to agreed-upon actions</td>
<td>-Partners view TP as ‘value added’</td>
<td></td>
</tr>
<tr>
<td><strong>Backbone Infrastructure</strong></td>
<td>-Develop organizational infrastructure; workgroups</td>
<td>-Ensure alignment of activities from action plan</td>
<td>-Partners have buy-in and commitment to agreed-upon actions</td>
<td>-Partners view TP as ‘value added’</td>
<td>-Partners view TP as ‘value added’</td>
<td></td>
</tr>
<tr>
<td><strong>Backbone Infrastructure</strong></td>
<td>-Develop and implement training and capacity-building activities</td>
<td>-Develop collective action plan</td>
<td>-Partners have buy-in and commitment to agreed-upon actions</td>
<td>-Partners view TP as ‘value added’</td>
<td>-Partners view TP as ‘value added’</td>
<td></td>
</tr>
<tr>
<td><strong>Shared Measurement</strong></td>
<td>-Use cross-sector data for decisions regarding CI target subpopulations, communities, and outcomes</td>
<td>-Develop open learning communities</td>
<td>-Partners have buy-in and commitment to agreed-upon actions</td>
<td>-Partners view TP as ‘value added’</td>
<td>-Partners view TP as ‘value added’</td>
<td></td>
</tr>
<tr>
<td><strong>Communication</strong></td>
<td>-Partners view communications as sufficient and transparent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\(^1\)NOTE: [C:] is used for community-strategy specific topic; [I:] for individual-strategy specific topic
Transformation Plan Evaluation - Glossary

The Transformation Plan Evaluation will be built on the Collective Impact evaluation model – designed for initiatives in which organizations, communities, funders coming together to tackle complex community issues

Collective Impact (CI) Design and Implementation - key components:
- **Common Agenda** - diverse set of voices, common understanding of the problem and goals, commitment to solve/adapt
- **Backbone Infrastructure** – leadership guides vision, builds will, ensures alignment of activities/strategies/policies/funding, supports data for decisions
- **Mutually-Reinforcing Activities** – partners using CI plan, aligning activities and resources
- **Shared Measurement** – shared measurement is valued, partners design meaningful, timely indicators and sufficient funding, data used for decisions
- **Continuous Communication** – regular meetings and communication, info flow, coordinate efforts

These components go into a continuous learning circle that includes:
- **Learning Culture** – culture of experimentation, transparency, openness and inclusion, trust and humility
- **Initiative Capacity** – sufficient resources, people, skills, partnerships

**CI Outcomes** can be seen in...
- **Behavioral changes:**
  - Individual behavior – awareness/knowledge, attitudes/beliefs, willingness to do desired behavior (internal, external, service recipients)
  - Professional/organization practice – education, standards, responsiveness to community, service improvement, policies
- **System changes:**
  - Funding – upstream and aligned with CI goals and targeted toward evidence-based interventions
  - Cultural norms – media changes, public narrative
  - Public policy – laws, regulations, advocacy, policy alignment and enforcement

**CI Impacts:**
- Population-based outcomes – TBD
- Place-based outcomes - TBD