Welcome and Rapid Fire Introductions

Anne Tillery (Pyramid Communications), facilitator, welcomed the group and initiated a brief round of introductions.

Setting the Context

- Orientation to the Transformation Plan

Kelli Carroll (Metropolitan King County Council) and Betsy Jones (King County Executive Office) noted that this work is borne out of a County Council request (September 2012) for collaboration around transformation of the health and human services system(s) in King County toward better outcomes for residents. Ongoing work is envisioned as being done as a collective body (applying collective impact principles), of which King County government is but one partner among many driving this work through 2014 and beyond. Betsy noted that Executive Constantine highlighted in his State of the County address that if we demonstrate results, we will be in a strong position to show the public where additional investment will yield the kind of healthy people and healthy communities our region needs. Kelli commented that the King County Council is deeply committed to this work and is excited to support the Executive, this group, and other groups working on outcomes to bring to fruition the concepts laid out in the Transformation Plan.

Purpose of This Group

- Purpose and role of the group
- What we hope to achieve over the next six months

Anne directed the group to the handout titled King County Health and Human Services Transformation Advising Partners Group, noting that “The intent of this group is to strategize and work together,
utilizing the principles of collective impact, to move the King County Health and Human Services Transformation Plan into action in 2014.”

Today’s meeting is intended to bring members to the same level of understanding on topics and current status and get everyone engaged.

Proposed roles and responsibilities for this group include:

- Consider how best to assure meaningful community and resident engagement going forward
- Help assure the most effective possible structures and mechanisms for launching the two “go-first” strategies of the Transformation Plan - improve social and health outcomes for adults with complex conditions and improve outcomes for communities with poor social and health indicators – in order to move to concrete action and results – basically, serve as an initial governance structure
- Inform guidelines for use of the catalyst fund in 2014
- Consider and think about how best to take advantage of opportunities that may come about as a result of state initiatives connected to health reform and the State Health Care Innovation Plan.
- Create strategies to leverage and establish additional partnerships and investors for this work
- Help assure that an effective evaluation framework is established at the outset so that we can get on the same page about the overarching theory of change, milestones, and progress.
- At the end of six months, identify what governance/oversight structure(s) would make the most sense to achieve the goals of the transformation plan

Members discussed the importance of keeping awareness of and staying in alignment with the concurrent work and timelines of the Affordable Care Act and the State Health Care Innovation Plan – suggested mechanisms for keeping this group informed included designated meeting time for updates or a regular report/dashboard. It was suggested that this group’s meetings be kept to a few well-structured, relatively short occurrences over the next 3-6 months, perhaps with more focused subgroups for the 2 go-first strategies and with staff support in between meetings. It was acknowledged that the group’s work should be frontloaded to the extent possible, but also that adequate time should be allowed for community engagement. The group will be consensus-based, acknowledging areas of non-consensus when needed, in keeping with the principles of collective impact (exception: King County will have final say on its investment of the Catalyst Fund, but will still approach this using collective impact principles to align resources).

The HHS Transformation - Implementation Timeline (DRAFT) handout benchmarks key activities, such as the Catalyst Fund release (note Council action time is predicated on transmittal date) and Living Cities timeline. It was noted that this group is not locked into the 6-month timeframe, but the many upcoming milestones in March and April will set the trajectory for the rest of the period.

The group agreed to revisit the subject of meeting frequency at the end of this meeting.
**Update on Transformation Plan Strategies**

- **Community-Level Strategy**
  
  Kirsten Wyssen (Public Health-Seattle & King County) updated the group regarding plans for the community-level strategy, one of the 2 go-first strategies named in the Transformation Plan. The goal is to promote equity of health and well-being by working in places of King County that have the most to gain. This was discussed at the Dec. 3, 2013 “Building a Healthier King County” meeting, wherein approx. 175 individuals from many sectors explored place-based work in the intersection of health, human services and community development. See the handout Community-Level Strategy Update for Advising Partners – March 6, 2014 for maps demonstrating disparities and more information.

  Concurrently, Living Cities (a group of 22 national funders who make collaborative investments in low-income urban areas towards system change) invited King County to apply for the 2nd cohort of The Integration Initiative, which (if received) will award a $100,000 12-month planning grant to King County and may lead, after the planning phase, to a future request for implementation support. This work appears to align well with the Transformation Plan’s vision for the community-level strategy and participation in the Living Cities Integration Initiative could help further and be in service of that strategy.

  Jennifer Martin (The Seattle Foundation) discussed that through a recent strategic planning process, The Seattle Foundation launched the Center for Community Partnerships with a focus on increasing racial and economic equity through place-based work and systemic change. The Center found that there appeared to be overlapping goals with the community-level strategy of the Transformation Plan.

  The Seattle Foundation and King County are exploring a place-based partnership “Communities of Opportunity” with the shared vision to improve health, social, racial, and economic equity. It is anticipated that $2.5M over 5 years (with additional beyond that) will be dedicated to this work. The Seattle Foundation Board will make a decision next week about the initiative. It was noted that national funders are paying attention to private/public partnerships like this: we should be layering on resources and coordinating as best we can. Social and health indicators for this work are yet to be selected; the work will be data-driven and measured accordingly.

- **Individual-Level Strategy**
  
  Elise Chayet (Harborview Medical Center) gave a brief overview of the individual-level strategy of the Transformation Plan, which calls for improving health and social outcomes, while simultaneously reducing costs, by partnering with adults in King County who have complex, multiple health and social needs. Work will likely be focusing on how to reorganize systems to get better outcomes for high utilizers, who use the most expensive systems (emergency departments, crisis services, jail, etc.), but still have some of the worst outcomes. See Individual Level Strategy Update and Discussion with Advising Partners – March 6, 2014 handout for more information.
This group can offer recommendations for where to focus work (e.g. xxx subset of population or on improving weak “handoffs” between systems).

- **Catalyst Fund**

The King County Council 2014 budget included $500,000 to catalyze health and human service transformation. A strawperson design for funding the 2 go-first strategies was presented. See 2014 Catalyst Fund Discussion with Advising Partners – March 6, 2014 handout for more information.

Staff are looking for this group’s feedback today through the small group discussions (next on agenda), including some concrete ideas about what the grant process should be.

**Transformation Plan Strategies—Key Questions**

Small-group discussions were conducted in world café style for the next portion of this meeting. Three tables were designated and each discussed one of three topics – group members were seated amongst the 3 tables, with groups rotating to a new table/topic each 15 minutes. Each table had a designated discussion leader and note-taker (whom did not rotate with the groups), who reported the previous groups’ discussion and asked the new group to build upon it. The questions and resulting discussion were:

- **Table 1: Community-level strategy**
  - From your own experiences with collaborations, what do you think will help all of us successfully bridge different perspectives, sectors and ideas?
  - How do we identify and secure “early wins” in 2014 given that work to improve communities is long-term?

Jennifer Martin summarized this table’s discussion as focusing on collaboration and cross perspectives, and how to identify “early” wins given that this is long-term work (it was noted that humility around wins language is called for, as we partner with others who may have been working toward a particular outcome much longer than we have). The importance of seeing yourself in the process from others’ perspectives is key, as well as balancing the time it takes to build trust while keeping momentum. The work needs to have scope that is inclusive but tight enough for folks to rally around, assuming best intentions and being respectful and adaptive of how folks interact.

- **Table 2: Individual-level strategy**
  - In thinking about high-risk individuals in our community, what do you see as the major categories or clusters they fall into, and what systems are they touching?
  - In moving toward a more effective and efficient system to service high risk individuals, what does success look like?

Neil Powers (United Way) and Karen Spoelman (King County Department of Community & Human Services) summarized this table’s discussion as focusing on breaking down silos in a collaborative way
and how innovation funding can help decentralize some of this work. In seeking to identify groups of folks, the biggest concern that emerged is the complexity and time involved in engaging and supporting people when they reach a crisis stage, and the advantage of addressing problems upstream. In order to have a more effective system for these groups (veterans, people with mental illness, etc.) we must remove the barriers that we can, add services upstream, and consider one-stop shopping. The Catalyst Fund could be used to finance innovative strategies, and we should also consider how to get successful new strategies memorialized in policy and law. On the community engagement front, this table discussed the idea of sending a facilitator (instead of agency staff) to meet with community groups in hopes of getting more input.

Several participants commented that although the Transformation Plan’s individual-level and community-level strategies were proposed as 2 separate strategies, the Transformation Panel saw them as interwoven.

It was also pointed out that funding should be seen as available for changes that will allow for new ways of doing business (e.g. bundled payment). In the interest of sustainability, consider some type of social impact fund, generating savings to reinvest upstream, to achieve system change. Another member cautioned against looking at only local costs/savings, but to consider who the different payers are (federal, State, county, etc.) and where the savings will accrue.

- Table 3: Catalyst Fund
- What reactions do you have to strawperson design and considerations – what would you change, eliminate, add, and/or emphasize – and why?
- Thinking about what we want the Catalyst Fund to do in 2014, how would you invest the $500,000 and why? (If there are specific “early win” candidates you think should be put on the table, include this.)

Katherine Cortes (King County Office of Performance, Strategy and Budget) summarized this table’s discussion as focusing on authentic engagement and capacity and how to incentivize partnership with small targeted grants (the earlier Communities Putting Prevention to Work grants are a good example). The bifurcation between individual-level and community-level strategies was noted and a way to overlay these was raised, with the suggestion of looking at subpopulation in a particular place. It was also acknowledged that bifurcation could also work, provided both strategies work together toward the same shared goal. Funding alignment (what other money is out there and where is it going?) was another major topic identified, with some individual commitments to try to map this.

Also at the catalyst table there was discussion of the importance of funders working to align investments. The topic of social impact bonds was raised as a potential way to create sustainability for some of the systems we need to change.
Next Steps

Anne Tillery revisited the earlier discussion of how often this group should meet, advocating for accelerated involvement at front end of the group’s process, with subgroups working through some specifics related to each of the 2 go-first strategies and funding and feeding into this group’s process.

The subgroup of the community-level strategy work has been identified as the Communities of Opportunity design team, whose first meeting will be held in April, and which will be populated with a blend of agency staff and grassroots organizations (let Jennifer Martin or Janna Wilson know if you are interested in participating).

Another subgroup will address the individual-level strategy work; Elise Chayet and Jeff Natter expressed interest in participating. Folks can contact Susan McLaughlin if they want to join.

Another subgroup will look more closely at alignment opportunities among funders, including the Catalyst Fund, and how to carry the work beyond 2014. Those expressing interest in participating included Michael Brown, Betsy Jones, Jeff Natter, Kelli Carroll, and Sara Levin. Jeff volunteered to organize next steps.

These small group conversations and staff work will inform the timing of this group’s next meeting. Members should stay tuned for a proposed schedule of future meetings.

Anne noted that King County Staff can be reached at the following email address – HHSTransformation@kingcounty.gov.
King County Health and Human Services Transformation
Advising Partners Group
(Welcome Ideas for a Different Name)

Proposed Purpose
At the sunset of the King County Health and Human Services Transformation Panel, King County agreed to bring key leaders together to think collectively about how to move the King County Health and Human Services Transformation Plan into implementation.

The intent of this group is to strategize and work together, utilizing the principles of collective impact, to move the King County Health and Human Services Transformation Plan into action in 2014.

Proposed Roles and Responsibilities
Bring your best thinking and guidance to the table to:

- Help assure the most effective possible structures and mechanisms for launching the two “go-first” strategies of the Transformation Plan - improve social and health outcomes for adults with complex conditions and improve outcomes for communities with poor social and health indicators - in order to move to concrete action and results – basically, serve as an initial governance structure
- Inform guidelines for use of the catalyst fund in 2014
- Create strategies to leverage and establish additional partnerships and investors for this work
- Consider how best to assure meaningful community and resident engagement going forward
- Consider and think about how best to take advantage of opportunities that may come about as a result of state initiatives connected to health reform and the State Health Care Innovation Plan.
- Help assure that an effective evaluation framework is established at the outset so that we can get on the same page about the overarching theory of change, milestones, and progress.
- At the end of six months, identify what governance/oversight structure(s) would make the most sense to achieve the goals of the transformation plan
  - Should this group continue?
  - Does some other structure make sense?
  - Who authorizes our work?
  - To whom do we report to and share our ideas?
- Other roles, responsibilities and opportunities that are collectively identified by the group.

Meetings
The Advising Partners Group will meet for a period of six months to accomplish the above tasks at a frequency that will be determined by the group. The group will identify a mechanism to assure neutral facilitation of all meetings.

Involvement of partners in meeting planning and co-creating agendas will be important in helping to make this successful.
Guidelines for Multicultural Interactions

**Be present...** Let go of anything that might be a distraction (deadlines, paperwork, children, etc.) and be intentional about your purpose in this moment. Bring your full attention to the process. Acknowledge anything that you need to let go of in order to be present.

**Try on new ideas, perspectives ...** as well as concepts and experiences that are different than your own. Be willing to open up to new territory and break through old patterns. Remember, “try on” is not the same as “take on.”

**It’s OK to disagree...** Avoid attacking, discounting or judging the beliefs and views of others. Discounting can be verbally or non-verbally. Instead, welcome disagreement as an opportunity to expand your world. Ask questions to understand the other person’s perspective.

**Confidentiality...** There is another dimension of confidentiality that includes “asking permission” to share or discuss any statement another person makes of a personal nature. It helps to remember that the story belongs to the teller.

**Step up, step back...** Be aware of sharing space in the group. If you are person who shares easily, leave space for others to step into. Respect the different rhythms in the room, it is ok to be with silence. If you are a person who doesn’t speak often, consider stepping forward and sharing your wisdom and perspective.

**Self awareness...** Respect and connect to your thoughts, feelings and reactions in the process. Be aware of your inner voice and own where you are by questioning why you are reacting, thinking and feeling as you do. Monitor the content, the process and yourself.

**Check out assumptions...** This is an opportunity to learn more about yourself and others; do not “assume” you know what is meant by a communication especially when it triggers you – ask questions.

**Practice “both/and” thinking...** Making room for more than one idea at a time means appreciating and valuing multiple realities (it is possible to be both excited and sad at the same time) – your own and others. While either/or thinking has it place it can often be a barrier to human communication

**Intent is different from impact...** and both are important. It is also important to own our ability to have a negative impact in another person’s life despite our best intention. In generous listening, if we assume positive intent rather than judging or blaming, we can respond, rather than reacting or attacking when negative impact occurs.

**Listen deeply ...** Listen with intent to hear, listen for the entire content and what is behind the words. Encourage and respect different points of view and different ways of communicating. Engage heart and mind -- listen with alert compassion.

**Speak from the “I”...** is speaking from one’s personal experience rather than saying “we,” it allows us to take ownership of thoughts, feelings and actions

Laurin Mayeno and Elena Featherston, 2006
Adapted from VISIONS, Inc.
**Initiated Action**
Plan development and 2014 budget package

**Organize for impact**
Foster engagement, form partnerships, demonstrate early wins

**Sustain action & impact**
Ongoing, shared implementation & outcomes, expansion of resource pool

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### March – September 2014 Timeline: Subject to Change

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Community-Level Strategy Update for Advising Partners – March 6, 2014

King County Health and Human Services Transformation

BACKGROUND

- The Transformation Plan called for working at two levels to transform health and human services, including the community level and the individual level.

- For the community-level work, the plan calls for supporting communities in developing capacity and solutions that will improve the health and well-being of residents and the vibrancy of neighborhoods.

WHAT’S BEEN HAPPENING SINCE THE PLAN WAS ACCEPTED?

- December 2013 – “Building a Healthier King County” forum co-sponsored by King County and the Federal Reserve Bank of San Francisco: 175+ people from many sectors exploring place-based work in the intersection of health, human services & community development.

- Analyzing data - see maps on page 3. Some areas of our county consistently rank low on several measures of health and well-being.

- We’ve been talking to Living Cities – a group of 22 national funders who make collaborative investments in low-income urban areas → system change, collective impact
  - They learned about transformation efforts here, and approached King County to apply to participate in the planning phase of its Integration Initiative.
  - Appears to align well with Transformation Plan vision for the community-level strategy.
  - If we are selected, Living Cities would be in service of the community-level strategy – bolster and help bring infrastructure, engage us in a learning network
  - Those of you who joined us on February 13 to provide input – thank you!
• At The Seattle Foundation’s Center for Community Partnerships → a focus on addressing economic and racial inequities through place-based work and systemic change.

• King County and The Seattle Foundation have been comparing notes about respective and overlapping interests in promoting place-based work. Led to collaborating on the proposal to Living Cities.

• Common umbrella for “communities of opportunity” would allow for more impact, prevent duplicative efforts, and create a foundation that could engage other partners.
  
  o Shared vision: to improve health, social, racial, and economic equity
  
  o If successful, we will see a measurable closing of the gap in a cross-section of highly significant social and health indicators:
    ▪ Reduce adverse childhood experiences (ACEs),
    ▪ Reduce risks for leading causes of death and disability, including tobacco and obesity,
    ▪ Improve housing affordability and quality,
    ▪ Improve education and economic opportunity (including living wage jobs, wealth-building opportunity)
    ▪ Improve community safety, and
    ▪ Improve access to preventive and primary physical and behavioral health services.

WHAT’S NEXT?

• In April, the work will shift to design work to launch the place-based work, working through a number of open questions (identification of geographic areas, community/resident engagement, communications, strategies, etc.)

• The Seattle Foundation’s board meets next week to approve investment in this joint effort.

COMMUNITY LEVEL STRATEGY QUESTIONS FOR WORLD CAFE

  1. From your own experiences with collaborations, what do you think will help all of us successfully bridge different perspectives, sectors and ideas?

  2. How do we identify and secure “early wins” in 2014 given that work to improve communities is long-term?
King County Health and Human Services Transformation
Individual Level Strategy Update and Discussion with Advising Partners – March 6, 2014

Background

- Adults with multiple social and health challenges typically access a range of services and supports to help address their day-to-day needs. Frequently, services are accessed in uncoordinated and sporadic ways resulting in poor health and experience for clients, and increased system costs due to higher utilization of costly crisis services.

- The individual-level work of the transformation plan calls for improving health and social outcomes, while simultaneously reducing costs, by partnering with adults in King County who have complex, multiple health and social needs.

What are the ultimate outcomes we are driving towards?

- Improvement in health status and wellness
- Increased housing stability
- Reductions in avoidable costs in hospitals, emergency rooms, crisis services, and jails
- Increased client satisfaction with quality of life
- Increased participation in meaningful activities
- Reductions in disparities

Many initiatives and activities targeted toward high risk populations (not an exhaustive list)

| Care management programs for high risk adults (King County Care Partners, REACH, PACT) | Client Care Coordination (priority access to supportive housing for homeless high utilizers) |
| Duals demonstration project | Medical respite (post-hospital recuperation for homeless adults) |
| Health Home like services for Medicaid high risk individuals (non-duals) | High utilizer groups |
| Center City Initiative | Veterans programs |
| Committee to End Homelessness | Clients with serious mental illness boarding in ERs |
| Criminal Justice Initiatives/Jail Health Services | Initiatives of fire districts and Emergency Medical Services |

1 These outcomes mirror those in HB1519, regarding accountability measures for service coordination organizations
• Health reform is triggering many changes and opportunities related to this population.

• By working together across organizations and payers, we can achieve an approach that is successful in improving outcomes for this population.

• Initial groundwork is needed to bring the key parties together and form agreement on what the specific nature of the problem and the opportunity is.

What types of 2014 actions can set us on a path toward those outcomes (examples)?

✓ Working with key partners to design a system that improves the efficiency and effectiveness of care management across agencies and systems, since clients are multi-system involved

✓ Actions that move toward client-centered, whole-person approaches that integrate medical, behavioral, and social services/supports

✓ Support for a single plan of care, easier ability to exchange information among authorized parties, and greater client involvement

INDIVIDUAL LEVEL STRATEGY QUESTIONS FOR WORLD CAFÉ

1. In thinking about high risk individuals in our community, what do you see as the major categories or clusters they fall into, and what systems are they touching?

2. In moving toward a more effective and efficient system to service high risk individuals, what does success look like?
King County Health and Human Services Transformation
2014 Catalyst Fund Discussion with Advising Partners – March 6, 2014

BACKGROUND
• The King County Council 2014 budget included $500,000 to catalyze health and human service transformation.
• Purpose of the 2014 fund is to support the “change work” – one-time costs – associated with moving the two “go first strategies” forward.
• Not intended to pay for current, ongoing services that groups are providing now, or for services that would need ongoing support in the future.
• Should look for ways it can leverage other investors (could we build a future “community fund” instead of viewing this just as a county government resource?)

STRAWPERSON FOR CATALYST FUND DESIGN (2014 ONLY)

OVERALL PROCESS CONSIDERATIONS
• Where and how to maximize leverage?
• Consider modified competitive processes – keep simple, assure transparency, minimize burden on agencies
• How to keep focus on this as a catalyst (e.g., ask proposers to describe the current state, the new state, and how financing sparks the change)?
**Considerations for catalyst fund (bucket 1) – Individual Level Strategy**

- Consider focus on a subpopulation of the high risk adults as a testing ground
- Consider catalyst investments around a few key infrastructure improvements in 2014?
  - Infrastructure in this context means things like changes in protocols across agencies and systems, IT tools that support shared plan of care, etc.
  - Recognizing that what those are would flow out of planning work ahead
- Consider the context of what is happening with state Medicaid changes for high-risk adults, and with the State Health Care Innovation Plan
- Don’t build yet another layer or another program – use LEAN tools and principles to improve system performance

**Considerations for catalyst fund (buckets 2 & 3) – Community Level Strategy**

**Bucket 2 (“early win” investments):**

One concept for achieving early wins could be to build on a limited number existing place-based initiatives that are working toward the outcomes of interest. (Details would flow out of further design work ahead with partners)

- Geographic focus → in communities that rank low on several measures of health and well-being
- Positioned to show some type of results/progress in 2014?
- Consider extent of resident/community involvement and leadership?
- Consider extent to which cross-sector partnerships are already in place?
- Consider ways to incentivize upstream work that focuses on changing community features and conditions through policies and system change?

**Bucket 3 (community and capacity building investments):**

Concept here would be to catalyze action via modest grants for capacity building and community engagement to develop community-led efforts (in communities where not occurring)

- Learn from Equity Network and Community Transformation Grant process and recent capacity building grants
- Could set stage for future funding – but need to think about how to guard against setting up expectations

**2014 CATALYST FUND QUESTIONS FOR WORLD CAFE**

1. What reactions do you have to the strawperson design and considerations – what would you modify, add, and/or emphasize – and why?

2. Thinking about what we want the Catalyst Fund to do in 2014, how would you invest the $500,000 and why? (If there are specific “early win” candidates you think should be put on the table, include this.)
# King County HHS Transformation

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March 2014