

# King County Health and Human Services Transformation

## *Advising Partners Group Meeting Notes*

### *September 17, 2014 Meeting*

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**Members Present:** *Teresita Batayola, Elizabeth Bennett, Tom Byers, Elise Chayet, Jeff Harris, Patty Hayes, Mike Heinisch, Betsy Jones, Julie Lindberg, Gordon McHenry, Jr., Chase Napier, Jeff Natter, Mark Okazaki, Nathan Phillips, Adrienne Quinn, Bill Rumpf, Maggie Thompson*

**Staff and Guests Present:** *Liz Arjun, Greg Burnworth, Matt Canedy (Amerigroup), Nadine Chan, John Howell (Cedar River Group), Terry Mark, A.J. McClure, Susan McLaughlin, Kate Paris (United Healthcare), Pam Raphael (King County Alliance for Human Services), Holly Rohr Tran, Amina Suchoski (United Healthcare), Jack Thompson (Cedar River Group), Anne Tillery, Andrea Tull (Coordinated Care), Wendy Watanabe (Watanabe Consultation), Janna Wilson, Kirsten Wysen*

#### **Welcome and Introductions**

Anne Tillery (Pyramid Communications) welcomed the group and asked members to introduce themselves and answer the question *What does transformation mean from where you sit?* Answers included:

- Setting up a structure within King County that integrates services so that individuals get all the care they need, and only the care they need –*Adrienne Quinn*
- An opportunity to do things differently, which takes bold action; partnership/working together collectively; and aligning resources –*Betsy Jones*
- Making sure that systems are set up in a way that makes sense to our clients –*Patty Hayes*
- Determinants of health are equally important in assessing a person's wellness – look at all of these when servicing folks –*Mike Heinisch*
- Ensure access, improve outcomes for underserved –*Jeff Natter*
- Align with WA State as they begin to break down silos to address determinants of health –*Tom Byers*
- Design services from a more wholistic level, thinking of folks in more comprehensive fashion (affordable homes, livable wages, etc.) –*Maggie Thompson*
- Payment reform that can help drive a community-based approach –*Amina Suchoski*
- Looking for national connections –*Kate Paris*
- From patient's perspective, the system is less confusing; services actually meet needs –*Teresita Batayola*
- A more wholistic approach –*Mark Okazaki*
- Changing the way we do business, more community driven –*Nathan Phillips*
- Biggest opportunity is for investing funds in upstream prevention –*Jeff Harris*
- Moving quality checks and balances to systems that allow them to happen at point of care –*Julie Lindberg*

- Whole-person care, an integrated approach, payment integration and clinical care –*Andrea Tull*
- Address infrastructure barriers to make person-oriented systems. –*Matt Canedy*
- Changing systems, achieving integration. –*Elise Chayet*

Anne also oriented the group to the Transformation Plan “ecosystem” and reviewed the focuses of the group’s last meeting and today’s meeting. See slides 2-4.

### **Individual Level Strategy – Adult Jail Population**

Liz Arjun (King County) reviewed the population focus of the Transformation Plan’s individual-level strategy, now referred to as “Familiar Faces,” which is the top 10% of jail utilizers with a mental health need and/or substance abuse issue. See slides 5-13. Desired outcomes include:

- Improved health status
- Improved housing stability
- Reduced criminal justice involvement
- Reduced avoidable hospital ED use
- Improved client satisfaction with quality of life
- Reduced population-level health disparities

#### **a. Management Guidance Team**

The Management Guidance Team, consisting of leaders from across multiple sectors (including clients, MCOs, healthcare systems, mental health and substance use agencies, housing and human service programs, and other State and county agencies) convened a couple weeks ago. There was collective buy-in around the population focus and staff from organizations/agencies were designated to participate in a Design Team, which will conduct process walks and current state mapping.

#### **b. Lean in Action: How this applies to our individual level strategy?**

Application of Lean principles to look at systems for those with complex health and social needs was suggested earlier in Transformation Plan work. Greg Burnworth (King County) is the Lean expert now staffing the Familiar Faces work.

It was noted that Lean is:

- A Philosophy and a methodology for continuous improvement
- Lean methods help to more efficiently deliver services to the people we serve - our customers.
- Reflects a new way of thinking about our work: understanding how work is done, why it’s done, and how it can be done better.

The work will be approached by mapping what is happening with focus population by “walking in their shoes” doing process walks; this work will not be done in a conference room.

### c. What we plan to achieve by end of 2014 - APG Discussion/Feedback

The timeline for this work is:

- **September:** Convene Management Guidance Team (9/4/14)
- **September:** Convene Design Team/Current State Mapping (4-6 weeks- first meeting 9/23)
  - Identify areas for the “process walks” that are needed and crosswalk between systems
  - Identify and collect data
  - Plan the process walks
  - Carry out process walks (may lead to identification of additional questions, additional data needs)
- **November:** Reconvene Management Guidance Team
- **December:** Design Future State & Make Recommendations (2-3 Days)
- **2015:** Implement Recommended Changes/Improvements/Investments

It was noted that once you identify the changes needed, it will be important to sustain that effort.

### Accountable Community of Health (ACH) Planning

Janna Wilson noted the connection between the [State's health reform work](#) and the King County HHS Transformation. King County received ~\$50,000 planning grant from the State to coordinate Accountable Community of Health planning for the King County region.

#### a. Consultant Team Introduction

Consultants were selected with the input of a small ad hoc steering group. They bring experience and expertise to this work and are positions to lead stakeholders through upcoming conversations with a high degree of neutrality.

- **Cedar River Group** (John Howell, Jack Thompson, Rhonda Peterson) has a long history of consulting in this arena and offers strong facilitation in this complex work. They are already involved with State on its reform efforts and bring some knowledge of that plan.
- **Watanabe Consultation** (Wendy Watanabe) has expertise in models of communication, and has demonstrated bringing in different voices.

#### b. Proposed Approach

The consultant team walked through an overview of their work; see tasks and timeline document.

### **c. Discussion and Feedback**

The Advising Partners Group was asked for/gave feedback on the approach to community engagement, including: a draft list of individuals for interviews, a 1-page background document to be shared with interviewees, draft interview questions, and a model for ongoing inclusion of historically under-represented groups.

## **BREAK**

### **Communities of Opportunity**

Kirsten Wysen reviewed the Communities of Opportunity (COO) goal of improving outcomes in communities in the lowest ranked census tracts on an index of health, housing and economic opportunity measures (see Map). This cross-sector work seeks to combine financing streams and investment types to intervene in the areas of health, housing and economic development by using a prevention approach to make policy & system changes and place-based improvements. A learning community will also be developed to support all areas of the county. COO is offering 2 rounds of funding in 2014; see timeline.

#### **a. COO Round 1 Update**

The first funding opportunity asked for proposals to make policy and system changes to increase health, social, economic and racial equity in areas of physical and behavioral health, housing and economic opportunity. Ninety-two proposals (requesting \$9.8 million) were received; 12 proposals (totaling \$915,000) were selected and will be announced in early October.

In addition, and in response to the wealth of great proposals received, The Seattle Foundation is offering capacity-building grants to some of the applicants who did not receive funding through this opportunity.

#### **b. COO Round 2 Timeline/Process**

The COO Design Committee is working on process for releasing the 2-3 place-based investments; a request for Letters of Intent will be released soon.

#### **c. What we plan to achieve by the end of 2014**

Indicators are being developed for this work and input was sought from the Advising Partners Group. Discussion/suggestions included:

- Could we measure knowledge of the project – does the community know it exists?

- Are more of the right things happening, along with less of the bad things. Asset mapping, or something along those lines.
- Some safety measurements – physical infrastructure – are folks healthier because of infrastructure changes.
- Measurements shaped specifically to individual organizations/agencies

Input was also given on strategies (i.e., what do we want to do?)

- Apply lessons learned from Communities Putting Prevention to Work (CPPW) and the Community Transformation Grant (CTG). These were focused on policy, system and environment changes, and also require programmatic changes
- Importance of housing/housing strategies, which are so critical to health
- Look at what existing structures can we capitalize on? Can we measure changes in the kinds of policies used.
- Translate changes into future cost savings.

### **Board of Health Resolution**

Janna Wilson noted that a letter addressed to the Advising Partners Group was received from the King County Board of Health requesting this group “undertake a review of information, or, if necessary, conduct an evaluation of how Seattle’s Paid Sick and Safe Leave has impacted public health outcomes.” The letter originated from discussion at an [April 17 Board of Health](#) briefing on the Health and Human Services Transformation Plan.

It was acknowledged that while this is an important consideration for any jurisdiction to undertake, the Advising Partners Group isn’t the table to take up this work.

### **Wrap up and Next Meeting Preview**

This group’s next meeting is scheduled for Oct. 30, 1-3:30 p.m. and will contain updates and further discussion on the Accountable Communities of Health exploration, and explore alignment and connections between the Communities of Opportunity, Familiar Faces and Accountable Communities of Health work.



# ADVISING PARTNERS GROUP MEETING

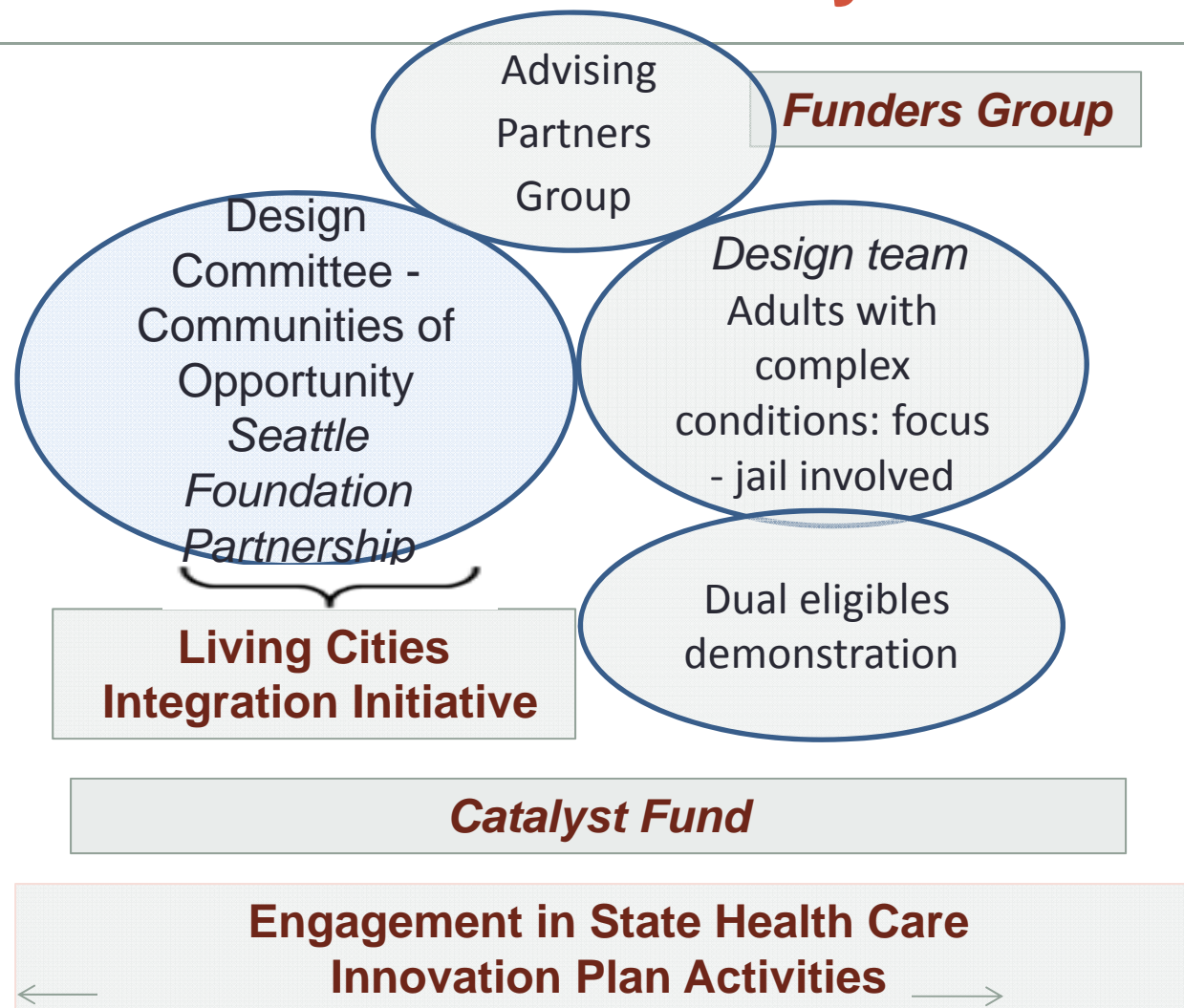
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Sept. 17, 2014

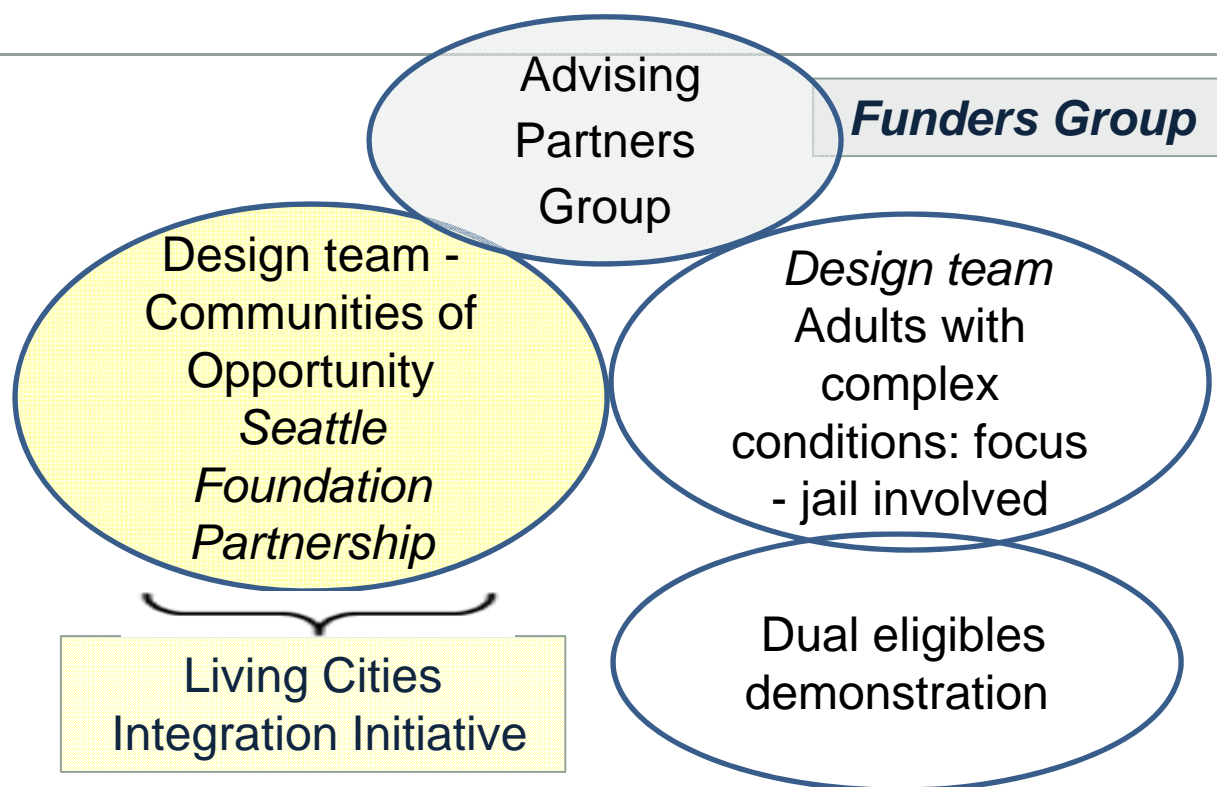


**King County** | *Health and Human Services Transformation*

# Transformation Plan Ecosystem Today

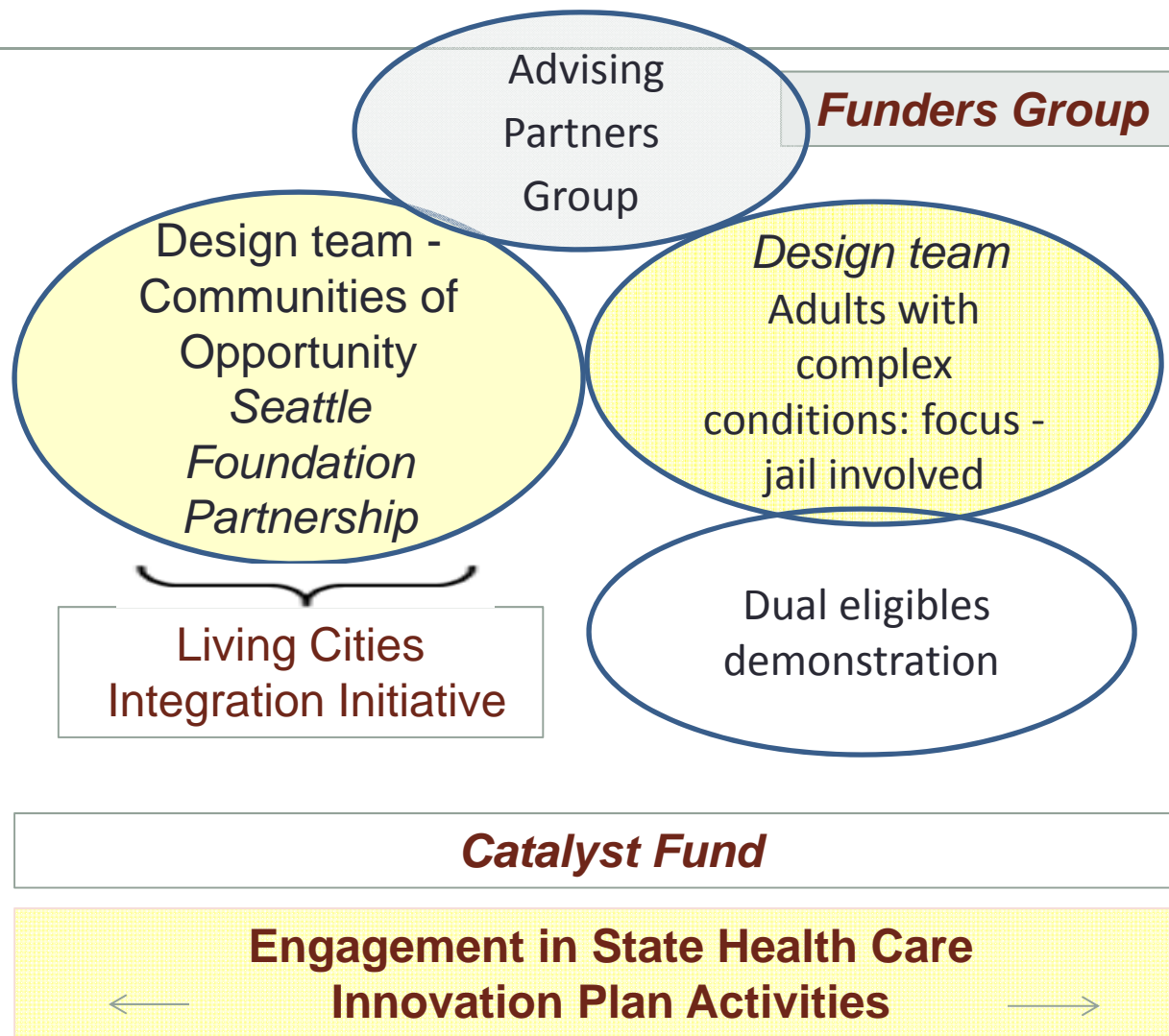


# Transformation Plan: Last Meetings Focus





# Transformation Plan: Today's Focus



# Familiar Faces Strategy (Individual Level)

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



# Why Focus Here?

- Across multiple systems with shared interest
- Not too small of a population
- Medicaid expansion opportunity
- Behavioral health integration



# Management Guidance Team

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## Key leaders including:

- Clients
- Managed care plans
- Hospital and clinic systems
- Mental health and substance use agencies
- Housing and human service programs
- Public health (including jail health)
- State agencies
- County government

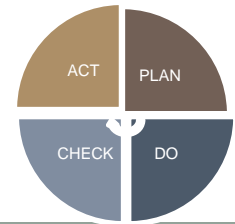


# Outcomes to Drive Vision

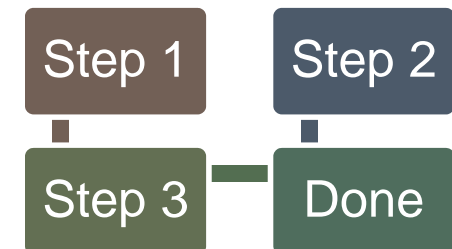
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- Improved health status
- Improved housing stability
- Reduced criminal justice involvement
- Reduced avoidable hospital ED use
- Improved client satisfaction with quality of life
- Reduced population-level health disparities

# WHAT IS LEAN?



- Philosophy and a methodology for continuous improvement.
- Lean methods help to more efficiently deliver services to the people we serve - our customers.
- Reflects a new way of thinking about our work: understanding how work is done, why it's done, and how it can be done better.



# 3 Actuals

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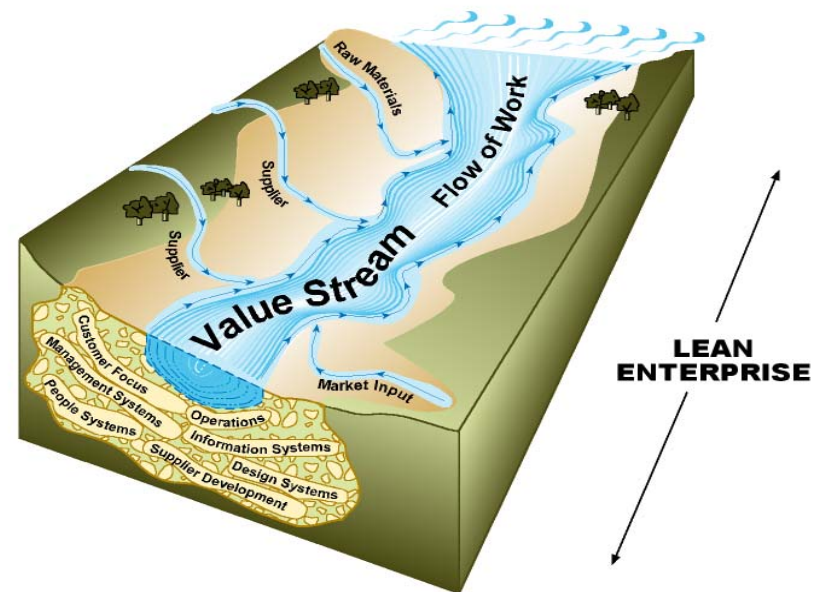
***“Let’s start by recognizing that improvement does not happen in a conference room.”***

- Go to the Actual **Place**
- Talk to the Actual **People** working in the process
- Observe the Actual **Process**



# Value Stream Defined

- A Value Stream is the set of all actions (both value-added and non-value added) required to bring a specific product or service from raw material through to the customer.





# PSYCH SERVICES ARRAY LOOP 1-2

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- Created a value stream
- Documented current state
- Created a Future Vision
- Executed an improvement plan (workshops, projects, policy improvements) to improve the entire system.



# Timeline- Familiar Faces (Individual Level Strategy)

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**September: Convene Management Guidance Team (9/4/14)**

**September: Convene Design Team/Current State Mapping (4-6 weeks-  
first meeting 9/23)**

- Identify areas for the “process walks” that are needed and crosswalk between systems
- Identify and collect data
- Plan the process walks
- Carry out process walks (may lead to identification of additional questions, additional data needs)

**November: Reconvene Management Guidance Team**

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

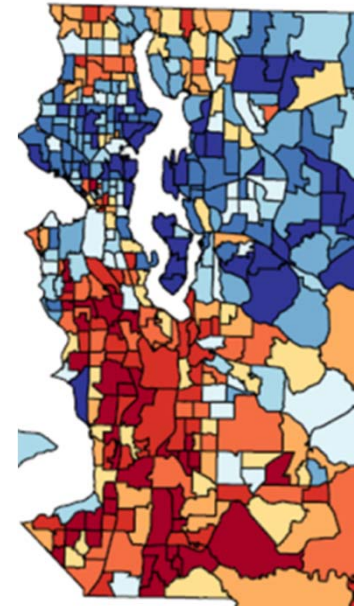
**2015: Implement Recommended Changes/Improvements/Investments**

# Communities of Opportunity

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

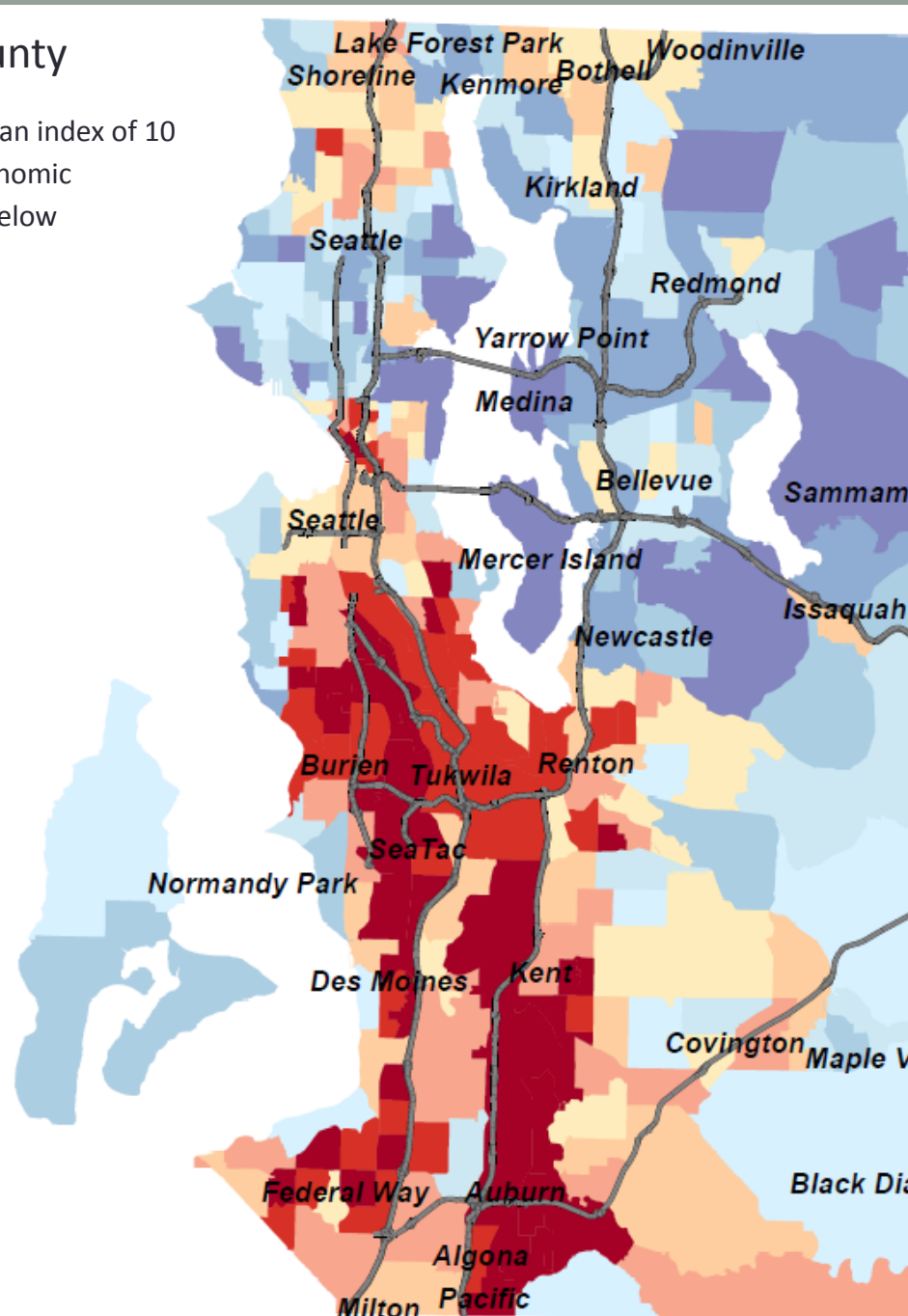
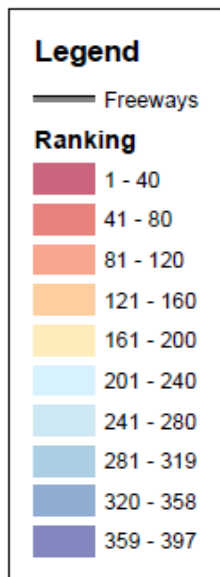
**Goal: Improve outcomes in communities  
in lowest ranked census tracts**

- 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



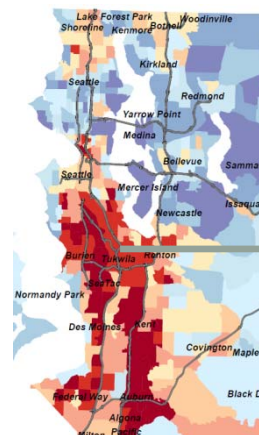
Physical and behavioral health, housing and economic opportunity	Lowest 10% (red)	Highest 10% (blue)
Life expectancy	74	87
Adverse childhood experiences	20%	9%
Frequent mental distress	14%	4%
Smoking	20%	5%
Obesity	33%	14%
Diabetes	13%	5%
Preventable hospitalizations	1.0%	0.4%
Poor housing condition	8%	0%
Low-income, < 200% poverty	54%	6%
Unemployment	13%	3%

# Communities of Opportunity: 3 inter-locking parts

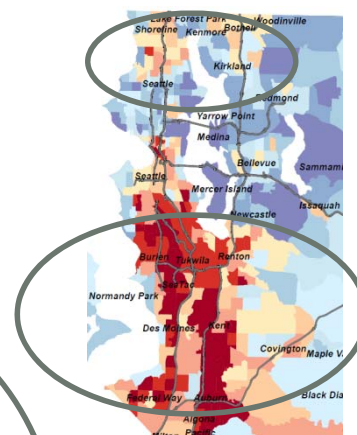
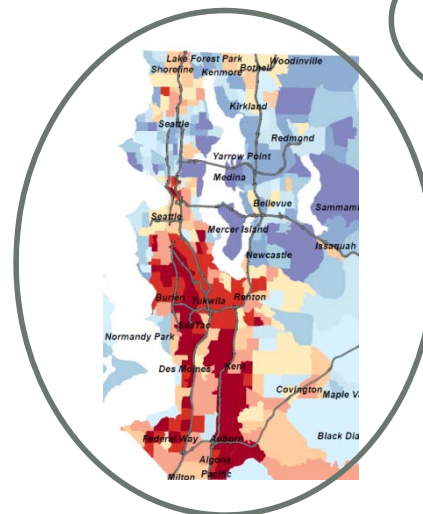
A. Use a mutual selection process to **identify three cities/neighborhoods** for focused investment

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

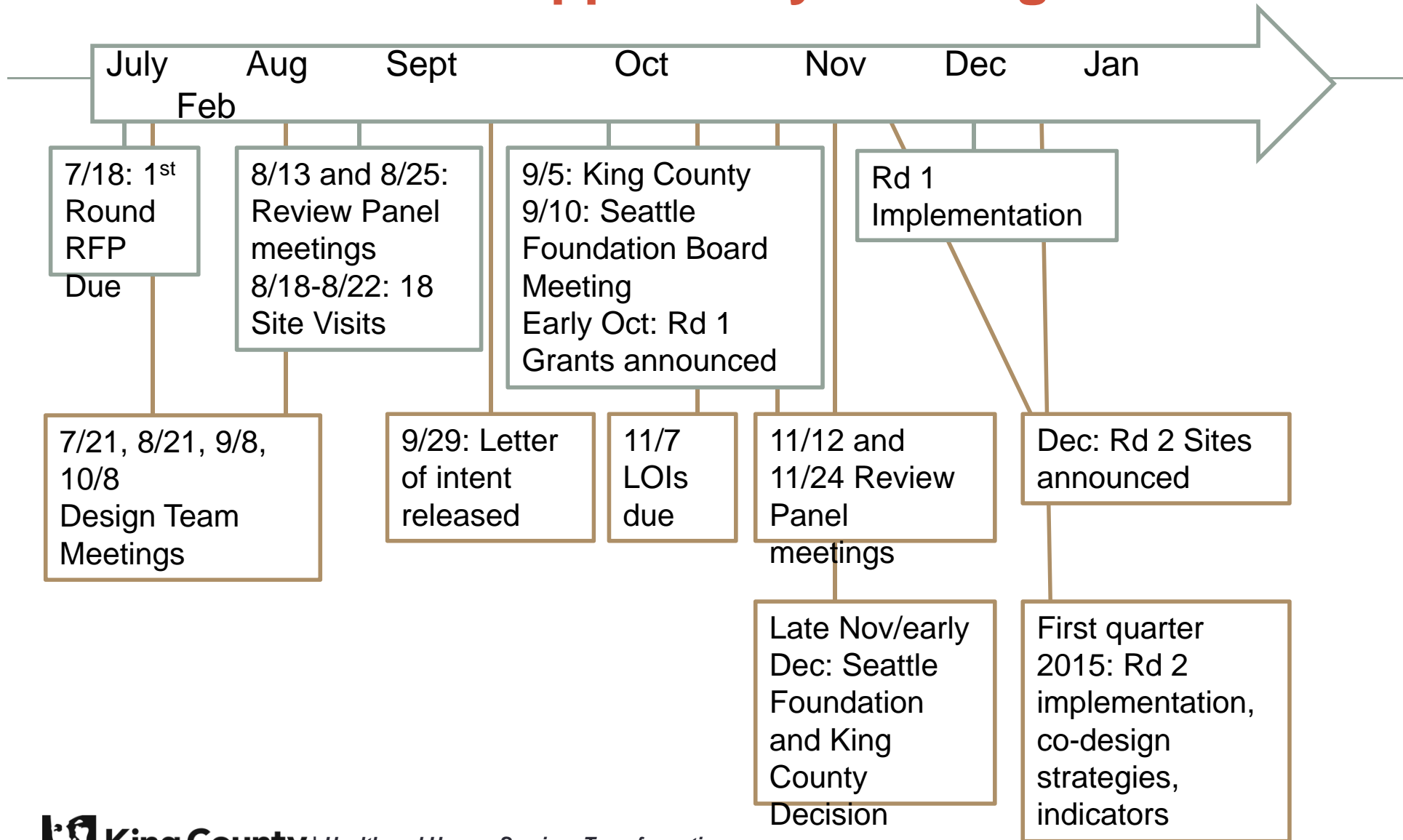
C. Use **toolkits and learning community** to support all areas of the county



Three  
place-based  
sites



# Communities of Opportunity Funding Timeline



# Communities of Opportunity

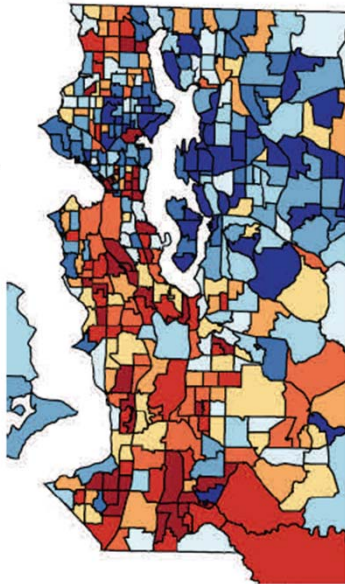
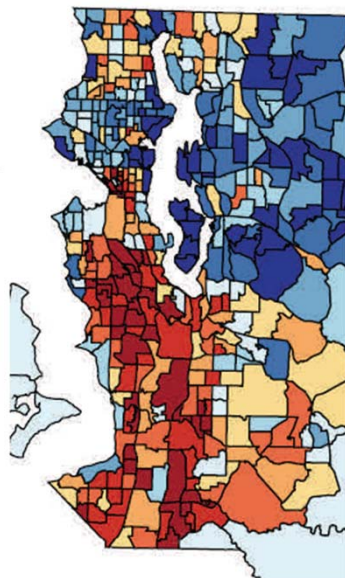
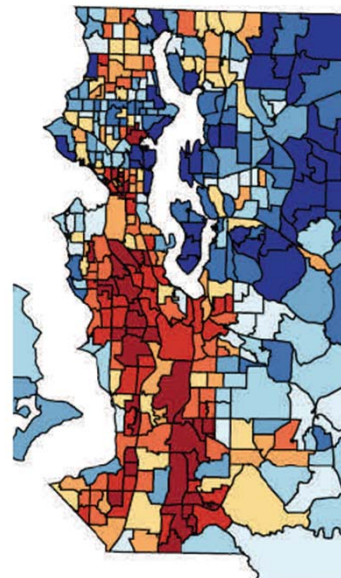
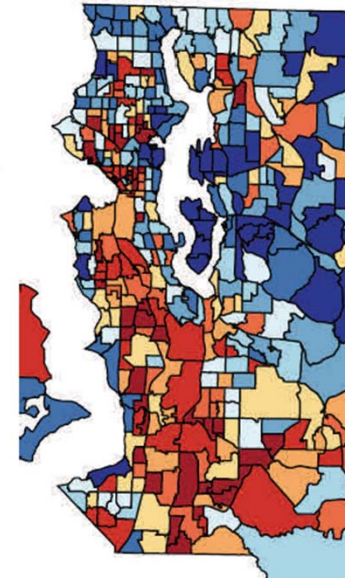
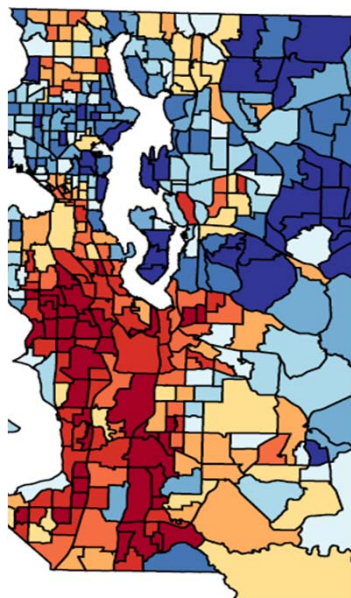
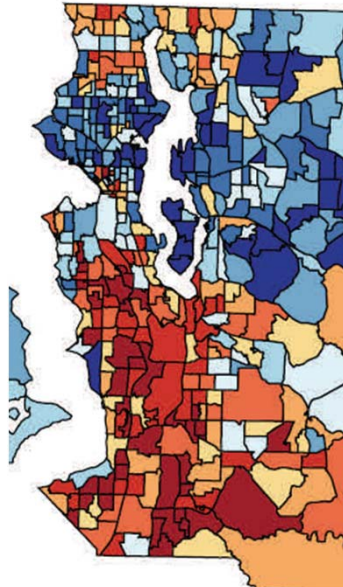
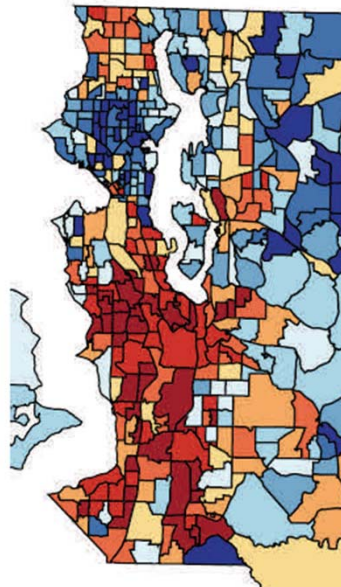
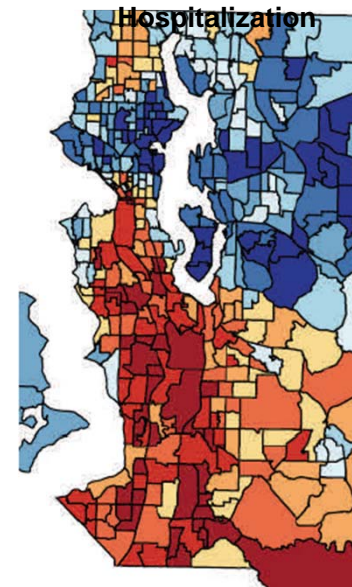
## Round 1: policy/systems changes

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- Received 92 proposals, requesting \$9.8 million
- Funding 10%: 12 proposals, totaling \$915,000
- Asked for proposals to make policy and system changes to increase health, social, economic and racial equity in areas of physical and behavioral health, housing and economic opportunity
- The 12 selected proposals fulfill two goals:
  1. Increase resources and capacity in COO geographic area.
  2. Work in three areas:
    - A. Health and human services transformation,
    - B. Healthy/vibrant community planning, and
    - C. Economic opportunity and racial equity.
- An inspiring set of approaches to start addressing the root causes of why the COO maps “all look the same.”





**Life Expectancy****Tobacco Use****Frequent Mental****Adverse Childhood****Lack of Physical****Obesity****Diabetes****Preventable  
Hospitalization**



## Community features

**Substandard housing**

**Lack of healthy food**

**Inadequate transportation**

**Lack of social cohesion**

**Insufficient health care & social services**

## Health and well-being

Asthma, lead poisoning

Poor diet, diabetes, heart disease

Obesity, heart disease, injury

Poor mental health, adverse childhood experiences

Poor health

## Economic development

Financial stress, low property values

Food deserts, food sector economic stagnation

Reduced employment and entertainment opportunities

Safety, lack of community and identity and vitality

Low economic productivity



# The “Stream”

**Societal Level**

**Community  
& Policy Level**

**Individual &  
Family Level**



**Political structures &  
institutional practices  
that assure fairness &  
opportunity for all**

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

**Services for  
individuals and  
families to treat  
problems**

**King County Region Accountable Community of Health – Planning Phase**  
**Timeline of Consultant Team Activities**

Task	Activity	Sept.	Oct.	Nov.	Dec.
1. <b>Landscape</b>	a. Key informant interviews				
	b. Crosswalk of existing initiatives				
2. <b>Community Engagement</b>	a. Interviews and assemble CE team				
	b. CE team input on initiatives crosswalk				
	c. CE team input on options and recommendations				
3. <b>Synthesis of Finding and Development of Options</b>	a. Summary of key informant and CE interviews and crosswalk				
	b. Summary of options				
4. <b>Development of Community Health Plan</b>	a. Draft portions of plan				
	b. Assistance with other sections of plan, as needed				
	c. Public comment on draft plan				
	d. Plan due date				12/31
5. <b>Meetings</b>	a. Advising Partners Group	9/17	10/30	11/20	