King County Health and Human Services Transformation

Advising Partners Group Meeting Notes

May 16, 2014 Meeting

Members Present: *Elizabeth Bennett, Tom Byers, Kelli Carroll, Elise Chayet, Mike Fong, Jeff Harris, Mike Heinisch, Betsy Jones, Susan McLaughlin (for Adrienne Quinn), Karen Merrikin, Jeff Natter, Mark Okazaki, Nathan Phillips, Bill Rumpf, Chrissy Russillo (for David Fleming), Mary Jean Ryan, Mark Secord (for CHC Council/Teresita Batayola alternate)*

Staff and Guests Present*: Liz Arjun, Kat Latet, Jennifer Martin, Carly McCarthy, A.J. McClure, Holly Rohr Tran, Laurie Sylla, Anne Tillery, Janna Wilson, Kirsten Wysen, Nicole Yohalem*

Welcome and Rapid Fire Introductions

Betsy Jones (King County Executive's Office), welcomed the group and initiated a brief round of introductions.

Introductions of A.J. McClure and Liz Arjun

Betsy also introduced A.J. and Liz who are in positions that are jointly accountable to both the King County Department of Community and Human Services and to Public Health-Seattle & King County.

A.J. McClure has been hired to be the Transformation Plan Coordinator. A.J. will be leading efforts to assure effective structures and strategies for making meaningful progress on the plan. He worked on policy and communications for King County Councilmember Julia Patterson and participated in the development of the Transformation Plan. He also served as a regional policy advisor for the City of Seattle and worked for a number of community organizations focusing on variety of issues such as education, human services, energy efficiency, and immigrant/civil rights.

Liz Arjun has been hired as a Transformation Plan Analyst. Liz served as a Regional Outreach Specialist in the Office of the Regional Director for the Department of Health and Human Services on issues related to implementation of the Affordable Care Act. Prior to that, she worked for the Community Health Plan of Washington to advance health coverage for low-income residents through implementation of the Affordable Care Act and at the Georgetown University Center for Children and Families providing policy analysis and technical assistance to state based advocates on children's health issues.

Orientation to the Work

Intersecting Elements of Transformation Plan

Anne Tillery (Pyramid Communications) presented a look at where the Advising Partners Group started on March 6 and how the "Transformation Plan Ecosystem" is now, noting today's agenda will contain

updates on the community- and individual-level strategies, the Catalyst Fund, and engagement in State Health Care Innovation Plan Activities. See slides 1-3 for graphics.

It was also noted that the Funders Group, suggested at the March 6 Advising Partners Group meeting, has had one meeting so far; the next meeting will be scheduled after it becomes clearer what it is that they are asking folks to fund.

Also since the last meeting, The Seattle Foundation/King County Communities of Opportunity partnership was formalized, and the Living Cities Integration Initiative planning grant confirmed.

Update on Catalyst Fund Guidelines

A.J. McClure expressed thanks to those who contributed input on the Catalyst Fund Guidelines. As background, the King County Executive requested (and King County Council approved) $500,000 one-time funding to go out in 2014. This funding is an implementation benchmark of the Health and Human Services Transformation Plan. The Guidelines are required for release of funds: they were transmitted to Council May 1, and are scheduled to be heard in Budget Committee in next few weeks. HHSTP staff are doing outreach to council now to brief them on the Guidelines and answer questions. If others have questions, feel free to contact A.J. or other staff.

Update on Transformation Plan Strategies: Communities of Opportunity

Kirsten Wysen (Public Health-Seattle & King County) and Jennifer Martin (The Seattle Foundation) highlighted the following points regarding the Communities of Opportunity work (see handout for more detailed info):

- The community-level idea was discussed by the Transformation Panel at this time last year; in twelve short months, it has gone from concept to implementation – this is exciting!
- On March 12, The Seattle Foundation's board committed $2.5M to this work
- On May 5, King County received notification of Living Cities planning grant award
- Hope some of the Catalyst Fund is available for community-level work
- Prioritizing community engagement; finding balance between funders with expectations and deadlines and communities with real needs and real people
- Design Committee has met once so far and has meetings scheduled in May and July. They are working on pushing out 2 waves of funding; the 1st for Proposed Equitable Systems/Policies RFP, creating a climate to support place-based changes (anticipate June 2014 release) and 2nd for (2-3) Place-Based Investments that catalyze changes in communities (anticipate selection of communities by fall)
- Twice a year, Living Cities offers Learning Community opportunities to its grantees, in which 8-10 folks spend a couple days offsite working on their project; a group of representatives from King County will be focusing on the Communities of Opportunity work in a June trip to Chicago

- A few waves of federal funding (including prevention grants) are anticipated; staff are working to align the CofO work with Public Health's Prevention division, as we work in the same geographical locations. Advising Partners should also think about how these can be included in framework as we move to work at the State level
- This philanthropic/public partnership appears to be unique, and is drawing national attention (Some out-of-town visitors attended the first Design Committee meeting)

Advising Partners were asked to respond to the following discussion question: *Is there anything that came up for you that you want to make sure we raise with the Design Committee when they meet in May? Any recommendations, questions, feedback that you may have heard, anything you'd advise the Design Committee to focus on or not to overlook?* Feedback included:

- What kinds of entities will serve as fiscal agents? (clarification question). Answer – 501c3s, although very interested in multi-sector partnership.
- What is the length of time for funding? (clarification question). Answer - Round 1, 1 year; Round 2 – hope to stay in same places for up to 5 years.
- What level of policy implications are you looking at? Answer - probably local, city, organizational, perhaps State? (note lobbying limitations).
- For sustainability, needs to be some cost savings to system to reinvest over time. Where in system is the **capacity to evaluate** and provide folks (HCA and others) with this info **to inform future decision making**? The State operates in a biennial budget and doesn't have the ability to project savings. (It was noted later in the discussion that this point also applies to the individual-level and ACH work).
- **Plan location of evaluation expertise**– based in grant, sits outside, or is some kind of partnership. Grantees don't necessarily have the expertise; perhaps consider providing backbone evaluation support to grantees.
- **Identify "home" for the sustainability conversation**: Advising Partners Group? Funders Group?
- **Consider evaluation accountability carefully** when deciding roles (if assigning outside evaluators)
- **Consider how to properly evaluate the Collective Impact approach** – there is a lot of new thinking about this (FSG group doing webinar soon in which CCER is participating). Don't jump into evaluating individual grants, but consider how evaluation can help study and iterate the effort – don't let the short-term define the power of this group.
- **Articulate return on investment** (for both TP strategies). We must start thinking differently about sustainability, and should be a core question as we go through this work. Consider how to move away from the grant approach. Suggestion that the Advising Partners Group focus on this.
- Figure out how **to get the cities to have a stake in the game**. What policies are we trying to impact? Not spread around, but go to "worst" places. Get city commitments in these areas.

Update on Transformation Plan Strategies: Individual Level Strategy

Liz Arjun (King County Dept. of Community & Human Services and Public Health-Seattle & King County) and Elise Chayet (Harborview Medical Center) highlighted the following points regarding the individual-level strategy work (see handout for more detailed info):

- Work with State on the Dual Eligibles pilot project (started 2 years ago) is progressing. This work overlaps somewhat with other work being done on the HHSTP individual-level strategy, and lessons learned can be replicated for another population.
- A group of King County staff and community stakeholders has met twice to talk about how to focus the individual-level strategy work. The group has discussed selection of a subpopulation to focus on as example (jail inmates), and how to leverage changes coming from the Affordable Care Act (ACA); specifically, how systems can be better organized before folks get to jail and after they leave. This population can be viewed as representative of other folks who use the same systems. The savings generated can then be reinvested into determinants of health. Next steps include gathering stakeholder input/case studies and the group deciding on how to impact changes needed.

Advising Partners were asked to respond to the following discussion question: *There have been many efforts to try to coordinate care for people with highly complex conditions – many of you may have been involved in these efforts. Based on those experiences, what are some of the key lessons to keep in mind from these past efforts as we move forward on the individual level strategy?*

- Are there individuals that overlap in duals and jail populations? (clarification question) Answer – there may be, but likely not much.
- In order to foster good ambassadors for the HHSTP, a request to provide Advising Partners with helpful data.
- **Get consumer input (including care coordinators for duals).** Liz noted that the Duals Governance Team which is being convened will include beneficiaries.
- **Involve law enforcement** – even prosecution and defense, especially those in suburban cities.
- **Be clear about what care coordination means** for this population.
- **Name racism/discrimination** as a factor in working with jail population.
- Mitigation or prevention focus, and how does that link back to community level work? (clarification question) Answer – both/and; trying to stop the pipeline into jail, and strengthening communities to support inmates upon their release.
- **Be explicit up front about the link and intentional desire to move to community-level work** – if efforts are successful and the jail population dwindles, to be able to redirect future funding
- **Have consent of partners to buy-in to reinvestment**
- **Consider re-labelling** individual/community levels – e.g. intervention/prevention or population/community
- **Create measurement up front**.

- **Bring in others** (not just cities, county and service providers)**;** like payers (not limited to health care plans) and others that touch some of the policy levels we're looking at.

State Health Care Innovation Plan – Accountable Communities of Health

Karen Merrikin and Kat Latet (Washington State Health Care Authority) noted that within the State's Health Care Improvement Plan (SHCIP), support and consistency for King County's HHS Transformation Plan is intentional.

The SHCIP is the result of a $1M CMMI planning grant that was submitted in January 2014. Two related pieces of state legislation were passed during last session (Accountable Communities of Health and behavioral/health integration). A federal Funding Opportunity Announcement is expected to be released later this year (perhaps fall?) The State wants to move forward on Plan implementation whether or not they are awarded federal funds for the work.

Washington's Plan has three Core Strategies:

- **Drive value-based purchasing** across the community, starting with the State as "first mover"
- **Build healthy communities and people** through prevention and early mitigation of disease throughout the life course
- **Improve chronic illness care** through better integration of care and social supports, particularly for individuals with physical and behavioral health co-morbidities;

and seven Building Blocks:

1. Quality and price transparency
2. Person and family engagement
3. Regionalize transformation
4. Create Accountable Communities of Health (ACHs)
5. Leverage and align state data
6. Practice transformation support
7. Workforce capacity and flexibility

The concept for Accountable Communities of Health (ACH) is driven from the recognition that health is more than health care. ACHs can:

- Collectively impact health through regionally driven priorities and solutions
- Medicaid purchasing alignment
- Develop a region-wide health assessment and regional health improvement plan
- Driver of accountability for results
- Forum for harmonizing payment models, performance measures and investments
- Health coordination and workforce development

The State released a Community of Health planning grant on May 2, applications are due May 30. The State wants to empower communities to help drive and shape the ACH development process. Stakeholders should envision how the State can divest power into communities to drive health.

See slides 6-11 for more detail.

Input on King County ACH Planning Grant Application

Janna Wilson (Public Health–Seattle & King County) noted that King County submitted a Letter of Intent to apply for a 6-month ACH planning grant (up to $50,000) for the King County region. King County is seeking input for their application at this meeting today, and is gathering input from other stakeholders such as hospitals, mental health partners and health plans. The application components and considerations about existing cross-sector work here in King County were reviewed (see slides 12-15 for more detail), noting that we can build on good work already happening with the Transformation Plan. Additionally, it was proposed that the ACH be used as a construct to support and evolve work and priorities underway – see slides 16-19 for illustrations.

The Advising Partners were asked to respond to the following questions through small group discussion to help shape the application response:

1. ***Approach to the planning period.*** **How could the King County region best approach the 6-month planning period so it builds on current priorities and areas of interest/energy, and adds value to the Transformation Plan implementation?**
    - Focus on getting to a functional ACH in King County – we need to figure this out with or without grant funding
    - How to get to common agenda
    - Need to start with shared goals- structure will more easily come after that
    - Shared goal on what we're accountable to
    - Use non-institutional language
    - Communities at table will create more accountability, buy-in helps bring different partners to consensus – brings pressure to the table to do something e.g. community council – people who have worked closely with individuals in community had veto power (along with bigger advisory group)
    - Align with State goals
    - Ask ourselves – who are we leaving out
    - Crosswalk goals of current initiatives – find the common ground
    - Is there agreement that current state is unacceptable
    - Define and implement effective feedback loops
    - Build on Roadmap learnings
    - Focus on equity data
    - Find areas of common agreement re level of urgency
    - Start with "coalition of the willing" along with strategic engagement of partners who have to be at the table
    - Be inclusive – welcome all
    - What organization serves as backbone – existing? Newly developed to support the work?

- Get feedback through existing groups
- Identify shared goals/strategies between State ACH & County Transformation Plan/Communities of Opportunity

2. ***Challenges & opportunities:*** **What challenges, risks, and/or opportunities does the ACH initiative present? How would you propose to address challenges and mitigate risks, in order to take advantage of those opportunities?**

Opportunities:

- (opportunity or challenge?) How to engage between health service delivery and human services/other sectors in an actionable way (how to create greater synergy in work)
- Get in front of issue of inclusiveness of diverse communities of populations
- Get really clear for King County where interests are of various parties –
    - where they overlap and don't
    - Shared data analysis and tools is a foundational element so we can "see" the shared space and collaborate opportunities.
- Start with the "coalition of the willing"
- Think about shared risk/benefit from the outset. (where self interest meets shared interest)
- Embrace evolution

Challenges:

- How to factor in diversity of communities and populations
- Addressing the needs of complex problems requires a keener understanding of where competition drives results and behavior and where collaboration can occur to drive better results for all.
    - Where is there true common interest "collabetition" FOCUS HERE (how do funders require and drive "collabetition"?)
- State will need to explain more clearly what role ACH can/should have in procurement
- Don't stop great work already in progress

Risks:

- Meeting fatigue – build on work/initiatives already underway

3. ***ACH structure thoughts:*** **No single sector can dominate, and a public-private partnership or non-profit needs to be in lead org role. What needs to be taken into account in future design of ACH structure/governance for King County region?**
   - Look at models that have worked – local or national
   - Need financially sustainable model
   - Those with "skin in the game" (either financial or outcomes) need to be present: health plans, MCOs, County/City
     - Start with who has responsibility/financial obligation
     - Can't have every player/organization
     - Which entities can affect outcomes & sustainability
   - Work with communities
   - Clear goals/outcomes →State requires outcomes and that people share data
   - Need capacity for:
     - Economic analysis
     - Data gathering/sharing
     - Outcomes measurement – health & dollars (triple aim)
   - County, City of Seattle @ table because of investments in health/human services and criminal justice systems
   - Need capacity to monitor results, measure savings
   - Be more intentional about having equal human services representation (health now more dominant)
   - Don't allow ACH to slow down current good work; use as pilot projects to get ACH going. Phase the build-out so that it can be manageable and demonstrate quick wins in order to attract other folks to participate at the ACH table.

Next Steps and Reflections

Anne Tillery referenced next steps of the HHSTP work highlighted in the timeline, and noted that this group's input would be used in the next phases of the work discussed today. The next Advising Partners Group meeting (to be scheduled) will feature updates and discussion on the two go-first strategies and a discussion about the role of this group moving forward.

Chrissy Russillo offered thanks on behalf of the County for members' continued participation and for all the work that has been done in the past year.

Transformation Plan: Where We Started

March 6, 2014

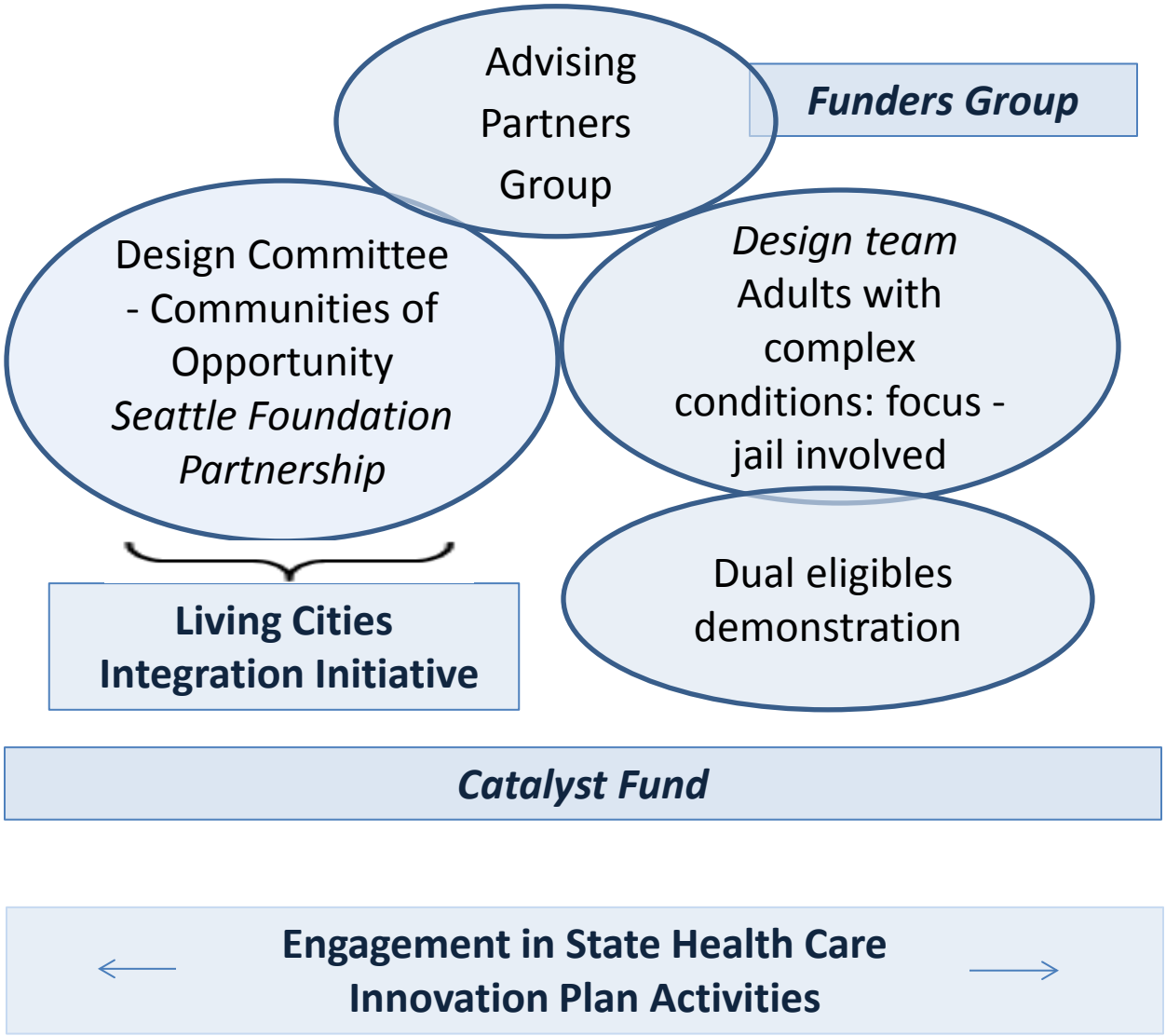
Potential Seattle Foundation Partnership

Potential Living Cities Opportunity

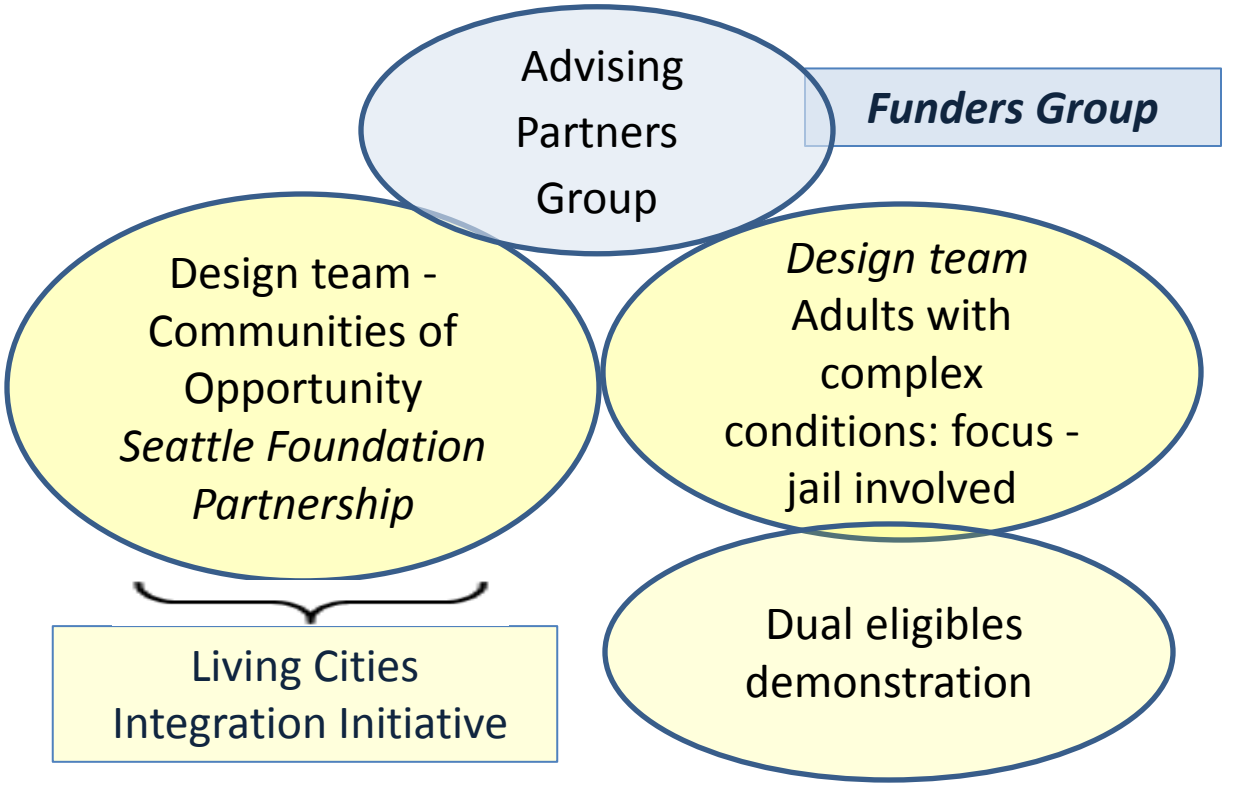
Catalyst Fund

← **Engagement in State Health Care Innovation Plan Activities** →

Transformation Plan Ecosystem Today



Transformation Plan: Today's Focus



Catalyst Fund

Engagement in State Health Care Innovation Plan Activities

Question – Communities of Opportunity

- Is there anything that came up for you that you want to make sure we raise with the Design Committee when they meet in May? Any recommendations, questions, feedback that you may have heard, anything you'd advise the Design Committee to focus on or not to overlook?

Question – Individual Level Strategy

There have been many efforts to try to coordinate care for people with highly complex conditions – many of you may have been involved in these efforts. Based on those experiences, what are some of the key lessons to keep in mind from these past efforts as we move forward on the individual level strategy?

A Plan for a Healthier Washington

King County HHS Transformation Advising Partners Meeting

Karen Merrikin and Kat Latet

WA's Plan: Three Core Strategies

Supported by SB 6312 and HB 2572

- **Drive value-based purchasing** across the community, starting with the State as "first mover"
- **Build healthy communities and people** through prevention and early mitigation of disease throughout the life course
- **Improve chronic illness care** through better integration of care and social supports, particularly for individuals with physical and behavioral health co-morbidities

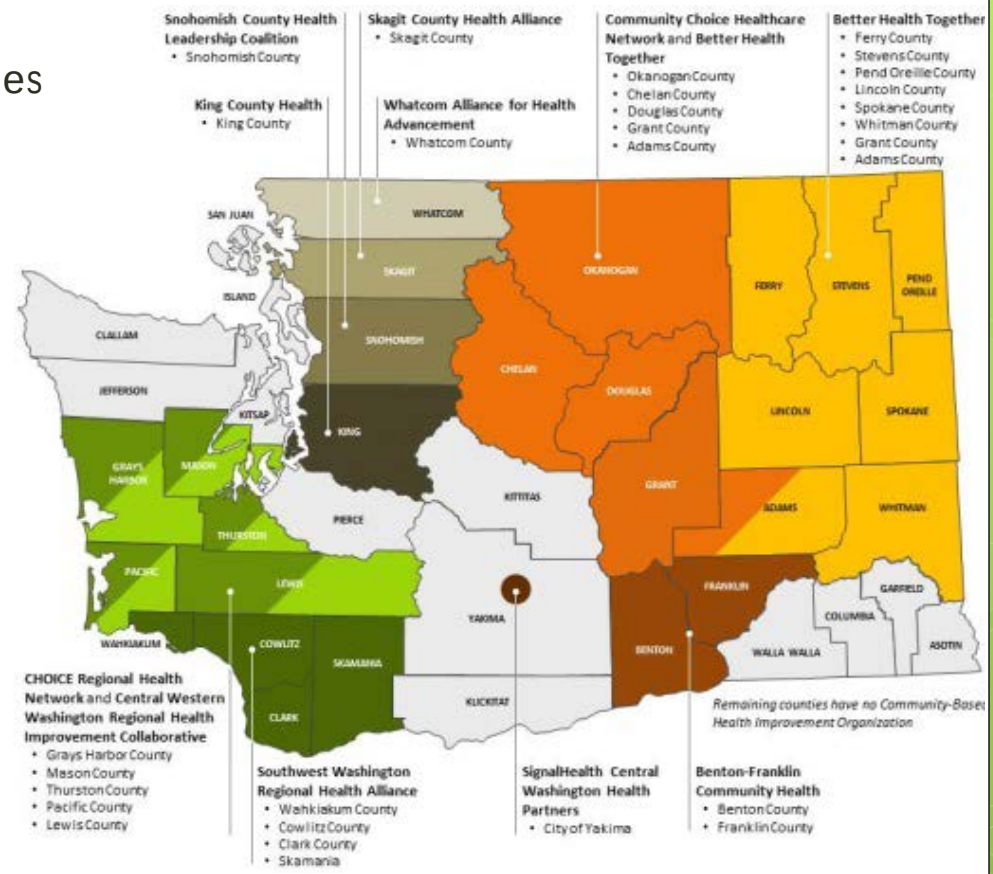
Seven Building Blocks

The Keys to Success

1. Quality and price transparency
2. Person and family engagement
3. Regionalize transformation
4. Create Accountable Communities of Health (ACHs)
5. Leverage and align state data
6. Practice transformation support
7. Workforce capacity and flexibility

Building Block: Accountable Communities of Health

- Collectively impact health through **regionally driven** priorities and solutions
- Medicaid purchasing **alignment**
- Develop a region-wide health assessment and regional **health improvement plan**
- **Driver of accountability** for results
- Forum for **harmonizing** payment models, performance measures and investments
- **Health coordination** and workforce development

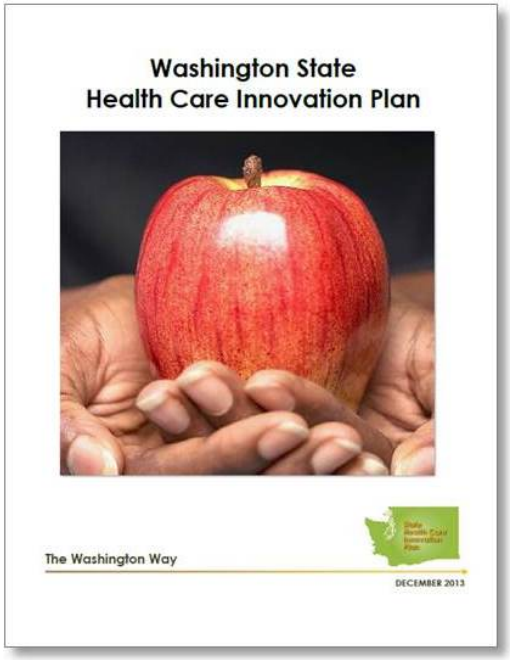


Accountable Community of Health Initiative

Community Champions and Catalysts for Mutual Community and State Health Transformation Priorities

- Community of Health Planning Grant Released on May 2
- Opportunity for communities, including governments and tribal entities, to prepare for the anticipated ACH Designation process and "pilot" awards as authorized in E2SHB 2572.
- Not a pre-requisite for designation
- Empower communities to shape and inform ACH development and design.
- Establish a more formal partnership between the State and communities.
- Key Timeline:
  - Letter of Intent was due May 9, 2014
  - Application Questions were due May 14, 2014
  - Pre-Application Conference Call May 16, 2014
  - Answers from HCA May 19, 2014
  - Full Application due May 30, 2014

Opportunities



For information on these topics, visit:
www.hca.wa.gov/shcip/Pages/participate.aspx

- Community of Health Planning Grant: **http://www.hca.wa.gov/Pages/rfp.aspx**
- HCA/King County's Joint Statewide RFI (due May 21st, @ 3 pm)
- Governor's Performance Measures Coordinating Committee

Sign up to receive email updates:
simquestions@hca.wa.gov

King County - Accountable Community of Health Planning

May 9: King County submitted Letter of Intent

May 20: Open meeting to discuss approach / outline
Chinook Building 121/123: 2:00 – 3:30 p.m.
401 Fifth Ave, Seattle

May 30: Application due

Period of performance: June 30 – December 31, 2014

Amount: Up to $50,000 available (staff resources for planning, convening costs, etc.)

Deliverable at end of 6 months: "Produce and deliver a community health plan;" "Articulate process toward planning for or implementation of the community's common agenda, intended performance milestones and outcomes, shared measurement strategy, existing or planned "backbone."

ACH Grant Application Content

- **Current Community – "Where Are You?"**
  Describe relevant community collaborative efforts to date to achieve healthier communities & populations – who's been engaged? Outcomes achieved?

- **Proposed Community – "Where You Want to Be"**
  Describe proposed planning process over the 6 month period, addressing such factors as:

  - Entities that will/are participating – strategy for engaging and maintaining that engagement
  - How we will build on existing community and State priorities
  - Processes for coming to consensus around shared priorities
  - Considerations around rural populations, consumer engagement, data capacity, linking clinical & community sectors, roles of different sectors
  - Process for planning for/evolving structure & governance

ACH Grant Application Content, continued

Project Plan

- Project plan with high-level milestones

Budget & Budget Narrative (up to $50,000)

- Allowable costs

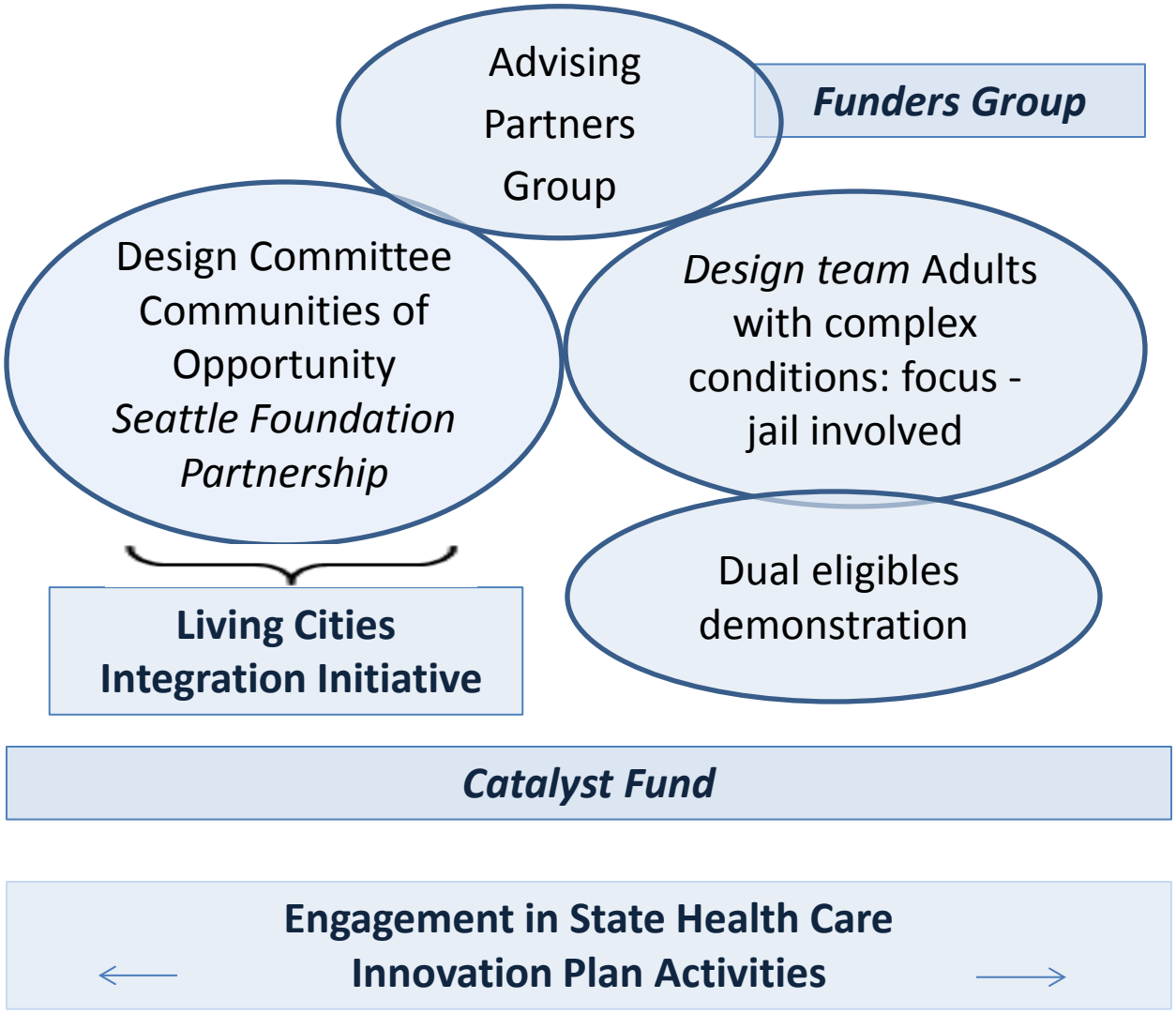
  Staff resources to engage in planning
  Community convening
  Technical resources necessary for planning
  Participation in relevant learning opportunities & workshops

- Include leveraging of other funding

Considerations

- King County region already has a lot going on relative to multi-sector collaboratives whose work relates to "better health, better care, lower costs" and roles that State envisions for ACHs
  - *Transformation Plan* (an existing community health transformation vision for the King County region—a broad, common agenda)
  - Dual Eligibles demonstration
  - Various primary care/behavioral health integration efforts
  - Hospital community benefit collaborative, need assessments
  - Community prevention and place-based initiatives
  - Philanthropy engagement & initiatives
  - Housing-health partnership efforts
  - Homelessness-related initiatives and structures
  - Data/GIS mapping work relating to population health
  - AAA/long-term services and supports initiatives

Transformation Plan Ecosystem



Other cross-sector initiatives and 'tables' with goals related to health improvement

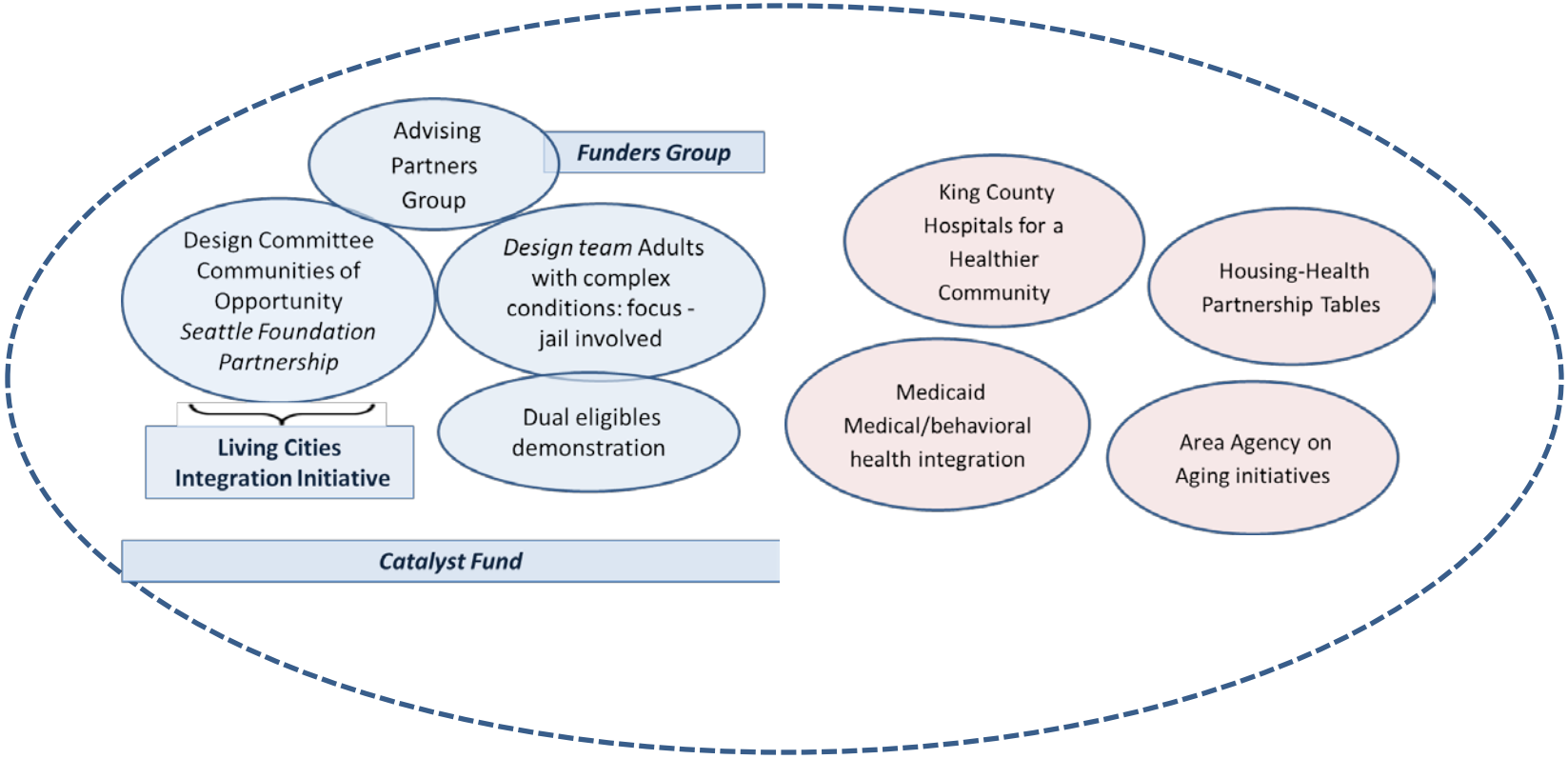
King County Hospitals for a Healthier Community

Housing-Health Partnership Tables

Medicaid Medical/behavioral health integration

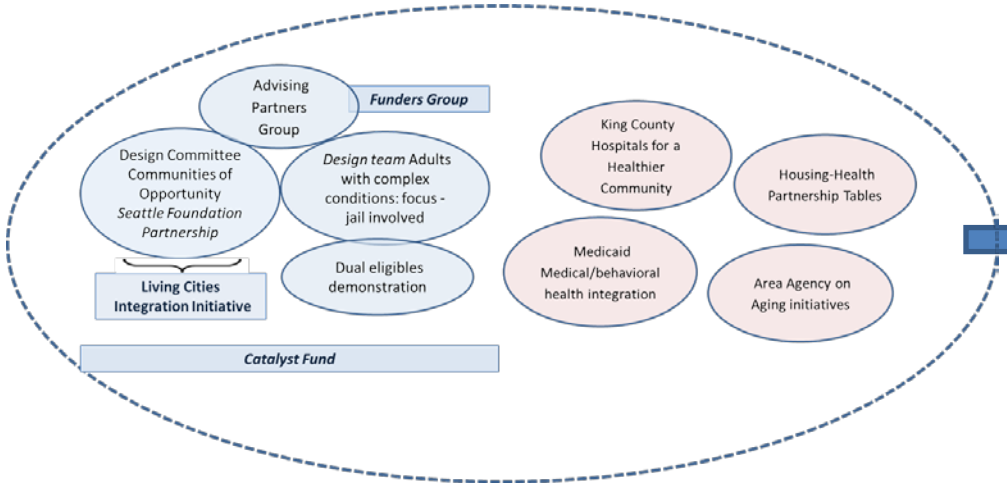
Area Agency on Aging initiatives

Major elements (not exhaustive) of cross-sector efforts in King County region whose goals include health improvement



ACH as a construct to support work and priorities underway, and evolve it further?

Today



Tomorrow?

Work of the 6 month planning phase:

(1) Make progress on implementing what's in motion; &
(2) Make progress on future structure, governance

Discussion Questions for Advising Partners

Thinking about the State's intent with ACH and where we are in King County today, help shape the application response:

1. *Approach to the planning period.* How could the King County region best approach the 6-month planning period so it builds on current priorities and areas of interest/energy, and adds value to the Transformation Plan implementation?

2. *Challenges & opportunities*: What challenges, risks, and/or opportunities does the ACH initiative present? How would you propose to address challenges and mitigate risks, in order to take advantage of those opportunities?

3. *ACH structure thoughts*: No single sector can dominate, and a public-private partnership or non-profit needs to be in lead org role. What needs to be taken into account in future design of ACH structure/governance for King County region?

Transformation Plan Timeline

2012 2013 2014 2015

Motion 13768

Jan-June
Plan developed

November
Council's 2014 Budget includes Transformation Plan funding

December
Federal Reserve forum kick-starts community-level strategy

Jan - March
- Advising Partners group convenes
- Catalyst Guidelines drafted
- Cultivating partnerships
- Staff hired

April-June
Design committees for early strategies

June
Council consideration of catalyst fund

Summer/fall/winter
Catalyst fund awards
implementation work with partners
ACH planning

Proposal for the Health and Human Services Transformation Catalyst Fund

April 22, 2014

Introduction

Following the King County Council's acceptance of the Health and Human Services Transformation Plan, the county's 2014 adopted budget includes $976,000 to accelerate its implementation.

- $476,000 is appropriated for staffing and consulting costs for the Department of Community and Human Services and Public Health-Seattle & King County who are jointly leading the health and human services transformation work.
- $500,000 is designated for a "catalyst fund" and held in general fund reserve pending Council approval of the proposed use of the funds.

This document lays out the proposed investment guidelines, fund management, and reporting for the $500,000 in the catalyst fund. The following is outlined:

1. Overview of the Transformation Plan
2. 2014 catalyst fund outcomes
3. Proposed use of the 2014 catalyst fund and guidelines for funding allocation
4. Catalyst fund management and reporting
5. Investment timeline

1. Overview of Transformation Plan

In November 2012, the Metropolitan King County Council unanimously passed Motion 13768, requesting that the King County Executive develop a plan for an "accountable, integrated system of health, human services, and community-based prevention" in King County. To advise on the principles, strategies, and initial action steps that would result in a better performing health and human service system that furthers King County's commitment to equity and social justice principles and aligns with King County's Strategic Plan, the County Executive convened a thirty-member panel that met from February to May 2013. It included representatives from human services, health care delivery, prevention, public health, philanthropy, labor, local government, and other sectors. The result was the development of the King County Health and Human Services Transformation Plan, accepted by council in July 2013.

The Health and Human Services Transformation Plan is designed to tackle social and health inequities in King County by supporting residents and communities in realizing their full potential. When residents are able to achieve their full potential, the overall economic health, global competiveness, and prosperity of the region, as well as the well-being of our future generations, are improved.

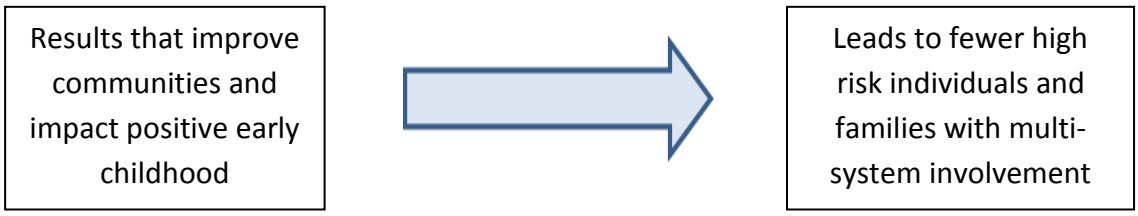
The plan's overarching goal is to *improve health and well-being by shifting from today's costly, sick-care and crisis-oriented system, to one that focuses on prevention and embraces recovery*. To achieve this goal, the Transformation Plan acknowledges work is needed to better integrate health and human services for individuals and families. At the same time, the plan recognizes that neighborhood conditions have a lot to do with residents' health and well-being in the first place. When people live in safe, supportive, thriving neighborhoods, they are less prone to chronic diseases, exposure to crime and violence, and childhood adversities – and therefore more likely to live longer, healthier, happier lives.

The Transformation Plan calls for actions to strengthen the system of services for people, and to strengthen neighborhood conditions, focusing first on the people and the places experiencing the greatest inequities. This work is segmented into two levels -- the individual and community level strategies—and lays out two "go-first" strategies within them.

- Improve health and social outcomes, while simultaneously reducing costs, for individuals in King County who have complex health and social needs commonly characterized by high use of services and supports. This is the individual-level strategy.

- Support specific communities in making gains that shape the health and well-being of their residents and the vibrancy of the neighborhood. This is the community-level strategy.

There is an important relationship between the two strategies. For example, people who have experienced four or more adverse childhood experiences (ACEs) are more likely to smoke, have mental illness, chronic disease and criminal justice involvement later in life (high risk adults with multisystem involvement). Therefore, reducing exposure to adverse childhood experiences would potentially impact these other factors as well. Improving housing affordability and quality is linked to improving health and reducing criminal justice interactions. Strategies that can intervene early on in the life course are especially well-positioned to improve health and social outcomes resulting in fewer high risk individuals and families with multisystem involvement.



As a result of collective work under the Health and Human Services Transformation Plan, what will be different for residents and communities? Over time, they see improvements in important issues affecting them such as:

Outcomes that signal the system is performing better for individuals

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

Outcomes that indicate a more vibrant, resilient community/neighborhood

- Reduced levels of adverse childhood experiences (ACEs)
- Reduced risks for leading causes of death and disability, including tobacco and obesity
- Improved housing affordability and quality
- Improved education and economic opportunity (including living wage jobs, wealth-building opportunity)
- Improved community safety
- Improved access to preventive and primary physical and behavioral health services

Building New Partnerships

An important recent development for the community-level strategy has been the emergence of a partnership with The Seattle Foundation (TSF). While King County was proceeding with Transformation Plan work, TSF completed a strategic planning process and began developing its new Center for Community Partnerships, which has a mission of advancing collaborative, systemic change to achieve greater economic and racial equity in King County. TSF seeks to work in specific neighborhoods in order to make systemic change and increase racial and economic equity. This work aligns strongly with King County's Transformation work.

It became clear to both TSF and to King County that these initiatives held overlapping goals and approaches. Rather than proceeding on independent tracks, together, King County and The Seattle Foundation saw the potential for greater impact by working in partnership. King County and TSF are now actively co-launching collaboration under the umbrella of "**Communities of Opportunity.**" This framework sets the stage for engaging additional community partners and investors in a collective impact approach that begins with community priorities and goals and authentically engages those who are affected by disparities.

2. 2014 catalyst fund outcomes

The $500,000 catalyst fund is a tool to support work outside of King County government that will help make the shift from costly, uncoordinated care and services to an integrated system that is focused on prevention and embraces recovery. The fund will put resources in the hands of partnering agencies and community organizations that can help facilitate these changes.

The proposed Catalyst Fund represents a departure from previous investment strategies of King County. Rather than spread dollars across programs to fund ongoing services, the catalyst fund will provide one-time resources to spark change in organizations in ways that move the region faster toward the future state envisioned by the Transformation Plan. Furthermore, it takes the county from its current top-down funding process to one that engages communities in identifying the strategies that are most likely to spur positive change within their communities and neighborhoods.

The proposed catalyst fund infused into the community in the latter half of 2014 will provide an opportunity to transform the way King County and its partner organizations do business as well as test and evaluate methods that are likely to help achieve the overall outcomes described in section 1 above.

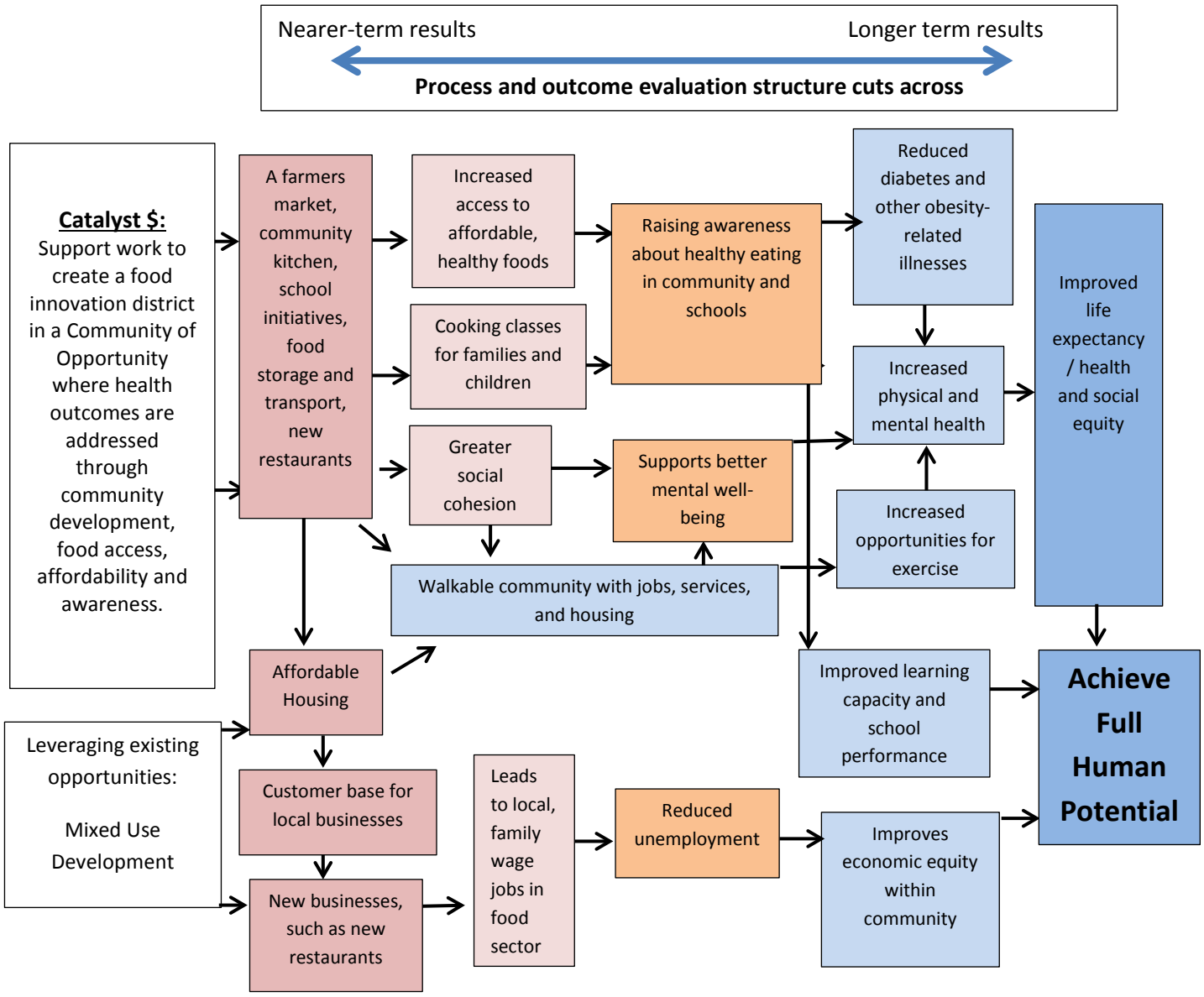
The proposed catalyst fund will:

- Invest in <u>one-time</u> actions (to be carried out by entities outside of King County government) that catalyze health and human service system changes, not in ongoing services or operations.
- Invest in strategies that are known to impact the outcomes described in section 1 above.
- Build capacity of communities and organizations to participate in transformation in measurable ways.
- Leverage funding from other investors and partners (such as the emerging partnership with TSF).

Below are two examples of how a modest investment from the catalyst fund can involve multiple organizations and sectors, and how interventions can affect multiple outcomes in the near and long-term. These are examples based on things happening in communities within King County and are *for illustrative purposes only*. The actual catalyst fund supported interventions will be decided through a competitive selection process in the late spring/early summer 2014.

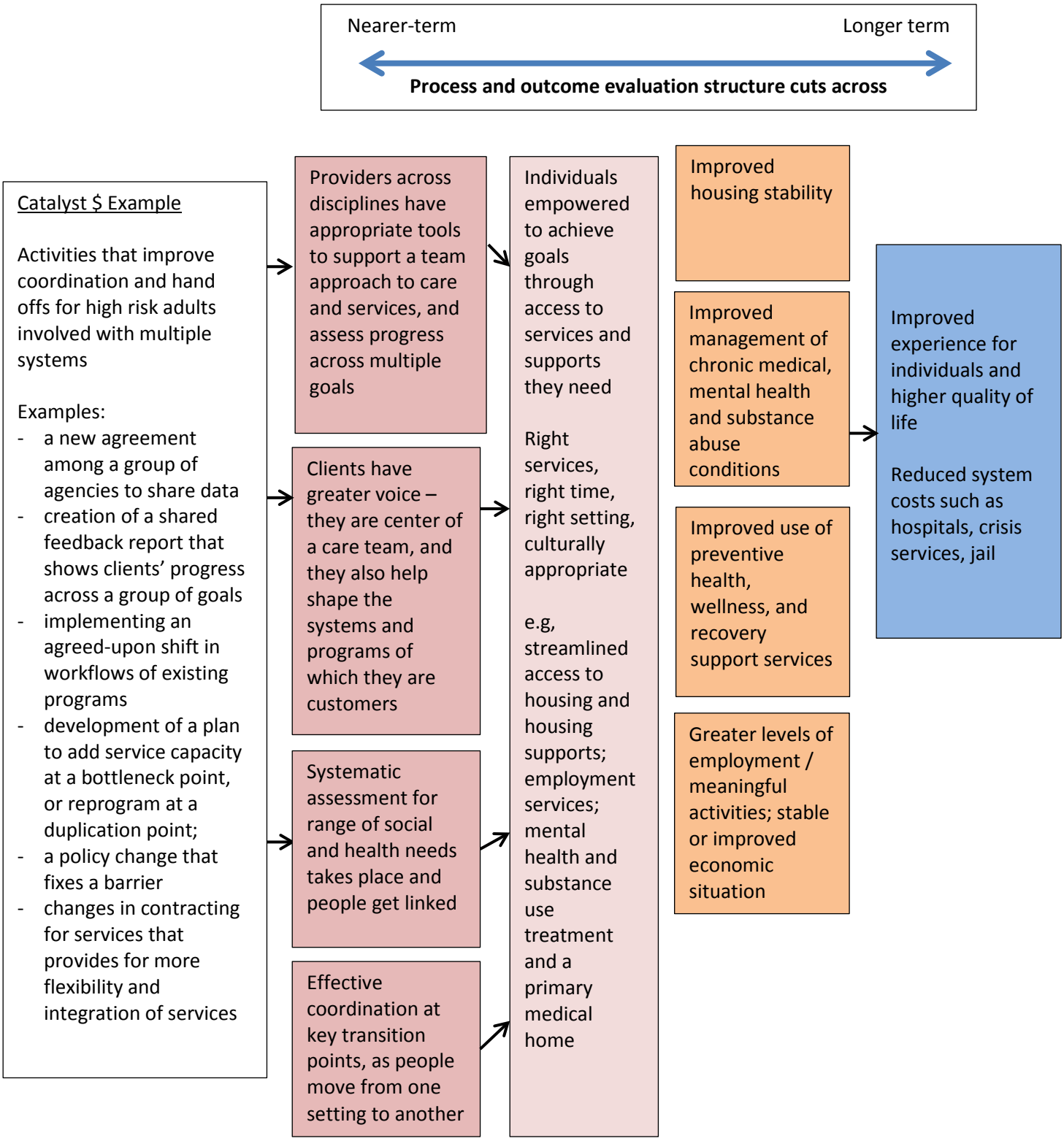
<u>Community-Level Strategy (now being referred to as "Communities of Opportunity").</u> The example provided outlines how catalyst funding could support creation a food innovation district. A food innovation district is a geographic concentration of food-oriented businesses,

services, and community activities in order to promote a positive business environment, spur regional food system development, and increase access to healthy, local food.



For High Risk Individuals

The example provided below demonstrates how investing in this area could reorient existing programs and their interactions with each other in order to improve access to care, improve a person's experience utilizing the network of services and ultimately lead to better care and improved quality of life, while simultaneously reducing costs.


Nearer-term
Longer term
Process and outcome evaluation structure cuts across
Catalyst $ Example
Activities that improve coordination and hand offs for high risk adults involved with multiple systems
Examples:
- a new agreement among a group of agencies to share data
- creation of a shared feedback report that shows clients' progress across a group of goals
- implementing an agreed-upon shift in workflows of existing programs
- development of a plan to add service capacity at a bottleneck point, or reprogram at a duplication point;
- a policy change that fixes a barrier
- changes in contracting for services that provides for more flexibility and integration of services
Providers across disciplines have appropriate tools to support a team approach to care and services, and assess progress across multiple goals
Clients have greater voice – they are center of a care team, and they also help shape the systems and programs of which they are customers
Systematic assessment for range of social and health needs takes place and people get linked
Effective coordination at key transition points, as people move from one setting to another
Individuals empowered to achieve goals through access to services and supports they need
Right services, right time, right setting, culturally appropriate
e.g, streamlined access to housing and housing supports; employment services; mental health and substance use treatment and a primary medical home
Improved housing stability
Improved management of chronic medical, mental health and substance abuse conditions
Improved use of preventive health, wellness, and recovery support services
Greater levels of employment / meaningful activities; stable or improved economic situation
Improved experience for individuals and higher quality of life
Reduced system costs such as hospitals, crisis services, jail

An evaluation framework is being developed for the Transformation Plan to measure overall progress on implementation as well as specific metrics related to the investment of catalyst fund dollars. It is critical to note that achieving high level outcomes such as reducing obesity rates or improving community safety cannot be produced in 2014. These initial investments are expected *to show how new strategies will lead to longer term actions and changes*. Therefore, year one metrics might include documented changes in short-term processes or intermediate outcomes associated with a particular investment. For example, the presence of the catalyst fund in the 2014 budget has already played a role in furthering engagement and partnerships with others:

- On March 12, The Seattle Foundation (TSF) board voted to move forward on partnering with King County to co-design the Communities of Opportunity initiative. TSF has approved $2.5 million over five years to support the neighborhoods selected.
- In February, Living Cities—a coalition of 22 national foundations—invited King County to participate as one of five locations in the U.S. in the second cohort of its Integration Initiative. The Integration Initiative is designed to harness leadership for change, and support efforts to overhaul obsolete systems in ways that will fundamentally reshape communities and policies to meet the needs of low-income residents. King County will receive a $100,000 planning grant to support the Communities of Opportunity partnership and may be invited to apply for implementation resources in 2015.
- On March 6, at the first meeting of the Transformation Plan's community advising partners group, funders agreed to explore the formation of a funders collaborative associated with the Transformation Plan. Initial conversations are taking place this spring.

3. Proposed use of the catalyst fund and guidelines for funding allocation

The catalyst fund would encompass a "portfolio" of investments that include upstream prevention strategies and downstream crisis service delivery improvements. To preserve flexibility during the upcoming investment processes, specific dollar amounts within the individual and community level strategy are not being proposed. However, it is expected that the portfolio will apply a majority of the funds toward greater investment in upstream, prevention-oriented activities as called for in the Transformation Plan.

<u>Individual Level Strategy</u>

For this part of the catalyst fund's portfolio, the objective is to achieve better results for high-risk adults in ways that simultaneously reduce overall costs and improve efficiency, by testing changes in the coordination of health and social services across the sectors and systems that people touch.

To do this, the county will:

- Work with community partners to select and focus on a subpopulation of high risk adults as a testing ground taking into consideration populations that have particular impact on the county budget (such as those with behavioral health conditions and justice system involvement).
- Use catalyst investments to implement a few key infrastructure improvements in 2014 *across* agencies or systems (such as changes in protocols and workflows across systems and agencies, technology tools that support information sharing, etc.)
- Coordinate improvements with other investors who share the goals, including Medicaid, managed care plans, foundations, and others.
- Examine realignment opportunities with existing county funds directed to the high risk populations.

Community-level Strategy

To extract the greatest impact from catalyst fund resources—as well as garner support from communities and partners—King County intends to act as a joint investor under the Communities of Opportunity collaborative with The Seattle Foundation.

This means that King County and TSF will:

- Co-convene a Communities of Opportunity Design Committee that will advise on the specific processes for geographic area identification, investment strategies, and evaluation.
- Create a mechanism that will incorporate portions of the King County Catalyst Fund together with The Seattle Foundation resources to be invested in a coordinated way, as appropriate and mutually agreed to
- Collaborate on a joint solicitation/notice of fund availability for investment in Communities of Opportunity
- Coordinate respective decision-making on use of funds
- Develop common reporting/evaluation mechanisms for grantees in common

The King County catalyst funds will remain under County control and stewardship in 2014, to assure procurement principles are adhered to. However, this would not rule out alternate arrangements (such as moving from a coordinated fund to an actual pool) in future years should resources be available.

For the communities of opportunity part of the catalyst fund's portfolio, there are two objectives.

- Changes in community conditions take time -- the return on investment can take years. Therefore, in 2014, one objective of the fund is to help create "early wins" and build momentum by building upon place-based work that is already underway -- essentially flowing into existing streams of work and infusing a catalyst to enable them to accelerate results.

  For this group of investments:

  - A pool of eligible, geographic areas will be identified, in a to-be-designed solicitation process that will be done collaboratively between King County and The Seattle Foundation[1] in the beginning of 2014. Identification of this priority pool of geographic areas will be based on several factors, including data regarding the current health, social, and economic well-being of those communities. Health and well-being in all areas of the county will be examined to identify those communities with the most to gain. Councilmembers will be informed about the status of the selection process and the proposed communities.

  - Communities of Opportunity would then solicit for investment opportunities among initiatives operating within or across those areas. For example, a healthy food systems initiative that provides healthy foods for purchase by local communities, creates job potentially through clustered food production businesses, shared community kitchens, and business training, and strengthens healthy food demand in a community. Given the momentum-building goals of launching the Communities of Opportunity in 2014, the intent is to look for and then build upon selected activities and initiatives already in place. Strong candidates would have cross-sector partnerships already in place with concrete community-driven action plans that build on existing assets.

  - Other criteria will be informed by the April – June 2014 work of the Communities of Opportunity Design Committee.

- A key goal of community transformation is to assure that communities have the skills, capacities and resources they need to lead and accomplish durable changes. Therefore, a second objective for the use of the catalyst fund under Communities of Opportunity is to strengthen the capacities, leadership, and engagement of and by communities—again in selected geographic areas that rank low on measures of health, well-being, and economic situation. This could take the form of modest grants that could be used for activities such as neighborhood convenings, developing plans and priorities, and grant-

[1] The Seattle Foundation (TSF) is the community foundation for the entire King County region. TSF is leading a countywide philanthropic agenda that includes basic needs, economy, education, health and wellness, and neighborhoods and communities.

writing. Further details and parameters will be developed through the Design Committee.

Supporting neighborhood planning and capacity building would be done with an intent to position groups or systems for additional investments in future years from what Communities of Opportunity hopes will be a larger shared pool of resources, as discussed earlier. Again, while the scope and size of future resources is unknown, the intent is that 2014 will be a year to "make the case" and attract additional investors.

4. Catalyst fund management and reporting

Please note that the proposed guidelines and catalyst fund use apply only to funds allocated in the 2014 budget. Should King County funding be secured after 2014, the guidelines and associated outcomes may be revised.

For allocation of the catalyst fund under both the individual-level strategy and Communities of Opportunity, the next steps will be the work of the two design committees in spring 2014 to inform the details for catalyst fund use. Standard county procurement processes would then be applied in early summer 2014, which may include letter of intent/requests for proposal processes, and/or the use of sole source waivers if applicable.

The procurement process will prioritize King County's equity and social justice principles, assuring that county processes do not unintentionally pose administrative burdens that create barriers. If it is found that "standard procurement processes" pose barriers to underserved communities and are inconsistent with equity and social justice values, this will be openly raised and an alternative approach will be implemented.

As with the other resources designated for the transformation plan implementation, the catalyst fund will be managed jointly by the two departments, with shared decision-making in mutually agreeable processes. For administrative purposes the fund will reside in the Department of Community and Human Services. However, the departments intend to assure that the fund is not associated with one department or the other, but rather represents a collaborative partnership working in service of the Transformation Plan goal and in the spirit of integration.

Final decisions for use of the catalyst fund will be approved jointly by the Executive's Office, PHSKC, and DCHS leadership. Both departments are committed to honoring the work and recommendations of community partners and collaborating to reach consensus for use of the fund. In the event consensus is not reached, the departments would work through normal channels for resolution with the Executive's Office as referenced in the Memorandum of Understanding between the Departments.

<u>Reporting</u>

Ongoing communication and partnership in all levels of county government, including Council Members, the public, and stakeholders, is key to the success of the transformation work. The Executive's Office intends to provide regular briefings and reporting to the Council on the

progress of all of the transformation work, including the catalyst fund investments and impacts. The proposed reporting timeline is below[2]:

Briefing on identified Communities of Opportunity and initial catalyst fund investments	Summer 2014
Progress Report on Transformation Work	September 2014
Report on initial phases of Transformational Plan	December 2014

5. Investment timeline

<u>Individual-Level Strategy</u>

Identify subpopulation of high risk adults	May 2014
Design committee meetings to identify system improvement strategies	May – June 2014
Identify process improvements that warrant catalyst fund support in 2014	July 2014
Implement system improvement activities and evaluate	July – Dec 2014

<u>Communities of Opportunity</u>

Design Committee meetings to inform criteria:	April – May 2014
Finalizing of investment criteria and solicitation design:	June 2014
Solicitation process:	July 2014
Contracts executed:	September 2014

<u>A note on how these Catalyst Fund Guidelines were developed:</u>

This proposal for the Catalyst Fund's design and objectives was developed jointly by Executive Office, PHSKC, and DCHS, and with engagement of Council staff. The draft was brought to the Transformation Plan's Advising Partners group for review and comment. Community partners in the Advising Group expressed particular interest in assuring the general fund catalyst resources be used in the following ways:

- *strategically to create change*
- *aligned with the investments of other funders where possible*
- *not be spread so thin that its impact is negligible*

The Advising Partners Group comprises 20 people from various health, human services, philanthropy, and governmental organizations. They have agreed to come together for at least six months to work together to shape an effective approach to the Transformation Plan's implementation.

[2] Informal updates outside of the timeline below can be provided to Council Members at any time upon request

Communities of Opportunity Update for Advising Partners– May 15, 2014

VISION

To improve health, social, racial, and economic equity

POTENTIAL SUCCESS MEASURES

- *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 BEEN HAPPENING SINCE WE LAST MET?

- On March 12, The Seattle Foundation (TSF) board voted to move forward on partnering with King County to co-design the Communities of Opportunity initiative. TSF has approved $2.5 million over five years to support the neighborhoods selected.
- Planning has begun for 2 rounds of funding to flow to communities:
  1. Round 1: Proposed Equitable Systems/Policies RFP, creating a climate to support place-based changes; anticipate June 2014 release.
  2. Round 2: Place-Based Investments (2-3) that catalyze changes in communities; anticipate selection of communities by fall.
- Additional analysis of data and maps. Some areas of our county consistently rank low on several measures of health and well-being. We are using a map of the two lowest decile census tracts to guide investments.
- On April 21, the Communities of Opportunity Design Committee held its first meeting, where they discussed the Initiative's draft guiding principles and framing, what is meant by "place" and potential neighborhood selection criteria & process.
- On May 5, Executive Constantine announced that King County has been chosen as one of five sites across the country to receive planning grants from Living Cities to improve economic opportunities for low-income people and communities. King County will receive $100,000 to support planning efforts for King County's Health and Human Services Transformation Plan and the Communities of Opportunity Initiative. We will have the opportunity to apply for additional implementation grants and low-interest loans in early 2015.

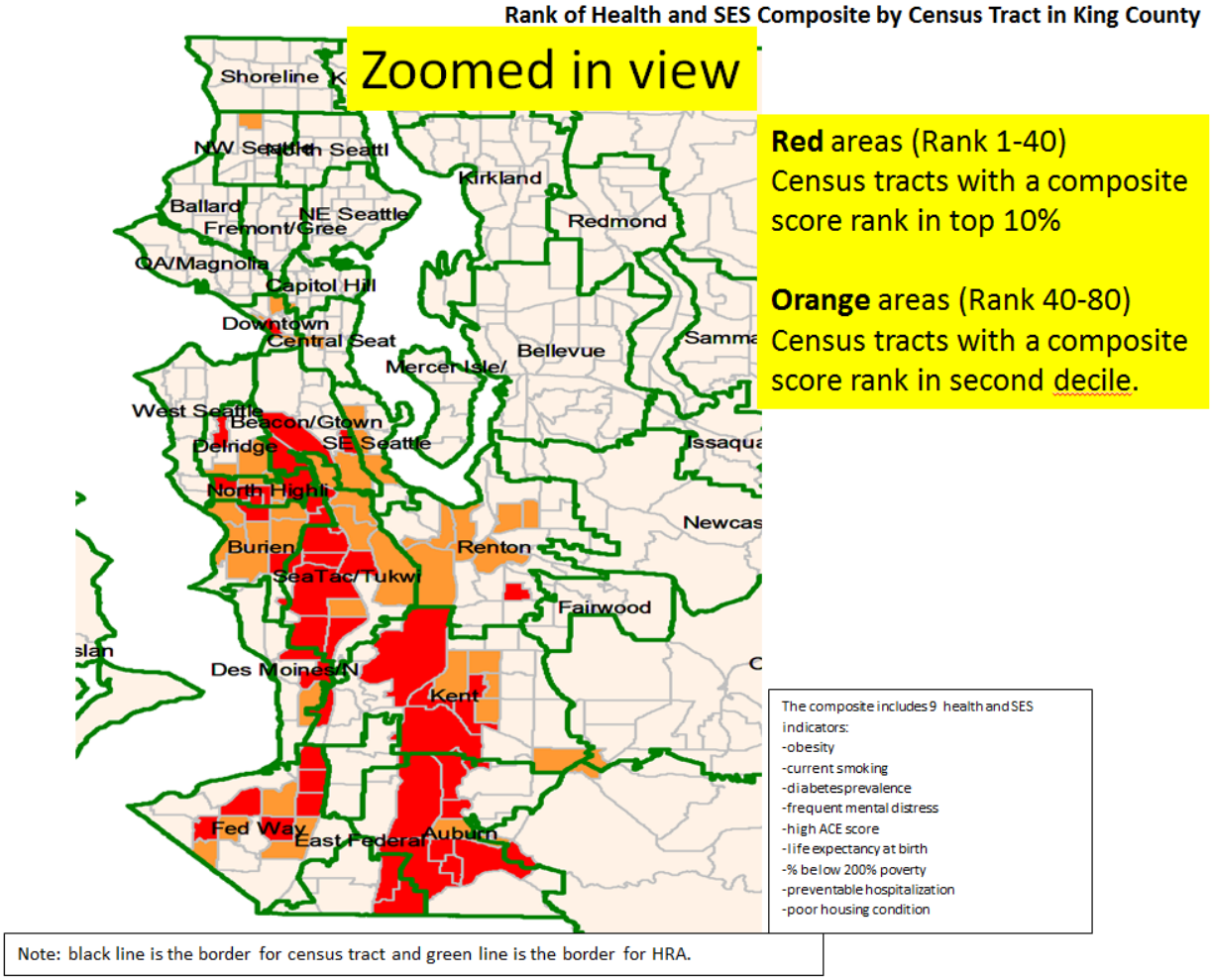
WHAT'S NEXT?

- The Design Committee's next meetings are May 28 and July 21, when they will continue to lay out a process for funding policy and systems changes to reduce inequities in health, housing and economic development; identifying neighborhoods; building upon interventions already underway and existing neighborhood assets; and working to assure that processes are neighborhood driven and linked with other

resources, institutions, and policymakers to drive further systemic change. (Specific strategies and interventions will need to be community-owned and driven.)

- Finalize investment criteria and solicitation design for 2 rounds of funding as mentioned above.
- June 17 & 18 Living Cities Learning Community event will offer the opportunity to learn more about Living Cities during the Integration Initiative planning year and help us think about what to include in an implementation phase proposal. The Seattle-King County Integration Initiative team includes: Deanna Dawson, Sound Cities; Gordon McHenry, Solid Ground; Jeff Natter, Pacific Hospital Preservation and Development Authority; Alice Ito, Center for Community Change; Hilary Franz, Futurewise; Adrienne Quinn, Department of Community and Human Services; David Fleming, Public Health-Seattle & King County; Michael Brown, The Seattle Foundation; Jennifer Martin, The Seattle Foundation and Kirsten Wysen, Public Health-Seattle & King County.
- Alignment with upcoming Federal Centers for Disease Control and Prevention funding announcements for chronic disease prevention.
- Alignment with the State Accountable Communities of Health.

DRAFT MAP OF KING COUNTY CENSUS TRACTS



Communities of Opportunity Design Committee Membership:

King County Representatives

Sharon Toquinto, Mental Health, Chemical Abuse, and Dependency Services Division, King County Department of Community and Human Services

Sarah Ross-Viles, Prevention Division in Public Health-Seattle & King County

Matias Valenzuela, Manager, King County Equity & Social Justice and Manager, Community Engagement & Partnerships, Public Health – Seattle & King County

Kirsten Wysen, Program Manager and Living Cities initiative director, Public Health – Seattle & King County

Nadine Chan, Assistant Chief, Assessment, Policy Development & Evaluation Unit, Public Health-Seattle & King County

Laurie Sylla, Systems Performance Evaluation Coordinator, Mental Health, Chemical Abuse and Dependency Services Division of King County Department of Community and Human Services

A.J. McClure, Transformation Plan Coordinator, Public Health and DCHS

Seattle Foundation Representatives

Michael Brown, Vice President, Community Leadership, The Seattle Foundation

Jennifer Martin, Director, Community Leadership, The Seattle Foundation

Aaron Robertson, Associate, Community Leadership, The Seattle Foundation

Judy de Barros, Program Consultant for N2N, The Seattle Foundation

Additional Organization/Community Representatives

Alice Ito, Center for Community Change (also serves on Seattle Foundation Neighbor to Neighbor (N2N) and the Center for Community Partnerships Advisory Committees)

Michael Woo, Got Green (also on the King County Transformation Plan Advising Partners group)

Sili Savusa, White Center CDA

Dinah Wilson, City of Kent (invited)

Hilary Franz, Executive Director, Futurewise

Paola Maranan, Children's Alliance (also on the Center Advisory Committee)

Gordon McHenry, Solid Ground (also on the Transformation Plan Advising Partners group)

Deanna Dawson, Sound Cities Association (also on the Transformation Plan Advising Partners group)

We will also identify ways to engage community members most affected by racial and economic disparities to gather their expertise and advice for our planning.

Individual Level Strategy Update for Advising Partners– May 15, 2014

VISION

Improve health and social outcomes and lower costs for individuals with complex health and social issues, including those dually eligible for Medicaid and Medicare.

SUCCESS MEASURES

- *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*

WHAT'S BEEN HAPPENING SINCE WE LAST MET?

- Work has continued on implementing the Dual Eligible Demonstration Project to test a model of integrated care for individuals eligible for both Medicaid and Medicare. This sub-population is one of two "go first" sub-populations that are high utilizers of care.
    - The State, King County, and the health plans are working together to co-convene a King County Duals Demonstration Project Community Collaborative which will be the vehicle to provide critical community input and oversight into the implementation of the project, in support of its success. To learn more about this, contact Liz Arjun.
- Planning has begun to identify a second "go first" sub-population of individuals with complex health and social issues that could benefit from focused efforts to better integrate health and human services to improve outcomes and lower costs.
    - Due to a shared, high level of interest among many sectors, initial conversations among the subgroup that met following the Advising Partners meeting have been leading toward a focus on individuals who touch the criminal justice system and who may also have a mental health, substance use, and/or chronic health conditions.
    - We are currently interviewing individuals and organizations who have contact with this sub-population to identify what a smaller subset of the population might be and where the challenges and opportunities might lie in focusing on the sub-population.

WHAT'S NEXT?

- Assuming there is shared interest in working on improved outcomes for individuals who touch the criminal justice system, the next step will be to work jointly with a group of the most interested and affected system representatives—including consumers—to come together as a Design Committee. The Design Committee would work to understand the current state, design future improvements that lay out the program, policy, workflow, and infrastructure changes necessary to achieve measurable improvements on the shared outcomes. That work would then identify where Catalyst Fund investments are necessary to help enact those changes.

A PLAN FOR A HEALTHIER WASHINGTON

Hundreds of people from the public and private sectors worked together to develop a five-year plan for a healthier Washington. Public participation was an intentional feature in the design of the State Health Care Innovation Plan and will continue throughout its implementation.

The plan recommends three core strategies

1. Improve how we pay for services

Presently, providers of health care services are paid every time they provide a service, even when the service doesn't work. The plan calls for rewarding providers when they achieve good outcomes. Information on effectiveness and cost will be collected and shared to help providers and consumers choose the best treatment options.

2. Ensure health care focuses on the whole person

The current system creates barriers to addressing physical health, mental health, chemical dependency, and basic living needs as early as possible and at the same time. The plan calls for methods of integrating care and connecting with community services to achieve the best possible result for individuals. It also adjusts how we pay for services to make care for the whole person possible.

3. Build healthier communities through a collaborative regional approach

Virtually all health care is delivered at the local level. Driven by local partners, the plan calls for a regional approach that provides resources to communities. Working together, communities can bring about changes that will improve health for the people they serve.

Initial estimate of savings: $730 million

When the combined savings and avoided costs are estimated, adjusting our health system has the potential to save millions: $730 million in the first **three to five years**.

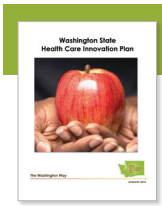
Benefits of a better system —two examples

CURRENT SYSTEM: Jan, 40, is employed, privately insured, but has no primary provider to coordinate her health care. Instead, she has visited three ERs five times in six months for an irregular heartbeat. She is overweight, pre-diabetic and frequently depressed, but untreated for all three. No problem was found with her heart and, due to her other issues, she doesn't follow ER recommendations.

Harry, 54, is covered by Medicaid and homeless. His chronic health problems could be treated in local doctors' offices, but he used the ER more than 50 times in 15 months. He's usually intoxicated. His issues are complex and he needs help connecting to housing, health care, and all the other services he needs.

For both Harry and Jan, ER doctors routinely repeat tests because they don't have access to health histories.

A BETTER SYSTEM: Jan has one provider who coordinates her health care. Harry has an outreach worker who connects him with housing, health care, and other services. Expanded data systems give Jan and Harry's providers immediate access to health histories, enabling coordinated care without duplicated services. Health care services are effective, and unnecessary costs are avoided. Best of all, Jan and Harry become healthier because they receive all the services they need.



CONTACT:

Health Innovation Project Team
Washington State Health Care Authority

simquestions@hca.wa.gov | 360-725-1447

View the plan at **www.hca.wa.gov/shcip**

HCA 82-001 (4/14)

King County

May 9, 2014

Via email to Andria Howerton, GOA Coordinator contracts@hca.wa.gov

LETTER OF INTENT

For Washington State Health Care Authority
GOA for Accountable Community of Health (ACH) Planning - GOA #14-015

(a) **Applicant Organization Name**: King County. *Lead Agency*: Public Health-Seattle & King County

(b) **Authorized representative**: Dr. David Fleming

(c) **Title**: Director and Health Officer, Public Health – Seattle & King County

(d) **Address**: 401 Fifth Avenue, Suite 1300, Seattle, WA 98104

(e) **Telephone**: (206) 263-8695

(f) **Email**: david.fleming@kingcounty.gov

(g) **Eligibility**

- ***Entity that enables cross-sector engagement, commitment, and decision-making.***
  Over the years, King County government has served as a trusted enabler of cross-sector, public-private partnerships. We fostered and launched the Puget Sound Health Alliance. We co-founded Communities Count, a 15+ year public-partnership that monitors health and social indicators of our communities. We organized a partnership to develop and oversee the Mental Illness and Drug Dependency Action Plan as well as the Veterans and Human Services Levy and its community boards. We co-convene and host the Committee to End Homelessness. We serve as the lead entity for the health coverage enrollment network, buoyed by a "Leadership Circle" of business, health care, and social service leaders. More recently, we collaborated with community partners to develop a *Health and Human Services Transformation Plan* for the county region, a plan whose implementation is being advised by a cross-sector group of 22. Other examples include our role in forming the Healthy King County Coalition (focused on chronic disease prevention), the Youth and Young Adult Comprehensive Plan to End Homelessness, a behavioral health recovery-oriented system of care, and Global to Local.

- ***Ability to receive and manage funding and learning assistance***
  King County has capacity and controls in place to efficiently manage federal, state, local, and private funds. We participate actively in learning collaboratives (such as the Living Cities Integration Initiative), as well as lead collaboratives and provide technical assistance, training, and quality improvement services for selected parts of the medical, behavioral health, and human services systems.

- ***Plan to serve population based on county borders:***
  We will propose King County as the geographic area for Community of Health planning.

- ***Evidence that community health transformation activities have begun***.
  Across King County, community behavioral health and primary care health centers have been working to increase bi-directional integrated care, to build upon the Mental Health Integration Program, and to pilot SBIRT. Local housing, philanthropy, and health partners use protocols to fast-track chronically homeless adults into housing. To coordinate community health needs assessments, 13 local hospitals recently formed the "King County Hospitals for a Healthier Community" coalition, facilitated by Public Health. The King County region is participating with WA State, health plans, and providers in the Dual Eligibles demonstration. The Area Agency on Aging convenes community dialogues on care transitions. Housing entities are organizing housing-health partnership tables. A recent 17% decline in youth obesity in South King County was tied to public health/community/school partnerships and CPPW investments focused on policy and system change. In late 2013, over 175 stakeholders joined a dialogue (co-convened by the Federal Reserve and King County) to explore cross-sector collaborations to improve health and well-being. To support the *Transformation Plan*, the King County Council's 2014 budget includes a $500,000 catalyst fund. Connected to that, a new place-based initiative to improve health, social, racial and economic equity - Communities of Opportunity - will launch this spring through a partnership between The Seattle Foundation and King County. The ACH holds potential as a platform to foster more effective knitting and alignment of these and related initiatives.

- **Evidence that no single entity or sector will dominate the community agenda**.
  King County will build on the work underway to implement the Health and Human Services Transformation Plan, which calls for collective impact and is actively forming relevant structures. In April, Resolution 14-03 passed by the King County Board of Health called for ACH exploration through a collaborative process with community partners. A community meeting to shape the application's planning strategy will be convened the week of May 19.

(h) **Geographic population to be served**: Residents of King County, Washington

(i) **Statement of intent to submit a Community of Health Planning Application**.

King County intends to submit a Community of Health Planning application. The King County Executive Office, Public Health-Seattle & King County, and the Department of Community and Human Services look forward to partnering with local entities and with the State to build on the important shared agendas and collaboratives already in play in our region, and explore ways to further support and enable shared priorities to achieve better health, better care, and lower costs.

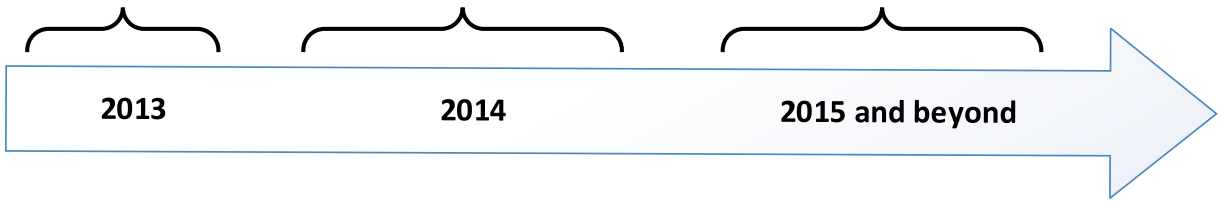
Respectfully submitted,

David Fleming, MD
Director and Health Officer
Public Health—Seattle & King County

Adrienne Quinn, Director
Department of Community and Human Services

HHS Transformation - Implementation Timeframe

May 15, 2014



March – September 2014 Timeline: Subject to Change

	Mar	Apr	May	Jun	Jul	Aug	Sept
Advising Partners Meetings (Dates TBD)	♦		♦				
Advising Partners Guidance on Next Phase							
Progress Updates for County Council			♦				♦
Evaluation							
Community Engagement & Communication							
Catalyst Fund:							
Catalyst Fund Guidelines development							
Catalyst Fund Transmitted to Council			♦				
Catalyst Fund release – Council action*(subject to Council approval)				♦			
Community Level (Communities of Opportunity):							
Living Cities planning proposal	♦						
Living Cities decision		♦					
Seattle Foundation board decision	♦						
Design Committee							

	Mar	Apr	May	Jun	Jul	Aug	Sept
Identification of communities & strategies							
RFP opens (1st Round)				♦			
Organizations selected (1st Round)						♦	
RFP opens (2nd Round)						♦	
Organizations selected (2nd Round)							♦
"Early win" policy and system change investments							
Place-based investments							
Actions carried out by communities							
Individual Level							
Scoping work – high-risk adults system improvement							
Engage key partners/agencies							
Map out current state, desired future state & action plan							
Catalyst Fund allocations							
Implement agreed-upon changes per action plan							
Dual Eligibles Project Governance Team – invite participation							
Dual Eligibles Project Governance Team meetings (Dates TBD)							
State Health Care Innovation Plan/ACH							
Engagement in implementation activities							
ACH Letter of Intent			♦				
ACH Application developed and due			♦				
ACH Planning Period							

King County HHS Transformation

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