

# King County Health and Human Services Transformation

## *Advising Partners Group Meeting Notes*

*October 30, 2014 Meeting*

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**Members Present:** *Teresita Batayola, Tizzy Bennett, Tom Byers, Katherine Cortes, Deanna Dawson, David Fleming, Erin Hafer, Patty Hayes, Mike Heinisch, Betsy Jones, Julie Lindberg, Gordon McHenry, Jr., Karen Merrikin, Chase Napier, Jeff Natter, Nathan Phillips, Adrienne Quinn, Bill Rumpf, Maggie Thompson, Michael Woo*

**Staff and Guests Present:** *Liz Arjun, Sharon Bogan, Nadine Chan, Daryl Edmonds (Amerigroup), John Howell (Cedar River Group), Chris Lee (Amerigroup), Terry Mark, A.J. McClure, 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, Andrea Yip (City of Seattle HSD).*

### Welcome and Introductions

Anne Tillery (Pyramid Communications) welcomed the group, led a round of introductions and previewed the meeting's agenda.

### Assessing the Advising Partners Group

#### **The Advising Partners Group: Taking Stock – Where it started, where it is now and moving forward**

The Advising Partners Group (APG) was convened as an interim group to help guide the Health and Human Services Transformation Plan's implementation. The origin, roles and accomplishments of the APG were reviewed, noting that a conversation at today's meeting is to evaluate the future of this group. See [slides 3-6](#) for more detail.

As additional context, it was noted that several initiatives related to the vision of the Transformation Plan have sprung up or gained momentum this year: Communities of Opportunity (community-level early strategy of the Transformation Plan); Familiar Faces (individual-level strategy of the Transformation Plan); Youth Action Plan; WA State Health Reform; and Best Starts for Kids. (Note this is not a comprehensive list.) This [handout](#) lists governance/consulting groups for these initiatives, indicating which individuals are also APG members. The timelines for these initiatives were detailed and overlaid to demonstrate the dynamic nature of this work. See [slides 7-11](#).

Group members offered the following reflections and considerations for going forward:

#### What's been useful/valuable:

- Dialogue that has helped shape the transformation initiative and informed decisions

- Updates (although could be read prior to meeting)
- Maps and understanding extent of inequities
- Broadening our views and deepening understanding of other sectors

Concerns/considerations:

- Lack of role clarity for APG as initiatives have evolved.
- Not enough consistent communication – some people are in the loop, others are not. Also, many interested people in the community aren't aware and engaged.
- Initiatives can risk failing if they don't have strong communications and support through implementation phases.
- Size and role of the group if it were to continue– what would be most effective and value-add?

Needs:

- Alignment of initiatives; coordination and coherence across them isn't strong
- Communication:
  - Common understanding of how we frame this ecosystem
  - Catching the community up, especially when the \$ starts to flow
  - Description of the strategy
- Community engagement
- How to move beyond the “go-first” strategies – what are the “go-next”?
- Boundary spanner/watchdog/persuader for coherence (suggestion to establish underlying “transformational principles” and could some version of this group play a role in assuring adherence to those principles)
- Cross-sectoral work
- Realignment of existing funds for better outcomes
  - Consider “virtual global budget” e.g. What would happen if we all came to table with an agreement that we would align and spend our resources as if we were one entity instead of the way we currently siloed way of doing business?
- Prevention – upstream, but also midstream & downstream, save \$ with Familiar Faces to use with “unfamiliar”

Potential ongoing role of APG:

- Address the various types communication shortfalls and opportunities; create coherent communication strategy that better engages community partners
- Keep the “doing things differently” vibe alive
- A place to think through ways to align other federal and local grants, funding sources that come onto the scene
- Continuity through implementation of various current and emerging initiatives
- Developer & implementer of coordinated community engagement strategy across all Transformation Plan-related initiatives
- Matchmaking function: funding sources and places – awareness, strategy, decision-making

- Launching of ACH leadership structure; may be separate from APG, or some modified version of APG could morph into ACH roles.
- Each member consider individual roles and contributions to the group and how they can move this work forward
- Healthcare system would need to be better represented at the table
- The conversation about nexus between APG and ACH might be easier to have after the ACH planning phase.

## BREAK

### Accountable Community of Health (ACH) Planning

#### Reminder of ACH intent and planning timeframe

WA State’s Health Innovation plan seeks to leverage innovation and collaboration already occurring in local communities.

- Accountable Communities of Health (ACHs) will be forums to support communities, sectors and systems in their regional service areas and implement health improvement plans primarily focused on prevention strategies
- Designed to strengthen community linkages between local health/behavioral health delivery system, public health and others who influence community’s physical and social environments
- A way to formally connect health innovation and transformation efforts at the state and local level (including acceleration of physical and behavioral health integration)

The state is working toward fully developed ACHs by the end of 2018. They have issued planning grants, of which King County was a recipient to plan for the King County region. A plan, including roadmap for the work ahead and an honest self-assessment is due December 31, 2014.

King County’s timeline for completing the Plan include:

Sharing of initial themes and impressions:	Today
Complete interviews and analysis:	Early November
Draft options/recommendations development:	By November 20
Share draft plan for feedback:	First week of December
Final plan to Health Care Authority:	December 31
2015: To be determined based on the plan’s recommendations for next steps and on resource availability for continued work	

## Consultant team share initial themes and impressions from interviews and dialogues to date

John Howell (Cedar River Group) walked the group through [this report](#) on the development of a crosswalk of various local cross-sector Initiatives, which notes the purpose, process, preliminary observations and initiatives included in the crosswalk.

Discussion on the crosswalk included:

- Concern about language: “lower costs” for healthcare may not be realized; we should talk about more in terms of “contained costs,” “making smarter investments with the \$ we have”
- Will ACH mainly be focusing on social determinants of health (SDOH) or will they create an organizational structure for clinical care as it relates to achieving triple aim? It was noted that assumptions about this have implications for roles and who needs to be involved and at the table.
- Some suggestions were made about other initiatives to add to the crosswalk, such as the Open Doors initiative. Also there are various local/city-level initiatives and partnerships not reflected in the crosswalk.

John then provided a progress update on stakeholder interviews currently underway, noting that the interview process has entailed asking sector representatives (purchasers, health systems, health plans and more) the same 10 questions. Among the themes that John called out were that a wide range of responses was occurring to most of the questions – people at many different places in their perspectives about an ACH’s value and role. He reviewed the range of comments and themes relative to ACH focus areas, roles, engagement, challenges, opportunities, governance, and sustainability. The consultant team will be further synthesizing the information as they complete additional interviews, and come back to the APG in November for a conversation about potential options and a path forward.

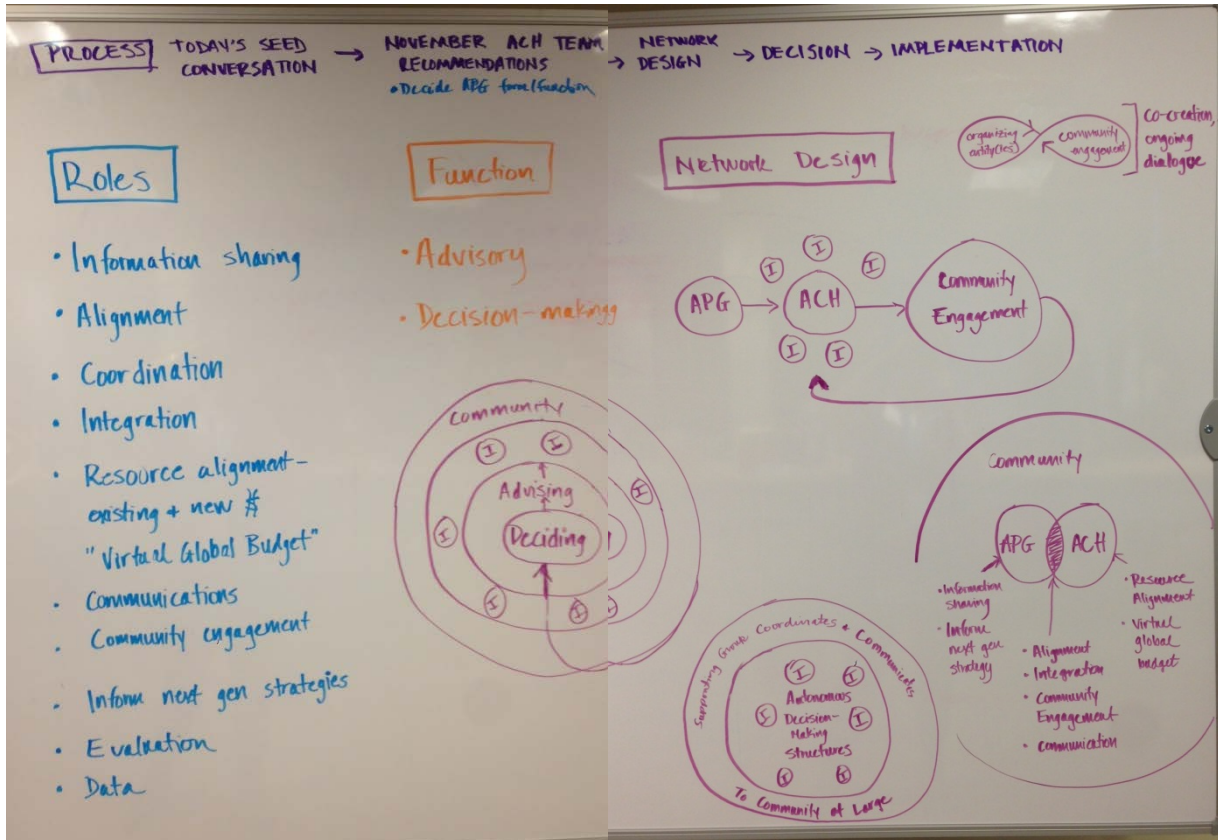
Wendy Watanabe (Watanabe Consultation) provided an update on her work on the community engagement design for the ACH Plan. A Community Engagement Team (consisting of 19 community representatives), held its first meeting last week, during which the following input was received:

- Timeline is too short, community wasn’t included at the beginning when ACH was defined
- Respect time and space that communities need to be engaged in this
- Size the goal correctly
- Place race and social justice frame at top
- Report back and hold yourself accountable to community
- Initiatives locally-based
- Commit to listening and pursue what is worth doing over time
- Recommendation to King County that it needs to improve its internal coordination around community engagement on these related initiatives.

The Community Engagement Team has 2 additional meetings scheduled during the ACH planning phase. The consultant team will then be working to bring together and synthesize all the thinking and input, and formulate options for ACH development going forward.

## Wrap up and Plan for Next Meeting

Anne summarized the meeting by proposing a process for moving forward, noting some possible roles and functions for a future group and offering some options to consider for network design. See whiteboard photo below.



This group's November 20 meeting will include a discussion of recommendations for an ACH and further discussion of proposed role for the Advising Partners Group. Some members requested that options for proposed roles be developed for the group and that the group have a clear understanding of who, how and when decisions will be made.



# Advising Partners Group Meeting

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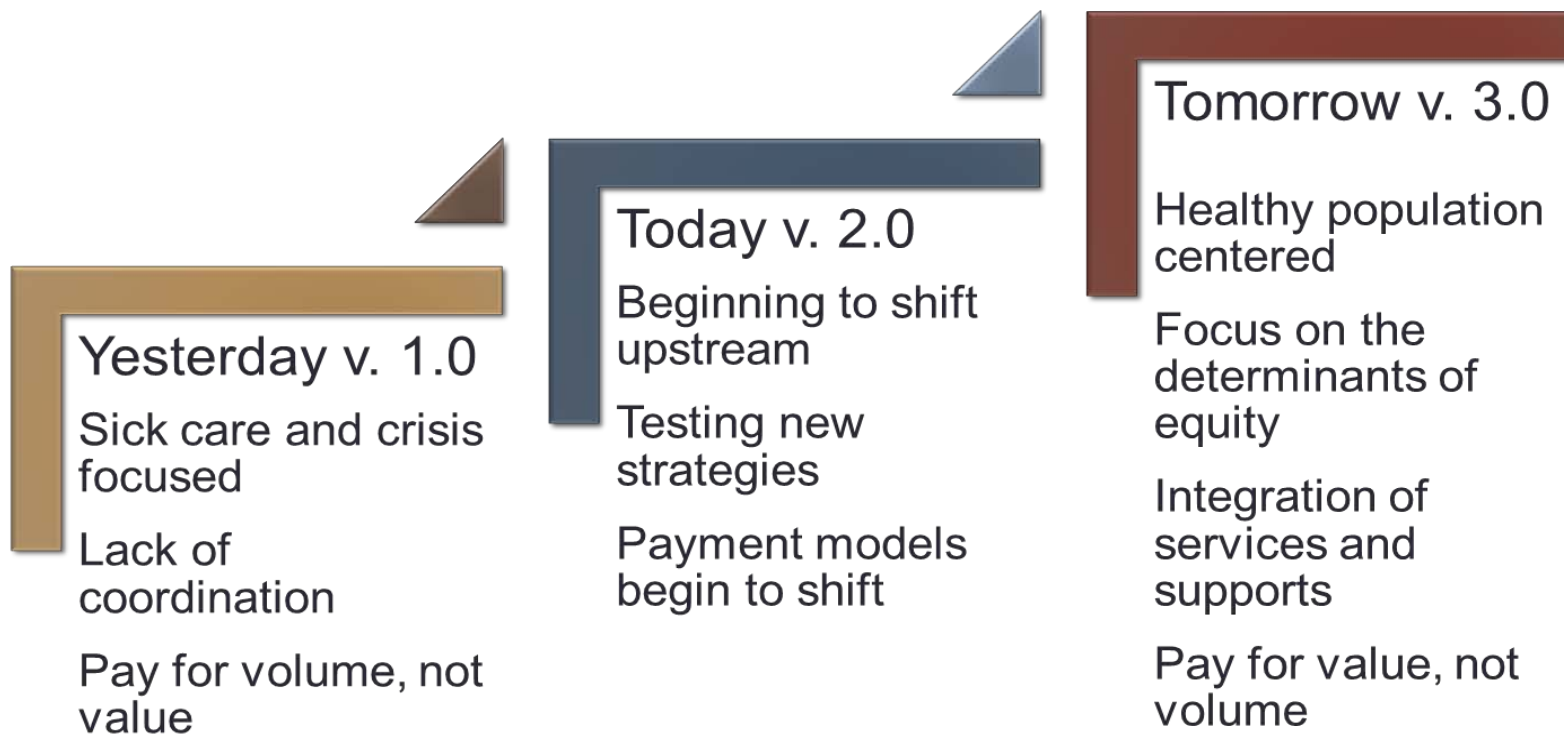
October 30, 2014

# Review of Today's Agenda

1. Welcome and introductions 11:00 – 11:05
2. Assessing the Advising Partners Group (*participate in a “regroup” discussion about the APG*) 11:05 – 12:20
3. Break and get lunch 12:20 – 12:35
4. Accountable Community of Health Planning:  
consultants' initial impressions (*listen, ask questions, prepare for discussion in November*) 12:35 – 1:20
5. Close and plan for next meeting(s) 1:20 – 1:30



## Reminder: What we are collectively working to transform from and to





## Origin and roles of the Advising Partners Group

- Help assure effective structures for launching the two “go-first” strategies of the Transformation Plan
- Inform guidelines for use of the Catalyst Fund in 2014
- Strategize on how to leverage additional partners and \$
- Consider how best to assure meaningful community and resident engagement going forward
- Consider opportunities related to health reform and the State Health Care Innovation Plan
- Help assure an effective evaluation framework



## Roles of the APG (continued)

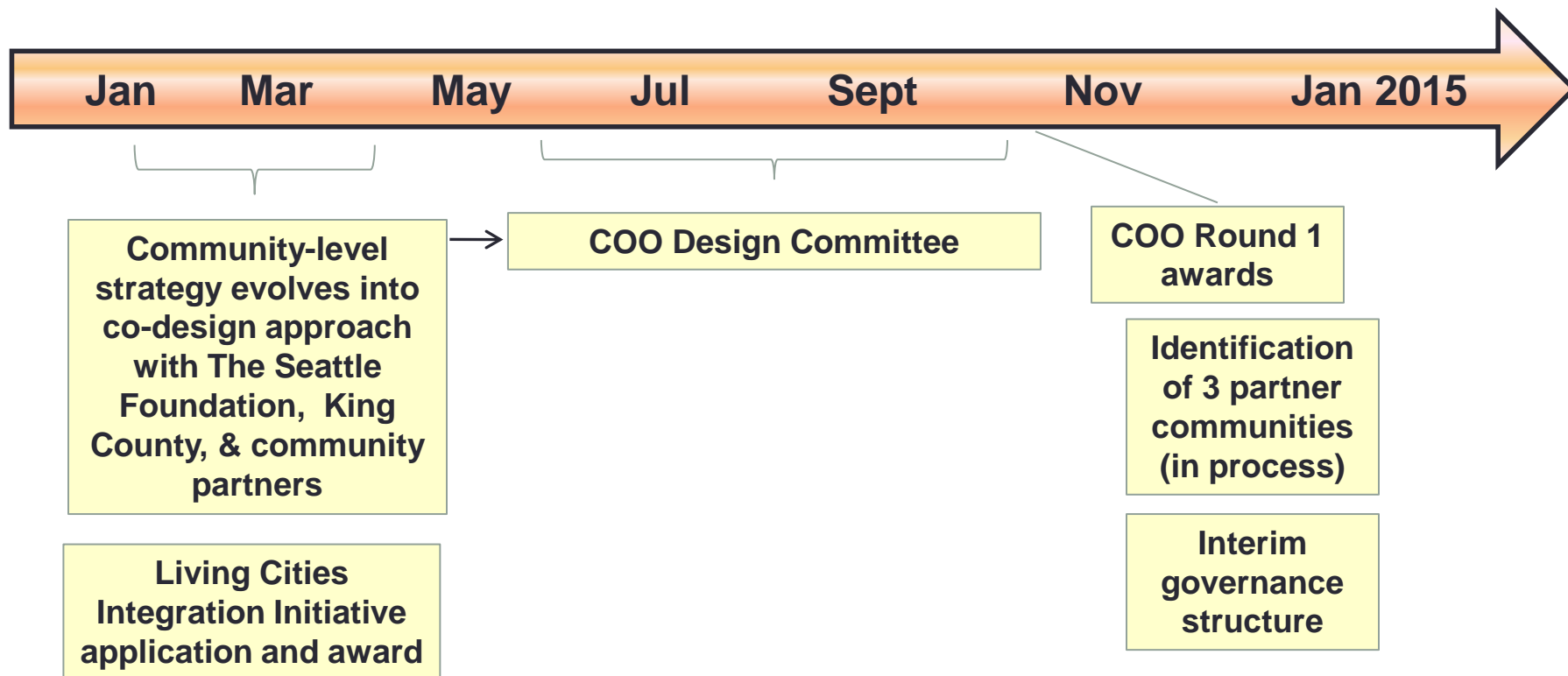
- **Finally, one of its roles was to step back and evaluate its own future**
    - *How has the work evolved?*
    - *What else has developed in the environment?*
    - *Should this group or some version of it continue, or not?*
    - *If so for what purpose and how?*
- **This is today's conversation**

# Recap: What has the APG done?

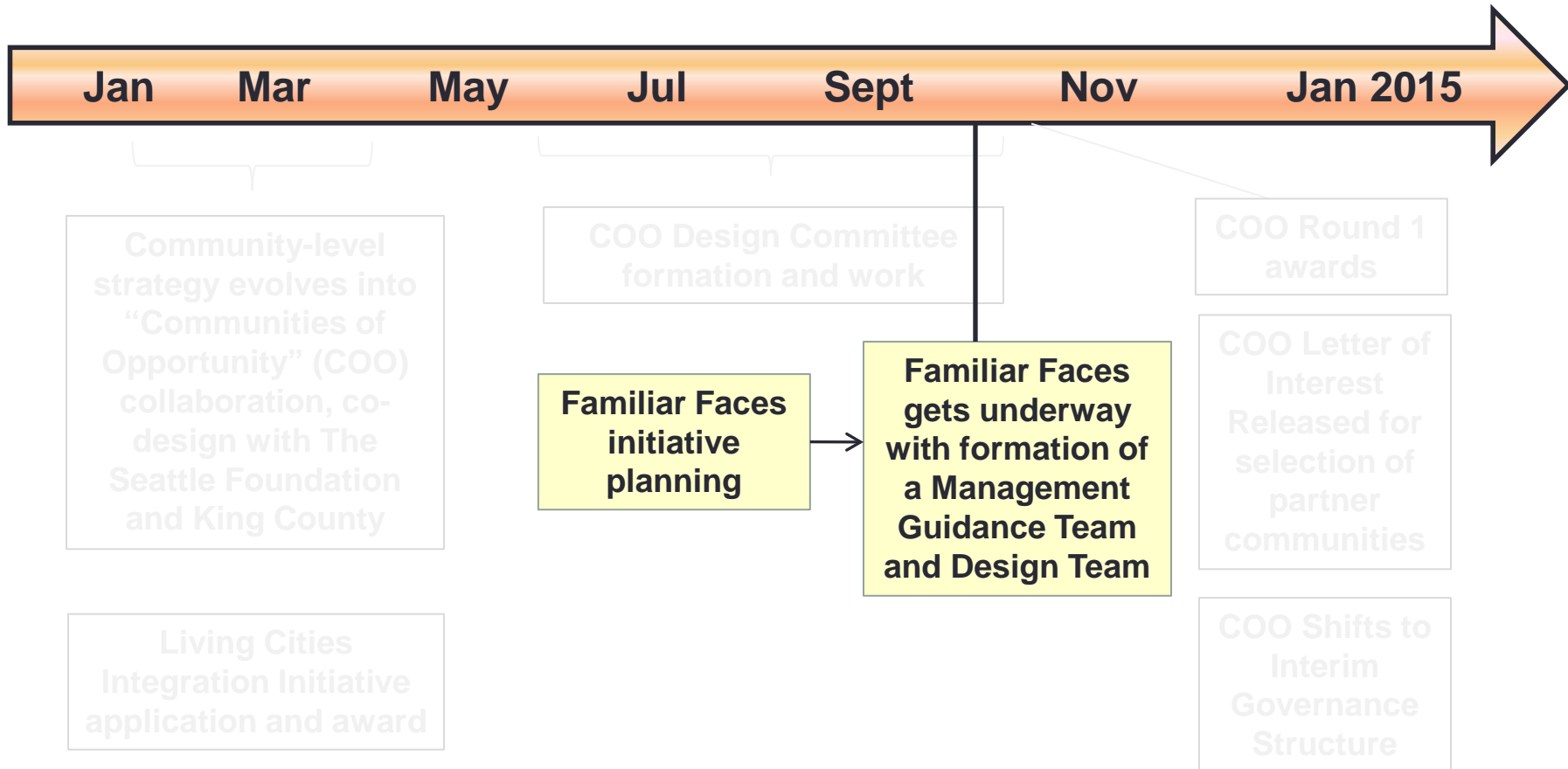
**Five meetings to date: March 6, May 15, August 6, Sept 17, Oct 30**

- Shaped community-level and individual level strategies
- Informed catalyst fund guidelines
- Informed Accountable Community of Health planning
- Throughout the year, various APG members have been involved in:
  - Design committee for Communities of Opportunity, Living Cities learning collaborative, and a proposal review group
  - “Familiar Faces” strategy – initial planning, Management Guidance Team
  - An ad hoc steering group for Accountable Community of Health planning

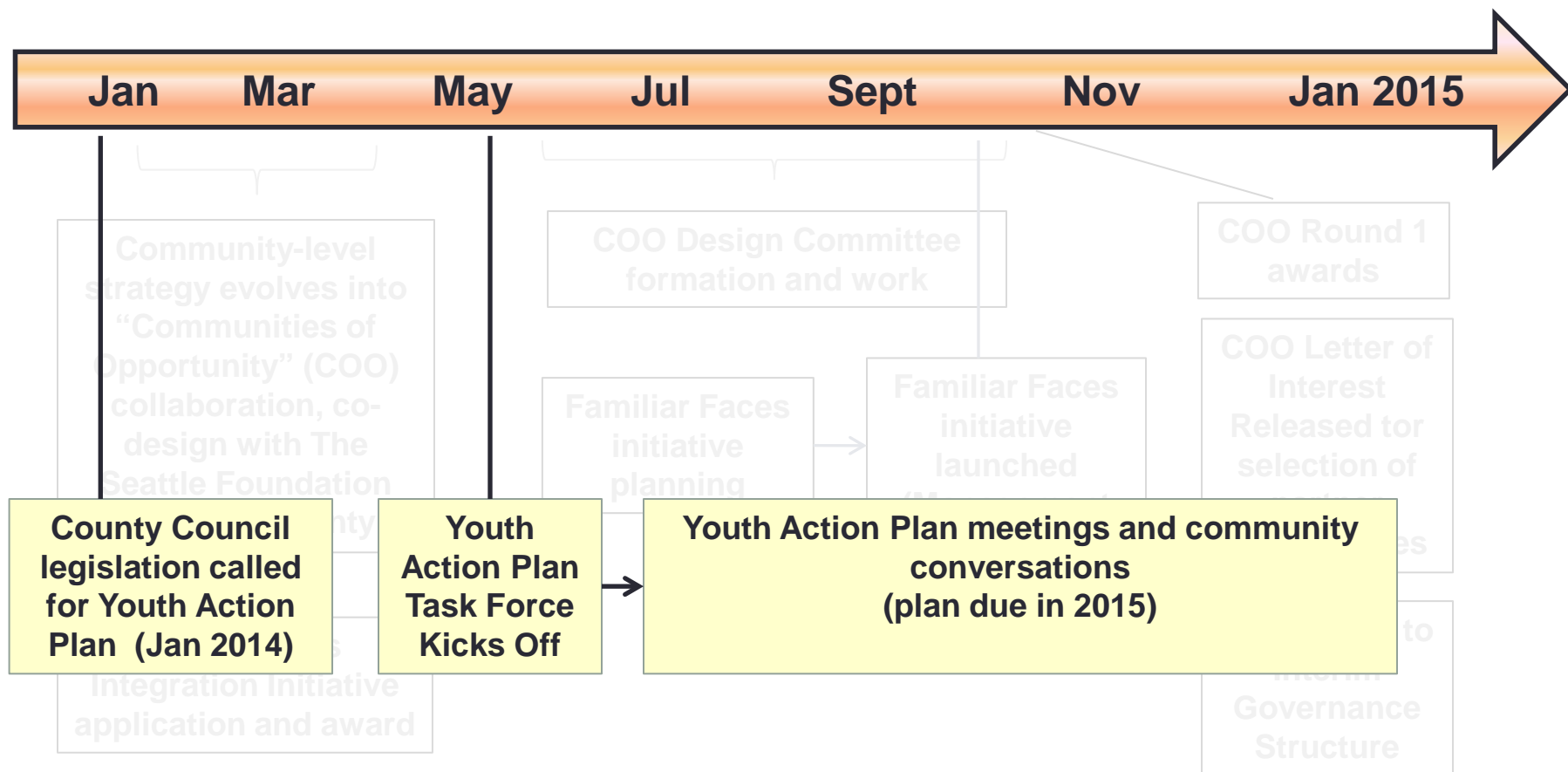
## 2014 Developments: *Communities of Opportunity (COO)*



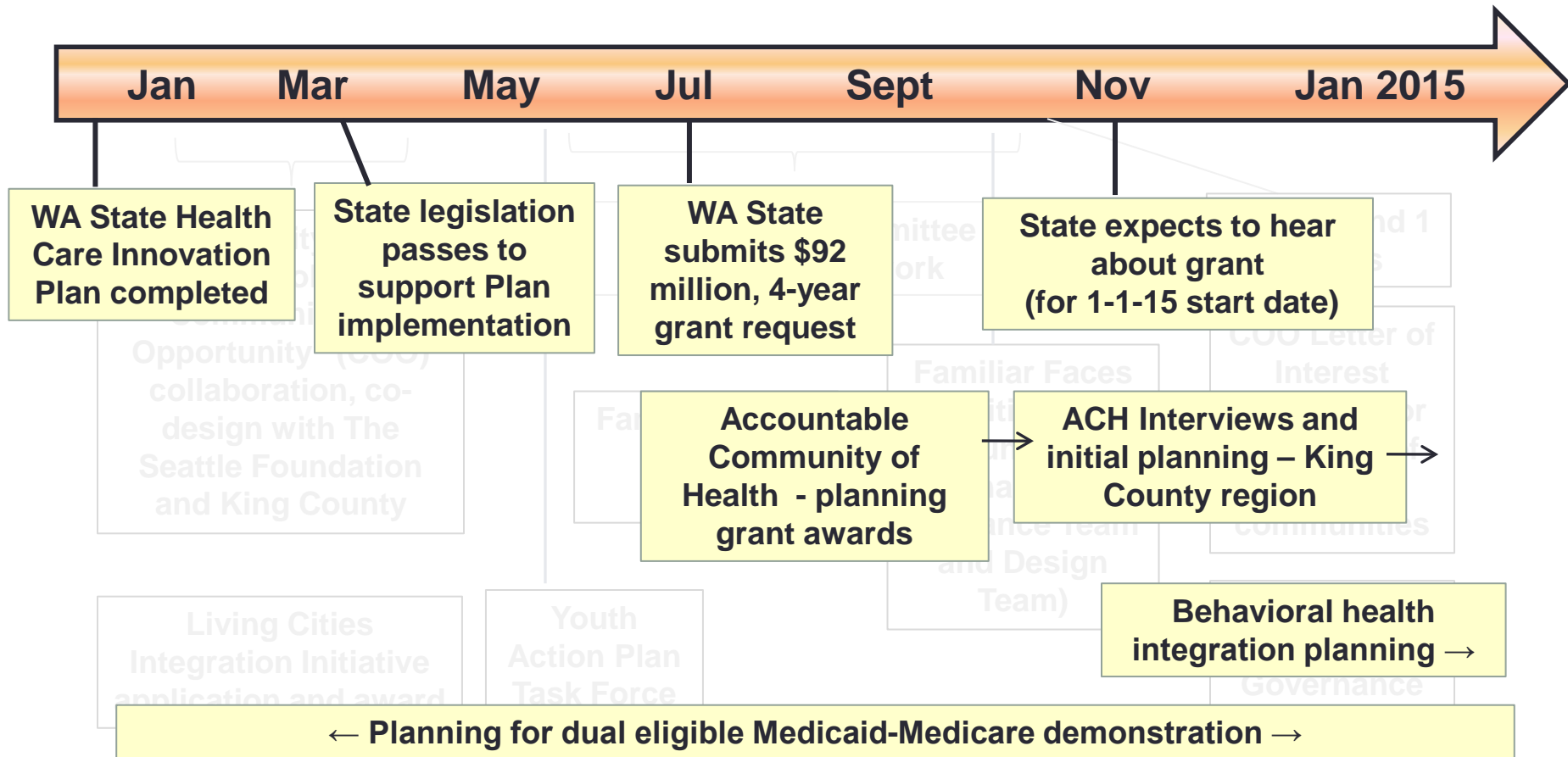
## 2014 Developments: *Familiar Faces*



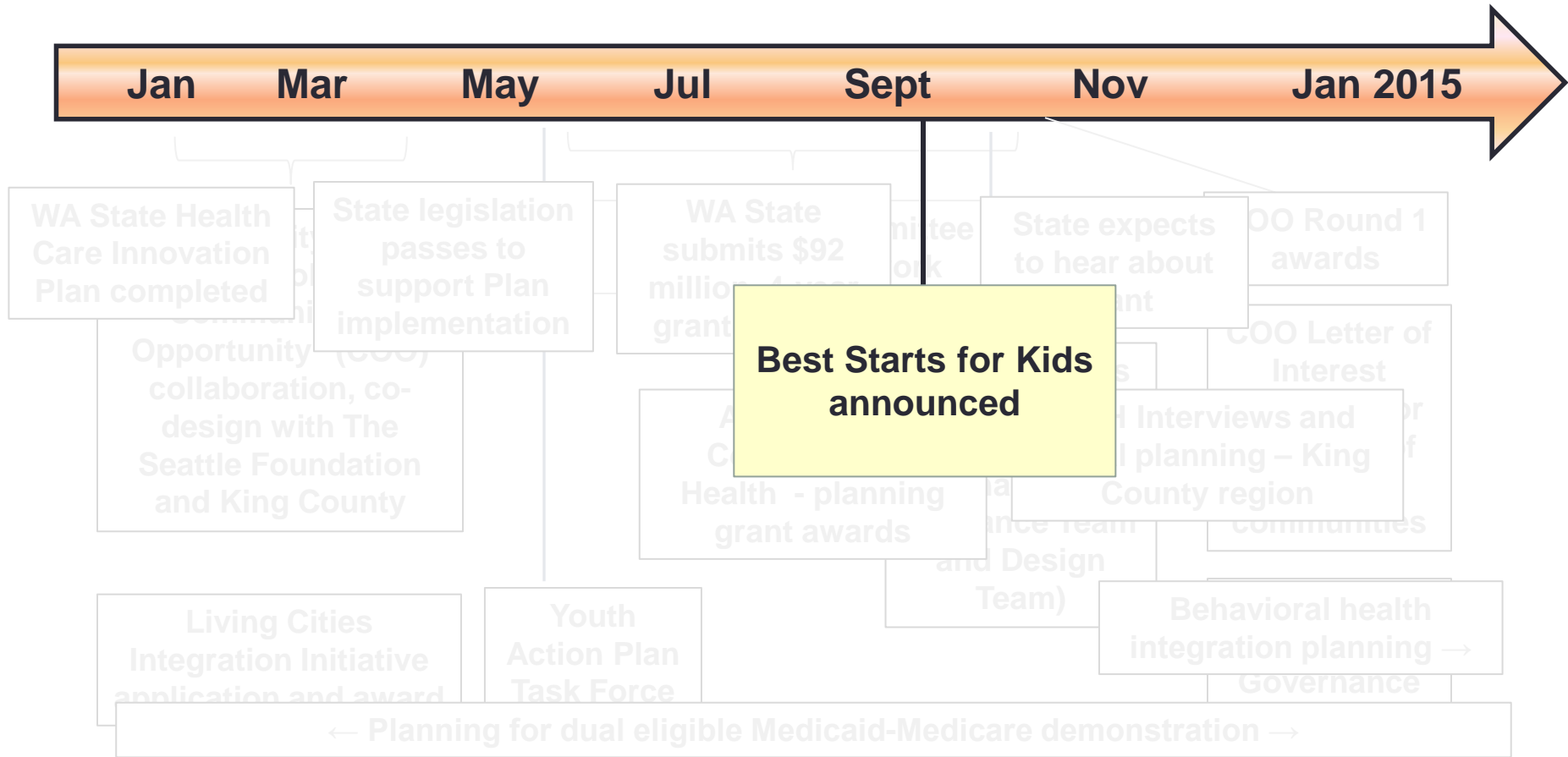
## 2014 Developments: *Youth Action Plan*



## 2014 Developments: *WA State Health Reform*



# 2014 Developments: *Best Starts for Kids*





# Opportunities and Challenges

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- Commitment to collective action
- Commitment to community engagement
- Many tables; lots in flux and evolving rapidly (“initiative fatigue”)
- How to support alignment across efforts
- Environment of resource constraints
- Communication challenges and complexities

## Questions for Discussion

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- In the Advising Partners Group work to date, what's been valuable?
- What aspects have not been helpful, or were less successful?
- Going forward, do you see a role for a group like the APG or some version of it? If so, for what? And how?



# WORKING LUNCH

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## Accountable Communities of Health – Big Picture

WA State's Health Innovation plan seeks to leverage innovation and collaboration already occurring in local communities

- Accountable Communities of Health (ACHs) will be forums to support communities, sectors and systems in their regional service areas and implement health improvement plans primarily focused on prevention strategies
- Designed to strengthen community linkages between local health/behavioral health delivery system, public health and others who influence community's physical and social environments
- A way to formally connect health innovation and transformation efforts at the state and local level (including acceleration of physical and behavioral health integration)



## Community of Health planning grants

Grants of up to  
\$50,000 for July-  
December 2014

No ACHs have been  
formally designated in  
WA State at this time.



1	Pierce County Health Innovation Partnership
2	North Sound Accountable Community of Health
3	King County
4	Better Health Together
5	CHOICE Regional Health Network
6	Benton-Franklin Community Health Alliance
7	Southwest Washington Regional Health Alliance
8	South Puget Intertribal Planning Agency
9	Yakima County Accountable Community of Health
10	North Central Health Partnership

## Deliverable of the Planning Phase (Due 12-31-14)



- A roadmap for the work ahead
- Honest self-assessment

The plan will articulate consideration of, progress toward or implementation of:

- Common agenda and opportunities for alignment
- Milestones and outcomes
- Shared measurement strategy
- Potential ACH transformation role
- Plan of action
- Lead organization
- Communication framework
- Governance structure
- Regional Service Area alignment



# Where We're Going

Q3 2014	Q4 2014	2015	2016	2017	2018
COH Planning Grants					
 You are here!		Two Pilot ACHs			
		Design Communities			
		Progression through the "ACH Continuum"			
					 Fully developed ACHs by the end of 2018!

## ACH Planning Grant – Remaining Timeline

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Sharing of initial themes and impressions: *Today*

Complete interviews and analysis: *Early Nov.*

Draft options/recommendations development: *By Nov 20*

Share draft plan for feedback: *First week of Dec.*

Final plan to Health Care Authority: *Dec. 31*

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**2015: To be determined based on the plan's recommendations for next steps and on resource availability for continued work.**





## Initial Themes and Impressions

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- From Cedar River Group and Watanabe Consultation
- Questions? Reactions?

**For reference purposes – October 30, 2014 Advising Partners Group meeting.  
Names in bold indicate the person is a member of the APG.**

## **COMMUNITIES OF OPPORTUNITY**

### **Interim Governance Group**

Note: This group will be in effect until the 3 locations are identified; then it will sunset and shift to an ongoing governance group.

**Michael Brown**, The Seattle Foundation

**Deanna Dawson**, Sound Cities Association

**David Fleming**, Public Health-Seattle & King County<sup>[1]</sup>

Hilary Franz, Futurewise

**Betsy Jones**, Executive's Office, King County

**Gordon McHenry, Jr**, Solid Ground

**Jeff Natter**, Pacific Hospital PDA

**Adrienne Quinn**, King County Department of Community and Human Services

Sili Savusa, White Center Community Development Association

**Michael Woo**, Got Green (*tentative, pending Got Green board approval*)

<sup>[1]</sup> Transition to **Patty Hayes**, Interim Director of Public Health, around the end of 2014

### **FAMILIAR FACES – MANAGEMENT GUIDANCE TEAM (As of 10/29/14)**

**Elise Chayet**, Harborview Medical Center

Peggy Papsdorf, Pioneer Human Services

**Erin Hafer**, Community Health Plan of WA

**Julie Lindberg**, Molina

Matt Canedy & Daryl Edmonds, Amerigroup

Amina Suchoski & Doug Bowes, United Healthcare

Andrea Tull, Coordinated Care

Nathan Johnson, WA State Health Care Authority

Jane Beyer, WA State DSHS

Mark Secord, Neighborcare Health

Ralph Forquera, Seattle Indian Health Board

Linda McVeigh, Country Doctor

Trish Blanchard & David Stone, Sound Mental Health

Paul Lambros & Kelli Larson, Plymouth Housing Group  
Mike Nielsen & Shirley Havenga, Community Psychiatric Clinic  
Daniel Malone, Downtown Emergency Service Center  
Chloe Gale & Kelley Craig, Evergreen Treatment Services  
Tom Gibbon, Swedish Medical Center  
**Betsy Jones** & Gail Stone, King County Executive Office  
**Patty Hayes** & Janna Wilson, Public Health, Seattle & King County  
**Adrienne Quinn** & Susan McLaughlin, King County Dept. of Community & Human Services  
Liz Arjun, King County Transformation Plan  
**Katherine Cortes**, King County Council  
Willie Hayes, King County Dept. of Adult & Juvenile Detention  
Bette Pine & Greg Burnworth, King County Jail Health Services  
Jim Fogarty & Michele Plorde, King County Emergency Medical Services  
Jean Robertson & Jim Vollandroff, King County Behavioral Health & Recovery  
City of Seattle (TBD)

#### **YOUTH ACTION PLAN TASK FORCE**

Janis Avery - Treehouse  
The Hon. Bobbe J. Bridge – Center for Children and Youth Justice  
Rochelle Clayton-Strunk - Encompass  
Darryl Cook - City of Seattle Human Services Department  
**Deanna Dawson** - Sound Cities Association  
King County Councilmember Rod Dembowski  
Lt. Darryck Dwelle – Salvation Army  
Mahnaz Eshetu - ReWA  
Melinda Giovengo - YouthCare  
Kelly Goodsell – Puget Sound Educational Service District  
Beratta Gomillion – Center for Human Services  
**Mike Heinisch** – Kent Youth and Family Services  
Katie Hong – Raikes Foundation  
Shomari Jones – Urban League  
Calvin Lyons - Boys and Girls Clubs of King County  
Leesa Manion – King County Prosecutor’s Offices  
Miguel Maestas – El Centro de la Raza  
Terry Pottmeyer – Friends of Youth

Mark Putnam – Committee to End Homelessness

**Adrienne Quinn** – King County

Judge J. Wesley Saint Clair – King County District Court

Terry Smith – City of Bellevue Parks and Community Services

Sorya Svy – Safe Futures

Sheriff John Urquhart

Sam Whiting - Thrive by Five

### **ACCOUNTABLE COMMUNITY OF HEALTH – SOUNDING BOARDS FOR INITIAL PLANNING**

- Transformation Plan Advising Partners Group
- King County Hospitals for a Healthier Community
- Community engagement core team
- Ad hoc steering group
  - **Jeff Natter**, Pacific Hospital PDA
  - Jean Robertson, King County DCHS
  - **Erin Hafer**. CHPW / **Julie Lindberg**, Molina
  - **Betsy Jones**, King County Executive Office
  - **Mark Okazaki**, Neighborhood House
  - **Elise Chayet**, Harborview / **Elizabeth Bennett**, Seattle Children's
  - Chase Napier, Health Care Authority

## King County Region Accountable Community of Health Planning

### Report from Cedar River Group on Crosswalk of Cross-Sector Initiatives

As of 10/29/14

**Purpose:** This task aims to collect information about initiatives underway in King County that involve both health and one or more social determinants of health, which we are referring to as cross-sector initiatives. The purposes are to: (1) identify active cross-sector efforts potentially impacting the Triple Aim and their goals; (2) understand how they govern themselves; and (3) identify the organizations involved in governance and/or advisory capacities. This work also involves identifying active initiatives and existing partnerships in King County that relate to other potential ACH backbone functions such as regional health assessment, innovative use of data, and practice transformation support.

**Process:** We gathered information on 23 cross-sector initiatives (see list on the next page), based on a suggested list from Janna Wilson and Susan McLaughlin that was initially articulated in the ACH planning grant application in response to a question about existing cross-sector health improvement initiatives. It was organized as a matrix to make comparisons easier. The matrix includes three sections: (1) Description (what each initiative is, convener, primary focus, goals/outcomes, population addressed, measurement system, and community engagement); (2) Governance (written agreement, decision maker, decision method, governing body's role, and duration); and (3) Organizations (who is on the governing or advisory body).

#### **Preliminary Observations:**

- Many organizations in the King County region already see the need for and are involved in cross-sector initiatives, mostly involving health, primary care – behavioral health integration, and housing.
- Most of these initiatives aim to serve vulnerable and underserved populations.
- A number of these initiatives appear to be addressing better health, better care and lower cost (Triple Aim), although this is often not measured or may not be an explicit goal.
- There is a range of focal points – such as health conditions, subpopulations, geographic areas, and regional health assessment/monitoring.
- There are existing partnerships and entities carrying out some aspects of roles envisioned for ACHs, such as regional health needs assessments, evaluation, and indicator monitoring at the county level.
- There are many shared interests and may be some opportunities for alignment among the initiatives.
- The county's Transformation Plan appears to have had a large influence in spurring new cross-sector efforts. Many of the initiatives are fairly new. The longest-running is Communities Count, a data initiative founded in the late 1990s, followed by the Committee to End Homelessness, founded in 2005.
- Because most of the initiatives are new, there is not yet a wide base of experience in governance for cross-sector initiatives.

## **Initiatives Included in the Crosswalk**

Accountable Care Organizations

ACA Quality Assurance and Evaluation Framework for King County

Behavioral Health Integration Development - Early Adopter

Best Start for Kids Levy Planning

Care Transitions Planning

Committee to End Homelessness in King County

CEH: Family Homelessness Initiative Advisory Group

CEH: Youth & Young Adult Homelessness Advisory Group

Communities Count (Health and Social Indicators in King County)

Communities of Opportunity

Community Alternatives to Boarding Task Force

Coverage Is Here King County

Familiar Faces (part of KC Transformation Plan strategies)

Global to Local (G2L)

Health-Housing Partnership

King County Burden of Disease Analysis

King County Hospitals for a Healthier Community (including Community Health Needs Assessment)

King County Partnership to Improve Community Health (PICH)

Medical Respite Program

Medicare-Medicaid Dual Eligibles Demonstration

Mental Health Integration Program (MHIP)

Mental Illness and Drug Dependency (MIDD) Action Plan and Oversight Committee

Vulnerable Populations Strategic Initiative (VPSI) of King County Emergency Medical System