King County

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

Meeting Agenda

Committee of the Whole

Councilmembers: Julia Patterson, Chair; Jane Hague, Vice Chair; Rod Dembowski, Reagan Dunn, Larry Gossett, Kathy Lambert, Joe McDermott, Larry Phillips, Pete von Reichbauer

Staff: John Resha, Lead Staff (206-477-0889)
Joanne Rasmussen, Committee Assistant (206-477-0887)

9:30 AM | **Wednesday, July 17, 2013** | **Room 1001**

REVISED AGENDA

Pursuant to K.C.C. 1.24.035 A. and F., this Committee of the Whole meeting is also noticed as a meeting of the Metropolitan King County Council, whose agenda is limited to the committee business. In this meeting only the rules and procedures applicable to committees apply and not those applicable to full council meetings.

To show a PDF of the written materials for an agenda item, click on the agenda item below.

1. Call to Order

2. Roll Call

3. Approval of Minutes

July 10, 2013 Special Meeting pp 3-4

Discussion and Possible Action

4. Public Comment on Item 5: Proposed Motion 2013-0304

5. Proposed Motion No. 2013-0304 pp 5-117

A MOTION accepting the Health and Human Services Transformation Plan for an accountable and integrated system of health, human services and community-based prevention in King County in compliance with Motion 13768.

Sponsors: Ms. Patterson

Kelli Carroll, Council Staff

Sign language and communication material in alternate formats can be arranged given sufficient notice (296-1000).
TDD Number 296-1024.
ASSISTIVE LISTENING DEVICES AVAILABLE IN THE COUNCIL CHAMBERS.

Other Business

Adjournment

King County

1200 King County
Courthouse
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Seattle, WA 98104

Meeting Minutes

Committee of the Whole

Councilmembers: Julia Patterson, Chair; Jane Hague, Vice Chair;
Rod Dembowski, Reagan Dunn, Larry Gossett, Kathy Lambert,
Joe McDermott, Larry Phillips,
Pete von Reichbauer

Staff: John Resha, Lead Staff (206-477-0889)
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9:30 AM | **Wednesday, July 10, 2013** | **Room 1001**

SPECIAL MEETING

Pursuant to K.C.C. 1.24.035 A. and F., this Committee of the Whole meeting is also noticed as a meeting of the Metropolitan King County Council, whose agenda is limited to the committee business. In this meeting only the rules and procedures applicable to committees apply and not those applicable to full council meetings.

1. Call to Order

The Metropolitan King County Council's Committee of the Whole meeting was called to order at 9:36 a.m. by Chair Julia Patterson.

2. Roll Call

Present: 8 - Ms. Lambert, Ms. Patterson, Ms. Hague, Mr. Phillips, Mr. von Reichbauer, Mr. Gossett, Mr. Dunn and Mr. Dembowski

Excused: 1 - Mr. McDermott

3. Approval of Minutes

Councilmember Hague moved to approve the minutes of the June 27, 2013 Special meeting. The motion passed.

Briefing

4. Briefing No. 2013-B0108

OLEO Review of the Auburn Shooting Incident

Chair Patterson introduced the topic of the special meeting and the parameters for the discussion.

The Meeting was recessed at 9:42 a.m.
The meeting was reconvened at 9:43 a.m.

Charles Gaither, Director, Office of Law Enforcement Oversight, summarized the review of the officer involved shooting of Dustin Theoharis and answered questions from the members.

Nicholas Armstrong, Chief of Staff, Police Assessment Resource Center (PARC), and Christopher Moulton, Director of Research, PARC, briefed the committee on the PARC report entitled, "Review of Officer Involved Shooting of Dustin Theoharis." Mr. Armstrong and Mr. Moulton answered questions from the members.

Sheriff John Urquhart offered his response to the PARC report recommendations and findings and answered questions from the members.

This matter was Presented

Adjournment

The meeting was adjourned at 11:22 a.m.

Approved this _____ day of _____.

Clerk's Signature

King County

Committee of the Whole

STAFF REPORT

Agenda Item:	5	**Name:**	Kelli Carroll
Item No.:	2013-0304	**Date:**	July 17, 2013
Invited:	• Betsy Jones, Health and Human Potential Policy Advisor, Office of the Executive • Susan Mclaughlin, Health & Human Services Integration Manager Department of Community and Human Services • Janna Wilson, Senior External Relations Officer, Public Health		

SUBJECT

A MOTION accepting the Health and Human Services Transformation Plan for an accountable and integrated system of health, human services and community-based prevention in King County in compliance with Motion 13768.

SUMMARY:

Motion 13768 (attachment 3) unanimously passed in November 2012, called upon the Executive, in collaboration with community stakeholders, to prepare and submit to the Council a plan for an accountable and integrated system of health, human services, and community-based prevention. Motion 13678 requires the plan to address the policy goals of achieving a better experience of health and human services for individuals, better outcomes for the population, and lowered or controlled costs.

The motion response report entitled, "Health and Human Services Transformation Plan" was submitted to the Council on June 26th. Also transmitted to the Council is a Motion that acknowledges receipt of the report.

This staff report and presentation will review the key findings and highlights from the Transformation Plan report and outline potential next steps.

BACKGROUND:

The County is committed to working toward fairness and opportunity for all people and communities, as evidenced through the adopted King County's Strategic Plan, entitled, "Working Together for One King County". The King County Strategic Plan shapes the policy direction for King County and has a guiding principle of "fair and just", which seeks to "serve all residents of King County by promoting fairness and opportunity and eliminating inequities".

The Health and Human Potential Goal, one of the four goals for delivering services to King County residents, establishes the bar for success in the area of health and human services.

Health and Human Potential Goal: *Provide opportunities for all communities and individuals to realize their full potential with the following objectives:*
➢ *Increase the number of healthy years that residents live* ➢ *Protect the health of communities* ➢ *Support the optimal growth and development of children and youth* ➢ *Ensure a network of integrated and effective health and human services is available to people in need*

Over the last two years King County has undertaken several activities to improve its Health and Human Services (HHS) outcomes, reduce health inequities, and ready the county for opportunities generated in part by the Affordable Care Act. A common thread among the county's activities and initiatives in support of the above goal is integration of medical, behavioral health, prevention and social services in order to achieve gains in health and quality of life. Motion 13768 sought to build on the county's evolving understanding of how to better serve its residents by improving health and social outcomes and reducing disparities.

KEY FINDINGS AND HIGHLIGHTS

Transformation Plan Process: The process to develop the Executive's Transformation Plan included hearing from national experts from Oregon and Vermont, local experts and representatives from the state, along with a 30-member stakeholder panel (a list of the stakeholder panel members is on page 3 of the Transformation Plan, attachment A to the Proposed Motion).

These people, individually, and collectively, advised Executive staff on development of the principles, strategies, and initial action steps that would result in a better performing health and human service system. The panel included representatives from human services, health care delivery, prevention, public health, philanthropy, labor, local government, and other sectors and met between February and May 2013. In addition to creating a publically accessible website where information about the process, panel meetings, and background materials was available, Executive staff posted a draft of the plan on the website for public comment (appendix C, pg. 71 of the Transformation plan contains public feedback).

Background and Context: The report contains a great deal of valuable information and provides context for the county's work on health and human services integration. The report details why HHS transformation is needed, provides data on the county's social and health indicators, addresses impacts of the healthcare system crisis in the United States, and the discusses roles of social services, clinical services, and community prevention in a transformed HHS system. The background data provided in the report sets the important context for the recommendations in the report.

Notable findings include:

- Some residents of King County do not have access to the same basic opportunities and choices as others. Starting from early childhood and through the most formative years, opportunities may not exist or are out of reach for these residents

- The real-life circumstances that create these disparities are largely hidden from view even though they affect people from all walks of life

- Even before the economic downturn, many human service agencies reported concerning indicators such as longer wait times, people being turned away, and clients with more complex needs. When the recession hit, the situation worsened as agencies faced budget cuts from public and private funders at the time people were most in need

- The United States spends twice as much on medical care as other high- and middle-income countries, yet its life expectancy lags behind other developed nations

- Nationally, the sickest five percent of people account for over half of U.S. health care costs

- While the role of health care is important, research finds that only 10 percent of health is influenced by clinical care services. Social, behavioral, genetic, and economic factors have far more to do with health than the medical care one receives

- Communities' physical, social, and economic features affect health and well being. When important health and social measures are displayed by King County census tracts, it becomes clear that specific areas—such as certain neighborhoods in the southern part of the county and south Seattle, along with pockets in east and north regions—fare worse than other areas and thus have much to gain.

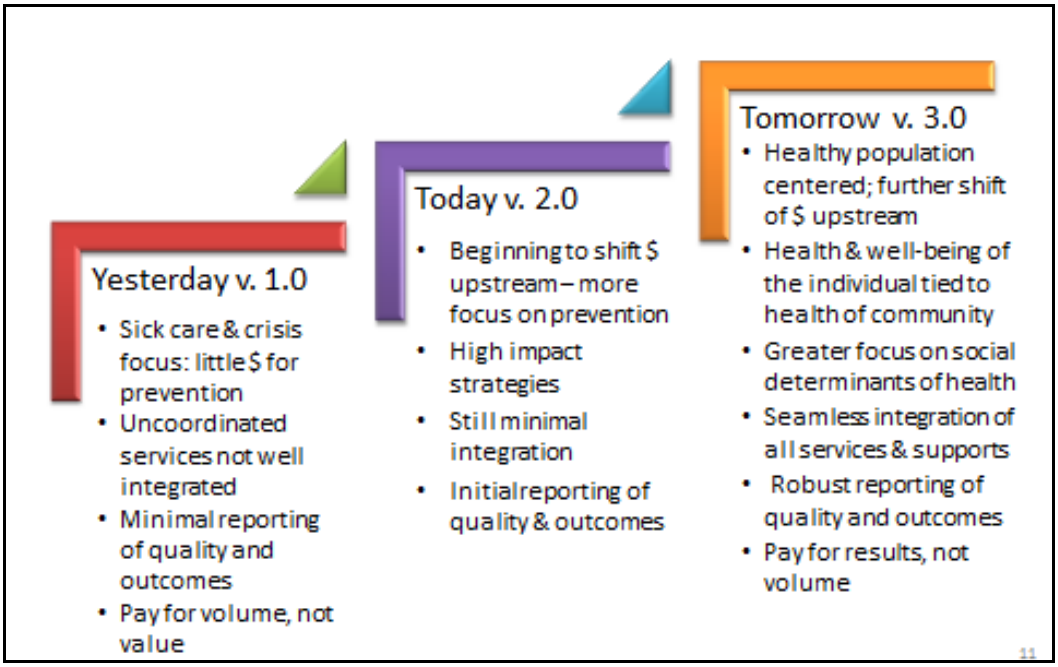
- Health refers to the whole health of a person, which includes a healthy mind and a healthy body. The World Health Organization defines health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity"

- Solutions for both the health and human services systems include integration of these formerly separate systems. This integration includes cross-sector strategies that establish and keep a focus on outcomes, create a better experience for clients and patients, and eventually result in a more balanced system of prevention with treatment and intervention services for health and social problems

The Evolution of Health and Human Services and the Transformation Goal: The report recognizes that solutions to the issues facing health and human services systems include integration of these formerly separate systems.

> This integration includes cross-sector strategies that keep everyone focused on outcomes, create a better experience for clients and patients, and eventually result in a more balanced system of prevention with treatment and intervention services for health and social problems. At the same time, the system is always assuring a right-sized, high-quality crisis and treatment system is in place, in the same manner that the fire department down the street will always be needed.

The report further acknowledges that integration is an evolutionary change process for health and human services. As the table below indicates, the evolution from yesterday's health and human services system to the vision of tomorrow's system has begun, but getting to version 3.0 requires a paradigm shift from the current, siloed way of doing business, to a more integrated, collective approach to achieving outcomes.



The beginning point of the integration work called for by the Plan is established by the vision and goal:

Transformation Plan Vision:
All people in King County have the opportunity to thrive and reach their full potential

Transformation Plan Goal:
By 2020, the people of King County will experience significant gains in health and well-being because our community worked collectively to make the shift from a costly, crisis-oriented response to health and social problems, to one that focuses on prevention, embraces recovery, and eliminates disparities.

The strategies laid out in the Transformation Plan are designed to move the community in the direction of version 3.0 as noted in the above evolution of the HHS system table.

Creating Conditions for Achieving Full Potential and High Performing Systems: As expected for a multifaceted body of work, the Transformation Plan contains a number of recommendations and findings. These findings and recommendations support improving health and well-being, creating conditions that allow residents and communities of King County to achieve their full potential, and creating high performing systems that produce better outcomes. The key aspects of integration from the report are summarized below:

- Two levels of system improvement – at the individual/family level, and at the community level.

At the individual/family level, the plan calls for strategies designed to improve access to person-centered, integrated, culturally competent services when, where, and how people need them. At the community level, the approach calls for improvement of community conditions and features because health and well-being are most deeply influenced by where people live, work, learn, and play.

- A whole-person approach **-** social and health conditions are often intertwined. In a whole-person approach, the preferences, strengths, needs, and goals of individuals and families come first and drive a tailored plan that addresses the holistic needs of the individual or family across multiple life domains (health, education/employment, housing, social/recreational, spiritual).

- Foundational elements of an integrated system – an infrastructure that supports integration across providers that includes a transformed workforce with new skills for a person centered approach; information technology tools that supports data sharing across domains; and high-impact integration strategies for individuals with high needs who frequently face challenges accessing the range of services.

- Accountability through contracts and compacts – There are two mechanisms to achieve accountability: focusing on results obtained through a contract between funder and provider, where funders drive change in health and human service systems by paying for outcomes; and "compacts", agreements where multiple parties must come together collectively to work toward shared priorities, strategies, and outcomes. Change at this level is achieved through the collective efforts of multiple systems and partners working together and holding each other accountable through compacts or agreements.

- Coordinating, planning, and organizing to achieve integration – Bring entities together so that those working on services for individuals can join with those working on community conditions, enabling collaborative planning, measurement, financing strategies, communications, and accountability for outcomes.

The Early Strategies and "Hot Spotting"**:** The report identifies a new approach for getting positive outcomes for high utilizers. This approach, identified by a New Jersey doctor, mapped "hot spots" of health care high utilizers and developed techniques to provide better care while lowering their health and social costs. The model shows that by working together to coordinate care and share information across health and human services systems for high utilizers, costs are reduced and outcomes are improved.

The Transformation Plan identifies two linked strategies designed to produce better outcomes in a focused population group and in focused communities:

1. *Focused population*–Improve health and social outcomes, while simultaneously reducing costs, by partnering with adults in King County who have complex, multiple health and social needs for which they use high volumes of services and supports.

2. *Focused communities*–Support focused communities in developing capacity and solutions that will improve the community features that shape the health and well-being of their residents, such as housing, physical environment, adequate employment, and access to services in targeted communities.[1]Because place is a predictor of race,

[1] *The community conditions that shape health and quality of life are those encompassed by the King County Equity and Social Justice work's 14 determinants of equity, and include affordable, safe, quality housing; family wage jobs*

education, and income, high-impact strategies in these communities can help to reduce disparities along all these axes.

The two early strategies - improving outcomes for adults with complex health and social issues, and improving outcomes for communities facing health and social challenges – will serve as the initial action arm for the Transformation Plan. "The two early strategies will serve as a testing ground for innovation and assist in building the business case for future transformation. The goal is to show return on investment through these early strategies that will lead to a retooling of finances and increased investment in the social determinants of health as transformation proceeds."

The report includes detailed rationale and support for these two early "go first" strategies. For the individual strategy, the reasoning includes:

- Prime testing ground because it requires human services, housing, health care, and preventive services integration
- Interest from housing partners
- Medicaid program changes bring a window of opportunity
- Medicaid-Medicare Duals Demonstration Project
- Potential for economy of scale

For the place based strategies, the reasoning includes:

- Strong potential to reduce disparities by using disaggregated data to focus on geographic areas with the poorest health and social outcomes
- Communities hold diverse strengths, knowledge, and skills to bring to bear
- Place-based interventions can eventually change the level of costly crisis services that are needed
- Opportunity to connect and engage with other natural partners in the work

The report recognizes that such work begins with exploring the nature of the problem and solutions in partnership with cities and other system leaders about an effective, respectful approach to moving forward, learning from the work of the region's existing place-based initiatives, and agreeing on a set of outcomes are important first steps. The report also outlines other important first steps related to the individual and community go first strategies.

Coordination with Existing Policies and Planning: The Council required that the plan developed in response to the Motion specifically describe how coordination will occur with existing county plans and policies. The report identifies seven existing endeavors, ranging from the Mental Illness and Drug Dependency (MIDD) Plan to the King County Strategic Plan, where alignment and collaboration are needed and expected.

Investment and Financing Strategies: Perhaps the area of the report of most interest to many parties is the section on financing and investment. The report acknowledges that a new approach to investments and financing is needed in order to achieve an accountable, integrated system of health, human services, and community-based prevention that strengthens the health

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and job training; early childhood development; quality education; equitable law and justice system; access to affordable, healthy, local food; access to health and human services; access to parks and natural resources; access to safe and efficient transportation; community and public safety; economic development; strong, vibrant neighborhoods; healthy built and natural environments; and equity in county practices. More at: www.kingcounty.gov/exec/equity.

and well-being of the people of King County. In support of this fact, the report identifies four recommendations around financing and investments.

Recommendation 1: Invest in outcomes.
Rather than funding a specific type of program or service, invest in strategies that are expected to produce outcomes, using both contract and compact accountability tools.

Recommendation 2: Leverage opportunities provided under the Affordable Care Act.
Strategically integrate the resources, tools, principles, and payment reform strategies of the ACA into current local, state, and federal funding resources.

Recommendation 3: Protect existing resources.
Protect existing resources from further reductions due to budget shortfalls and continue to advocate for the stability of the current system.

Recommendation 4: Seek New Revenue and New Revenue Tools While Increasing Effectiveness.
Seek support for new resources to help fund transformation efforts and improve capacity county-wide to provide necessary services and infrastructure that will contribute to the intended outcomes.

The Transformation Plan also addressed the county's taxing authority, noting that taxing authority is granted by the state. It specifically identifies one existing revenue option, known as the Public Safety Sales Tax, which allows a county to levy up to three tenths of one percent sales tax. The question must be put to a vote of the public. 40 percent of the revenue goes to the cities in the county and 60 percent to King County. One third of the funds must be used for public safety purposes, leaving the potential to generate up to $48 million for health and human services on an annual basis.

There was a great deal of discussion at the Transformation Panel and with key stakeholders around the timing of seeking new revenues. All parties acknowledged that the health and human services system has been drained of county general fund over the last several years at a time when there are more families and individuals living in poverty and relying on social services. While the report's four recommendations on financing represent a measured and stepwise approach to the question of increasing funds, the reality, given the outcome of the state legislative session, is that no significant revenues will be immediately infused into the system.

Panel members and other stakeholders raised great concern over delay in obtaining immediate, ongoing, and stable revenue for health and human services, indicating concern that lack of new funding could slow implementation of the Transformation Plan elements.

Implementation Plan: The report notes that transforming the health and human services system is dynamic and iterative and evolving. Taking the Transformation Plan from words to action requires developing a trusting, supportive, learning environment for all partners and mobilizing them. "The destination is known, but the specific routes…are not yet visible. The best path to take…will emerge and evolve". The initial implementation of the Transformation Plan would take place over five years, 2014-2018.

The two early strategies, improving outcomes for adults and communities with complex social and health challenges, constitute the initial action arm of the plan. Below is an outline of the next

steps and overview of the estimated timeframe and milestones. **It is critical to note that these tasks and timeframes are subject to change, as the path forward is evolving.** Some tasks and strategies might be in place sooner, while additional time may be needed for the groups to coalesce around outcomes or designs.

Health and Human Services Five Year Planning 2014-2018		
Time Frame	**Outcomes**	**Key Tasks**
First six months (July-December 2013) "Get Ready"	1. Momentum around the early strategies grows 2. Mechanisms for accountability and communication are established and enacted	✓ Initiate groups around early strategies ✓ Engage partners ✓ Agree on outcomes ✓ Agree on structure to work collectively and monitoring activities progress ✓ Executive proposals in 2014 budget
2014 "Get Set"	1. Specific and shared targets for critical health and well-being gains in King County are known 2. Specific models are selected and staged for wider implementation in subsequent years	✓ Conduct design process to develop the models and actions ✓ Test models on small scale ✓ Review and adjust models ✓ Identify and agree on what works ✓ Develop outcome and performance measurements ✓ Establish process for monitoring reporting
2015-2018 "GO"	1. Integration strategies identified in 2014 will be carried out 2. Strategies will be tracked and assessed	✓ Implement strategies more widely ✓ Implement outcome and performance measurement tools ✓ Monitor progress and make adjustments as needed

In addition to the timeline above, the report notes that the Transformation work will be implemented in three facets that at times may occur concurrently or overlap. The three elements are:

Element 1: Refinement and implementation of the two early strategies

- ✓ Engage key funders and system leaders, including consumer representatives, to guide the implementation of this strategy.
- ✓ Examine existing high risk models in the health and human services system
- ✓ Develop plan for defining, tracking, verifying data, including development of baseline data where possible
- ✓ Explore and expand leveraging opportunities (Medicaid, State and Federal, other initiatives and funders, etc.)
- ✓ Develop "index" of community and health well-being
- ✓ Leverage existing activities that support outcomes

Element 2: Cross Cutting activities to support the plan, including:

- ✓ Convened group of funders, policymakers, community members, provider and jurisdictional leaders participating in development of early strategies
- ✓ Define roles and identify structural support needed for transformation
- ✓ Begin work on measuring the improvements/outcomes
- ✓ Communicate information to all parties and solicit feedback through regular reporting and other channels (website, open tables, reconvening interested panel members
- ✓ Create a catalyst fund of $1-5 million per year for five years to bolster work; one time funds from various funders
- ✓ Engage with the State to align activities and influence policy

Element 3: King County government's role and commitments

- ✓ Update Strategic Plan
- ✓ Align activities of the Department of Community and Human Services and Public Health

The report recognizes that people and entities think differently about what "accountable" and "integrated" mean in the context of such large and complex systems as health and human services. Consequently, the report states, the "County must approach the transformation of health and human services in such a way that is manageable and ultimately helpful in improving the health and well-being of the residents of King County. This work involves many partners, will take time, and require thinking about and doing things differently."

ANALYSIS

The report that is attached to Proposed Motion 2013-0304 meets the requirements set forth in Motion 13768. The report attached to PM 2013-0304 includes:

- A vision for an accountable and integrated system
- An implementation plan, including a path for how the redesigned system will coordinate with other County work and planning processes
- The role of performance measurement and potential metrics
- A discussion of recommended strategic investments and financing options for the integrated system

As required, the plan specifically addresses the systems of health, human services, and community based prevention operated and funded by King County and the coordination and integration strategies across a variety of HHS domains and populations. The policy goals of Motion 13768 of an improved experience of health care and human services for residents
And lowered or controlled costs are reflected in the Executive's Transformation Plan.

In addition, the Transformation Plan vision, goal, and recommended strategies appears to further the King County Strategic Plan by creating a pathway to provide all King County residents with the opportunity to thrive and enjoy productive, long lives regardless of where they live, their income, education, race, or ethnic background.

REASONABLENESS:

Adoption of Proposed Motion 2013-0304 appears to be a reasonable business decision by the Council.

ATTACHMENTS:

1. Proposed Motion 2013-02304 and attachment Health and Human Services Transformation Plan dated June 26, 2013
2. Transmittal letter dated June 26, 2013
3. Motion 13768

KING COUNTY

Signature Report

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

July 15, 2013

Motion

Proposed No. 2013-0304.1 **Sponsors** Patterson

A MOTION accepting the Health and Human Services Transformation Plan for an accountable and integrated system of health, human services and community-based prevention in King County in compliance with Motion 13768.

WHEREAS, King County has an adopted strategic plan that includes the goal to provide opportunities for all communities and individuals to realize their full potential, and

WHEREAS, the King County adopted strategic plan identifies the "fair and just" principle to guide the county's work and services in order to achieve equitable opportunities for all people and communities, and

WHEREAS, despite the fact that King County has made progress in improving residents' health and well-being, significant and unacceptable disparities persist in relation to geography, race, ethnicity and other social factors, and

WHEREAS, the United States outspends every other industrialized nation on healthcare yet lags behind on health status, and

WHEREAS, social, behavioral and economic factors have a far greater impact on health and life expectancy then do health care services, and

WHEREAS, it is imperative to create and implement innovative health and human service models that integrate services, improve outcomes and control costs acknowledging that human services are health and health is human services, and

WHEREAS, on November 6, 2012, the council passed Motion 13768 requesting the executive, in collaboration with the departments of public health and community and human services and a community stakeholder panel informed by local and national expertise, to develop and submit a plan for council review and approval for an accountable and integrated system of health, human services, and community-based prevention in King County, and

WHEREAS, in January 2013, the executive convened a thirty-member community stakeholder panel, referred to in this motion as the health and human services transformation panel, that included representatives from the healthcare, human services, and prevention sectors, the business community, the geographic subregions of King County and local and national experts in system transformation and innovation, and

WHEREAS, the health and human services transformation panel met between February and May 2013 to advise staff on key design elements of the transformation plan, and

WHEREAS, a transformation plan has been developed that recognizes the various populations and diversity of those in need of services throughout the county, and

WHEREAS, the transformation plan is individual, family and community centered, and takes a whole person approach where the preferences, strengths, needs and goals of individuals and families come first, and

WHEREAS, the transformation plan includes integration efforts and interventions that occur at two levels: the individual and family level, which assures that individuals and families can access an array of person-centered, integrated, culturally competent services; and the community level, which creates community-level improvements because health is most deeply influenced by where people live, work, learn, and play, and

WHEREAS, the transformation plan establishes a path to achieve an outcome-driven system where providers, consumers, funders and policy makers must work together collectively and are mutually accountable through contracts and compacts that include shared priorities, strategies and measurements for assuring health and human service outcomes, and

WHEREAS, the transformation plan will initially concentrate on two early strategies designed to produce better outcomes for those individuals, families and communities that are most in need:

1. Focused population: improve health and social outcomes, while simultaneously reducing costs, by partnering with adults in King County who have complex, multiple health and social needs; and

2. Focused communities: support communities in developing capacity and solutions that will improve the community features that shape the health and well-being of residents, such as housing, physical environment, adequate employment and access to services in targeted communities, and

WHEREAS, the transformation plan proposes an updated approach to investments and financing of health and human services including investing in outcomes, leveraging opportunities made available through federal and state health reform and

activities of the Affordable Care Act, and creating conditions to acquire new revenues and new revenue tools;

NOW, THEREFORE, BE IT MOVED by the Council of King County:

The Health and Human Services Transformation Plan for an accountable and integrated system of health, human services and community-based prevention in King County is hereby accepted, in compliance with Motion 13768.

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

_____

Larry Gossett, Chair

ATTEST:

_____

Anne Noris, Clerk of the Council

APPROVED this _____ day of _____, _____.

_____

Dow Constantine, County Executive

Attachments: A. Health and Human Services Transformation Plan

HEALTH AND HUMAN SERVICES TRANSFORMATION PLAN

KING COUNTY, WASHINGTON

JUNE 26, 2013

ACKNOWLEDGEMENTS

This plan is written in response to King County Metropolitan Council Motion 13768, passed on November 6, 2012, calling for the King County Executive, in partnership with community stakeholders, to develop a plan for an accountable, integrated system of health, human services, and community-based prevention, referred to as the Transformation Plan.

In January 2013, King County Executive Dow Constantine appointed a panel of local experts from the health, human services, and prevention sectors to advise the County Executive and his staff in the development of an integrated design for health and human services. Thirty members were named to the Health and Human Services Transformation Panel and met from February through May 2013. The panel reviewed integrated health and human services models from around the country and provided feedback into the design of a transformed system for King County. Thank you to each of the panel members for their time and dedication to this important work. Panel members are listed on page 3of this document.

This work was sponsored by the King County Executive's Office, with the departments of Community and Human Services and Public Health-Seattle & King County. Thank you to Fred Jarrett, Carrie S. Cihak, Rhonda Berry, Dwight Dively, Jackie MacLean, and Dr. David Fleming for their leadership in developing this plan.

The work of responding to the motion and writing the Transformation Plan was done by a core team made up of representatives from the Executive's Office, King County Council Staff, the Department of Community and Human Services and Public Health-Seattle & King County. The core team included Betsy Jones, Kelli Carroll, Susan McLaughlin, Janna Wilson, Karen Spoelman, Jennifer DeYoung, Michael Gedeon, and Tyler Running Deer.

Special thanks to contributors Kirsten Wysen, Amy Laurent, Eva Wong, and Susan Kinne of Public Health-Seattle & King County for their analytic support and map production.

The development of this Transformation Plan was enhanced by a contract with Clegg and Associates with many thanks to Judith Clegg and Dale Jarvis for their expertise and facilitation of the Transformation Panel.

HEALTH AND HUMAN SERVICES TRANSFORMATION PANEL MEMBERS

Heidi Albritton
City of Seattle, Human Services Department

Shelley Cooper-Ashford
Center for Multicultural Health

Elizabeth "Tizzy" Bennett
Seattle Children's Hospital

Jane Beyer
Department of Social and Health Services,
Aging and Disability Services

Jim Blanchard
Auburn Youth Resources

Colleen Brandt-Schluter
City of SeaTac, Human Services

Lisa Cohen
Washington Global Health Alliance

Merril Cousin
King County Coalition Against Domestic Violence

Deanna Dawson
Sound Cities Association

David Downing
Youth Eastside Services

Bill Hallerman
Catholic Community Services

Dr. Jeffrey Harris
University of Washington, School of Public Health
Health Promotion Research Center

Patricia Hayden
YWCA of Seattle-King-Snohomish

Ron Jackson
Evergreen Treatment Services (Ret)

Hyeok Kim
InterIm Community Development Association

Brian Knowles
Bailey Boushay House

Emily Leslie
City of Bellevue

Dr. Dan Lessler
Harborview Medical Center

Sara Levin
United Way of King County

Julie Lindberg
Molina Healthcare of Washington

Marilyn Mason-Plunkett
Hopelink

Mark Okazaki
Neighborhood House

Nathan Phillips
South King Council of Human Services

Terry Pottmeyer
Friends of Youth

Adrienne Quinn
Medina Foundation

Kelly Rider
Housing Development Consortium

Mark Secord
Neighborcare Health

Janet St. Clair
Asian Counseling and Referral Service

Diane Sosne
Service Employees International Union

Margaret-Lee Thompson
Parent Advocate in Developmental Disabilities

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EXECUTIVE SUMMARY

Transformation Plan Development

Charge to develop a health and human services plan. Providing equitable opportunities for all individuals to realize their full potential is one of King County's goals under its Strategic 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. The motion called for the plan to be responsive to the policy goals of achieving a better experience of health and human services for individuals, better outcomes for the population, and lowered or controlled costs.

Plan was informed by a community panel. To advise the principles, strategies, and initial action steps that would result in a better performing health and human service system, the County Executive convened a thirty-member panel that met five times from February to May 2013. It included representatives from human services, health care delivery, prevention, public health, philanthropy, labor, local government, and other sectors.

Why Health and Human Services Transformation Is Needed

The problem: King County faces significant inequities in health and well-being. King County has a well-deserved reputation for its high quality of life, but most measures mask an important story of some of the worst social and health inequities in the nation. The United States spends far more on health care than other nations and it spends proportionately less on social services and prevention. The fragmented health and human services delivery system contributes to social and health inequities. When everyone is able to participate fully as a community to address problems, the costs of preventable health conditions, unemployment, and the criminal justice systems are lower.

The solution: Shift to a focus on the factors that contribute most to positive health and well-being. It is more effective and less expensive to focus on the factors that contribute most to good health and well-being. This Transformation Plan lays out a goal that by 2020, the people of King County will experience significant gains in health and well-being because our community worked collectively to make the shift from a costly, crisis-oriented response to health and social problems, to one that focuses on prevention, embraces recovery, and eliminates disparities by providing access to services that people need to realize their full potential.

Recommendations for System Improvement

Two levels for working on system improvement. To improve health and well-being and create conditions that allow residents of King County to achieve their full potential, improved performance of the system is needed at two levels – the individual/family level, and the community level. At the individual/family level, the plan calls for strategies designed to improve access to person-centered, integrated, culturally competent services when, where, and how

people need them. At the community level, the approach calls for improvement of community conditions and features because health and well-being are most deeply influenced by where people live, work, learn, and play.

Alignment around intended outcomes. The plan lays out mechanisms that will bolster the performance of an integrated and accountable system to improve an array of important outcomes over time. It acknowledges that making progress on challenging health and social issues requires working in closer partnership and alignment with other organizations and funders who influence a given outcome. When complementary strategies are agreed upon and a robust system of measurement and continual learning is in place, the ability to make progress toward a given outcome can be far greater than any single organization, funder, or sector could achieve on its own.

Early strategies. To catalyze improvement in the system's performance for everyone, the plan calls for an initial focus on areas where improved performance is most critical – areas where the consequences of *not acting* threaten to make disparities even worse. Two early strategies, one focused on the individual delivery system and one focused at the community level, were found to present near-term, time-sensitive opportunities to accelerate progress – in part due to changes driven by the Affordable Care Act (ACA) implementation. The two areas are:

- Focused population – Improve health and social outcomes, while simultaneously reducing costs, *for adults in King County who have complex health and social needs* commonly characterized by high use of services and supports.
- Focused communities – Support *focused communities in developing capacity and solutions that will improve the community features* that shape the health and well-being of their residents and the vibrancy of the neighborhood, such as housing, physical environment, adequate employment, and access to services.

These early strategies recognize that there are people and communities in King County with significant assets, strengths, hopes, and motivation who experience much worse health and social outcomes compared to others. People and communities hold the solutions, and the opportunity at hand is to partner with them in new ways that unlock those solutions. Because these early strategies will be carefully measured to assess their ability to influence a set of agreed-upon health and human service outcomes, they will serve as important sentinels that allow the involved partners to learn together, make course corrections, and better align actions and resources.

Recommendations for Financing the Future

The plan lays out four recommendations for transitioning to modern, responsive investment and financing approaches that produce better outcomes for people and communities, support providers and agencies, and build in accountability for policymakers and the public:

- **Invest in outcomes.** Health and human service resources should be invested in strategies that are expected to produce results that in turn contribute to outcomes in improved health and well-being.
- **Leverage opportunities provided under the ACA.** Strategically integrate the resources, tools, principles, and payment reform strategies of the ACA into current local, state, and federal funding resources. This includes designing ways to measure and pull forward savings to support lower-cost interventions that improve health and social conditions.
- **Protect existing resources.** Protect existing resources from further reductions and continue to advocate for the stability of the current system.
- **Seek new revenues and new revenue tools while increasing effectiveness.** Seek support for new revenues and new revenue tools to help fund transformation efforts and improve capacity to provide needed services and infrastructure that will contribute to the intended outcomes.

Implementation Plan

The plan's progress hinges on moving from words to action. The scope of the plan is five years, from 2014 to 2018. Implementation will begin with the two early, catalyzing strategies – the initial action arm of the plan – which will help to jump-start system transformation and new ways of working together. The three elements of implementation activity are described below.

Implementation Element 1: Refinement and implementation of the two early strategies. The primary implementation activity during the first year will be to launch the work to further define the outcomes, approaches, and performance measurement for the two early strategies – and carry them out.

A. *Improve outcomes for adults with complex conditions (high risk, high cost)* Next steps will include:

    - Engage key funders and system leaders, including consumer representatives, to develop a shared definition of the population and agree on a set of outcomes to be achieved. Align strategies and structures that are most likely to achieve the outcomes.
    - Coordinate a cohesive approach that incorporates the demonstration project for individuals dually eligible for Medicaid-Medicare, care management services for high-risk individuals on Medicaid, high users of emergency departments and other crisis services, justice system initiatives, person-centered medical/health homes, the mental health integration program, and county-level initiatives for housing homeless people with high utilization and high vulnerability.
    - Examine how those who are on the path to becoming high risk are provided with the level of support they need (right service, right time, right place) to prevent future high risk and high utilization. Generate a toolkit for health/human service

organizations in King County supporting adults with complex conditions, and those on the cusp.

- Define, track and verify success, including securing baseline data; establish methods for aggregating and communicating results.

B. *Improve outcomes in communities with poor health and social indicators.*Next steps will include:

- Engage key funders and systems, including city/community representatives, in defining a set of outcomes, reviewing place-based strategies most likely to make a difference in those outcomes, and developing a community toolkit to spur local action.
- Develop an "index" of community health and well-being, starting with census tract level analysis (recognizing that census tracts could then be aggregated), and offer it to help identify and jump-start action in focused communities—in partnership with those communities.
- Coordinate a cohesive approach that leverages activities already in motion, such as zoning considerations, healthy food initiatives, community organizing programs, safe routes to schools, community-transformation grant activities, and more.
- Work collaboratively with identified communities to build on assets and avoid unintended negative consequences.
- Define, track, and verify success, including securing baseline data; establish methods for aggregating and communicating results.

Implementation Element 2: Crosscutting activities to support implementation. In order to assure that the work under Implementation Element 1 will succeed, a supportive structure must be in place to enable the actions and support the change. Three crosscutting activities are needed.

A. *Establish a structure* for the work including measurement, communications, and community engagement. King County will convene a consultative group of funders, community members, providers, and jurisdictions who are interested in continuing the dialogue relative to the two early strategies, and work together to design a structure and framework that builds credibility, buy-in, and trust.

B. *Create a Catalyst Fund* to help bolster the work. The plan recommends the creation of a catalyst fund, targeting $1-5 million per year, to support one-time activities and changes that agencies and communities may need in order to engage in the work. Any number of potential funders or investors could support this, calling on others to match any contributions. Parameters regarding use and oversight of such a fund would depend on its contributors. As King County convenes a consultative group of funders and other key stakeholders around the two early strategies, further discussion about how best to bring funders together to create such a fund will be needed.

C. *Engage with Washington State* to align integration activities and influence policy. Engage in the development of Washington's State's statewide health innovation plan and continue to work with the State on the demonstration project for individuals dually eligible for both Medicaid-Medicare. Engage in implementation of two recent pieces of legislation (House Bill 1519 and Senate Bill 5732), calling for accountability measures in state contracting and the move toward an outcome-based approach to the adult behavioral health system.

Implementation Element 3: King County Government's Role. A third stream of implementation work involves King County government's internal actions and activities it will engage in to better align its own resources and strategies in support of health and human services integration, including identifying ways to assure better integration across its internal programs. For example, the Health and Human Potential Goal of the King County Strategic Plan update can reflect the directions in this plan. King County departments of Community and Human Services and Public Health-Seattle &King County will work collaboratively across relevant programs in support of the success of the two early strategies – a new way of working across departments to produce better value with existing resources.

For More Information

Monitor progress on the Transformation Plan's implementation and learn about ways to stay involved by visiting:
www.kingcounty.gov/exec/HHStransformation.

I. WHY HEALTH AND HUMAN SERVICES TRANSFORMATION IS NECESSARY

A. Good on Average, but Unacceptably Low Health and Well-being for Some

King County is known for its high quality of life, yet it has some of the nation's worst health and social disparities, an unacceptable situation that puts individuals and families at risk, and impedes the overall growth and prosperity of the region.

Today's report cards do not tell the whole story. With its natural beauty, economic strength, and cultural diversity, the County typically ranks high on many safety, social, and health report cards when compared to other parts of the country. Based on averages, such rankings mask the more important story – that far too many residents experience unacceptably poor health and social conditions.

The real headline is that King County has another less proud reputation – that of a region experiencing some of the worst social and health disparities in the nation. A disparity simply means that there are differences in outcomes. However, it is becoming increasingly clear that behind these differences are inequities. Inequities occur when not all people have full and equal access to opportunities that enable them to attain their full potential. Some residents of King County do not have access to the same basic opportunities and choices as others. Starting from early childhood and through the most formative years, opportunities may not exist or are out of reach for these residents. And this situation runs counter to commonly held beliefs that everyone should have an equal opportunity in life.

Much is hidden from view. The real-life circumstances that create these disparities are largely hidden from view even though they affect people from all walks of life. For example, a family choosing between paying rent and buying medicine for a child; an immigrant who upon leaving a doctor's appointment is confused about the follow-up instructions handed to her; a youth who witnessed violence at home and is now having trouble at school; a longtime city worker battling cancer who just filed for bankruptcy; the mom of a child with a developmental disability who takes unpaid leave from work to navigate the complicated service system; a senior who misses an exercise class because there was no one to remind her; or the man with serious mental illness who died 25 years earlier than a neighbor because he could not get tailored services to help prevent and treat his diabetes.

Human service and health care providers along with family members, friends, and peers engage with King County residents as they face and respond to these challenges. Even before the economic downturn, many human service agencies reported concerning indicators such as longer wait times, people being turned away, and clients with more complex needs. When the recession hit, the situation worsened as agencies faced budget cuts from public and private funders at the time people were losing jobs and homes, causing more pressure on already stretched providers and insufficient access to services for all people in need. A recent United Way of King County report, *The State of Human Services in King County*, provides

perspective on this problem and the ways in which ongoing economic challenges cast by the recession linger today.[1]

The role of community. As individuals and families are tapping into their strengths and tapping out their resources to manage these day-to-day challenges, they do so in the context of their communities – the places they live, work, and play. From zip code based data or census tracts, much can be learned about the extent of inequities facing members of various communities.

When important health and social measures are displayed by census tracts, it becomes clear that specific areas in the southern part of the County and south Seattle, along with pockets in east and north regions, generally fare worse than other areas. As one example, King County residents live an average of 81.9 years, several years longer than the national average of 78.6 years. However, life expectancy in the County varies by almost 10 years depending on one's zip code. South Auburn residents live an average of 76.7 years; west Bellevue residents live an average of 86 years.

Other health and social indicators reflect similar patterns of inequity, such as housing quality, alcohol-related deaths, obesity, lack of health insurance, and smoking. The graphs in Figure 1on page 13show some of the significant disparities that exist among King County communities.

In King County – as across the nation – race, income, language, and education are predictors of the neighborhoods in which people live, how they live, and when they die. This relationship is an important one and it speaks to the need to work at the place-based level to help eliminate racial and ethnic disparities.

Immigrants and refugees and their families are among those who experience poorer health status relative to the overall population. Factors such as race, immigration status, language access barriers, and lack of culturally appropriate services contribute to the challenges they face in achieving good health.

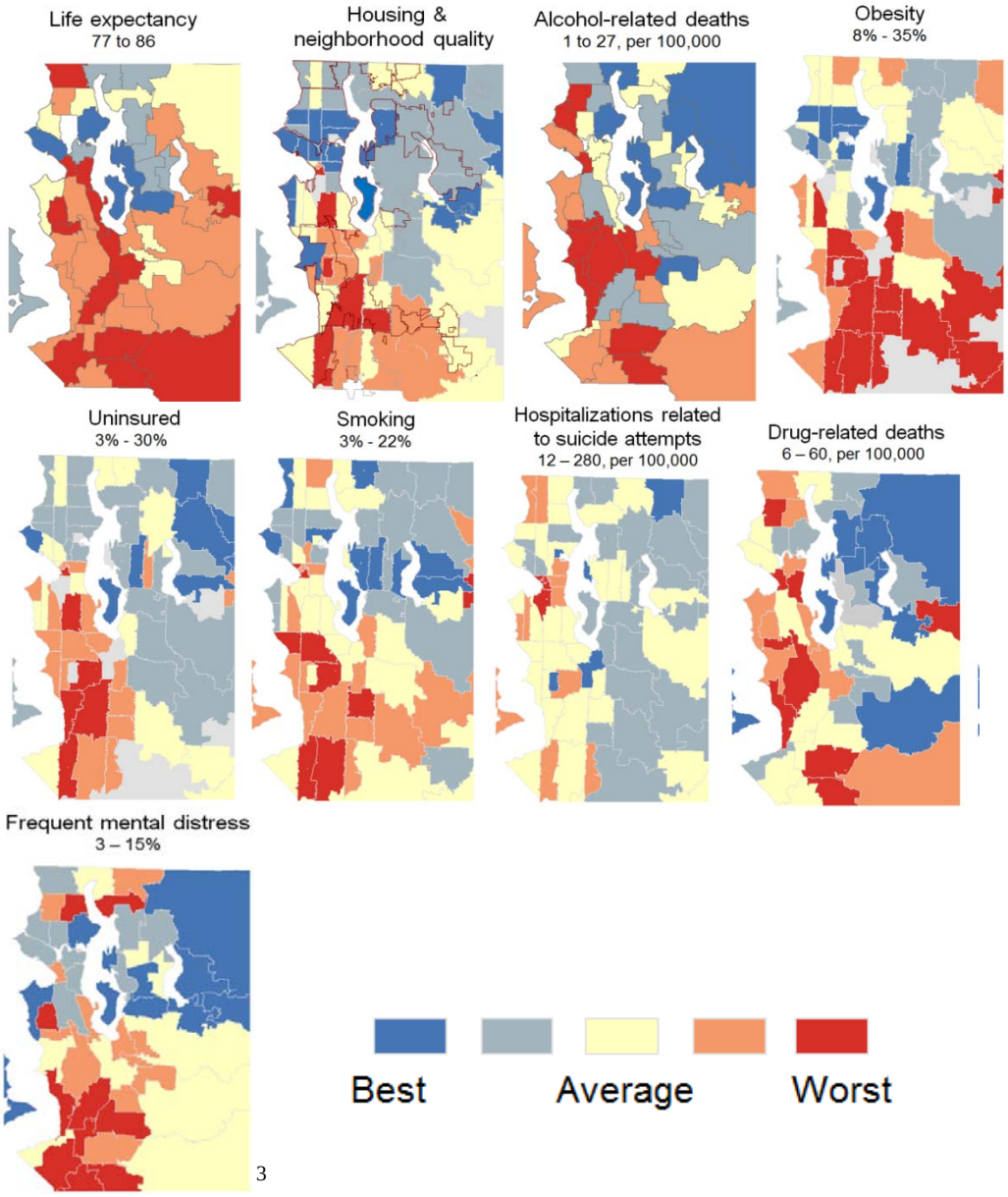
It should be acknowledged that disparities apart from the relationship to place do exist, but to a modest degree. More information on the inequities in our region and what King County is doing to eliminate them can be found in the King County Equity and Social Justice Annual Report, August 2012.[2]

Although some communities are associated with poorer health and greater social challenges, the region as a whole is also affected. When every community and each person in it are able to participate fully, the costs of preventable health conditions, unemployment rates, and use of the criminal justice systems are lower. Communities are more vibrant and businesses can

[1] http://www.uwkc.org/our-focus/public-policy/state-of-health-and-human-services.html accessed May 5, 2013
[2] http://www.kingcounty.gov/exec/equity.aspx

find skilled workers to hire. See Appendix B for additional maps that show King County disparities and inequities, including demographic characteristics across the region.

Figure 1: Social and Health Indicators



[3]

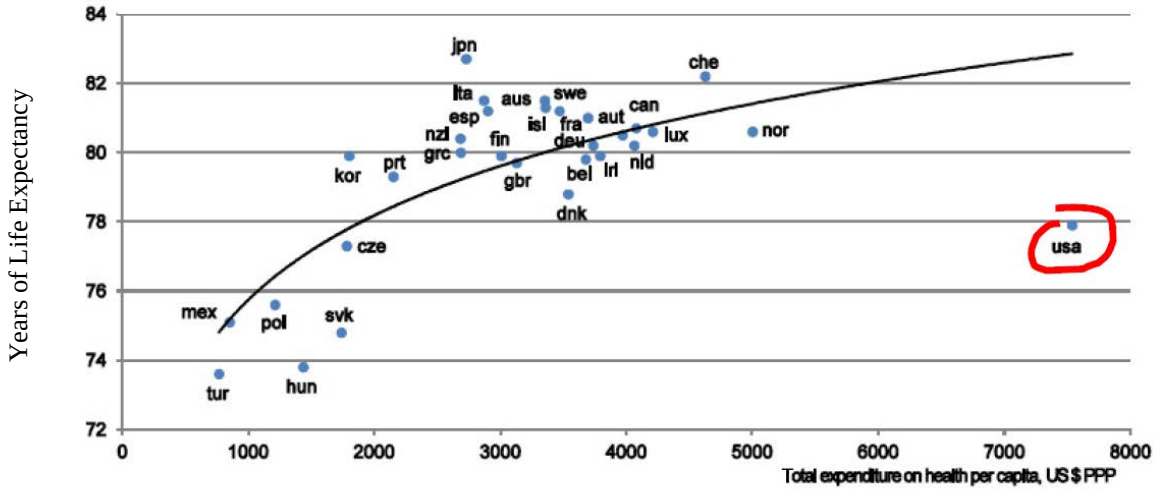
[3]**Sources:** Life expectancy, alcohol-related deaths, obesity, uninsured, smoking, hospitalizations related to suicide attempts, drug-related deaths and frequent mental distress are from Public Health-Seattle & King County, Community Health Indicators, available at: www.kingcounty.gov/healthservices/health/data/chi.aspx. Housing quality from Puget Sound Regional Council, *Equity, Opportunity, and Sustainability in the Central Puget Sound Region: Geography of Opportunity*, page 23, May 2012. Index includes vacancy, foreclosure and high cost loan rates; housing stock condition and crime index, available at: www.psrc.org/growth/growing-transit-communities. See also www.communitiescount.org and your.kingcounty.gov/aimshigh/index.asp to explore other indicators.

B. Decades of an Ailing Health System Contributes to the Problem

Despite the best efforts, the current health system is out of balance. It prioritizes sick care over prevention and social supports.

High spending, poor value – a broken health system. The United States spends twice as much on medical care as other high- and middle-income countries, yet its life expectancy lags behind other developed nations. This is shown in Figure 2 below, where the U.S. appears far to the right – by far the highest spender, but well behind in life expectancy.

Figure 2: Relative Spending to Life Expectancy across the World

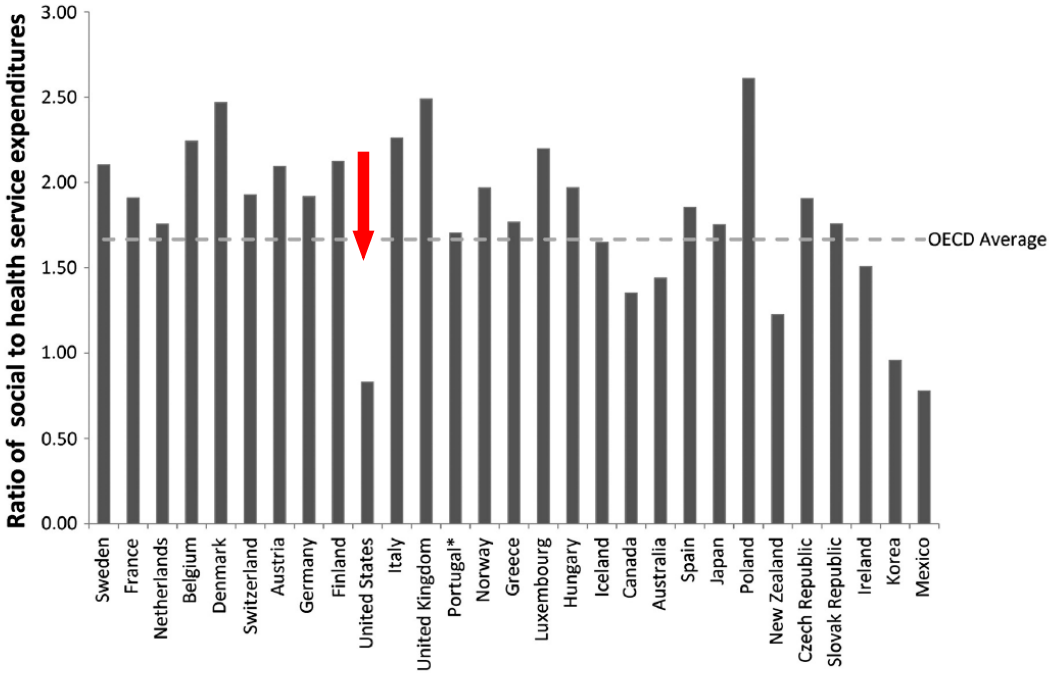


1. Or latest year available.
Source: OECD Health Data 2010.

The critical role of social services and prevention in improving health. A recent study of 30 countries in the Organization for Economic Co-operation and Development found that the greater the ratio of its spending on social services relative to health services, the better the country's health outcomes.[4] As seen in Figure 3 below, the U.S. is again, an outlier, with a far lower ratio of social to health spending compared to other developed nations, about 0.80 versus 1.6 or more for other countries. Not only does the U.S. spend far more on health care than other nations, it also spends proportionately less on social services and prevention.

[4]E.H. Bradley, B.R. Elkins, J. Herrin, & and B. lbel, "Health and Social Services Expenditures: Associations with Health Outcomes," BMJ Quality and Safety 20 (10) (2011): 826–831.

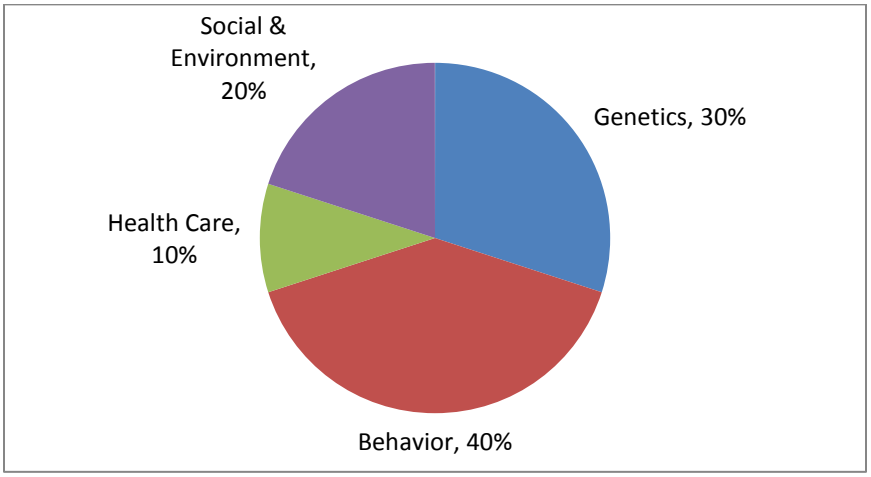
Figure 3: Ratio of Social to Health Service Expenditures for OECD Countries, 2005



Bradley E H et al. BMJ Qual Saf 2011;20:826-831

The role of clinical health services are vital, but account for only about 10 percent of overall health. Recent research from the *New England Journal of Medicine* further reflects the importance of spending on social services such as housing, employment, and food/nutrition to achieve improved health. As shown in Figure 4, only 10 percent of health is influenced by health care services. Social, behavioral, and economic factors have far more to do with health than the medical care one receives.

Figure 4: What Determines Health?



Source: New England Journal of Medicine: We Can Do Better – Improving the Health of the American People, Sept. 2007

C. With Crisis Comes Opportunity

All King County residents should have the opportunity to thrive and enjoy long lives regardless of where they live, their income, education, race, or ethnic background. As the nation tackles the problem of how to achieve better health outcomes while reining in unsustainable health care costs, an opportunity is at hand.

A key part of the solution to the health care delivery system crisis lies in the recognition that it will be both more effective and less expensive to improve health by focusing on the factors that contribute most to good health. These factors cannot be addressed by the medical care system alone; they are influenced primarily by what takes place outside the walls of a clinic or hospital.

The solution, however, is not a blunt instrument that simply takes money out of one system one day and allocates it to another the next. While this type of shift is ultimately the goal, the conditions that allow it to occur will transpire over time. The health care delivery, human services and public health systems, local governments, and others with a stake in creating a more equitable King County must weave together their knowledge, skills, and relationships – and where it makes sense, their resources – in new ways in support of communities.

A note on the word health and health care. Throughout this document, the word health is used to refer to the whole health of a person, which includes a healthy mind and a healthy body. The World Health Organization defines health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." The use of the term health care encompasses physical health care, as well as both mental health care and substance disorder care.

King County: a center of innovation. One of King County's strengths is the caliber of its health care, human services, public health, community development, and academic organizations. Partnerships among these sectors – together with philanthropy, business, faith communities, and all levels of government – support innovation and risk-taking. Contributions to national evidence on what works have been substantial, ranging from supportive housing outcomes (Downtown Emergency Services Center's 1811 Eastlake), asthma improvements through community health workers,[5] care management for adults with complex medical and behavioral health conditions (King County Care Partners), integration of behavioral health and primary care (UW Department of Psychiatry and Behavioral Sciences AIMS Center), refugee mental health screening (Pathways to Wellness, International Counseling), and more. This asset base of people, providers, infrastructure, and resources – existing and future – is the foundation for creating equity among all communities to eliminate the disparity gap. Transformation activities must build upon the existing

[5] Takaro TK, Krieger J, Song L, Sharify D, Beaudet N. The Breathe-Easy Home: the impact of asthma-friendly home construction on clinical outcomes and trigger exposure. *Am J Public Health.* 2011 Jan;101(1):55-62

strengths of King County's communities and service providers and expand upon what we know is working well.

Council policy direction requires strategies to improve health and well-being – while controlling costs. In 2010, the King County Council adopted the *King County Strategic Plan, 2010-2014: Working Together for One King County.*[6] Based on input from thousands of residents and King County employees, the King County Strategic Plan shapes the policy direction for King County. The Health and Human Potential Goal, one of the four goals for delivering services to King County residents, establishes the bar for success in the area of health and human services.

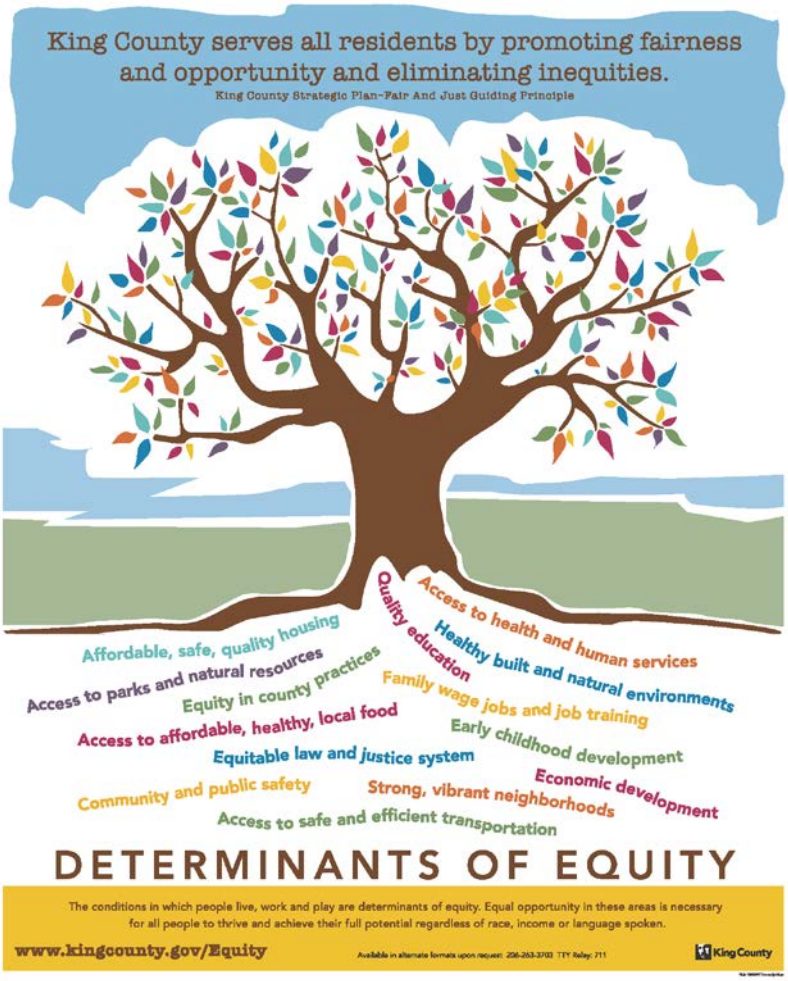
Health and Human Potential Goal: Provide opportunities for all communities and individuals to realize their full potential with the following objectives:

- Increase the number of healthy years that residents live.
- Protect the health of communities.
- Support the optimal growth and development of children and youth.
- Ensure a network of integrated and effective health and human services is available to people in need.

The King County Strategic Plan also includes as one of its guiding principles "Fair and Just: We serve all residents of King County by promoting fairness and opportunity and eliminating inequities." How the County works to achieve this principle is outlined in Ordinance 16948, which also defines 14 determinants of equity as seen in Figure 5, which are the social, economic, geographic, political and physical environment conditions in which people in our county are born, grow, live, work and age that lead to the creation of a fair and just society.

[6] http://www.kingcounty.gov/exec/PSB/CountyStratPlan.aspx

Figure 5: Determinant of Equity



The policy direction for this Transformation Plan is established by the King County Council in Motion 13768. Motion 13768 is grounded in the King County Strategic Plan and recognizes that the work to reform the health care system (via the ACA) is a change driver, inspiring new partnerships between health care, human services, and prevention. As a result of the increasing and unsustainable rise in costs, the health care system has shifted its focus to producing better health outcomes and driving out waste and inefficiencies from its operations – in other words, the focus is on delivering value. Within the health care system, an important concept known as the triple aim is considered the standard. It calls for simultaneously achieving a better experience of care for individuals, better outcomes for the population, and lowered or controlled costs.[7]

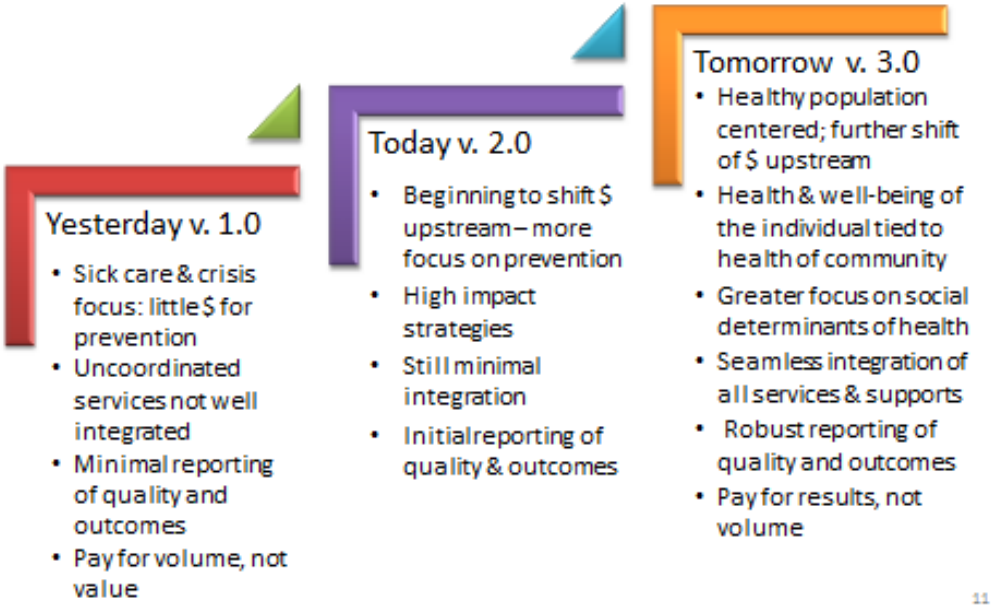
[7] Institute for Healthcare Improvement: http://www.ihi.org/offerings/Initiatives/TripleAim/Pages/default.aspx

Like health care, the demand for certain human services appears to be on an unsustainable path. Vital work takes place daily to alleviate suffering and keep people safe, but leaves little time and resources to attend to the issues underlying the demand.

Solutions for both the health and human services systems include integration of these formerly separate systems. This integration includes cross-sector strategies that keep everyone focused on outcomes, create a better experience for clients and patients, and eventually result in a more balanced system of prevention with treatment and intervention services for health and social problems. At the same time, the system is always assuring a right-sized, high-quality crisis and treatment system is in place, in the same manner that the fire department down the street will always be needed.

This is an evolutionary change process for health and human services. Figure 6 shows that, while the community's efforts have already moved us away from yesterday's version 1.0, the path to version 3.0 is a work in progress. Getting there requires a paradigm shift from the current, siloed way of doing business, to a more integrated, collective approach to achieving outcomes. The strategies laid out in this Transformation Plan are designed to move our community in that direction.

Figure 6: Health and Human Services Evolution



II. Vision and Principles

This Transformation Plan leverages King County strengths and assets to achieve the best health and social outcomes for all residents in King County. The first step is to establish a vision, goal, and set of principles to guide the health and human services system transformation.

A. Vision

All people in King County have the opportunity to thrive and reach their full potential.

B. Goal

By 2020, the people of King County will experience significant gains in health and well-being because our community worked collectively to make the shift from a costly, crisis-oriented response to health and social problems, to one that focuses on prevention, embraces recovery, and eliminates disparities.

C. Principles

A system that is effective in achieving the above goal will:

1. Be clear about intended outcomes: align resources to achieve them, assure accountability, pay for value not volume, measure progress, and continually improve practice.
2. Place individuals and families at the center of seamlessly organized services that address the whole person.
3. Be equitable and work intentionally to eliminate racial and ethnic disparities; encourage the availability and use of disaggregated data in support of this work.
4. Build on strengths, assets, and preferences of people and communities in order to create change, support wellness and recovery, and foster self-determination.
5. Assure capacity of, and equitable access to, high quality, culturally competent services – and always retain the ability to respond in times of individual, family, and community crisis.
6. Be efficient: eliminate waste and maximize results.
7. Value and take steps to prevent health and social problems in the first place, working with individuals, families, and communities.
8. Be responsive and adaptable in the face of changes and opportunities.
9. Achieve financial sustainability, meaning that a transformed system will have stable, long-term financing that enables it to reach and sustain its goal.
10. Build bridges across the worlds of health care delivery, human services, public health, and community development.

A note on well-being. Well-being is used throughout this report. It is a term that today has no single agreed-upon definition, but is an area that is sparking increased interest in research and

measurement.[8] Well-being involves multiple dimensions of social, emotional, physical, material, and environmental factors. Characteristics commonly associated with a state of well-being include a sense of purpose in life, feeling satisfied and happy, positive relationships, meaningful contributions, ability to fulfill goals, resilience, balance, and an ability to cope with change and challenges. Many of these attributes represent the core of what the health and human service systems can and do provide.

III. System Design: Creating High Performing Systems that Produce Better Outcomes For the People of King County

The King County Council's charge under Motion 13768 calls for the development of an "accountable, integrated system of health, human services, and community-based prevention." With such large and complex systems involved, and so many different ways that people think about what the words "accountable" and "integrated" mean in this context, the County must approach the task in a way that is manageable and that is ultimately helpful in improving the health and well-being of the residents of King County.

Ensuring all residents of King County have the opportunity to thrive requires a transformed system that is focused on achieving intended outcomes and providing ongoing measurement of progress toward those outcomes. The design elements of this plan lay out mechanisms that will bolster the performance of an integrated and accountable system to improve an array of important outcomes over time, and to do so in a way that adheres to the principles laid out in Section II.

A. Two Levels of Integration

To improve health and well-being, integration efforts and interventions need to occur at two levels: the individual/family level, and the community level. At the individual/family level, the approach assures that individuals and families can access an array of person-centered, integrated, culturally competent services when, where, and how they need them, regardless of where a person enters the system. At the community level, the approach creates community-level improvements because health is most deeply influenced by where people live, work, learn, and play.

1. <u>The Individual/Family Level</u>

King County needs an outcome-driven system that assures individuals and families have access to a full array of person-centered, integrated, culturally competent services when, where, and how they need them—including at the earliest signs of need.

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[8]Dodge, R., Daly, A., Huyton, J., & Sanders, L. (2012). The challenge of defining wellbeing. *International Journal of Wellbeing*, 2(3), 222-235. doi: 10.5502/ijw.v213.4

Whole-person approach. Social and health conditions are often intertwined. For example, an individual with serious mental illness experiencing homelessness will have significant challenges remembering to take his/her psychiatric medications and getting to appointments to maintain health. Or, an adult with limited English proficiency working to prevent the onset of diabetes will find it difficult to do so without access to affordable, healthy foods, safe places to exercise, and appropriate language access. Consequently, an integrated system of care needs to adopt a whole-person or person-centered philosophy. In a whole-person approach, the preferences, strengths, needs, and goals of individuals and families come first and drive a tailored plan that addresses the holistic needs of the individual or family across multiple life domains (health, education/employment, housing, social/recreational, spiritual). There is seamless delivery of a range of services and supports organized around the individual or family. Different fields may use different terms to describe this concept. For example, some parts of the health care system use the term "patient-centered" to describe the same, holistic approach.

Efforts to foster and reward an integrated delivery system that can function in this way must allow for flexibility and variation from place to place (geographic) and group to group, where cultural responsiveness is needed. For example, funders can align investments to achieve outcomes that address the whole person, and then create incentives and tools for shifting to a person-centered system of care. Locally, organizations then have the flexibility they need to come together with different aspects of services and supports that will allow for the development of comprehensive, culturally competent services.

Foundational elements of an integrated system. Achieving integration at the individual/family level requires the development of an infrastructure that supports integration across providers.

- *A transformed workforce*: New types of workers with new skills are needed to carry out the culturally appropriate, person-centered approach to services that reduce the health inequities described in Section III. This includes advancing the field of community health workers and peer support specialists who share or have close ties to the cultural, community, and life experiences of the individuals and families they work with.
- *Information technology tools*: Electronic tools are needed to help support the rapid movement and authorized sharing of client information. Today, many health care and behavioral health providers in King County use electronic health records, yet a similar infrastructure has not been developed in the human services sector. With information in an electronic form, agencies can more rapidly exchange and view data, where allowable, to improve coordination of client services. Electronic records can more efficiently track data and demonstrate program results compared to paper systems and spreadsheets, and they can generate feedback reports to support quality improvement. In addition, client portals can allow clients to access their personal record electronically, and serve as a tool for them to manage their own care, services, and goals better. As is the case in the health care field, privacy

is of utmost concern in human services and transitions to greater use of electronic data must be accompanied by stringent privacy rules, including specific protections for victims of domestic violence and other individuals protected under federal law.

- *High-impact integration strategies*: Individuals with high needs frequently face challenges accessing the range of services they seek. An integrated system must assure that care management, including self-management support, is organized in a systematic, rational way that prevents duplication and assures integration across all providers regardless of where a person enters the system. This includes having a targeted and intensive care management model that identifies and engages individuals, and manages both health and social service needs, including housing stability.

In an integrated system, a person can have an interaction with a given service provider – such as a community mental health center, a community health center, a housing provider, a food bank, a domestic violence shelter, or a home health nurse – and consistently expect a level of customer service that treats the individual as a whole person, offering support and referrals for issues that he or she may be facing, or opportunities he or she wishes to pursue across multiple life domains. The agency would have authorized access to a data system that allows the provider to know where else the person might be receiving services (where such sharing is authorized) and to coordinate and share information across multiple settings. Even if the organization does not offer a particular service, it would have partnerships with other organizations and could ensure that the client has meaningful, timely options to access services he or she seeks.

From a whole-person perspective, Figure 7 illustrates the array of needed human services and supports that a given individual or family can access through a seamless, integrated system.

Figure 7: Individual and Family Level

2. The Community Level

Factors outside of an individual's control. Even if an integrated system of care for individuals and families was 100 percent successful in delivering a seamless array of integrated services, the health and well-being goals of the population would not be met. Too much of what determines health and social stability happens in the context of the community – and often relates to factors outside of an individual's control.

For example, a community with a higher quality of housing has fewer housing-related health problems such as asthma, injuries, or exposure to lead. And greater choice in affordable housing can prevent people from having to live far from their jobs, contributing to longer commutes and greater family stress. Communities with features such as programs for children and youth, safe and culturally appropriate places for exercise, access to affordable healthy foods, lack of violence (in homes and neighborhoods), and good public transportation can expect to be comprised of residents whose health and social stability is higher in return.

The community level of integration recognizes that there are health and human service outcomes that the system should deliver, but the outcomes cannot be produced solely by providers that are working primarily with individuals and families. One would not, for example, hold a clinic or social service agency accountable for the full extent of homelessness, child neglect, unemployment, smoking, or asthma in its catchment area.

Neighborhoods and communities care about these conditions and can mobilize in powerful ways to bring a range of skills, knowledge, leadership abilities, diversity, and other qualities to bear in the development of vibrant communities.

Community-level work also embraces developing needed structures and coordination models across health and human services provider networks – thus creating efficiencies and enjoying results that could not otherwise be achieved solely through the good work of provider networks operating independently – no matter how independently efficient they are.

Figure 8 depicts this community-level work, which includes many of the determinants of equity. When combined with the individual/family level of integrated service delivery, the stage is set correctly for King County to evolve to version 3.0 as depicted in Figure 6.

Figure 8: Setting the Stage for Version 3.0 in the Evolution of Health and Human Services

B. Two Mechanisms for Assuring Accountability

Motion 13768 calls for a description of a system that is effective in assuring accountability for health and human services outcomes. Two mechanisms for achieving accountability are described below – working through contracts, and working through compacts.

1. <u>Accountability Through Contracts</u>

When one entity is providing funding to another, accountability can be achieved through agreements on strategies, performance targets, and processes that verify whether those targets have been reached. This is accountability through *contracts***.**

When funders or investors focus on paying for results, accountability is built into the contract by agreeing on strategies that are reasonably expected to influence anintended outcome, establishing specific performance targets or commitments, and then monitoring performance. By focusing on results, funders drive change in health and human service systems, both at the individual/family level and the community level.

Individual/family level example. A funder and a provider might agree on the importance of reducing depression among new moms who come into a primary care clinic, so the funder pays the provider to implement an evidence-based screening program, and verifies that it was implemented with fidelity to the model.

Community-level example. A public health department might fund a community-based organization to do media work on tobacco cessation, or the Community Development Block Grant program might contract for installing sidewalks in a low-income community.

2. Accountability Through Compacts or Mutual Accountability

In many cases, achievement of a given outcome does not come under the direct control of individual funders or a single provider. Instead, parties must come together to agree on priorities, strategies, and measures. They are then accountable to one another, through defined mechanisms, for the actions they agreed to take. This type of accountability can be called compact accountability or mutual accountability. Groups working in this way often, although not always, take the form of coalitions, alliances, or other structures.

In the current system, funders typically select individual grantees who in turn work separately to produce the greatest possible independent impact. But when multiple financing streams affect intended outcomes – and when conditions exist where stakeholders are motivated to come together around a particular problem or an opportunity – a greater positive impact can be achieved if those funders and stakeholders coordinate their efforts. Across King County, there are numerous public and private funders of individual, family- and community-level services, and those funders coordinate their efforts in varying degrees. Working together in a coordinated way to achieve shared outcomes is referred to as a compact, where each party has voluntarily aligned its actions. More formal compact agreements are also referred to as collective impact.

Collective impact is an approach that may especially be useful in situations where there is interest and energy behind a particularly complex social problem or opportunity. It can also be used when there is a need to build a shared understanding of the problem first, agree on a common objective or goal, agree on a joint approach to addressing it, identify mutually agreeable strategies, and establish a robust system of measurement and continual improvement. Working collectively, the impact of the collective group is greater than any single organization, funder, or sector could achieve on its own. See Appendix A for more information on collective impact.

The King County region provides a number of examples of compact accountability and formal collective impact initiatives. For example, the Committee to End Homelessness in King County Funders Group[9] is a group of housing and service funders that have agreed to come together to coordinate their respective priorities, deliverables and time lines and release joint funding project. The Road Map Project, a more formal collective impact initiative,[10] is a community-wide effort aimed at improving education to drive dramatic improvement in student achievement from infancy to college in south King County and south Seattle. The project builds from the belief that collective effort is necessary to make large-scale change and it has created a common goal and shared vision in order to facilitate coordinated action both inside and outside of school. It will be important to coordinate with these local efforts as the Transformation Plan moves forward.

Examples of how compact accountability could be utilized in the transformation efforts include:

Individual/family level example. Housing funders and service funders agree to align funding to create service-enriched housing set-asides for homeless people.

Community-level example. Reducing obesity in a given geographic area would require multiple types of interventions to be successful, such as creating access to healthy foods, walkable communities, and other actions under the control of different funders.

C. Bringing It All Together

The integration design and activities take place in four domains, shown below in figure 9 two levels of integration work (individual and community), and two methods of assuring accountability (contracts and compacts).

In each box of the matrix, the nature of the outcome is different, and an example is provided for each.

[9] See http://www.cehkc.org/committees/committeeFG.aspx for more information on the Committee to End Homelessness in King County Funders Group.

[10] See http://www.roadmapproject.org/ for more information on the Road Map Project.

Figure 9: Integrated Accountability Matrix

		METHOD of Assuring Accountability	
LEVEL of Integration		**Contracts** (Results are produced through a funder/implementer accountability relationship)	**Compacts** (Outcomes are achieved through an accountability mechanism created across funders. The parties hold each other accountable to what they agreed to do, in pursuit of a share outcome.)
	Individual/ Family Level Interventions	A funder contracts with a housing program, which commits to house x number of clients and maintain 75% of them in housing for 12 months.	Three funders who share a goal to end chronic homeless decide collectively to fund the creation of 10 units of service-enriched housing in South King County; they create an agreement detailing what each will commit to make this happen, release a coordinated Request for Proposal, coordinate contract terms and share costs to evaluate its success.
	Community Level Interventions	A funder contracts with an organization to implement a safe routes to school program	A group of community organizations launch a coalition to reduce obesity. They create a charter and each organization commits to different actions: one advocates in Olympia, one works with a local non-profit to organize exercise classes at a community center, one works to change school policies on lunches, and so on.

D. Coordinating Planning and Organizing Across Individual/Family and Community Levels to Achieve Integration

A final, critical feature of the proposed system design is the way in which stakeholders organize around the integrated work. While any given service or intervention is either being delivered to an individual/family or to a community, organizations themselves frequently work at both of those levels. It is also important to recognize that different organizations may be working toward the same outcome. For examples:

- A bag of nutritious food provided by the food bank is an individual-level service; setting up a new market in a food desert is a service for the community.
- A housing program whose on-site staff refer tenants to a smoking cessation program is providing an individual-level service; when the housing program institutes a smoke-free policy it is providing a community-level service.
- A substance abuse counselor using motivational interviewing to support a client to stay drug free is providing a service to the individual; a substance abuse agency that

spearheads the development of "clean and sober cafes" is working at the community level.

These intersections demonstrate the interconnectedness of the organizations, the funders, the people, the interventions, and the outcomes – in a word, integration.

Historically, planning and working on outcomes primarily involved entities coming together around the types of services they provided. Those working to coordinate services to individuals and families developed plans in one room, and those focused on addressing community conditions worked on plans and strategies in another room down the hall. The two groups would not necessarily recognize they were concerned about the same outcome, and likely missed opportunities to accelerate their results.

Funding silos also contribute (and still contribute) to this bifurcated planning and execution of services.

An accountable, integrated system of health, human services, and community-based prevention requires a single supportive structure that integrates across individual and community levels for planning, measurement, financing strategies, communications, and – most important – accountability. Such a structure will help capitalize on these connections across stakeholders to create better health and quality of life. In this final version of evolution shown in Figure 10, the integration of the individual/family level and community level interventions is now complete.

Figure 10: Full Integration of the Community and Individual/Family Levels

IV. EARLY STRATEGIES: INDIVIDUAL/FAMILY AND COMMUNITY "HOT SPOTTING"

As described in Section I of this plan, today's health and human service systems nationally and in King County are unbalanced in a way that does not currently deliver maximum value. Yet, a more accountable system of health and human services that produces positive outcomes a community cares about is not built overnight.

There are many starting points for building out the new integration system design, but the most compelling is targeting initial work in areas where improved performance is most critical – areas where the consequences of not acting threaten to make disparities even worse. These are areas where high opportunity exists to set the stage for the reduction of disparities by improving health for those with the most to gain. If the system can succeed in transforming here, it should by extension, be able to improve for nearly everyone and everywhere else.

Nationally, the sickest five percent of people account for over half of U.S. health care costs.[11] In Camden, New Jersey, a doctor mapped hot spots of health care high utilizers and developed techniques to provide better care while lowering their health and social costs by working in new collaborative models that crossed health and human services. The Transformation Plan applies this same line of thinking, not just to people, but also to communities in King County – identifying places that have the most concerning health and social indicators and the greatest inequities, warranting a level of investment proportionate to the opportunity for improvement.

The Transformation Plan initially concentrates on two linked strategies designed to produce better outcomes in a focused population group and in focused communities.

1. *Focused population*– Improve health and social outcomes, while simultaneously reducing costs, by partnering with adults in King County who have complex, multiple health and social needs for which they use high volumes of services and supports.
2. *Focused communities*–Support focused communities in developing capacity and solutions that will improve the community features that shape the health and well-being of their residents, such as housing, physical environment, adequate employment, and access to services in targeted communities.[12] Because place is a predictor of race, education, and income, high-impact strategies in these communities can help to reduce disparities along all these axes.

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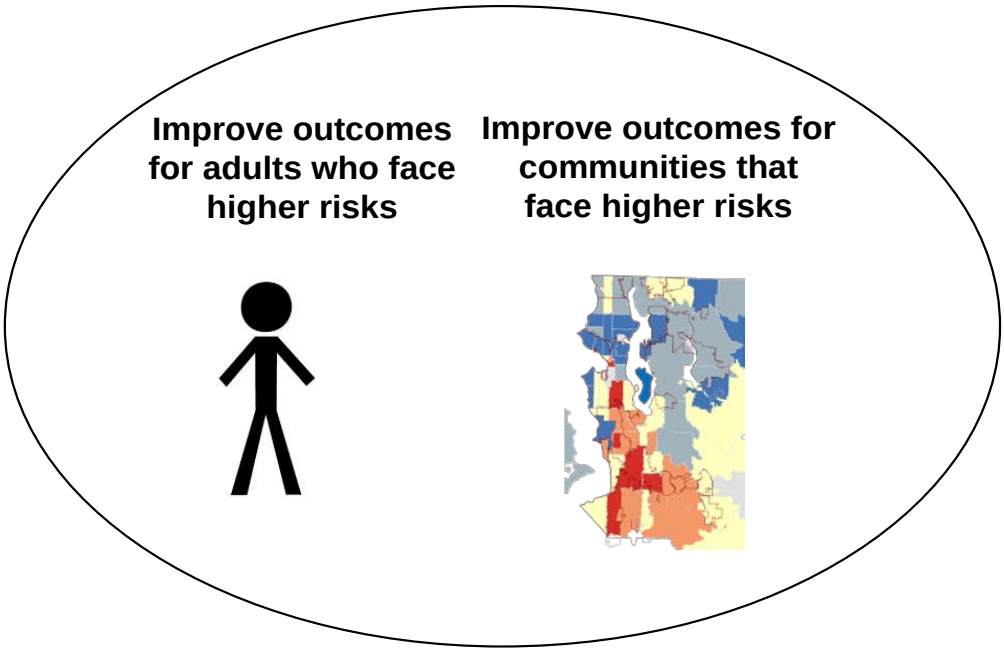
[11] Expanding Hot Spotting to New Communities, Robert Wood Johnson Foundation, January 1, 2012

[12] The community conditions that shape health and quality of life are those encompassed by the King County Equity and Social Justice work's 14 determinants of equity, and include affordable, safe, quality housing; family wage jobs and job training; early childhood development; quality education; equitable law and justice system; access to affordable, healthy, local food; access to health and human services; access to parks and natural resources; access to safe and efficient transportation; community and public safety; economic development; strong, vibrant neighborhoods; healthy built and natural environments; and equity in county practices. More at: www.kingcounty.gov/exec/equity.

Figure 11: Two Realms of Focused Outcomes



The early strategies recognize that there are people and communities in King County with significant assets, strengths, hopes, and motivation who experience much worse health and social outcomes compared to others. People and communities hold the solutions for reducing disparities and the work ahead is partnering with them and across funders to unlock those solutions, leading to more powerful and sustainable change than would otherwise be possible. The "what" that needs to be fixed is the performance of the system, the "who" that needs to be empowered are people and communities. To accomplish this, the tools of both contract and compact accountability are essential.

Below, the rationale for focusing on these two early strategies is laid out, along with how such work meshes with and builds upon relevant work already underway.

A. Early Strategy Element 1: Improving Health and Social Outcomes for Adults with Complex Health and Social Challenges

Adults with multiple social and health challenges typically access a range of services and supports to help address their day-to-day needs. Frequently, services are accessed in uncoordinated and sporadic ways resulting in sub-optimal health and experience for clients, and increased system costs due to higher utilization of costly crisis services. When systems examine where costs are highest, they see these use patterns reflected, and often across multiple systems.

In King County, an impressive array of high caliber programs and initiatives are in place designed to partner with individuals and families in ways that support them in lessening their need for avoidable high-end, crisis services. These programs and initiatives have been

launched from different systems and payers including health, behavioral health, housing, business, the justice system, and hospitals – and often with the involvement of local, state, and federal resources.

For adults with complex social and health issues, there is a particular need for a person-centered approach that brokers effective partnerships across health care, community-based housing and social service providers, and other community supports such as faith-based programs and business associations. Nearly every sector that has a stake in the overall health and well-being of King County residents touches this group of vulnerable residents.

This increased coordination can occur with privacy safeguards in place to protect the confidentiality of individuals.

By working together across organizations and payers, an approach that is successful in improving outcomes for this population can be achieved. Initial groundwork is needed to bring the key parties together and form agreement on what the specific nature of the problem/opportunity is, drawing in the thinking and perspectives of those who could help (or hinder) the effort. Clearly, one early step would be to define the purpose of this specific initiative, including clearly defining who the specific target population would be.

Among the reasons for this early area of focus:

- **Prime testing ground because it requires human services, housing, health care, and preventive services integration**. The need for integrated care is critical to the organizations doing this work today. For decades leaders of organizations in the health and social service industries have been forming and refining multidisciplinary partnerships and relationships because they know they cannot provide good service to clients or accomplish goals without these relationships. Yet, they still struggle with adequate system-level infrastructure (resources, technology, workforce, service and housing access, a learning culture) to support the results toward which they and their clients are working. Focusing on system improvements that would benefit adults with complex conditions is an important opportunity to get the integration of health and human services right.

- **Interest from housing partners.** Among the sectors motivated to engage in dialogue around a system approach for this population are permanent supportive housing agencies. These agencies hold a key piece of the puzzle to reduce costs, but historically they have only been engaged informally and sporadically with the health system in looking at mutually beneficial partnerships. Cost studies in six different states and cities found that supportive housing results in tenants' decreased use of homeless shelters, hospitals, emergency rooms, jails, and prisons.[13]

[13] Corporation for Supportive Housing, Evidence and Research. http://www.csh.org/supportive-housing-facts/evidence/ accessed 4-20-2013

- **Medicaid program changes bring a window of opportunity**. The Medicaid program in Washington State has a new focus on improving outcomes while better managing costs for its beneficiaries with the greatest health and social complexities – about 18,000 people in King County using the state's definition. The Health Care Authority is initiating a new program in 2013 called "health home services" that provides coordination assistance for certain high-risk Medicaid beneficiaries who have complex, chronic health conditions. These conditions can lead to poor health outcomes and avoidable use of hospitals, emergency departments, and other expensive institutional settings. A designated health homecare coordinator will partner with individuals, families, and care providers to coordinate across systems. This presents an opportunity to define how this new service intersects with existing local programs and roles and to assure that no part of the system is inadvertently wasting limited resources or working at cross-purposes on behalf of the same individuals.[14]

  A related development is the passage of House Bill 1519 in the 2013 state legislative session. This bill calls on the Health Care Authority and the Department of Social and Health Services to utilize contract accountability by incorporating performance measures into state contracting for health, behavioral health, and long-term services and supports effective July 2015. These will include measures for improvements in health status and wellness, reduced involvement with criminal justice systems, reductions in avoidable costs in hospital emergency department use, improved housing stability, and reduction in population-level health disparities.

  Because many local programs and county policy goals reflect these same intended outcomes,[15] conditions are ripe for engaging with Medicaid to coordinate for greater impact on these outcomes, and to explore opportunities for sharing in both risk and savings as part of system-level redesign work.

- **Medicaid-Medicare Duals Demonstration Project**. Another time-sensitive initiative related to adults with complex conditions is a demonstration project designed to integrate financing and services across medical, mental health, substance abuse, and long-term services and supports. Managed care organizations will be responsible for providing seamless services and acting as a single point of accountability. The duals demonstration project also provides an opportunity for new partnerships and relationships between managed care organizations and community based human service providers, such as housing, food programs, and others. King

[14] www.hca.wa.gov/pages/health_homes

[15] Similar outcomes and associated measures are found in the King County Strategic Plan, Mental Illness-Drug Dependency Plan policy goals, Veterans and Human Services Levy policy goals, hospital high utilizer initiatives, Medical Respite, Crisis Diversion, King County Care Partners, Regional Support Network contracts, Seattle-King County Health Care for the Homeless Network contracts, and the initiative to end chronic homelessness in King County, among others.

County is partnering with the State of Washington to design and evaluate this demonstration, and it presents a strong lever for accelerating integration with human services and preventive services.

- **Potential for economy of scale**. Economies of scale and more efficient approaches for this relatively small population can emerge through integration. As noted above, today's investments in adults with complex issues lack needed infrastructure for privacy-protected information sharing, common registry, housing access, system-level measurement of key indicators, care coordination, and continuous quality improvement loops. Organizing these in an efficient and sustainable manner is not something one funder or one agency can do, nor is it arguably efficient for multiple managed care organizations to each launch their own protocols and registries, for example.

Among programs (not exhaustive), that typically target or serve these adults:

- Initiatives targeting high users of hospital emergency departments
- Care management programs for high risk adults with complex medical and/or behavioral health conditions (King County Care Partners, Program for Assertive Community Treatment, REACH case management for people with chronic substance abuse, long-term services and supports case management, and others)
- Permanent supportive housing, an integrated housing and health services solution proven to drive down costs in the health care system
- Range of services for people with addiction disorders (Needle Exchange, Sobering Center, detoxification)
- Criminal Justice Initiatives that provide a range of jail reentry programs and services to help people in the criminal justice system with unmet mental health or substance abuse needs connect to treatment services, stable housing, and other supports as alternatives to incarceration
- Medical Respite program, post-hospital recuperation and care transition for homeless adults
- Crisis Solutions Center, justice and hospital system diversion for people in behavioral health crisis
- High utilizer group, a cross-sector problem-solving group (works to develop plans for specific multi-system involved individuals)
- The Mental Health Integration Program, stepped care behavioral health services integrated into primary care
- Initiatives of fire districts and Emergency Medical Services
- Jail release planning services for inmates with complex health issues
- Targeted medical and behavioral health clinics (including mobile medical) serving high-risk, high cost adults.

- The King County integrated database and its use to select priority homeless adults with high system utilization or high vulnerability for supportive housing placement[16]

Many of these individuals with complex social and health conditions are uninsured, but will be eligible for Medicaid in January 2014. An approach that weaves services for the high-risk population into the fabric of the larger Medicaid program and the larger health system is critical. These adults are a starting point and represent a sentinel population – if the system can improve such that all the domains of health and human services are integrated for these vulnerable residents, a strong blueprint will be in place for work with the larger Medicaid population and beyond.

B. Early Strategy Element 2: Improve Outcomes in Targeted Geographic Areas with Poor Health and Social Indicators

Just as a small number of individuals with significantly more complex health and social challenges require enhanced levels of support to improve outcomes, a similar response is justified for a small number of under-resourced communities to improve outcomes. And, just as partnering with individuals is successful only by building on individual strengths and recognizing that solutions come from within, the same holds true for partnering with neighborhoods and cities. Working together in ways that are respectful, long-term, and start with the strengths and vibrancy of the community today are the foundations for unleashing improvements in the health and well-being of residents, and thus raising performance on health, social, and economic measures for the County as a whole.

Among the reasons for this early area of focus:

- **Strong potential to reduce disparities by using disaggregated data to focus on geographic areas with the poorest health and social outcomes.** Improving the health and well-being of King County residents requires allocating more supports and resources to communities with poor health and social outcomes, including resources that help to support local planning and community organizing. A system that ignores the role that place plays in health outcomes and does not include focused approaches in communities with the greatest health and social challenges will fail to improve the overall health and well-being of the region.

  The use of disaggregated data to drive change and reduce disparities is a core principle of this plan. And while on one hand "what gets measured gets improved," there are important concerns about the potential misuse and unintended consequences of using data and analyzing indicators of health and social challenges in this way. It is

[16] As of May 2013, 1,433 homeless people are in the "high band" score for system utilization/vulnerability in the integrated database, which queries across systems for jail, shelters, mental health crisis programs, and sobering center. Hospitalization and emergency department use data is factored into the score only when such information is obtained through release of information on people already otherwise identified.

critical to proceed with cities and residents as partners in order to prevent data being used to shine a negative light on communities or used against them in ways that lead to unintended negative consequences.

- **Communities hold diverse strengths, knowledge, and skills to bring to bear**. Assets exist in every community of King County and building on them constitutes the key to improved health and social well-being. Supporting and empowering communities with the tools they need to build capacity and carry out interventions that will make a difference in their community is the opportunity.

- **Place-based interventions can eventually change the level of costly crisis services that are needed.** Over time, place-based work can change the underlying circumstances that lead to the need for crisis services, including behavioral and medical rescue services. When the capacity of communities is expanded, it affects the conditions in homes, schools and workplaces, and in neighborhood playgrounds and parks – and these conditions have significant impacts on health and well-being. The more that issues of health and well-being are understood in this way, the more opportunities there are to improve these outcomes.

- **Opportunity to connect and engage with other natural partners in the work**. The time is right to move this effort beyond just health care, human services and public health systems and to engage other natural partners in this work. Philanthropies have made significant contributions to shifting the frame around health to encompass broader social conditions, creating and distributing toolkits, and building the evidence-base with pilot tests and dissemination/scale up approaches.[17] Community development corporations have remarkably overlapping goals with this work and banks are subject to Community Reinvestment Act requirements to lend and invest in community development activities in the low- and moderate-income census tracts where they have branches. A prime opportunity exists for working with multiple sectors in a small number of specific areas in King County that have the greatest need for interventions related to the 14 determinants of equity.

  Other natural partners are the initiatives already underway whose successes and lessons can inform future work, especially the best ways to foster locally driven, culturally responsive strategies that are led by the priorities of the residents. These include the Choice Neighborhoods implementation grant at Yesler Terrace, Making Connections White Center/Seattle, Growing Transit Communities, Northgate Oriented Development project, the Seattle Youth Violence Prevention Initiative, and Global to Local, among others.

[17] Robert Wood Johnson Foundation, Commission to Build a Healthier America, Roadmaps to Health, County Health Rankings and A New Way to Talk about the Social Determinants of Health, www.rwjf.org.

Initial groundwork. This work begins with exploring the nature of the problem and solutions. Consulting with cities about an effective, respectful approach to moving forward, learning from the work of the region's existing place-based initiatives, and agreeing on a set of outcomes are important first steps.

A toolkit to inspire and catalyze change. Another early step is to develop a baseline toolkit that would lay out elements of place-based strategies that have been shown to improve community health, in all types of settings. A toolkit would include strategies that have been proven to positively impact health outcomes. A community could review the toolkit for ideas on effective strategies that could be implemented to impact the outcomes that the community identifies as most important. Importantly, this can be used in any community since all communities have opportunities to improve health and well-being, recognizing that such a toolkit would not be used by funders to dictate what strategies must be used, but rather it would lay out potential approaches and techniques that have been successful. Flexibility is needed from community to community.

Creation of an index: Using data to identify priority communities. Public health professionals need to partner with cities and communities to develop an index or a score that is based on a small set of important health and social indicators such as life expectancy, housing quality, and indicators of need for social services. Data could be analyzed at the level of King County census tracts, and tracts could then be aggregated to local, community-based areas for intervention work.[18]For communities, the basis of the index would be community-level risk indicators.

The index could then rank census tracts, and from there serve as a tool to be used for prioritizing and jump-starting areas for community building. Community building support recognizes that a community must spend time organizing itself – mobilizing others, forming local partnerships, developing leadership, and agreeing on priorities and strategies together. Infrastructure to support this work does not exist in many low-income communities and takes time to cultivate; it often involves bridging across many cultures and languages. Yet, it is critical because it allows the community to engage from a position of leadership, strength, and initiation, rather than operating in a reactive mode to solutions proposed by others. The nature of the work in a given community will vary locally, but will always address some number of the determinants of equity such as housing, transportation, environment, jobs, family supports, and access to care. Success in the long range can be measured by improvements in intermediate outcomes and eventually a lower index score or improvements in the indicators behind it.

Examples of place-based interventions:

[18] Census tracts are small, relatively permanent statistical subdivisions of a county. The U.S. Census Bureau uses the census tract geographic boundary system to collect, tabulate, and present decennial census and other data. Census tracts generally have between 1,500 and 8,000 residents. There are close to 400 census tracts in King County.

- *Place Matters*: King County's Equity and Social Justice Initiative is part of a broader national Place Matters initiative that is focusing upstream on community conditions and efforts to address root causes of inequities.
- *Global to Local*: This initiative serves Tukwila and SeaTac residents who have little or no access to basic health services and economic opportunity. Global to Local (G2L) builds on the expertise of Washington State's global health institutions, bringing home strategies that have proven effective in addressing health in under-resourced locations throughout the world. In addition, G2L is piloting approaches to improve individual and community health outcomes, lower health care costs, and empower economic development.
- *Harlem Children's Zone*: a non-profit organization for children and families living in poverty in Harlem, providing support through parenting workshops, a pre-school program, three public charter schools, and child-oriented health programs.
- *Choice Neighborhoods*: an initiative that supports locally driven strategies to address struggling neighborhoods with distressed public or U.S. Department of Housing and Urban Development-assisted housing through a comprehensive approach to neighborhood transformation. The program is designed to catalyze critical improvements in neighborhood assets, including vacant property, housing, services, and schools.

V. COORDINATION WITH EXISTING KING COUNTY POLICIES AND PLANNING

King County government has a number of existing plans that speak to its policy direction in health and human services. Taken together, they paint a picture of the objectives and strategies that it will prioritize, and the roles that it will play.

This section describes opportunities, both near-term and long-term, to improve alignment between this transformation plan and those existing policies.

King County Strategic Plan. As discussed in Section I of this plan, the King County Strategic Plan's Health and Human Potential Goal calls for providing "opportunities for all communities and individuals to realize their full potential."

Further guidance within the Health and Human Potential Goal is provided by a set of four objectives and strategies:

1. Increase the number of healthy years that residents live.
2. Protect the health of communities.
3. Support the optimal growth and development of children and youth.

4. Ensure a network of integrated and effective health and human services is available to people in need.

The alignment of this Transformation Plan with the King County vision and the Health and Human Potential Goal is strong. This Transformation Plan is well timed to inform an update of the King County Strategic Plan expected in 2014 and will be an important lens for reviewing and refining relevant objectives and strategies.

Equity and Social Justice Ordinance. Also as described in Section I of this plan, "Fair and just" is one of the principles that underlie the King County Strategic Plan. It calls for the intentional application of that principle in all the County does in order to achieve equitable opportunities for all people and communities. Ordinance 16948, adopted by the King County Council in October 2010, establishes definitions and identifies the specific approaches necessary to implement and achieve the "fair and just" principle that is embedded throughout all of the goals, objectives, and strategies of the countywide strategic plan.

This Transformation Plan grounds its design elements and its initial strategies squarely in the determinants of equity. Some of today's greatest injustices are reflected in the individuals and families that end up experiencing the poorest health and most complex social issues, and in the communities that have the most concerning indicators. This focus on reducing disparities is a visible application of King County's consideration of equity and social justice impacts in its decision-making. Further, the plan's implementation approach is consistent with the equity and social justice foundational practices detailed in the ordinance, such as working in collaboration with other organizations, capacity building to engage communities, and supporting community solutions.

Public Health Operational Master Plan. The policy framework from the Public Health Operational Master Plan defines King County's health mission to identify and promote the conditions under which all people can live within healthy communities and can achieve optimum health. The overarching goal is to protect and improve the health and well-being of people in King County, as defined by per person healthy years lived. Whenever possible, King County will employ strategies, policies, and interventions to reduce health disparities across all segments of the population.

Framework Policies for Human Services. The Framework Policies for Human Services adopted by the King County Council in 2007 describe the County's role in human services. The three policies are:

1. King County has a regional role in human services, working with many partners to help those most in need.
2. King County's priorities for human service investments will be programs and services that help to stabilize and improve people's lives, and prevent or reduce emergency medical and criminal justice system involvement and costs.
3. King County will apply principles that promote effectiveness, accountability, and social justice.

This Transformation Plan aligns with these framework policies, but also takes them to the next level by focusing on the integration of human services with health care and prevention. The alignment of this Transformation Plan with the King County Framework Policies for Human Services is strong. However, this Transformation Plan proposes an additional level of policy that promotes the integration of human services with health care and prevention services. An update of the Framework Policies for Human Services may be considered as the Transformation Plan is moved forward.

The King County Veterans and Human Services (VHS) Levy focuses on:

1. Preventing and reducing homelessness.
2. Reducing unnecessary criminal justice and emergency medical system involvement.
3. Increasing the self-sufficiency of veterans and vulnerable populations.

Consistent with this Transformation Plan, the strategies of the VHS Levy play significant roles in advancing the integration of health and human services, supporting families, and addressing populations at highest levels of risk.

The Mental Illness and Drug Dependency (MIDD) Plan goals are:

1. A reduction in the number of people with mental illness and chemical dependency using costly interventions like jail, emergency rooms, and hospitals
2. A reduction in the number of people who recycle through the jail, returning repeatedly as a result of their mental illness or chemical dependency
3. A reduction of the incidence and severity of chemical dependency and mental and emotional disorders in youth and adults
4. Diversion of youth and adults with mental illness and chemical dependency from initial or further justice system involvement.
5. Explicit linkage with, and furthering the work of, other council directed efforts including, the Adult and Juvenile Justice Operational Master plans, the 10-Year Plan to End Homelessness, the VHS Levy Service Improvement Plan and the King County Mental Health Recovery Plan.

Consistent with this Transformation Plan, the strategies of the MIDD play significant roles in advancing the integration of health and human services, supporting families, and addressing populations at highest levels of risk.

Recommendations for improving alignment. The existing King County policies in health and human services speak broadly to the advancement of the population's health and social well-being, and to increasing equity. There is additional policy direction, such as the VHS Levy and the MIDD, that fall under that larger policy guidance with more targeted policy goals and strategies.

As a purchaser, King County has an opportunity to strengthen the alignment of its own resources by intentionally putting the principles of this Transformation Plan into action. Existing resources can and should be brought into alignment with the principles, both through King County's contracting processes and through the agreements it makes working in concert with other funders – the compact agreements. Ultimately, King County budget documents are one of its most fundamental expressions of polices and priorities, and its lever to achieve a more accountable and integrated system of health, human services, and community-based prevention and recovery.

VI. INVESTMENT AND FINANCING STRATEGIES

Achieving an accountable, integrated system of health, human services, and community-based prevention that strengthens the health and well-being of the people of King County, requires an updated approach to investments and financing.

Limitations and consequences of today's investment and financing approaches. Current funding mechanisms for health, human services, and community-based prevention result from the separate paths for public and private funding sources. In its current state, financing of health and human services has limited ability to drive toward integration, bring about innovative solutions called for by Motion 13768 and contained in this Transformation Plan, or to measure the success of integrated health and human services solutions.

In addition to the siloed funding of today's systems, the infrastructure for health and human services and community-based prevention has grown dangerously thin during a time of growing demand and declining governmental resources. Many organizations have limited financial flexibility or tools for responding to the increased demand faced by providers. Further, providers report that these constrained resources have resulted in individuals, families, and communities not receiving necessary services.

At the same time, the exponential growth in costs of the health care delivery system continues to threaten the stability of the current health and human services system and the general economy. The implementation of the ACA is changing financing incentives and calling for improved quality of care while controlling costs. Consequently, an updated, enhanced structure for investing in integrated and innovative health and human services solutions is needed in both the public and private funding sectors.

While King County, overall, has made progress on some matters of social justice and the determinants of equity, significant health and social inequities persist. A new funding model must support and reward the results that reduce inequities and move the needle in a positive direction on the determinants of equity.

A shift from paying for volume to paying for value. To improve the overall capacity, financial health, and outcomes of an accountable and integrated system of health, human services, and community-based prevention, the system must shift from paying for volume to paying for value. That is, rather than being paid for the number of services an individual receives, organizations are paid for achieving a particular outcome. This allows agencies to serve as many people as possible in a more efficient manner, delivering only what an individual or family needs. This shift is a central tenet of the ACA and will begin to transform today's financial patchwork and siloed services into a tightly woven, supportive fabric where the public and policy makers can see positive results and, in turn, inspire more collective investments.

What follows are four recommendations for transitioning the financing of our health and human services systems from the antiquated, siloed systems to one that is modern, allowing for responsive investment and financing approaches that produce better outcomes for people and communities, support providers and agencies, and build in accountability for policymakers and the public. The four recommendations are intended to work together for maximum impact and success. They speak to improving the performance of the system as a whole over time, and are not limited to how to finance the early strategies of the plan. An overview of the four recommendations and additional detail for each follows.

Recommendation 1: Invest in outcomes. Rather than funding a specific type of program or service, invest in strategies that are expected to produce outcomes, using both contract and compact accountability tools.

Recommendation 2: Leverage opportunities provided under the Affordable Care Act. Strategically integrate the resources, tools, principles, and payment reform strategies of the ACA into current local, state, and federal funding resources.

Recommendation 3: Protect existing resources.
Protect existing resources from further reductions due to budget shortfalls and continue to advocate for the stability of the current system.

Recommendation 4: Seek New Revenue and New Revenue Tools While Increasing Effectiveness.
Seek support for new resources to help fund transformation efforts and improve capacity countywide to provide necessary services and infrastructure that will contribute to the intended outcomes.

Recommendation 1: Invest in Outcomes

Today in King County, millions of dollars from multiple sources are directed at assuring the health and stability of the population. Most of the dollars available for health and human services are already in the systems and, absent the unlikely windfall of new funding, the first step in system transformation must examine how to use this money more effectively. Existing resources could become much more powerful in achieving identified results if funders mobilized behind a shared approach, agreeing to work together through a set of complementary strategies toward

mutually agreed upon outcomes. Better alignment of existing resources can be achieved through straightforward changes to existing contracts and through other structures of working together such as the collective impact approach described in Appendix A.

Many public and private funders in King County already model this way of investing for certain outcomes, and this section serves to reinforce the value of this approach.

Consider the breadth of existing resources: Investments in strategies that impact social factors and that focus on upstream prevention play especially critical roles in reducing unnecessary costs in the healthcare system. For example, there is increasing evidence that providing supportive housing significantly improves health outcomes for individuals housed while reducing costs in inpatient hospitalization and emergency department use[19]. Creating conditions that reduce overall healthcare spending can provide an incentive for increased investments in social services that support those conditions. Investment and financing strategies for the entire system should include efforts to leverage money in the larger health care system for financing and investment of social services.

The focus of spending has to change—in both health and human services. Long-term progress on changing the ratio of social to health service spending (see Figure 3) requires that an integrated system of care transform from a costly, crisis-oriented response to health and social problems, to one that focuses on prevention, funding human services and community prevention strategies that work to change the social, physical, and economic environments of communities. Absent this change, both the health care and human services systems will continue to see demand for services exceed financial resources and while costs continue to rise.

Define outcomes and align funding resources. Today, funding is often fragmented and episodic, paying for pieces of an individual or family's care plan and/or services, or for components of a project that strengthens a community. Much of the funding for health and human services is ultimately determined by federal and state policy makers and cannot be changed locally by King County. A key element to the success of this plan is to create new, closer federal and state partnerships to identify shared outcomes and better align resources with them and with other funders, and incorporate long-term funding and payment models that achieve those outcomes.

Recommendation 2: Leverage Opportunities under the Affordable Care Act

The ACA includes resources, tools, and incentives that will be brought to bear in the evolution to a model of sustainable health and human services financing in King County. The ACA is already infusing new resources into the King County region in preparation for its core mandate that most people in the U.S. have health care coverage in 2014.

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[19] Journal of the American Medical Association, April, May 2009

Coverage Expansion and Access to a Package of Essential Health Benefits, including Behavioral Health

Maximize Medicaid expansion. King County projects that about 80,000 people in King County will become eligible for Medicaid expansion. As low-income (up to 138 percent of the federal poverty level), uninsured individuals begin to sign up for Medicaid beginning in October 2013 (for coverage that will go into effect in January 2014), new money will enter the community in the form of Medicaid payments to providers and administrators of Medicaid's medical/dental, behavioral health, and long-term services and supports.

Uninsured people who cannot access affordable coverage through an employer and are not eligible for Medicaid will be able to shop for coverage in the health Marketplace (Washington Healthplanfinder), and those with low and moderate incomes will be eligible for subsidies to make the costs more affordable. Approximately 100,000 King County residents fall into this group. Efforts are underway to ensure that all individuals who are eligible are able to access affordable health care coverage over the coming year.

Make the most of the important benefits that drive toward "version 3.0": clinical preventive services and mental health/addictions services at parity. Along with coverage through Medicaid or the Marketplace comes access to a basic set of services, including most clinical preventive services with no cost sharing, such as mammograms and immunizations. Behavioral health services are also a required benefit, and must be provided on par with medical care. Nationally, there will be 62.5 million Americans eligible for coverage that includes mental health and addictions treatment beginning in 2014 due to the parity requirements that are now federal law.

Coverage and benefit expansion of this magnitude is a critical stepping-stone to achievement of the vision and goal laid out in this plan. With the ACA, the federal government created a financing strategy for basic primary care, clinical preventive services, and early intervention for behavioral health services that did not previously exist.

While the ACA will bring new funding for Medicaid services for King County residents, many people will remain uninsured but in need of access to services. It is important that the safety net system of health and human services in King County remain strong and fully intact. Furthermore, while the ACA is expected to reduce the burden of health care costs in our community over time, such savings won't automatically be available to invest in other services and many basic human services and supports will not be covered under Medicaid expansion and therefore will continue to require ongoing funding.

State Plan Waivers and Options: A Focus On Integrated Care Demonstrations

The ACA provides states with options for integrated care demonstrations and for enhanced care management for people with chronic health conditions. This includes the Medicare/Medicaid integrated care demonstrations for dual eligible individuals; the Section 2703 Health Home Option; and Section 1915i Home and Community Based Waiver opportunities to provide services not typically covered by Medicaid to more individuals.

Washington State is currently pursuing a number of these strategies, and ones relevant to the high risk, high cost adults were discussed in Section IV of this plan. King County, through the Health Reform Planning Team,[20] has been working actively to engage and inform local stakeholders about these demonstrations. These demonstrations are important for King County stakeholders to engage in due to the greater flexibility on how Medicaid funds can be used to achieve client outcomes.

Center for Medicare and Medicaid Innovation – State Innovation Model Grant

Federal funding has been made available to a new part of the Centers for Medicare and Medicaid, the Innovation Center (CMMI). The Innovation Center has significant flexibility in its ability to support initiatives throughout the country that will demonstrate innovative approaches to achieving the triple aim of better health, better experience of care, and lower costs.

Washington State received a CMMI planning grant to prepare a statewide health innovation plan that is due to the Centers for Medicare and Medicaid Service (CMS) in fall 2013. As described in the Implementation Plan section of this report, King County will partner with the State to explore opportunities for aligning the strategies in this plan with those in the statewide plan. If Washington State applies for and receives federal funding to test its proposed model, it could result in a mutually beneficial partnership involving the King County region that would advance this transformation plan while at the same time informing statewide efforts on health and human services integration.

ACA Community Benefit Requirements for Non-Profit Hospitals

While non-profit hospitals have long had a requirement to provide "community benefits" as a condition of their tax-exempt status, the ACA made some significant changes. The ACA requires tax-exempt hospitals to conduct community health needs assessments and invest in health improvement programs to address needs based on that assessment. As of 2012, community-building activities became allowable community benefit expenditures, including a range of investments such as economic development, leadership development and coalition building, workforce development, healthy food access, and more. Public Health is convening and partnering with local hospitals to coordinate the new community health needs assessments (required every three years), and could explore in the future ways that hospital investments could be coordinated to support community-based interventions described in this plan.

[20] The King County Health Reform Planning Team is a coalition of safety net stakeholders who are working together to assure a more accessible, integrated, accountable system of care for King County's low-income residents. Go to: http://www.kingcounty.gov/healthservices/health/partnerships/HealthReform/team.aspx for more information.

Reinvest Health Care Savings Into Prevention and Human Services

In all of the ACA-associated strategies, an underlying theme is the importance of understanding where and what kinds of savings are being generated. Measuring and pulling these savings forward to support lower-cost interventions that improve social and economic conditions and that reduce inequities is vital.

One example of such reinvestment is the New York Medicaid Redesign Team and Waiver Request. In New York State, a Medicaid Redesign Team proposed a series of major reforms to the State's Medicaid program in the face of a significant budget crisis. In August 2012, the state submitted a request to the federal government for a groundbreaking Medicaid 1115 waiver to implement its action plan.[21] The waiver would allow the state to capture and reinvest $10 billion of projected $17.1 billings in savings to the federal government. Among the proposed uses of the $10 billion are a wide range of improvements in the health infrastructure, workforce, and innovations designed to bend the cost curve downward over time. They include, for example, an investment of $150 million per year over five years for capital and operating funds for permanent supportive housing targeting high cost, high-risk Medicaid beneficiaries. Another component is the incorporation of six specific community-based prevention activities into the Medicaid program, including Nurse Family Partnership home visiting, home visits and environmental assessments to improve asthma control, and pre-diabetes screening and interventions. This type of waiver, however, can only be done by the state. It is not something that King County can directly control and make happen.

When prevention and social services are delivered, much of the cost savings is achieved in other sectors, such as health care, the criminal justice system, or other crisis systems. As system transformation moves forward, mechanisms must be put into place to ensure that any savings are captured up and redirected toward investments in more prevention and human services rather than being absorbed into the system.

Recommendation 3: Protect Existing Resources

Protect existing resources from further state and federal reductions and continue to advocate for the stability of the current system.

A challenging financial environment. Health and human services providers have been operating in an environment where state, federal, local and private funding has been repeatedly cut over the years and continues to be at risk. While King County has recently stabilized its General Fund and added two important funding sources, the MIDD and the voter approved Veterans and Human Services Levy, King County General Fund support for human services has been reduced significantly over the last decade. Cities in King County also face significant stressors on their ability to finance services, at a time when there is greater need. The situation

[21]Section 1115 waivers allow the federal government to waive certain of the broad federal requirements for Medicaid to enable states to experiment with innovative ways to administer the Medicaid program

for local government financing in Washington State is not likely to improve significantly over the next several years.

In addition to the financial challenges facing local governments, federal and state funding for health and human services has also been declining. Over the last two biennia, Medicaid and state funding for mental health and substance abuse services have been cut by $52 million and additional cuts are being proposed in the current legislative session. These cuts have resulted in the loss of critical services that help keep people out of hospitals and jails. Recent years have also seen drastic cuts in state and federal funding for prevention, public health, and the health care safety net. From 2009-2011 public health funding to the King County region was reduced by $32.9 million resulting in cuts to areas such as maternity support services, Women, Infant and Children (WIC), family planning, and tobacco prevention programs.

The impacts of budget cuts to safety net health and human services providers are described further in a 2012 report compiled by United Way of King County titled *The State of Human Services in King County*[22], which reported substantial cuts to state and federal funding resulting in the elimination of dental health coverage for adults, reduced support for community health centers, reduction and elimination of cash assistance to people who are temporarily disabled and unable to work, loss of funding from the Emergency Food and Shelter Program, and others. Overall, reductions in these services disproportionately affect the most vulnerable populations and contribute to the ongoing disparities that exist in our region.

Advocate to protect the resources we have. Threats to critical health and human services funding remain on the horizon. Congress has already reduced the ACA's Prevention and Public Health fund by $6.25 billion over nine years. For other health and behavioral health programs, state and federal funders are making estimates about what might be covered under health care reform and are basing future cuts on these estimates, which may not be accurate. It is unclear what additional resources Medicaid expansion will bring to the region. However, we do know that many individuals will remain uninsured and there will continue to be a need for safety net services. Reducing budgets prematurely could result in further instability of the systems. Funders, providers, and stakeholders must work together to protect the resources that are currently in the system from further reduction and create strategies that preserve vital funding for health and human services.

Recommendation 4: Seek New Revenue and New Revenue Tools While Increasing Effectiveness

To achieve an updated approach to investments and financing for an integrated health and human service system, the community must work together to seek new revenue and new revenue tools to support system transformation.

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[22] http://www.uwkc.org/our-focus/public-policy/state-of-health-and-human-services.html

Shifting to an outcome-driven system and supporting capacity. A reorganized and shared approach to funding a responsive model of integrated health and human services must drive toward, and fund, a more person-centered and prevention-oriented system that invests in specific community and client-driven outcomes. It must also address the capacity of providers to serve effectively the individuals and families who are their clients.

As funders increasingly look for ways to coordinate investments using shared outcomes for greater impact, the stability of the health and human services system must be maintained.

Guarding against unintended consequences is critical. For example, if it is determined that a shared outcome is to reduce infant mortality in an area of south Seattle, baseline health and human services funding cannot be destabilized to achieve this particular goal. Instead, funders and other stakeholders must come together to identify what resources and tools are needed to reduce infant mortality, what creative solutions to assist could be advanced, and how to develop mechanisms to ensure the right approaches are brought to bear.

Increased capacity is not only achieved through new revenue sources. Partnerships among small and large agencies and the increased effectiveness and efficiency of a transformed system could lead to creating more capacity for all. For example, moving people quicker through crisis-oriented services such as a shelter bed to stable housing creates more capacity in the shelter system.

Demonstrate increased effectiveness of current dollars while pursuing new revenues. Although some revenue to support the costs of integration will come from better use of existing resources and leveraging of new funding opportunities under the ACA, new revenue sources and new revenue tools will be required to achieve the vision under this Transformation Plan. Identifying what level of resources are needed and how they will be collectively brought to bear on system transformation to achieve shared outcomes will be the work of all stakeholders involved.

Our current environment is one of competing need and declining resources. Assuring the best possible use of all resources is an important part of setting the stage for the successful pursuit of new resources and financing tools. Increasingly, opportunities to collaborate more with other funders will allow even more value and greater results with resources we have today, and the resources we have tomorrow. Ultimately, in the current environment, a strong business case that demonstrates mid-term and long-term cost-effectiveness for taxpayers and other stakeholders and improved health outcomes and decreased disparities will be required for successfully acquiring any new sources and tools.

Social impact bonds/health impact bonds. A financing tool that is gaining increased attention is social (or health) impact bonds, an instrument for making investments to improve health and social outcomes within a community. This is a market-based approach to paying for evidence-based interventions that reduce costs by improving social, environmental, and economic conditions. Capital is provided from private investors to pay for the intervention in exchange for agreed upon financial and social returns. The savings are validated and captured from the payers

who agreed to share those savings, and the return is then shared with investors—who in turn may elect to reinvest a portion for scale-up. New York City, for example, is initiating a social impact bond to reduce recidivism among juveniles involved in the justice system, and in Fresno an intervention with residents with asthma who were frequent users of emergency departments created a return on investment of $1.69 for every dollar spent on the intervention.[23]

Prevention trust funds. Massachusetts created a first-in-the-nation Prevention and Wellness Trust Fund[24] that will invest $60 million over four years, through competitive grants, to reduce health disparities, reduce rates of preventable conditions, and related activities. It was passed into law in August 2012 as part of a health care cost containment law. It will be paid for by a tax on insurers and an assessment on some larger hospitals, and it requires an evaluation to determine whether health care costs were reduced. While not without controversy, it shows creative efforts to shift the system to a wellness focus intentionally. A trust fund, if created, could include an emphasis on community prevention and human services that impact the social determinants of health among the activities designed to reduce costs.

Catalyzing new investors. When stakeholders work collectively to explore and align solutions to complex problems, new resources can be identified and secured, such as grant opportunities and social impact bonds, in ways that a single agency would not be competitive. This is a particular power of working in collective impact, where the need for and mobilization of resources occurs when so many stakeholders see the issues through a common lens. Working across sectors in a collective impact model can help bring a sharper focus to gaps, energy around the solutions, and a compelling business case.

As stakeholders come together to explore strategies and solutions relative to the changes they want to mobilize, more will be learned about the gaps in interventions needed to achieve those outcomes. For example, more clarity may emerge about what is needed to avoid greater downstream costs to taxpayers and government in the form of higher institutional use (adult corrections, juvenile justice, hospital care, nursing homes, etc.). Similarly, in a place-based strategy designed to improve equity and reduce disparities, identification of gaps in local and/or regional systems of human services may garner the attention of funders: the roles of those systems in influencing specific shared outcomes comes to light in a new context.

New resources may play an especially critical role as leverage and incentives for the strategies that will ultimately change dollars spent on illness and crisis services to spending on human services and community prevention. This includes developing appropriate capacity for organizations to work in these new models of mutual accountability.

Taxing authority. King County government, as a partner in creating a transformed system, has been actively seeking and will continue to seek new financing options to support an integrated

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[23] How Can We Pay for a Healthy Population: Innovative New Ways to Redirect Funds to Community Prevention. The Prevention Institute, January 2013.
[24] http://www.mphaweb.org/documents/PrevandWellnessTrustFund-MPHAFactSheetupdatedOct12.pdf

and accountable system of care that pursues outcomes identified by the collective and improves the capacity of the system. The County's revenue sources are authorized by the State, so any new revenue tools will require State legislative action. Currently, one available option offered by state statute for the County to seek new revenue for health and human services is:

> *Revised Code of Washington, Section 82.14.450 – known as the Public Safety Sales Tax. As currently specified, the statutory authority allows a county to levy up to three tenths of one percent sales tax. The question must be put to a vote of the public. Forty percent of the revenue goes to the cities in the county and 60 percent to King County. One third of the funds must be used for public safety purposes leaving the potential to generate up to $48 million for health and human services on an annual basis.*

The County has been actively working at the State for increased flexibility in this and other revenue options, such as a needed expansion of the MIDD sales tax.

The County continues to seek new or revised revenue options with state legislators and to protect the current level of resources. At the writing of this report, a second 2013 Special Session of the State Legislature has been called, but no new revenue tools have been put before the state body for review or action and serious reductions in some funding sources, such as Housing for Essential Needs and State funding for non-Medicaid mental health services, are being considered. Given the timeline for State action and other budget constraints and pressures, it is unclear what the outcome will be for the 2013 session. The County will need the ongoing support of all partners involved to continue to protect and seek the resources needed to support our community.

Lack of New Funding May Slow Implementation. The challenges facing non-profit human service, prevention, and community health agencies in the wake of the recession are real and have led to long waitlists reported by providers and individuals and families going without service. Many providers, including the County itself, indicate that they face a financial "yo-yo" environment as grants come and go and the agencies try to keep programs intact when resources shift or are reduced. In a system that is already stretched too thin, concern exists that, in an integrated and coordinated system attempting to get people to the right service, at the right time, in the right amount, there will be nothing to which people can connect people. Individuals might find doors closed or long waiting lists when a care manager or social worker attempts to link an individual to a needed service. Or, they may find that the service is too much or too little for their needs.

Achieving the outcomes identified in this Transformation Plan requires the system to bring to bear the strategies and services that have been identified to have the greatest impact on those outcomes. If the resources are not there to support those strategies, progress will be slowed and outcomes will be delayed. The funding challenges facing many organizations in the community whose services are needed in an integrated system are large. Bringing new revenues to bear would be a positive step, helping to strengthen current services while the community works together to engage in system-level change. To the extent new revenue tools are developed, some funding should be used to establish a catalyst fund that assures investments support the move toward version 3.0 of an integrated health and human services system.

VII. IMPLEMENTATION PLAN

Progress on this Transformation Plan hinges on moving from words to action; and on developing a trusted, supportive, learning environment for all partners. The two early strategies, improving outcomes for adults and communities with complex social and health challenges, constitute the initial action arm of this plan, and this section lays out a path forward for the plan's successful implementation and evaluation.

Successful implementation and evaluation entails mobilizing those committed to this journey: action-oriented community members, investors, providers, jurisdictions, and other leaders interested in cultivating relationships across sectors, agreeing to common outcomes, and aligning behind mutually reinforcing strategies to achieve those outcomes that are beyond what one sector could achieve alone. The destination is known, but the specific routes to get there are not yet clearly visible – the best path to take at any given juncture will emerge and evolve along the way.

The Path Forward: A Multi-Pronged Approach to Implementing an Accountable and Integrated System of Health, Human Services and Community-Based Prevention

Transformation of the health and human services systems is a dynamic, iterative process that will evolve over many years and as new learning and opportunities emerge. The scope of this plan is five years—2014 to 2018—during which time the two early, catalyzing strategies will help jump-start system transformation.

1. *First six months*: Initiate groups, engage partners, agree on outcomes, and build momentum around the early strategies in the first six months after the plan has been accepted by Council. Organizing these initial actions can make the difference between plans that are shelved and those that promote changes in programs and behaviors that are critical to better health and well-being for county residents. They set into motion the mechanisms for ongoing accountability that will help measure and communicate the extent of success.

   During the first six months the Executive also intends to evaluate the outcome of the current legislative session in the context of the needs identified in this report, and he will propose specific implementation mechanisms in the 2014 budget. However, without new revenue sources, the budget proposals will be limited and will need to be utilized as strategic catalysts.

2. *First year*: 2014 is the "development" year during which the work on the two early strategies will occur and lessons learned will be quickly translated into course corrections and improvements. One key outcome of the year is the setting of specific and shared targets for critical health and well-being gains in King County. "Planning" and "doing" will happen concurrently. The year will conclude with a short design process to develop and inform the models and actions of a subsequent four-year period. Flexibility during

this year is essential because implementation will, by necessity, be an iterative process as learning and opportunities evolve.

3. *Years two-five*: In this four-year period, the effective integration strategies identified in year one will be carried out and tracked to assess the extent to which they are contributing to the specific, intended gains in health and well-being. Outcomes will be measured regularly and modifications and adjustments will be made as needed. Where appropriate and to the extent resources allow, effective strategies will be scaled up during this period.

The Implementation Plan is divided into three elements:

- Element 1: Refinement and Implementation of the two early strategies
- Element 2: Cross Cutting activities to support the plan, including:
    - Structure, communications, and measurement
    - Creation of a catalyst fund
    - Engagement with Washington State and other partners
- Element 3: King County government's role and commitments

Element 1: Refinement and Implementation of the Two Early Strategies

The two early strategies - improving outcomes for adults with complex health and social issues, and improving outcomes for communities facing health and social challenges – serve as the initial projects for the Transformation Plan and the expressions of the ten principles identified on page 20. The two early strategies will serve as a testing ground for innovation and assist in building the business case for future transformation. The goal is to show return on investment through these early strategies that will lead to a retooling of finances and increased investment in the social determinants of health as transformation proceeds. The proposed action steps and boundaries are as follows:

Individual/Family Level: Improve Outcomes for Adults with Complex Health and Social Conditions (high risk, high cost)

Engage key funders and system leaders, including consumer representatives, to guide the implementation of this strategy. This group will be responsible for developing an initial definition of the population for purposes of getting started and achieve agreement on outcomes. They will then explore aligned strategies, structures, and innovations that are most likely to achieve the results. Different funders may pursue different but complementary strategies, in service of a shared outcome.

Important elements in this phase include leveraging activities already in motion such as: the Financial Alignment Demonstration project for individuals dually eligible for Medicaid-

Medicare; care management services for high-risk Medicaid individuals, high users of emergency department, and other crisis service; justice system initiatives; primary care medical homes; the mental health integration program; and county-level initiatives for housing homeless people with high utilization and high vulnerability.

Another element for early consideration during implementation is examining how a high-risk model exists in the fabric of the rest of the health and human service system—with particular attention to how those who are on the path to becoming high risk are provided with the level of support they need (right service, right time, right place) to reverse course. Ideally, the approach developed through this work could also generate a toolkit available to any health/human service organization in King County seeking to better support adults with complex conditions, and those headed in that direction, that come through their doors.

Finally, the group will develop a plan for defining, tracking, and verifying success, including securing baseline data to the extent possible. They will also establish a method for aggregating and communicating results.

Community Level: Improve Outcomes in Communities with Poor Health Indicators

Engage key funders and systems, including city/community representatives, to guide the implementation of this strategy (recognizing that there may well be overlap with those guiding the high-risk adult strategy). This group will be responsible for refining the place-based strategies, which involve changes in community features, versus delivery of services to individuals. Strategies most likely to achieve results would be assembled, taking the form of a community toolkit to spur grassroots, self-organizing locally owned action – anywhere and everywhere.

Because health is not equal everywhere, a complementary early piece of work would be the development of an “index” of community health and well-being, starting with census tract level analysis (recognizing that census tracts could then be aggregated). This would serve to identify communities that face greater inequities, and jump-start action in those areas by engaging residents in leading change. Here too, an important element will be to leverage activities already in motion, such as zoning considerations, healthy food initiatives, community organizing programs, safe routes to schools, community transformation grant activities, and more. This strategy requires a sensitive and respectful approach with cities and unincorporated areas that anticipates and avoids unintended negative consequences, and works proactively to leverage existing efforts and assets.

Finally, the group will develop a plan for defining, tracking, and verifying success, including securing baseline data to the extent possible. They will also establish a method for aggregating and communicating results.

Element2: Crosscutting Activities to Support Transformation

Establish a Structure to Support the Work, Including Measurement, Communication, and Community Engagement

None of the above can happen without some structure and support – including measurement of progress. It is foundational for this process to work. To help determine and put into place a near-term structure to support the implementation work, King County will, once this plan is accepted by Council, convene a consultative group of funders, policymakers, community members, providers, and jurisdictions who are interested in continuing the dialogue relative to the two early strategies. The group will work together to design a structure and framework for evaluating and monitoring integration activities that builds credibility, ownership, and trust.

In the first 60 days, the group will work to define its role and identify the structural supports that are necessary to engage in transformation. This would include resources and supports to bring partners together, organize meetings, provide training and technical assistance, provide ongoing communication, and line up resources to help unify the collective efforts.

With a structure in place, work will begin to assure an overarching framework for measuring (verifying) improvement in health and human service system transformation and the overall health and well-being of individuals and communities. The group will set specific targets for the two early strategies, develop a measurement and feedback plan, including how to collect the necessary data, and monitor progress on an ongoing basis.

Communications. Another component of the structural support is communication. Because people and communities will have varying degrees of interest and involvement in the work to implement this plan, it is imperative to share information with frequency and transparency. Further, it is necessary to provide many opportunities to keep providers, stakeholders, policymakers and other interested parties involved and informed, as well as solicit feedback, on the next steps and phases.

Communication and engagement strategies will naturally evolve over time. In the near-term, ongoing communications and engagement steps include but are not limited to:

- Continue a website devoted to the health, human services, and community-based transformation plan and its implementation.
- Provide for an open table of people and organizations who wish to come together to share information about health and human services improvement efforts in King County, including health reform-related opportunities and changes. (Consider building upon/modifying the existing King County Health Reform planning team.)
- Incorporate the high-level strategies and priorities from this plan into the public engagement process for updating the King County Strategic Plan for 2015-2019.

- Commit to reconvening interested panel members, in person and/or via electronic methods, to discuss the status of implementation in three to six months, as well as to provide progress reports via e-mail and website communications.
- Issue regular progress reports on the overall Transformation Plan implementation, including key results, successes and barriers, and actions taken and planned.

Create a Catalyst Fund

The transformation work described in this Transformation Plan is complex. The extent and timing of its success will depend on the level of resources and energy behind it. Results will come faster if investments are made to support the changes that agencies and communities need to make. Adoption of change often has one-time costs associated with it that can serve as a barrier and new funding resources would be a tool for removing those barriers. A catalyst fund would not be used to pay for ongoing health and human services. Even though resources are already in the system, and much of the work ahead is about better alignment, the work still cannot move ahead without new resources to catalyze implementation.

A recommended catalyst fund for the five-year period – targeting $1-5 million/year – would help bolster the work. Ideally, investments would come from a variety of funders and organizations that see value in this type of fund, and/or make in-kind contributions to support the work. While more than this amount could be put to good use to accelerate the change further, a range of $1 to $5 million per year is a more practical initial target. As King County convenes a consultative group of funders and other key stakeholders around the two early strategies, further discussion about how best to bring funders together to create such a fund will be needed.

Engage with Washington State to Align Integration Activities and Influence Policy

King County's health and human services transformation efforts take place in the context of Washington State's mandates, resources, reforms, and innovations. Strengthening the partnership with the State and with other counties during the era of health reform is essential, with information and ideas ideally flowing two ways. As the initial convener for the early strategies, King County will ensure representatives from the state are partners in the planning group that is formed. King County already is a member of the Implementation Team for the Duals Demonstration Project and it will continue to look for opportunities to participate in state integration activities.

Near-term areas for action with state partners include:

- **Engagement in the development of Washington's statewide health innovation plan**. Washington has received a federal grant to develop, by September 2013, a plan to reward quality outcomes rather than volume, drive better integration of medical and behavioral health services, and partner with community-based organizations and public health systems to improve community health. Through an inclusive process from June-September, they will be creating a five-year innovation plan to move toward that change and have invited broad community participation in its development.

- **Engagement in the demonstration project for Medicaid-Medicare dually eligible individuals**. Many organizations including King County, Health Plans, the City of Seattle, State agencies, and provider agencies have been working together to design an integrated finance and service delivery model in support of Washington State's HealthPath Washington demonstration project. Known as the Financial Alignment project, the funding for medical, mental health, substance abuse, and long-term services and supports will be combined and services will be purchased through managed care organizations with the goal to produce better outcomes for individuals eligible for both Medicaid and Medicare. The service delivery model for this project includes significant involvement of human services agencies along with the health, behavioral health, and long-term care sectors to achieve optimal outcomes.
- **Engagement in the changing managed care environment for Medicaid beneficiaries**. As Washington State moves increasingly to a managed care model, new partnerships are occurring between health plans, local governments, and provider organizations. It is necessary to continue to forge these new relationships to ensure the unique strengths and expertise of all sectors are brought together collectively to improve outcomes.
- **Engagement in accountability measures in state contracting and the move toward an outcome-based approach to the adult behavioral health system**. Two pieces of 2013 legislation relate to strengthening accountability: House Bill 1519 calls for the Health Care Authority and the Department of Social and Health Services to develop and incorporate outcomes and performance measures for its service contracts, and include them in contracts by July 1, 2015. Senate Bill 5732 calls for reform of the adult behavioral health system, with a task force report due to the Governor and legislature by January 1, 2015.

Element 3: King County Government's Role in Support of the Implementation Plan

In addition to its role as a participant and initial partner in implementing this Transformation Plan, King County government will take steps to better align resources and strategies in support of health and human services integration including proactively identifying ways to assure better integration across its internal programs.

One opportunity for alignment is to update relevant sections of the King County Strategic Plan. In particular, since the Health and Human Potential Goal is a public statement of high-level strategies and priorities to guide the actions of King County departments and agencies, it should reflect the directions in this Transformation Plan.

Another opportunity is to work proactively internally to assure that the actions, strategies, and resources of the King County Department of Community and Human Services and Public Health-Seattle & King County are well aligned in order to produce the most value. A natural place to focus this work is in support of the success of the two early strategies.

APPENDIX A: UNDERSTANDING COLLECTIVE IMPACT

Using Collective Impact – a Tool for Solving Complex Problems

When multiple mechanisms influence an outcome that is important to the community, more powerful results can be achieved when the funders and organizations agree on shared strategies, find ways to get the money flowing behind them, measure results, learn together, and adapt. Some types of problems and opportunities benefit from a more formal supportive structure that supports this type of alignment work, known in many circles today as working to achieve greater collective impact. Funders and providers who engage in this embrace the basic premise that the impact of broad, cross-sector coordination focused on a set of collective outcomes is much more effective than the isolated intervention of individual organizations.

Communities throughout the United States are turning to collective impact approaches to tackle many of the complex, multi-system challenges that face them. Current research indicates that decentralized, highly focused, and well-supported systems achieve far better results with broader community participation. The collective impact model is one example of a model that enables large, complex arrays of services to come together around a shared set of intended outcomes.

The Five Key Elements to a Successful Collective Impact Initiative

Bringing together service providers from diverse systems, funders, and community members into a focused, yet decentralized initiative requires five key elements to hold them together. The key elements include:

- A Common Agenda: working together to define what the collective wants to accomplish together
- Shared Measurement: working together to define how success will be measured across participants
- Mutually Reinforcing Activities: defining the work the collective will do that will contribute toward achieving the agreed upon results
- Ongoing Communication: defining how the collective will communicate regularly with each other about the work and results
- Support Functions: deciding who and how the collective will receive the logistical, data, communications, and other support functions they need to work together effectively.

These elements are what distinguish collective impact from coordination or collaboration approaches – there is a much greater degree of commitment, transparency, and alignment among the participating entities.

The transformation of health, human services, and community-based prevention services in King County into a unified and accountable system of care is likely to increasingly turn to a collective impact approach. For example, the early strategies proposed in this plan (individual and

community-level hot spotting) seek to reduce inequities in health and well-being for people and communities where disparities are the greatest. Approaching this using the methods of collective impact is likely to yield far greater results and an ability to measure them in a meaningful way than could otherwise occur.

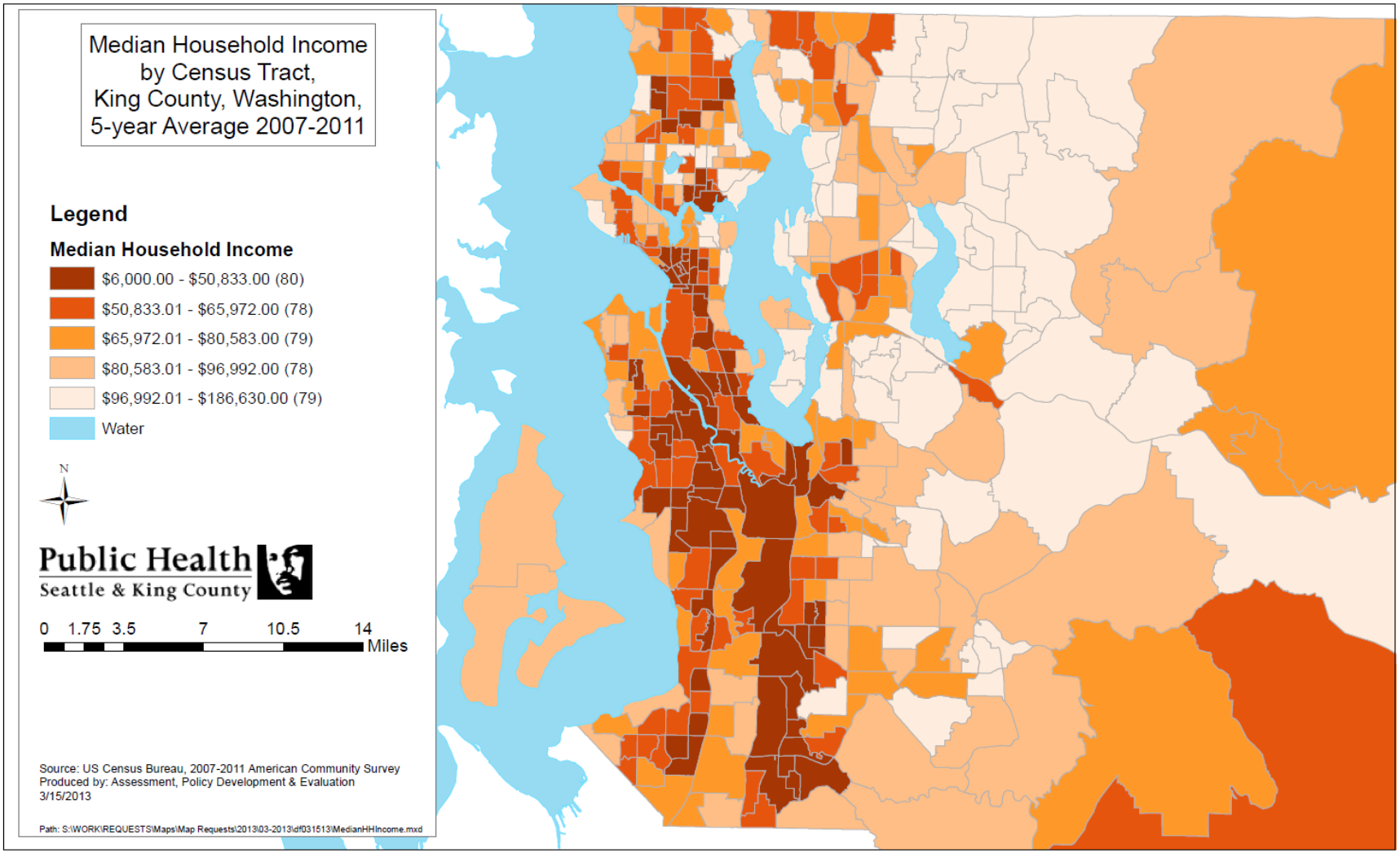
For more information on the collective impact approach as a tool to achieve results, see:

Hanleybrown, F., Kania, J., & Kramer M. (Jan 2012). *Channeling Change: Making Collective Impact Work*, Stanford Social Innovation Review.

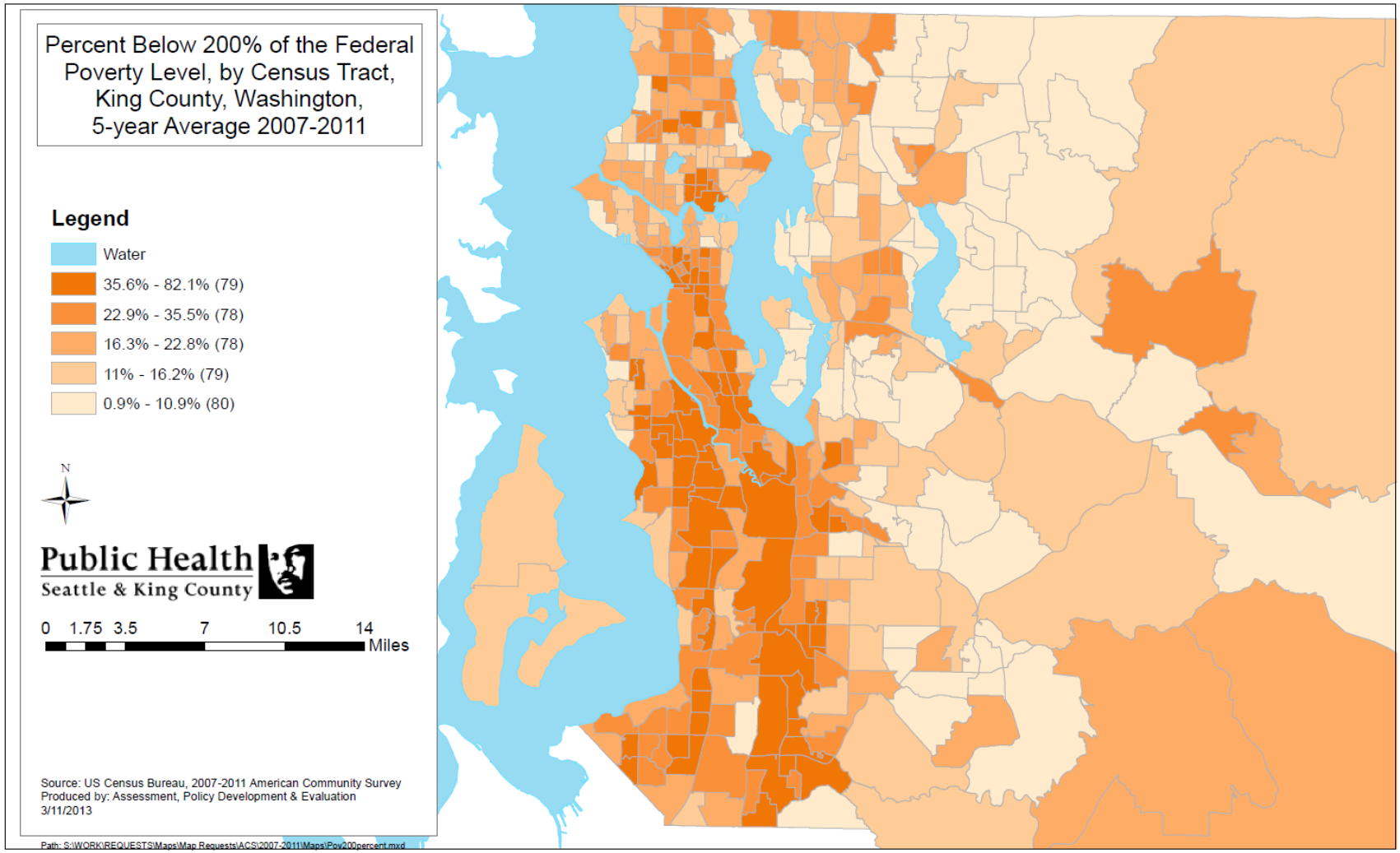
APPENDIX B: ADDITIONAL MAPS BY CENSUS TRACT

Appendix B Figure 1: Median Household Income
Appendix B Figure 2: Percent Below 200 Percent of the Federal Poverty Level
Appendix B Figure 3: Distribution of Racial and Ethnic Groups
Appendix B Figure 4: Limited English
Appendix B Figure 5: Percent of Adults without a High School Diploma
Appendix B Figure 6: Percent of Homeowners Paying 30 percent or more of Income for Housing
Appendix B Figure 7: High Childhood Adverse Experience Score by Region
Appendix B Figure 8: Depression by Region, Current and Lifetime

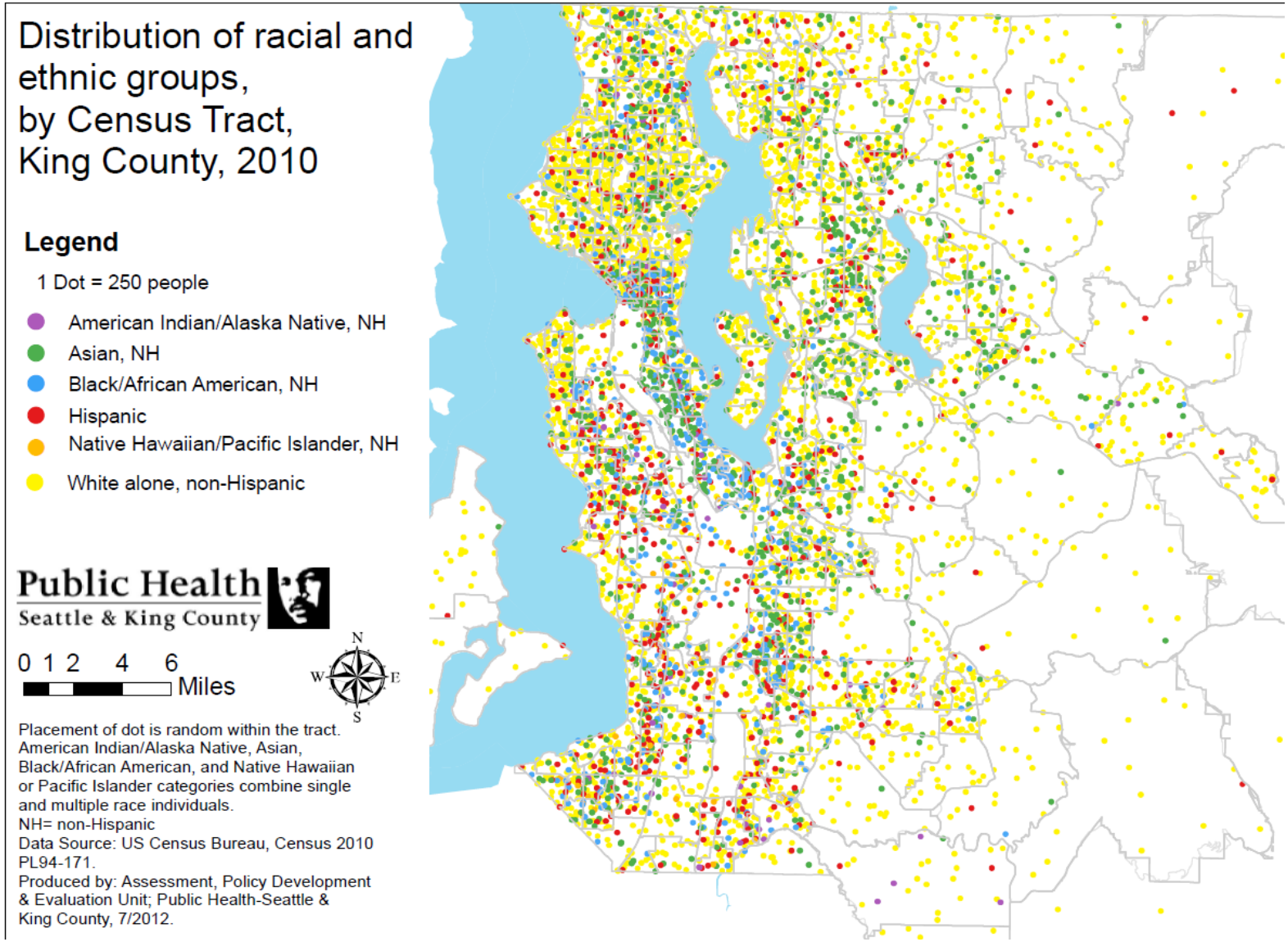
Appendix B Figure 1: Median Household Income



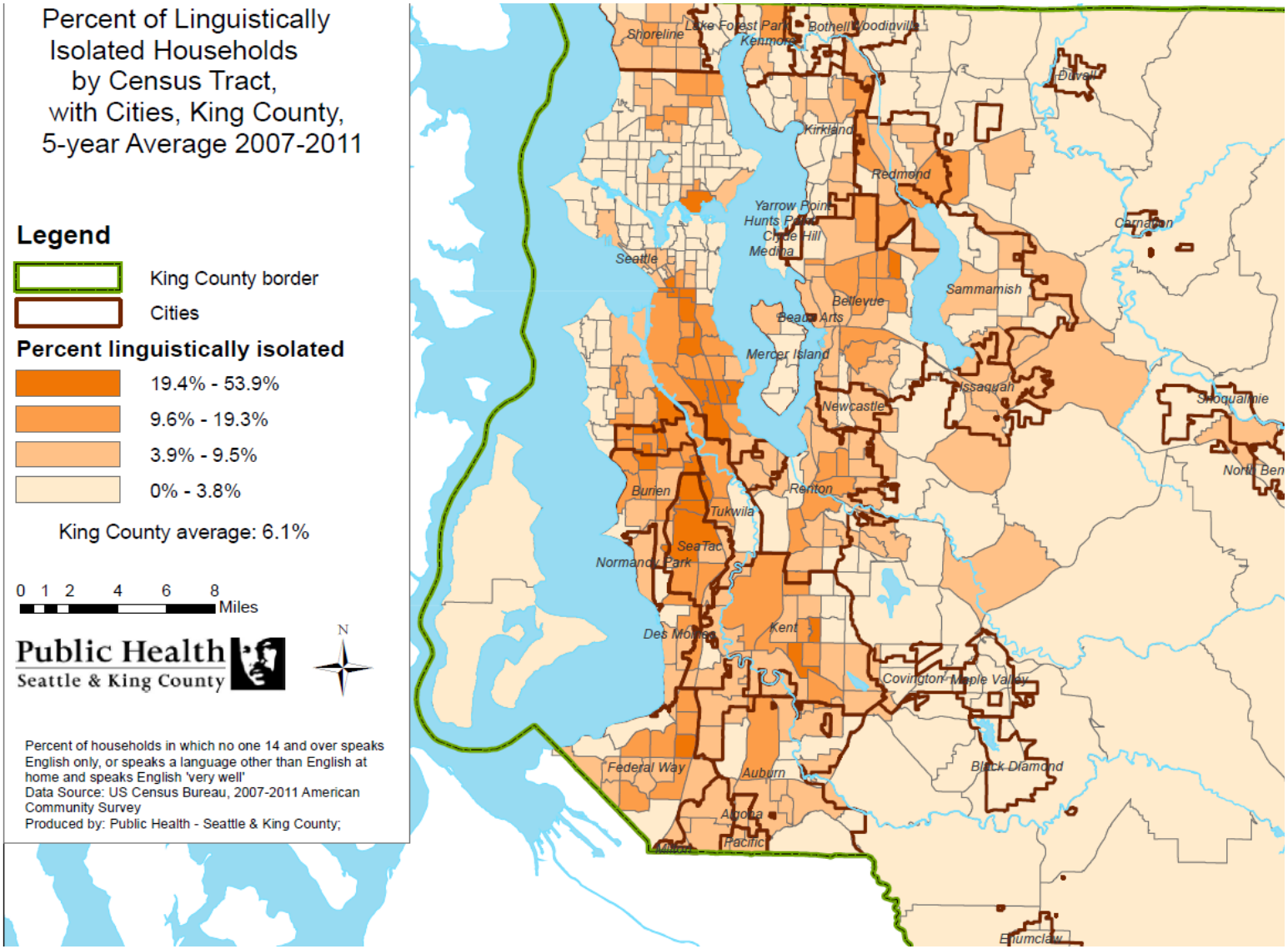
Appendix B Figure 2: Percent Below 200 Percent of the Federal Poverty Level



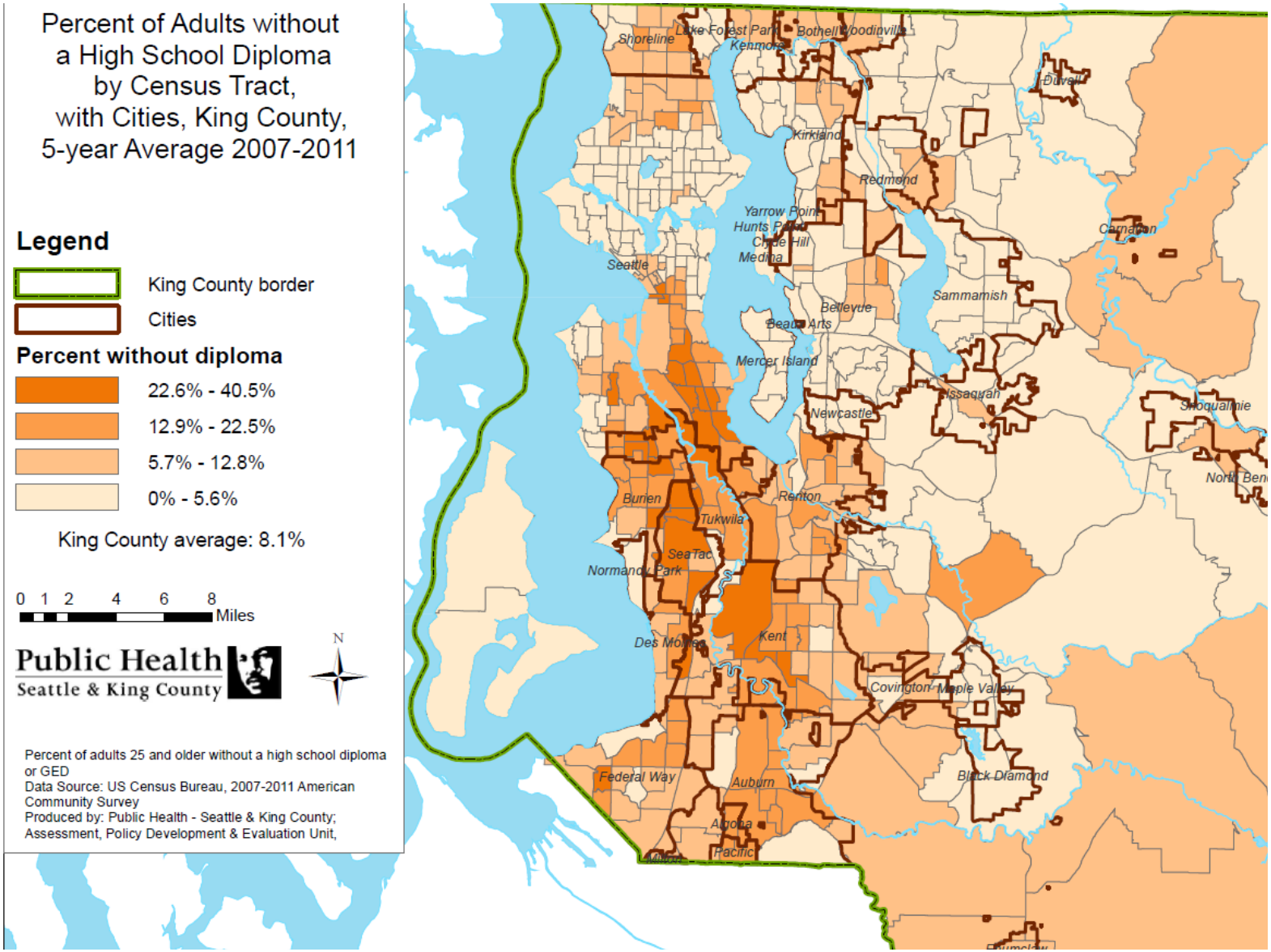
Appendix B Figure 3: Distribution of Racial and Ethnic Groups



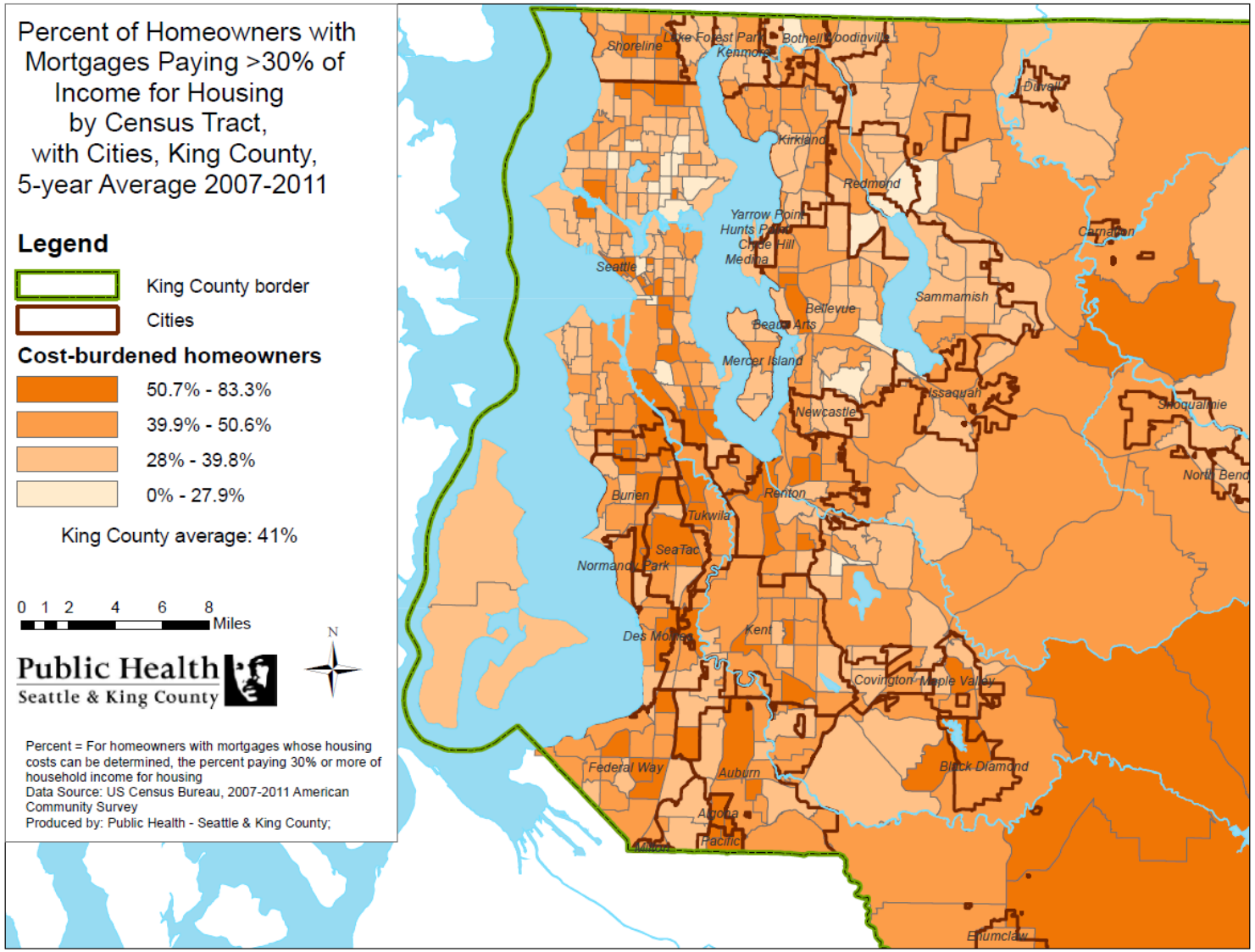
Appendix B Figure 4: Limited English



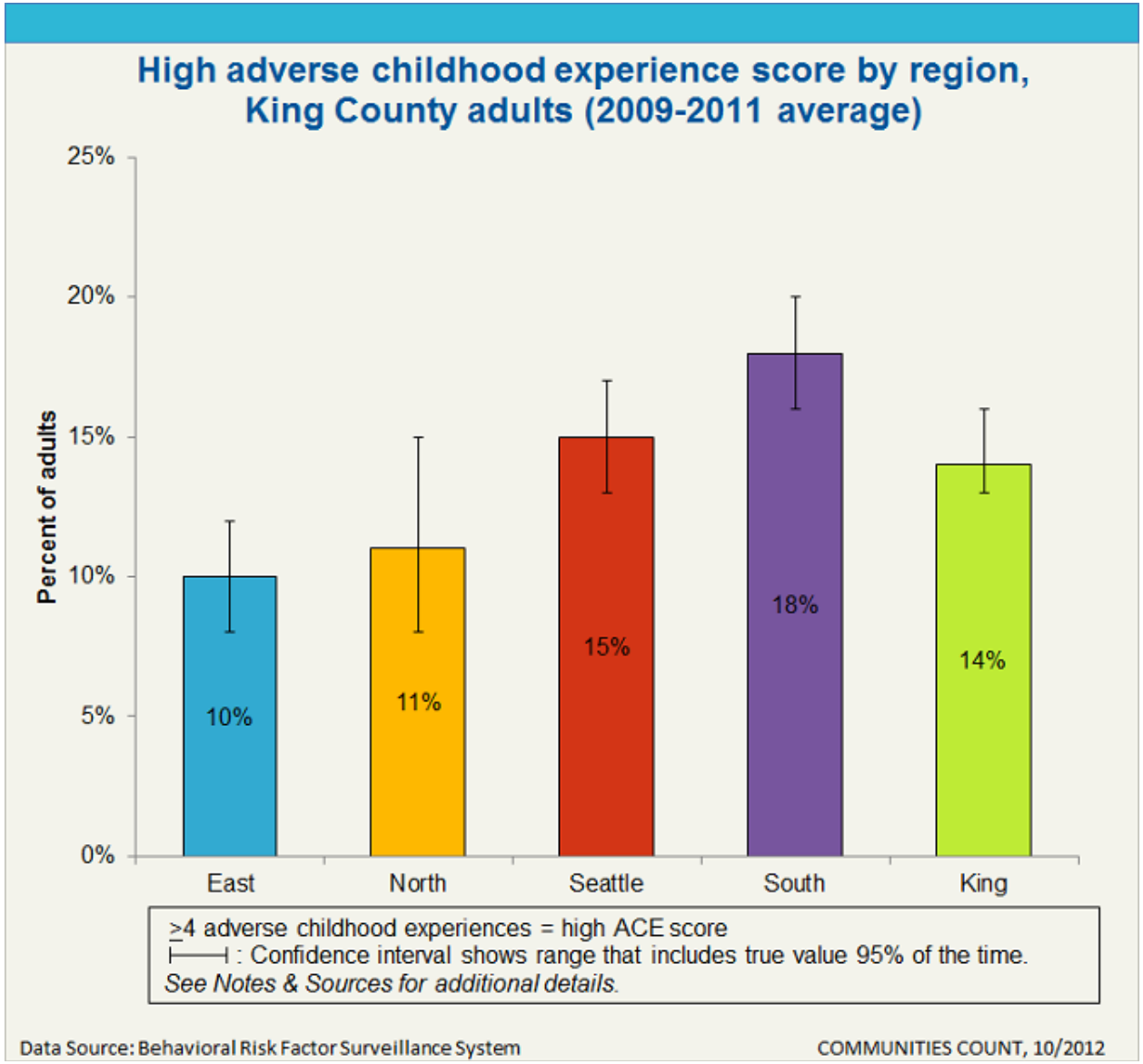
Appendix B Figure 5: Percent of Adults without a High School Diploma



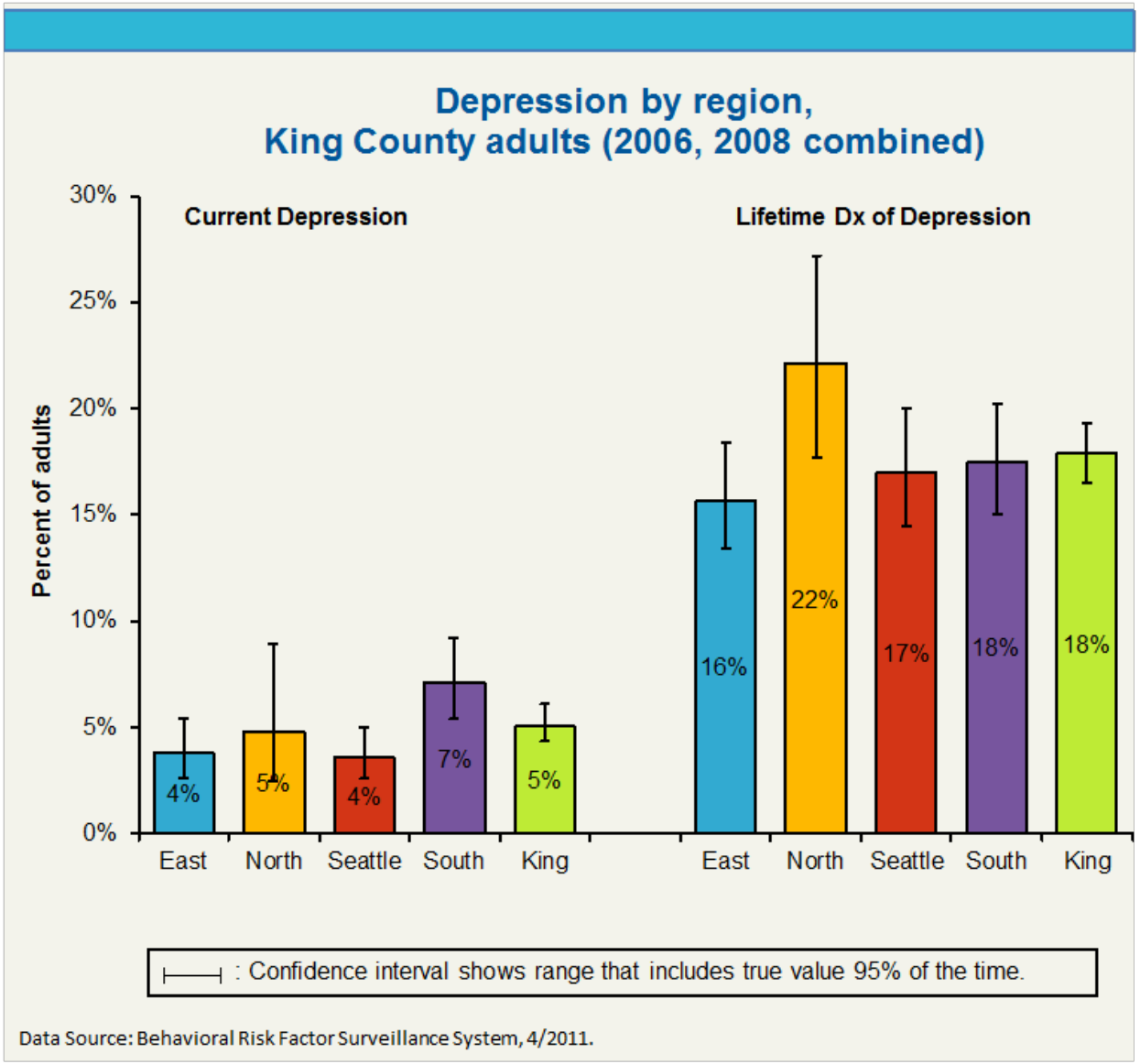
Appendix B Figure 6: Percent of Homeowners Paying 30 percent or more of Income for Housing



Appendix B Figure 7: High Childhood Adverse Experience Score by Region



Appendix B Figure 8: Depression by Region, Current and Lifetime



APPENDIX C: PUBLIC COMMENTS

Submitted from: http://www.kingcounty.gov/exec/HHStransformation.aspx
Submitted at 3:35:00 PM, on Thursday, May 30, 2013

SERVICE: Human services category

COMMENT: I fully agree with and support the goal for system change(s).

Submitted from: http://www.kingcounty.gov/exec/HHStransformation.aspx
Submitted at 3:40:52 PM, on Thursday, May 30, 2013

SERVICE: Human services category

COMMENT: Thanks, you've done a great job. Three quick editorial comments:
p 11. Missing space after the # "1" -- See "Figure 1 on page 12"
p. 22 says "subsidized housing", while p. 23 says "housing subsidies" (The latter is preferred, I think) p. 25 - "service-enriched housing set-asides for homeless people" = very good wording!

Submitted from: http://www.kingcounty.gov/exec/HHStransformation.aspx
Submitted at 8:47:01 AM, on Friday, May 31, 2013

SERVICE: Human services category, Prevention service category

COMMENT: This year Vashon was given a grant to specifically focus on prevention for our youth in the family system and lowering the community risk factors. We reached many of the same conclusions that King County did regarding health and wellbeing. As King County is looking at creating a better system, I would like to share a few tools we are suing that are showing promising results. One tool we have begun using with our most disenfranchised is the Appreciative Inquiry method. Our communities most vulnerable have incredible survival skills and resiliency. Building on their strengths as opposed to always looking at the deficits, has made an incredible difference with our Wrap around clients. Holding the vision for how incredible this human being is that we get the benefit of serving, creates a dynamic of equality and care. Also, clients calling for mental health services for children under six are often referred to parent coaching. We teach parents how to understand the development of their child and how to connect and meet their child's needs. Again, empowering the client.

I also would like to suggest funding be put into more prevention strategies, perhaps partnering with schools to create parent education opportunities for kids that are flagged as having high barriers to learning in kindergarten. If you followed the family and the youth for several years, what would happen to your numbers in 20 years? I make up more clients would be functional with consistent support and their children would have a better chance of not being as reliant on the system.

I am not sure if anything I am even saying is helpful. I just have such deep care for the work you are doing and the people you are serving. I appreciate the care and hard work going into looking at how to create a better system and would love to help if ever needed.

Submitted from: http://www.kingcounty.gov/exec/HHStransformation.aspx
Submitted at 2:04:06 PM, on Monday, June 03, 2013

SERVICE: Health service category

COMMENT: The way the two levels are framed leaves out the level of the family, where many in the community would say the focus needs to be. Family is mentioned in the community section on page eleven, but almost none of the community strategies make a clear link to strengthening families. Most of the time family shows up on the care side, but the words are about person centered care which doesn't resonant with many groups. Livable wages are shown in one of the circles, but the toll poverty takes on children, families and the community is barely named. Last, even though collective impact is named as a way of working together there is no mention of the potential to obtain greater leverage by looking at where these strategies might align with the Road Map/Race to the top work. That seems like a lost opportunity.

Submitted from: http://www.kingcounty.gov/exec/HHStransformation.aspx
Submitted at 11:50:24 AM, on Wednesday, June 05, 2013

SERVICE: Health service category

COMMENT: while the concept of individual and community-level makes sense, the plan lacks substance in the real-world integration of primary care delivery with public health systems. There is little mention of existing primary care delivery systems and county-based care systems such as public health clinics, CHCs, and Harborview.

The demonstration should go beyond the dual-eligibles who certainly have great need, but we miss the opportunity to deliver county-level coordination of care for a county-wide population.

I like the idea of sharing savings from health care with public health (p.42) but it's not reflected in the strategic plan.

Primary care clinics in systems like Harborview, Providence, VM, Group Health will be at the front lines of then newly insured. Without collaboration with public health, they will not be able to address community-level health issues. The opportunity is much bigger than human services - it is about integrating primary care and public health.

Submitted from: http://www.kingcounty.gov/exec/HHStransformation.aspx
Submitted at 2:58:39 PM, on Monday, June 03, 2013

SERVICE: Human services category

COMMENT: This is basically a document to address the ACA and health issues with an acknowledgement that health is affected by the issues that human service providers address on a daily basis, but with no serious attention to the lack of adequate resources for human service providers to enable us to restore the safety net that has been shredded by the reduction in County funding over the last several years.

I am disappointed that it did not seriously address the question of the need for an adequate, stable, dedicated funding source for human services and propose a method for securing the funding necessary to adequately provide the human services that our community desperately needs.

Hopefully there will be another mechanism to address this critical question.

Submitted from: http://www.kingcounty.gov/exec/HHStransformation.aspx
Submitted at 1:29:20 PM, on Tuesday, June 04, 2013

SERVICE: Behavioral health service category

COMMENT: The plan appears fairly well thought through, but takes a very high perspective on the subject. It is quite ambitious, yet strives to accomplish great things with fewer dollars. Therefore, I fear little will come from it.

Submitted from: http://www.kingcounty.gov/exec/HHStransformation.aspx
Submitted at 3:31:31 PM, on Tuesday, June 04, 2013

SERVICE: Human services category

COMMENT: Our hope is that individuals with intellectual and developmental disabilities (I/DD) and their families will experience better outcomes for health, opportunities and supports from the county through this integrated process. Keeping mind that the individuals and families we work with require long term supports and outcomes are measured in many years and are quite different from person to person. The suggested person centered approach is one we have used for years in helping individuals and families achieve a measure of self-direction and full community inclusion. Outcomes are more social in nature rather than tied to the medical model and we support that this plan seems to address better social outcomes. We have had a strong focus on equity in serving the entirety of King Counties families and people with I/DD and support this focus on the underserved and most at risk in our communities. Eliminating disparities and empowering communities is a focus we share. We cannot serve individuals needs without the involvement of families and communities. We look forward to working closely with King County in developing this plan and mapping out strategies on behalf of the families and individuals with intellectual and developmental disabilities we serve.

Submitted from: http://www.kingcounty.gov/exec/HHStransformation.aspx
Submitted at 4:21:08 PM, on Wednesday, June 05, 2013

SERVICE: Human services category

COMMENT: Does this plan involve merging King County Human Services with Public Health? Will this have an effect on overseeing the Human Services Levy and/or oversight board? I also wonder how more MIDD Sales tax increases and an increase in Levy lids will fly with King County voters. How will the catalyst fund enhance already existing funding sources?

Submitted from: http://kingcounty.gov/exec/HHStransformation.aspx
Submitted at 4:29:21 PM, on Wednesday, June 05, 2013

SERVICE: Human services category

COMMENT: Fire districts and other fire service-based basic life support services play an integral role in promoting community health outcomes. In addition to crisis-based response to health emergencies, fire-based BLS providers are increasingly focused on preventive and supportive interventions that reduce demand for emergency response and reliance on public safety services generally.

Fire services enjoy a uniquely trusted position in relation to their communities and often have unrivaled access to the places people live, work, learn and play, which gives firefighter/EMTs a unique capacity to target at-risk populations. Partnerships with fire-based BLS providers to improve community health outcomes will serve the county's goals at both an individual and community level by increasing the capacity of these services to engage vulnerable populations in meaningful and lasting change.

King County Fire District #20 has already initiated discussions with King County EMS Division to develop new service delivery strategies for promoting community health, especially in under-served areas with high concentrations of people suffering adverse health outcomes associated with poverty, linguistic isolation, limited educational attainment, high housing cost burdens, childhood trauma and increased incidence of anxiety, depression and stress.

We are particularly interested in developing partnerships with King County to recruit, train, deploy and retain health promotion ambassadors under the Medical Reserve Corps model to reach high-risk Somali, Vietnamese and other ethnic communities in the unincorporated areas served by our fire district. We intend to extend opportunities for additional training as emergency medical technicians to promising candidates as this program matures. Through these efforts we hope to define new modalities for engaging fire and public safety services in improving community health outcomes using Community Medical Technicians.

The District looks forward to engaging in further discussions with King County regarding partnerships to promote primary health outcomes and increase community engagement to influence social determinants of health. We are especially keen to engage in partnerships to address environmental conditions known to deter drug-related crime and traumatic injuries caused by violence. These efforts will enhance our ability to address other chronic health conditions, including the high incidence of obesity due to lack of regular physical activity.

As county officials move forward with plans to transform health and human services over the next five years, the fire service will play an important role in achieving these aims. Fire District #20 stands ready to facilitate discussions in our community and across the fire service in King County to achieve greater efficiency and improved health outcomes through customer-centered collaboration. We appreciate Metropolitan King County Council's noteworthy leadership to advance this discussion in our community.

Submitted from: http://www.kingcounty.gov/exec/HHStransformation.aspx
Submitted at 1:57:42 PM, on Thursday, June 06, 2013

SERVICE: Human services category

COMMENT: It is my hope in implementing this plan; the County builds on those services that are successful in helping families such as Healthy Start and the Nurse-Family Partnership. Rather than re-creating new programs, build upon these that are working. Also, it is my hope that in your "regional" approach, you don't only focus on South King County. While the greatest need is there, some people in North King County are also homeless and in need of health services. There should be equitable spending of King County funds. Thank you to the folks who have worked on this plan.

Submitted from: http://www.kingcounty.gov/exec/HHStransformation.aspx
Submitted at 2:41:05 PM, on Thursday, June 06, 2013

SERVICE: Behavioral health service category, Human services category

COMMENT: Thank you for the opportunity to submit comment on the Health and Human Services Transformation, Revised Draft, developed in response to King County Metropolitan Council Motion 13768 released for review and public comment May 22, 2013. My comments are below:

1. I applaud the Transformation Panel's recognition of the social determinants of health and wellness. The role of human services as essential and, in fact, significantly more critical to health and wellness than even primary health care utilization in the citations from the OECD documenting the U.S. spending on human services in relationship to health care and international ratios of spending on social services positively impacting various country's health outcomes. I am doubtful a more compelling argument for human/social services expenditures could be made effectively making a case for "mandating" of funding a stable, adequate, secure funding source for human services in King County. It is worth noting this notion occupies the first 15 pages of the draft report and infuses the entire document.

2. I am appreciative of the report's calling out the Council's policy's goals weaving human services into the "triple aim, i.e. "human services are health, and that health is human services." (Page 15) At the same time I'll note concern that imbalance of the triple aim will skew to "lowered and controlled costs," at the expense of better experience of care and better outcomes. If the past is any indication of this imbalance, I would subscribe that imbalance has resulted in exactly why we are in the current and deteriorating state of human service funding in the King County general fund. Rebalancing will require a paradigm shift that I fear will not happen.

3. Introduction of the notion of "triple aim" is closely followed in the plan, page 16, of the introduction of "Version 3.0." On that note, I would reiterate my above comments, getting there requiring a paradigm shift that I fear will not happen. and by the year 2020?

4. Thank you for the Principles delineated on page 17, in particular Principle 5, "Assure adequate capacity of, and equitable access to." And Principle 9, "Achieve financial sustainability, stable, long term financing to reach and sustain its goal.

5. "A note on well-being," leading off page 18, regardless of no single agreed-upon definition, is worth noting the characteristics commonly associated with a state of well-being includes all the attributes/qualities of life that a robust human/social services delivery system can and would provide the citizens of King County.

6. The discussion of the Individual and Community level interventions (ultimately in Version 3.0 "prevention") continues the underscoring theme of the positive impact human/social services ratios to health care in spending and utilization could/should/will have on individuals and communities if fully addressed.

7. I agree that a transformed work force will need to include the qualities described (first bullet on page 19) and the nature of a new segment (although certainly not a novel concept) of community health workers.

8. The second bullet, page 19, states, "Today, most health care and behavioral health providers in King County use electronic health records." I would suggest that the migration to EHR is "in process"

and far from completely built out. And to the extent that it has/is built out, the transition to EHR is a PRICEY endeavor for health care providers. It has to be recognized, preferably within the plan, that a similar build out of electronic human/social services records, while both a reality and inevitable, will be very PRICEY. Some discussion of that undeniable fact needs to be considered in financial analysis of transformation not simply the suggestion of a single bullet on a single page (19) of the report.

9. The discussion of various accountabilities, beginning on page 23, and moving into the charts page 24 & 25, Accountability Through Contracts, Accountability Through Compact or Mutual Accountability, having read and re-read it a number of times, is frankly lost on me. After the various reading and re-reading I am left with puzzlement about its purpose dropped into the report. Continues to strike me as lingering suspicion of those "unaccountable" providers and nonprofits in general. "just can't trust them.. and too many/duplication of efforts from them anyway," the faulty, stereotypical mentality of the dark ages. Would like to see it either removed or substantially altered.

10. Collective Impact - I have seen collective impact begin to have a positive effect in the "Road Map" region of South King County. To get seven school districts, Puget Sound Educational Service and the Universities all on the same page of the same sheet of music, garnering a $40M Race to the Top award in December 2012 was a herculean task. I believe collective impact could play a significant role in a transformed system design, implementation and build out. However it is not necessarily a panacea. It takes huge mobilization, countless hours, sustained political will, etc. Without all in place, attempts at collective impact will be a charade.

11. Early Strategies, page 27 and beyond. At this point the report seems to concede, in my opinion, to realities and abandons the noble platitudes of much of the preceding first have of the report that I commended the Transformation Panel for its work and draft report in my above comments. On the other hand, it could be reasoned that starting small with a couple impact areas "Hot Spotting" could have wisdom in consideration of a massive undertaking. "Realities" being, no money, no political will to fund the system and none likely to be found on the horizon, immediate or far distant, a.k.a. 2020. At this point, the report begins to wobble if not faultier. Both Hot Spots are certainly high need, currently inadequately funded, at least to the standards established early in the draft report. Undeniably so. And if I were in agreement with beginning on a small scale or not, I applaud the selection of Hot Spot #2: Work to Improve Outcomes in Targeted Geographic Areas. (certain to be South King County). However over all the early strategies focus from here on out fails the prior ground laying earlier in the report. Virtually every reason cited "why" focus on these two Hot Spots as early strategies is certainly true enough. I would not dispute, to any extent, any of them. Also it does concern me, not just in this draft report, but virtually everywhere the topic arises, that ACA and expanded Medicaid (which by the way has not yet been adopted by the State of Washington) is "the answer," Hot Spot #1. And the reasons for Hot Spot #2, certainly I know firsthand exist here in South King County. Thanks for noticing! However, all that to the good, I'm still seeing the plan begin to faultier here, again in my opinion

12. One comment on language selection, page 33, bullet one on the reasons for Hot Spot #2 selection: "A system that is agnostic about place. " I still can't get my head around "agnostic." I know what it is, obviously. Some explanation of it as selected language here sure would help at least this reader.

13. Initial groundwork, page 34, "thank you,' on behalf of "cities" for consulting with them/us.

14. I'm still struggling with the notion of developing a baseline "toolkit." If place-based work can be difficult for many people to visualize, your notion of baseline "toolkit" is also.

15. I agree with Guarding against unintended consequences, p 35, "The use of disaggregated data to drive change and reduce disparities, as a core principle of this plan (if we're talking about the Plan in total). Data sharing agreements is general are key to the success of the Community Impact Road Map project and really its core.

16. Investment and Financing Strategies - page 39 - again here, as with the recommended start small Hot Spots previous, the draft plan essentially bends, if not breaks, to current realities, "in its current state, financing for health and human services has only limited ability.. And the same time recognizes that "the infrastructure for health and human service and community-based prevention has grown dangerously thin. demand. declining government resources. I might even agree with and concede to "an updated, enhance way of investing in integrated and innovative health and human services solutions is needed by the public and private funding sectors." Also I might agree with "a new funding model must support and reward the results that reduce inequities and move the needle in a positive direction on the determinant of equity. (and you could add the phrase "social determinants" at the end of that sentence BTW) And of course with (might agree) on page 40 there is the inevitable ACA principle in looking towards a funding model, "the system must shift from paying for volume to paying for value. " Yet the failure, or concession to reality as it current is and likely will be seems to continue with this sentence: "The strategies speak to improving the performance of the system as a whole over time, and are not limited to how to finance the early strategies of the plan." (noting that I take issue with the limited selection of Hot Spots with reasoning above) It seems the answer is simply "performance improvement," not the addition of needed resources is the real core principle after all as I read and re-read that.

17. Thank you for the paragraph "The type of spending also has to change - in both health and human services. In particular resurfacing the OECD data on ratios of health and human services spending at this point, amidst the Investment and Financial Strategies concessions to reality.

18. Recommendation 2: Leverage Opportunities Under the ACA, page 41. Agree, there are lots of opportunities under every section and effort currently occurring with the impending ACA. Please don't forget there are just as many unknowns and unforeseen consequences which none of us have any idea about at this point. I have not met one expert who would dare say otherwise.

19. Reinvest Health Care Savings Into Prevention and Human Services - This brings me to recall the much heralded "Re-Investing In Youth" initiative of a decade ago. I hope some readers of my comments recall that initiative. "RIY" was to re-invest savings into services too. Bottom line? It didn't happen and RIY is long since "RIP."

20. Recommendation 3: Create Conditions For New Revenue/New Revenue Tools - page 44 - the revenue tools described on page 44, CJ sales tax, is what it is, at this point in Olympia. I think we all know that. To not come up with another innovative idea on funding tool, at this point, is another concession to current reality, there will be no new resources for a grand transformation.

21. Social Impact Bonds/Health Impact Bonds, page 45, is an interesting notion. SVP here in Seattle is a similar approach. Implementing to the scale needed for transformation intended by 2020 is far from likely or real through this instrument, unless there is whole scale venture capitalists interest and buy in.

22. Perspectives on Financing, "A caution that lack of new funding may slow implementation. " It concerns me that ".some Panel members and community organizations indicated that the lack of support for infrastructure and capacity." gets turned around to the conclusion, ".may pose barriers for providers to effectively participate in integration planning and implementation." I was not on the Transformation Panel, nor attended any of its meetings (at the same time following its work closely on line). However it

seems to me that lack of support for infrastructure and capacity (building) is a barrier of political will to secure the resources, not for providers to effectively participate when/if asked. Providers are stretching and stretching still more every day with, I might add, remarkable success already with limited support for infrastructure, etc. One example serves here, when was the last time there were actual, meaningful provider vendor increases? I'm not attempting to suggest what is needed is provider vendor rate increases when citing that e.g. only stating the obvious, providers stretching and stretching still more.

23. The introduction of the Transformation Fund, page 47, subsequently seeming to be called the "catalyst fund" on page 49, further acknowledges, even after leading with "bringing new revenues to bear would be a positive step, helping to strengthen current services.." that, in reality, there will be no new revenue. So the alternative to no new revenue seems to be take what's left of existing human services revenue ($1.5M/year, page 51) and call it the Transformation (Catalyst) Fund and use it to chip away at Hot Spots #1 & #2. That is neither the boldness of the initial sections of the draft plan nor the boldness of what was hoped for when Council Motion 13768 was adopted, unless my memory is clearly failing itself.

Two final comments before I conclude.

Establish a structure to support the work, including measurement, communications and community engagement, I would be interested in working on the convening of a consultation group of funders, community members, providers and jurisdictions with respect to Hot Spot #2 assuming South King County is a chosen Hot Spot. Although I have outlined issues with the Hot Spots strategies as stated above, inevitability that will be the direction the transformation work begins (and hopefully doesn't conclude). I can "stretch and stretch some more."

Although some of my comments seem critical they are intended to be constructive and, maybe, instructive. And even though wordy, hopefully comprehensible. I'd be glad to clarify any of them. I'm sure I missed some areas and may submit additional comments if I discover areas I neglected. Again, thank you for the opportunity to comment, for the efforts of the Transformation Panel, King County staff, Clegg and Associates, the Council and Executive for the time and effort devoted to this work. When all is said and done, we all want the best for all the residents of King County and I share that commitment. Here's hoping that my comments, some critical others very positive in nature, are proven wrong in 2020.

Submitted from: http://www.kingcounty.gov/exec/HHStransformation.aspx
Submitted at 2:43:01 PM, on Thursday, June 06, 2013

SERVICE: Human services category

COMMENT:
I support the premise that an integrated health and human services system focusing on wellness and prevention, can mean healthier individuals and populations (and thus healthier communities), all of which can contribute significantly to reducing healthcare costs. One path to reducing waste in the current system is through integration of health and human services, but I also recognize the imperative need to build capacity within the human services system to achieve the goals that are being proposed. In order to accomplish the midterm goal, there is immediate need for new/additional revenue from a stable, dedicated, ongoing source for human services in King County.

The current state of many organizations in the human services sector after the 2009 recession and aftermath is fragile. Thus, there is limited - or in some cases, no - capacity for human service providers to absorb the upfront costs to build needed capacity and await future anticipated savings from health care as the transformation to a wellness/prevention model takes place.

For this proposed transformation to be successful--even the two limited projects proposed in the current draft to move forward within the next 5 years--the issue of additional revenue needs to be addressed in concrete terms and without delay.

Submitted from: http://www.kingcounty.gov/exec/HHStransformation.aspx
Submitted at 4:46:32 PM, on Thursday, June 06, 2013

SERVICE: Human services category

COMMENT: -- Comments on the King County Health and Human Services Transformation Plan from Lifelong AIDS Alliance --

Lifelong AIDS Alliance is the Northwest's largest AIDS service organization, empowering people living with or at risk of HIV/AIDS and other chronic conditions to lead healthier lives. We serve over 4,700 clients annually in our medical case management, housing, food and nutrition, insurance premium assistance support, and prevention education programs. We thank King County for the opportunity to submit comments on the Health and Human Services Transformation Plan.

Lifelong applauds King County and the Transformation Plan authors for creating a comprehensive plan with a social justice lens that addresses the health outcome disparities in the County. In particular, it is exciting to have an integrated plan that recognizes the significant role that factors outside of medical care, like stable housing, safe neighborhoods, reliable access to nutritious food, and access to mental health and substance use services, play in determining health and wellbeing. We are also pleased that the plan underscores the need for local empowerment and decision-making for community-based interventions; change cannot be imposed on communities from the outside and be successful.

As stakeholders come together to refine and implement the early strategies of the Transformation Plan, we hope that the definition of the population of adults with complex conditions will include those living with chronic disease. Whether the chronic condition is HIV/AIDS, hepatitis, diabetes, or another illness, members of our community living with chronic conditions are more likely to benefit from an integrated system of medical and social service care delivery. As an agency with decades of experience providing support for the whole person, Lifelong looks forward to partnering with King County and other agencies on the implementation of the Transformation Plan.

Lifelong supports the Transformation Plan's emphasis not just on food security in general, but access to nutritious food in particular. Access to healthful, culturally appropriate foods that people know how to prepare is essential to improving the health and wellbeing of people with complex conditions.

We are also pleased that the Transformation Plan is intentionally leveraging opportunities from the implementation of the Affordable Care Act, especially the Medicaid Expansion and the Medicaid-Medicare Dual Eligibles Demonstration project.

While Lifelong is excited about the Transformation Plan and looks forward to implementation, we do have a few questions:
.. How will this plan fit in with the other integrated strategies and programs already underway in the County (e.g. Global to Local)? We understand this may be determined in the early stages of implementation, but how this would happen was not very clear to us.
.. There are some great ideas about how funding streams could be changed or increased to shift the community towards reducing disparities and focusing on outcomes. Who will be in charge of these funds?

Who will solicit the funds for implementation? Does King County anticipate significant changes to its budget-writing and grant-making in response to this plan?
.. Five years is a short period of time in which to make headway on deeply rooted problems like health disparities. How will success be measured? What are the key indicators? What agency or entity will be held accountable for meeting these goals?

Lifelong looks forward to learning more about the Health and Human Services Transformation Plan, and to continuing to collaborate with King County departments and other community organizations to implement this important work.

Submitted from: http://www.kingcounty.gov/exec/HHStransformation.aspx
Submitted at 10:27:49 AM, on Friday, June 07, 2013

SERVICE: Human services category, Prevention service category

COMMENT: Thank you to everyone for your great work on this project. I think the report does an excellent job putting forth a vision for how the physical and mental health systems can be transformed as a result of the ACA, outlining the importance of a range of human services and other social supports in helping people be healthy, and demonstrating how physical and mental health care services need to be linked to human services. However, there needs to be a stronger statement about the need for new revenue to shore up the range of human services across the county residents need to be safe and healthy, whether or not they are connected to other physical and mental health care services and/or new pilot programs or collective impact efforts established through the health and human services transformation plan.

The report does not distinguish between which services will be covered by ACA, which ones may be (depending on interpretation or state policy), and which ones won't be. This paints an unrealistic picture of what can be accomplished by the changes brought about by the ACA (ie that now all residents will have access to all of the services in the "egg").

There are references to establishing a "Transformation Fund," but this is never defined. The phrase "to the extent that new revenue tools are developed, they should be used to establish." the fund on p. 46 must be removed. That can be interpreted to mean that the County will not fund services for anyone who is not connected to services provided through the ACA or through pilot programs outlined in this plan. If that is not the intent, then there is no need for this phrase. If that is the intent, then that is a very significant shift in public policy that should be called out and debated in public forums, not hidden within a 63 page report. Also, the paragraph following that one negates everything that was said prior to it, and it is unnecessary. It is clear that the work of system transformation WILL move ahead no matter what happens with securing new resources; that has been decided and not doing it was never under consideration. Similarly the phrase "A both/and approach" should be deleted.
I recommend that "Financing Options" Recommendation 3 on p. 39 should read "Secure new resources/new revenue tools for services not covered under the ACA". Similarly, on p. 43, recommendation 3, substitute the word "Secure" for "Create Conditions for". We need to do more than create conditions for new revenue, we need to secure new revenue. New revenue should be directed to the service gaps that will remain despite the implementation of the ACA.

Thank you for your consideration.

Submitted from: http://www.kingcounty.gov/exec/HHStransformation.aspx
Submitted at 9:00:01 PM, on Saturday, June 08, 2013

SERVICE: Human services category

COMMENT: We support the plan's general framework - that by better integrating health and human services and focusing on healthy outcomes and upstream services - we can create a stronger community for all who live and work in King County.

.. We believe that to make this goal a reality will require an infusion of new resources beyond existing funding streams. Leveraging existing resources and shifting to outcome-based investments may not be enough. As such, we recommend that the plan is states explicitly that additional revenue will be critical to effective implementation.

.. Pockets of need and disparity exist throughout all of King County. Just as needs are hidden by the high overall average scores on health and social conditions county-wide, the same is true within the Eastside regions and within the City of Redmond as well. Because high needs populations are spread throughout the Eastside region, they may not show up even when looking at data by census tract. Certain apartment complexes or non-geographic communities have high needs similar to Seattle and South King County. In addition to identifying those specific areas of need in each subregion (South, East, and North), we also recommend that the plan recognize the broad range of social and health indicators that contribute to healthy outcomes (e.g. access to affordable housing, transportation, and living wage jobs).

Other considerations related to implementation of these strategies:

- As in South County, vulnerable populations are even more at risk on the Eastside because of poor transportation. More and better transportation also needs to be in the mix.

- Truly culturally competent services need to be provided, not just through the use of interpreters in mainstream settings.

- Funders contracting for services must have true partnerships with their providers. The power cannot all rest in the hands of the funders, whether they are government, foundations, or mainstream agencies subcontracting with specialty providers.

- Access points-i.e. people should be able to access social services without having to go through the health care door.

Submitted from: http://www.kingcounty.gov/exec/HHStransformation.aspx
Submitted at 9:25:56 AM, on Saturday, June 08, 2013

SERVICE: Human services category

COMMENT: I commented earlier on the proposal in general and the lack of attention to funding for the shredded human services safety net. Here are additional comments related to the importance of including Civil Legal Aid when human services are discussed.

King County has a strong history of supporting civil legal aid, which many of you know, is a critical component to the health and human services investment for the county. Each year, thousands of low-income people are turned away from federal (SSI) and state (food assistance, unemployment) benefits that are available qualifying low-income residents in our county.

For many who cannot afford an attorney, it is nearly impossible to access services that provide an opportunity to live with proper medical attention, safe housing, education, and protections from domestic violence.

Alliance for Equal Justice programs (Eastside Legal Assistance Program, Seattle Community Law Center, Unemployment Law Project, TeamChild, Northwest Immigrant Rights Project, and the Family Assistance Program at Solid Ground) work closely together to provide comprehensive legal help to struggling King County residents.

Legal aid ensures people are given an opportunity to achieve secure and productive lives.

Not including civil legal aid as an integral component of the principles that drive the Health and Human Services Transformation Plan undermines the human and health delivery system proposed for King County.

Please ensure legal aid is included in the plan.

Submitted from: http://www.kingcounty.gov/exec/HHStransformation.aspx
Submitted at 6:30:02 PM, on Friday, June 07, 2013

SERVICE: Human services category

COMMENT: For years, we in King County have recognized that everyone needs a stable safe, healthy, affordable home in order to reach their full potential, as demonstrated by voter approval of the King County Veterans & Human Services Levy and the Seattle Housing Levy. Unfortunately, too many people in King County are unable to access the quality affordable housing necessary for their optimum well-being. Approximately 40% of King County households are paying more than they can afford for their housing, and 5,214 school children in the county experienced homelessness last year. Increased capital and operating dollars for housing will be necessary to propel us to the envisioned "System Version 3.0" and to truly transform health and well-being in the county.

Affordable housing and connected support services provide an ideal model of the integration and cost-efficiency work desired by this plan. Non-profit housing and supportive services are proven to reduce medical costs and criminal justice costs, and affordable housing providers continue to work together, through various collaborative bodies like the Committee to End Homeless, and across sector with school districts, police departments, health providers, and others to ensure efficient, effective use of available funds. Therefore, in addition to simply recognizing affordable housing as an important factor in well-being, the plan should also recognize the transformative work already being done in this sector to integrate and align systems and create cost efficiencies. For example, it is critical that any implementation efforts of this plan align with and support any housing and homelessness efforts already underway through the Committee to End Homelessness and the Department of Community and Human Services.

HDC and our members are committed to participating in the implementation processes proposed in the Transformation Plan, and we look forward to continuing to work with the county to ensure everyone can thrive in a safe, healthy, affordable home. However, we remain firm that new revenue is necessary to increase investment in human services and housing and to fulfill the principles of the transformed system, particularly Principles 3 and 5 to eliminate racial and ethnic disparities and to provide adequate capacity and equitable access to services.

Thanks you for your efforts, and please do not hesitate to contact me with any questions.

Submitted from: http://www.kingcounty.gov/exec/HHStransformation.aspx
Submitted at 5:17:20 PM, on Friday, June 07, 2013

SERVICE: Human services category, Client/consumer category

COMMENT: To add to my previous comment regarding the need to get buy-in from the public:
The draft focuses on the need for change, the benefit to the public, signing people up etc. Yet it does not address what I perceive as the elephant that it rests on: Whether subsidized or not, people who did not fork out for insurance before will now have to do so, or the plan will fall apart. In my experience in helping people change, I've seen that people will often make choices that fly in the face of their own self-interest. Health insurance will not seem to be in the immediate self-interest of most who don't have it now. Yet there has not seemed to be any media campaign to ease people into thinking differently, and to inform the public about the consequences of not buying health insurance, which I think people have the right to know.

Submitted from: http://www.kingcounty.gov/exec/HHStransformation.aspx
Submitted at 10:49:28 AM, on Sunday, June 09, 2013

SERVICE: Human services category, Client/consumer category

COMMENT: I appreciate the opportunity to comment on the draft Health and Human Services Transformation Plan. I commend the transformation panel and the King County staff for their work on this important document.

While I appreciate the work that has gone into this document, I am concerned that two important dimensions of health and human services have gone unaddressed in the current draft. First, the impact that immigration status has on community members and on their ability to access health and human services is not mentioned at all in the 63 page document. This is a significant factor that affects a large percentage of the population of the county and which must be taken into account if we are achieve "a better experience of health and human services for individuals."

I am also concerned that the draft document does not mention or address the impact that the legal system and legal barriers have on the well-being of community members in our county. And, more specifically, the fact that legal aid services are an essential part of the human services delivery structure in our county is not recognized by the draft report. An illustration of this point can be found on figure 6 on page 22, which lists a number of areas of support for the community, including things like financial and spiritual support, but leaves out legal assistance.

We have been fortunate here in the County that the County Council and the Executive have for many years recognized the importance of legal assistance as part of an overall delivery structure for health and human services. The County government has recognized that, without legal assistance, many community members will be unable to obtain the kind of support (financial and otherwise) that will increase their well-being. One example of how legal assistance can play a crucial role in the delivery of other human services involves undocumented immigrants who are survivors of domestic violence. These survivors may not be able to access crucial support (like benefits, transitional housing or employment) because of their immigration status. However, the fact that they are survivors may actually qualify them for special

protections under immigration law. However, these protections can only become available to them through specialized legal assistance.

I would urge the panel to consider the specific issues of immigration and legal assistance in its final report. I was in fact surprised that the term "immigration" was nowhere to be found in the document, particularly in a county where 1 in 5 residents was born outside of the U.S. (the terms "immigrant" and "refugee" appear only once each). I appreciate that the County has a strong position of not excluding individuals from services due to immigration status, but this should not mean that we should be blind to the reality that many immigrants in our communities do not have the same access to services due to restrictions at the state and federal level.

Thank you for your consideration of these comments.

Submitted from: http://www.kingcounty.gov/exec/HHStransformation.aspx
Submitted at 11:14:04 AM, on Sunday, June 09, 2013

SERVICE: Health service category, Behavioral health service category, Human services category, Prevention service category, Client/consumer category

COMMENT: Dear Colleagues and Staff for the King County Transformation Panel,

We would like to thank our Executive, Dow Constantine and the staff at King County for inviting us to participate in the work of Health and Human Services Transformation Plan (Draft), developed in response to King County Metropolitan Council Motion 13768. We appreciate the opportunity to be part of a collaborative, advisory process that brought together such strong thinkers who lead with heart and mind to better serve King County. We also appreciate the opportunity to comment on the Revised Draft.

The Transformation Plan that has been developed has is a strong vision, and is an excellent initial step in the process of integrating health and human services to better meet the needs of our diverse and resilient community members. The report makes a strong and compelling argument for the importance of cultural competence in all systems, recognizing the diversity of our region. The report also articulates clearly the importance in recognizing the social determinants of health, noting clearly how addressing those determinants (housing, nutrition, mental health, case management, domestic violence, etc) is vital to improving the health and well-being of residents and in achieving the "triple aim" of better health outcomes, lower cost of care and better patient experience.

The report also highlights the importance of strategic funding and the recognition that currently, the U.S. funds a sick care system rather than a health care system. ACRS asserts that as we examine this paradox, we need to make a focused effort to invest in addressing the social determinants of health, providing culturally competent, linguistically accessible services. It is then that we can align our investments with the intention to improve population health and improve the patient's experience of care. It is then that we will begin to see decreased utilization of high cost services and begin bending the cost curve for health care. It is then that we will achieve the vision that by 2020, "the people of King County will experience significant gains in health and well-being because our community worked collectively to make the plan shift from a costly, crisis-oriented response.to one that focuses on prevention, embraces recovery, and eliminates disparities."

The initial Draft plan is a strong vision for what a health system can be. As in all processes, further conversations and input can strengthen this plan. There are significant elements that need to be included

or more emphasized for this to truly help guide our community forward. We offer the following thoughts on how this plan can be improved.

Funding: Create permanent, sustainable funding for all health and human services.

Page 7 and page 43 of the plan both reference the language, "Create conditions for new revenue and revenue tools." This language lacks vision or commitment. We suggest a change in language that makes a stronger commitment to adequate human service funding given the well-articulated argument for the necessity of addressing the social determinants of health. It would be more clear and compelling to simply state, "Develop new revenue and new revenue tools to adequately fund transformation efforts and strengthen the capacity of the system of care to provide vital services and infrastructure to meet the needs of King County residents and achieve intended outcomes."

Avoid duplication of funding and investment efforts by the state and federal government. Key initiatives are underway under the auspices and opportunities provided by The Affordable Care Act. King County efforts should align with those efforts, not duplicate the projects. Avoid funding more "pilot" projects to repeat the story of what we know works. Instead, invest in solutions that have already been established locally through our own King County innovative programs or across the nation to be effective care practices.

If we intend to encourage collaboration between large entities and smaller organizations, sufficient resources need to be provided to offset the costs of collaboration. Unless well-structured and adequately resourced, funders desire to promote collaboration often shifts costs and accountability onto the partnership, or in some cases onto the larger entities that bear fiscal responsibility for those partnerships.

Be wary of assumptions regarding Medicaid take-up rates. Those assumptions are as yet, untested and fiscal planning dependent on the federal match rates are unproven. Assuming eligibility does not assure access or enrollment. We must include strategies that target those most likely to be in the Medicaid expansion populations in order to leverage those funds at a state and local level.

Strategies must include language access and cultural competence.
Cultural Competency and Language Access: Assure cultural competence and language access

On page 5 and throughout the section beginning on page 19, the importance of culturally competent service delivery is emphasized. We recommend that intended outcomes include measurable and accountable standards of cultural competence for all providers. We recommend the use of the CLAS Standards released by the U.S. Dept of Health Office of Minority Health: http://minorityhealth.hhs.gov.

We also strongly recommend that all providers be required to include a language access plan for future service delivery. Without language access, you cannot achieve culturally competent and relevant care. In order to develop plans that have adequate language access and strong cultural competence, the importance of disaggregated data cannot be over-emphasized. The future of health care depends on robust data. This must include data on language and ethnicity in our community.

Finally, while ACRS supports recommendations regarding Evidence-based Practices, we strongly recommend that EBPs include cultural adaptations and encourage the use of practice-based evidence and community-based participatory research models. It is also important that EBPs and screening tools used to improve the assessment and care delivery for our community be normed and validated on the intended communities to be served.

Healthy Communities: "Health and well-being are most deeply influenced by where people live, work, learn, and play."

Healthy communities include the recognition of the role of transit issues in access to care. King County must have a sound transit plan that assures access for all people, especially the transit dependent in our community such as seniors, people with disabilities, youth, and low income residents. As data indicates, many of our most racially and linguistically diverse communities are also our most vulnerable communities. These are also often the communities most impacted by cuts in transportation services.

Healthy communities need access to healthy foods. Epidemiological data reveals that in areas of King County with "Food Deserts" we often also see the poorest health indicators. Investment in nutrition programs and food banks is essential to healthy communities.

Healthy communities are safe communities. Violence is a public health issue. Trauma and violence has long-term impact on health. A true plan that transforms our community will recognize the importance of domestic violence services, violence prevention programs for our youth and recovery programs. Survivors of violence, whether that violence is interpersonal, societal or geo-political, deserve access to culturally appropriate care and treatment. Violence prevention programs must use disaggregated date to assess where and how violence occurs and develop public safety, gang prevention and other programs to create truly safe communities and healthier individuals and families within those communities.

Finally, investment in our children and youth is vital to healthy communities today and healthy communities tomorrow. Unfortunately, The Affordable Care Act did not have a strong focus on children. Yet, the ACES (Adverse Childhood Experiences) work has documented that trauma and neglect in children has long-term consequences for health and well-being. Many of the projects related to healthcare reform, such as the Duals project, may not capture key issues and indicators for children, youth and families. If we are to truly have a transformational impact, we must invest in the future generations of King County.

Thank you for the opportunity to comment on this plan.

Submitted from: http://www.kingcounty.gov/exec/HHStransformation.aspx
Submitted at 2:02:43 PM, on Sunday, June 09, 2013

SERVICE: Behavioral health service category, Human services category, Prevention service category

COMMENT: I've seen both the XX and XX comments and agree with them both. I would simply emphasize that without significantly adding to capacity, we will not get to the Version 3.0 envisioned in this plan. I would further urge policy makers to resist the temptation to further diminish capacity by diverting current funding for existing services to the transformation fund. Finally, I would encourage policy makers to consider making greater investments in unincorporated urban areas of the county to demonstrate the benefits of this new model.

Submitted from: http://www.kingcounty.gov/exec/HHStransformation.aspx
Submitted at 4:24:55 PM, on Sunday, June 09, 2013

SERVICE: Human services category

COMMENT: King County has a strong history of supporting civil legal aid, which many of you know, is a critical component to the health and human services investment for the county. Unfortunately,

thousands of low-income people are turned away from federal (SSI) and state (food assistance, unemployment) benefits that are available qualifying low-income residents in our county.

For many who cannot afford an attorney, it is nearly impossible to access services that provide an opportunity to live with proper medical attention, safe housing, education, and protections from domestic violence.

Alliance for Equal Justice programs (Eastside Legal Assistance Program, Seattle Community Law Center, Unemployment Law Project, TeamChild, Northwest Immigrant Rights Project, and the Family Assistance Program at Solid Ground) work closely together to provide comprehensive legal help to struggling King County residents.

Legal aid ensures people are given an opportunity to achieve secure and productive lives.

Excluding civil legal aid as an integral component of the principles that drive the Health and Human Services Transformation Plan undermines the human services and health care delivery system proposed by this panel.

Please ensure legal aid is included in the plan.

Submitted from: http://www.kingcounty.gov/exec/HHStransformation.aspx
Submitted at 5:02:56 PM, on Sunday, June 09, 2013

SERVICE: Human services category

COMMENT: Consider leveraging the current infrastructure within DCHS that has been successfully used to reduce unnecessary involvement in the criminal justice system with collaborative human services programs in the effort to reduce unnecessary involvement in the public health system.

Submitted from: http://www.kingcounty.gov/exec/HHStransformation.aspx
Submitted at 7:59:35 PM, on Sunday, June 09, 2013

SERVICE: Client/consumer category

COMMENT: Unfortunately, I was able to finishing reading just over half of the document. The report is certainly not my area of expertise, and was quite vague, especially in the beginning. My comments are mainly editorial, and here they are:
on page 3, aren't these people on the Community Transformation Panel. I think that needs to be noted.
On page 7 the words "Jump start" are used mid-age, and again on page 8 & 35. It's spelled differently and needs to be corrected and used the same way throughout. I don't know what "rolling up" means (page 8)
On page 8, under Implements Element 2: part B: may need in order to engage...
and also on page 8
Part C. Should it read HB (house bill) instead of HP?
page 16, King County: a center of innovation, last line is unclear: should it read, "is the foundation for creating equity among all communities to eliminate the disparity gap?"
page 17, paragraph beginning: Solutions for both systems....."the systems is always assuring that a right-sized.....
page 20, check to make sure you're using either Whole-Person or whole-person consistently page 25 in chart: chronic homelessness on the community level interventions comparison, A does not necessarily relate to B, could a better comparison be found?

page 37, Framework Policies - this is very vague. What outcomes could be noted in the six years since 2007?
Unfortunately, this is as far as I was able to read. I just ran out of time. Hoping my comments can be of some use.
This sounds like an ambitious plan to have figured out in a few years!

Submitted from: http://www.kingcounty.gov/exec/HHStransformation.aspx
Submitted at 8:06:57 PM, on Sunday, June 09, 2013

SERVICE: Human services category

COMMENT:

(1)Creating the "conditions" for new revenue does not go far enough. The Plan needs to include a strong statement affirming the need to create new revenue for regional community health and human services in order to meet the current and future goals to integrate public health and human services. It should be noted that in recent years (even during the recession) local cities have been increasing their funding for human services while King County government has reduced nearly all of their General Fund support for human services. The levies that have been passed in King County, e.g. Vets and Human Services Levy and Mental Illness Drug Dependency (MIDD) sales tax are welcome additions to regional human services funding but are limited in their scope. The information conveyed in Figures 3 and 4 of the Plan illustrate the clear relationship between investments in human/social services and improved health outcomes. To truly transform outcomes for the entire community, we need to significantly increase the dollars invested (both new revenue and 'repurposed' dollars).

(2)Services must be available for ALL King County residents, not just those who enter the integrated system through the pilot projects or "hot spots" proposed (e.g. high need individuals and targeted geographic areas). Judging from the maps included in the Plan, East King County's residents will be overlooked. We recommend that "hot spots" be identified in each of the sub-regions and not just South Seattle and South King County.

(3)We have the information on the needs in our communities now to guide the development of a spending plan for the regional human services that are needed now. For example, City of Bellevue is in the processing of updating its Needs Assessment which includes data on Bellevue as well as East King County, King County, etc. and there are other studies available.

Thank you for your consideration of these comments. The Eastside Human Services Forum looks forward to the next steps in this important process.

Submitted from: http://www.kingcounty.gov/exec/HHStransformation.aspx
Submitted at 8:35:30 AM, on Monday, June 10, 2013

SERVICE: Health service category

COMMENT: Comments RE: Transformation Panel's draft Health and Human Services Transformation Plan (final draft: May 30, 2013)

We understand that there is excitement with a plan like this in terms of finally moving towards a more cohesive, effective and results oriented system for the safety net for King County's vulnerable

populations. We see much merit in the plan but overall worry that this creates yet another process that could extend 18 months to 2 years before actual action is taken. The plan, is not yet a plan, but a combination of vision and directions. Aside from this overarching comment, we offer the comments below:

KING COUNTY INFLUENCE

.. What influence/power/authority does KC have to influence pay structure? In order to really affect this structure from one that pays for volume to one that pays for value involves the State (DSHS, HCA) and the health insurance companies, in my opinion.

o Only Molina was part of the panel and it is unlikely that they speak for other insurers

o There was no one from State, a major payor, but looks like there will be State rep(s) in the next phase

o On page 40, the plan reads, "Over time, and working with other funders, King County will work to identify shared outcomes and better align resources with other funders, and incorporate long-term funding and payment models that achieve those outcomes over time."

? Has King County been involved in this type of undertaking before? If so, please provide examples.

PAYMENT STRUCTURE

.. In the Accountability Through Contracts section of page 24, the concept of paying for results and not volume is mentioned. It should be recognized that realizing better outcomes could take more time than what is allotted in the contract period, which could lead to reduced funding for some providers.

o Also, while it is recognized in this draft plan, it bears repeating that perhaps what could really impact the outcome for a particular patient/client is outside the control of the contracted provider. In the following section on page 24, this issue is addressed by proposing that compacts (aka coalitions, alliances, etc.) could help ensure accountability across providers and sectors in serving the patient/client.

? What are the incentives that organizations have to collaborate?

? It should also be recognized that organizations have varying capacities to dedicate admin time for these types of partnerships/alliances.

.. On page 39, recommendation number 1 states, "Rather than funding a specific type of program or service, invest in strategies that are expected to produce results and outcomes, using both contract and compact accountability tools."

o What are some examples of this?

o How will this change the service environment in terms of the types and the numbers of providers? It should be recognized that the status quo has persisted because there are those who benefit from how things are structured currently.

o We think this paradigm shift is important in bending the cost curve and shifting the focus from care to prevention, but it should be highlighted that realizing this shift in funding will be much easier said than done.

COLLABORATION / COMPACT AGREEMENTS

.. On page 29 the plan reads, "By working together across organizations and payers, an approach that is successful in improving outcomes for this population can be achieved."

o Much easier said than done. How will the County plan to get full buy-in from all stakeholders and providers? The County should also take into account that smaller organizations have more limited resources and committing to actively engage in such collaborations takes a lot of dedicated staff time?

.. On page 44, the plan states, "Working across sectors in a collective impact model can bring a sharper focus to gaps, energy around the solutions, and a compelling business case."

o In theory, this statement would capture the ideal health and human services system. However, this statement fails to take into account the "turf mentality" in both the public and private sectors that can lead

to turf wars. The fragmented system we have today has persisted because there are beneficiaries in how the system is structured today. Attempting to re-structure it could lead to a drastically different service environment landscape that will leave some unhappy with the results.
o What incentives exist to realize the type of collaboration and collective action that this plan is calling for?

ADDITIONAL RESOURCES / FUNDING
.. IT will be key in establishing an accountable, integrated system. How will this be funded and streamlined across providers and sectors?
o Who will fund this?
.. The catalyst fund proposed appears to be an integral part of this effort. Where will the $1M-$5M per year ($5M to $25M over the five-year proposed plan period) come from to add to this fund?
.. Besides the catalyst fund, additional revenue will be needed to bring the plan's vision to fruition, where will this additional funding come from?
.. High-impact integration strategies were highlighted as a foundational element of the integrated system (i.e. appropriately managing the care of high-risk and high-need individuals).
o These strategies require a lot of staff time. Where will the extra resources come from in order to do this work? In the dual eligibles initiative, there aren't additional resources to do this kind of work to reach the most vulnerable/highest cost individuals.

IDENTIFYING COMMUNITIES IN NEED
.. "Hot spotting" and using the Place Matters models have experienced success in addressing various health and social problems. However, it should be recognized that only using geography (census tracts) to identify and prioritize communities in need can marginalize the smaller, more dispersed communities that also suffer from health care disparities (e.g. refugees and immigrants from SE Asia)
o The use of disaggregated geographic data is mentioned on page 34. Other types of disaggregated data should also be considered (e.g. race and ethnicity) to fully understand which King County communities are suffering from a disproportionate burden of poor health.
o On page 35, examples of place-based interventions were listed. It would be great to get a summary of the results/impact of these initiatives on their targeted population.

CAPACITY OF PROVIDERS
.. On page 45, the plan recognizes an important concern, "In a system that is already too thin, concern exists that, in an integrated and coordinated system attempting to get people to the right service, at the right time, in the right amount, there will be 'nothing to connect people to'."
o Building capacity to meet the needs of King County residents should be an equally important priority as building a system that is both accountable and integrated.

SAVINGS FROM EFFICIENCIES ACHIEVED
.. On page 43, the plan states, "As system transformation moves forward, mechanisms must be put into place to ensure that savings are captured up and redirected toward investments in more prevention and human services rather than being absorbed into the system."
o How will the amount of savings be calculated?
o What are some examples of tools that have proven effective to ensure that savings gets reinvested into prevention and human services?

GENERAL / MISCELLANEOUS
.. In an accountable, integrated system, who (or which organization) will ultimately be responsible for the care of the high-risk individual?

.. On page 26, it is recognized that a single, supportive structure is necessary for the accountable, integrated system to be realized. How will this structure be established and maintained?

Attachment 2

June 26, 2013

The Honorable Larry Gossett
Chair, King County Council
Room 1200
C O U R T H O U S E

Dear Councilmember Gossett:

This letter transmits a motion accepting the a plan for an accountable and integrated system of health, human services, and community-based prevention in King County in compliance with Motion 13768. This Health and Human Services Transformation Plan presents a goal that by 2020, the people of King County will experience significant gains in health and well-being because our community worked collectively to make the shift from a costly, crisis-oriented response to health and social problems, to one that focuses on prevention, embraces recovery, and eliminates disparities.

While on average the quality of life in King County is high, we also have some of the worst health and social disparities in the nation. This is an unacceptable situation that puts individuals and families at risk and jeopardizes our region's growth and prosperity. The current health system is out of balance and prioritizes sick care over prevention and social supports. In fact, in the United States we spend twice as much on medical care as most other high and middle income countries, yet our average life expectancy is much lower. Furthermore, in the United States we spend proportionately less on social services and prevention, despite research showing that social, behavioral, and economic factors have far more to do with health than the medical care one receives.

All King County residents should have the opportunity to thrive and enjoy long lives regardless of where they live or their income, education, race, or ethnic background. The solutions lie in new partnerships among health, human services, and prevention. Through partnerships across these sectors, wecan create better outcomes and a better experience for customers,eventually resulting in a more balanced system of prevention with treatment and intervention services for health and social problems.

The enclosed Transformation Plan calls for a shift to an outcome-based, person-centered, and community-centered system of care. It also calls for the development of new structures across funders that will allow us to work collectively to achieve the intended outcomes. While King

County government plays an important role, we are but one of many actors in the health and human services systems. Federal, state and numerous local governments provide public funding, while insurers, foundations, private providers and other funders play major roles. While there are a number of opportunities to improve integration of health and human services in the region, will have to work collectively to achieve shared outcomes.
The Transformation Plan recognizes that a more efficient system and greater collective impact can be achieved when funders and providers develop shared agendas, agree on complementary strategies, and measure results and outcomes.

In an effort to catalyze improvement in the system's performance for everyone, the Transformation Plan calls for an initial focus on two areas where improved performance is most critical. The first is an individual-level strategy that partners with adults who have complex health and social needs. The second is a community-level strategy that works with communities to shape the health and well-being of their residents and the vibrancy of their neighborhoods.

The Transformation Plan also includes a role for King County government to improve the effectiveness and efficiency of health and human services functions internally. The role of King County government is made in the context of my response to a 2013 budget proviso regarding options for integration of Public Health – Seattle & King County and the Department of Community and Human Services. The responses to the motion and proviso are linked – the motion seeks a plan that improves the effectiveness and efficiency of the health and human services system overall, and the proviso seeks a plan that improves the effectiveness and efficiency of health and human service functions in County government. As is detailed in the proviso response, I have recommended a two-department model that creates a coordinating infrastructure to align strategies, outcomes, and resources across the two departments with an intitial focus on lines of business that most affect high risk individuals and high risk communities, the same initial strategies proposed in the Transformation Plan that accompanies this letter.

It is important to note that the work to transform the health and human service systems will require more effective use of resources currently in the system, as well as new resources. What activities and resources King County may contribute to catalyze transformation will need to be considered in the larger context of our 2014 budget and the outcome at the State Legislature, where we continue to work to protect current funding for the system as well as gain new revenue tools.

The Transformation Plan furthers the King County Strategic Plan's Health and Human Potential Goal of "protecting the health of our communities" by creating a pathway to provide all King County residents with the opportunity to thrive and enjoy productive, long lives regardless of where they live, their income, education, race, or ethnic background. The Transformation Plan also grounds its design elements and its initial strategies around the determinants of equity.

It is estimated that this report required 2,435 King County staff hours to produce, the cost of these hours plus consultant contracts totaled $302,094.

The development of this plan was also greatly supported by a 30-member transformation panel that met between February and May 2013 to advise me and my staff on critical design elements. The plan was posted for public comment in early June. A number of public comments were received and are included in Appendix C of the plan.

Thank you for your consideration of this motion. I look forward to working with the King County Council and the community as we continue to transform the health, human services, and prevention system for our residents and our region.

If you have any questions, please contact Betsy Jones, my Health and Human Potential Policy Advisor, at 206-263-9618.

Sincerely,

Dow Constantine
King County Executive

Enclosures

cc: King County Councilmembers
ATTN: Michael Woywod, Chief of Staff
Anne Noris, Clerk of the Council
Carrie S.Cihak, Chief Advisor, Policy and Strategic Initiatives, King County Executive Office
Dwight Dively, Director, Office of Performance, Strategy and Budget
Jackie MacLean, Director, Department of Community and Human Services
Dr. David Fleming, Director and Health Officer, Public Health-Seattle & King County

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KING COUNTY

Signature Report

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

July 15, 2013

Motion 13768

Proposed No. 2012-0420.1

Sponsors Patterson, Gossett, McDermott, Phillips, Hague, Lambert, von Reichbauer, Dunn and Ferguson

A MOTION requesting the executive, in collaboration with the departments of public health and community and human services, and a community stakeholder panel informed by local and national expertise, to develop and submit for council review and approval a plan for an accountable and integrated system of health, human services and community-based prevention in King County.

WHEREAS, King County has an adopted strategic plan that includes the goal to provide opportunities for all communities and individuals to realize their full potential, and

WHEREAS, King County established and adopted the framework policies for human services 1999 and revised them in 2007, and continues to use the framework policies to guide the county's investments in human services and communicate King County's role in human services, and

WHEREAS, in 2007, King County established and adopted the public health operational master plan to guide broad public health policy and decision-making related to the delivery of public health services in King County, and

WHEREAS, King County submitted and the voters approved in 2006 and again in 2011 the veterans and human services levy providing dedicated revenue for health and human services, and

WHEREAS, in 2007, the metropolitan King County council authorized the mental illness and drug dependency sales tax, and

WHEREAS, the King County adopted strategic plan identifies the principle of "fair and just" to guide the county's work and services in order to achieve equitable opportunities for all people and communities, and

WHEREAS, despite the fact that King County has made progress in improving residents' health, significant and unacceptable disparities persist in relation to geography, race/ethnicity, and other social factors, and

WHEREAS, the United States outspends every other industrialized nation on healthcare yet lags behind its peers on health status, and

WHEREAS, in 2010, the United States Congress passed the affordable care act which aims to expand coverage, improve quality and control costs through numerous care delivery, payment and public health reform provisions, and

WHEREAS, the conditions in which county residents live, learn, work and play have a greater impact on their health and life expectancy than do medical conditions and health care services, and

WHEREAS, improving health and human services outcomes for county residents requires collaboration among partners, providers and policymakers, and

WHEREAS, it is imperative to create and implement innovative health and human service models that integrate services across numerous sectors such as housing

and homelessness, behavioral health services, clinical health services, community prevention, public health, businesses and others, and

WHEREAS, in 2011, the executive convened a health care reform planning team to serve as a forum to design models of integrated service delivery that are based on a thorough understanding of broader community strategies that will produce the best possible health and human potential outcomes, and the health care reform planning team developed a framework for an accountable and integrated system of care for low-income residents in the county;

NOW, THEREFORE, BE IT MOVED by the Council of King County:

A. The executive is requested to, in collaboration with the departments of public health and community and human services and a community stakeholder panel, develop and submit for council review and approval, a plan for an accountable and integrated system of health, human services, and community-based prevention for the county's residents in need. The plan should include and build upon existing work including, but should not be limited to, the framework for an accountable and integrated system of care for low-income residents in King County.

B. The executive is requested to develop the plan with input from representatives from the health and human services community, the prevention and public health community, the business community, the geographic subregions of the county and local and national experts in system transformation and innovation, and with assistance from council staff.

C. The plan should specifically address the systems of health, human services and community-based prevention that are operated and funded by King County, and

should describe coordination and integration strategies across a variety of health and human services including, but not limited to, the following service areas:

1. Clinical health services, including primary care;
2. Health promotion and community-based prevention;
3. Community development and place-based programs;
4. Housing and homelessness;
5. Mental illness and chemical dependency, including recovery oriented systems;
6. Domestic violence and sexual assault survivor; and
7. Employment and job training; and
7. Developmental disabilities.

D. The development of the plan should recognize the various populations and diversity of those in need services throughout the county, including, but not limited to, infants, children and youth, families, seniors, veterans and culturally specific populations.

E. The plan should be individual, family and community centered, and should provide for culturally appropriate, evidence-based or evidence-informed strategies, services and programs that are cost-effective, integrated, prevention focused and recovery oriented.

F. Among the policy goals that the plan should address are:

1. The simultaneous pursuit of an improved experience of health care and human services for residents;
2. Improved health of the residents;
3. Lowered or controlled costs; and

4. Options for the creation and implementation of a single point of accountability for health and human services cost, quality and outcomes.

G. The plan should include, but not be limited to, the following:

1. A section that describes the vision and goals of an accountable and integrated system of health, human services and community-based prevention that specifically integrate with existing county policy;

2. A section describing the implementation of an accountable and integrated system of health, human services and community-based prevention;

3. A section detailing how an accountable and integrated system of health, human services and community-based prevention will coordinate with existing King County work and planning processes such as the healthcare reform planning team, the community link project, the committee to end homelessness, the veterans and human services levy citizen oversight boards and the mental illness and drug dependency oversight committee;

4. A section that addresses the role of performance measurement and includes an outline of the potential metrics for assessing progress and success in implementing and refining an accountable and integrated system of health and human services and community-based prevention;

5. Recommendations for strategic investments to achieve an accountable and integrated system of health, human services, and community-based prevention that reflect:

a. advancement of the King County Strategic Plan and equity and social justice initiative;

b. integration of models that demonstrate the ability to enhance health and human service outcomes for the county's most-vulnerable residents;

c. integration of innovative strategies that are specifically applicable in under-resourced communities experiencing significant inequities;

d. the opportunities and efficiencies of building human service and prevention partnerships in tandem with the health delivery system for low-income residents; and

e. improvements in system capacity, quality, effectiveness and efficiency of the county's health, human services and community-based prevention systems; and

6. Options for financing accountable and integrated system of health, human services, and community-based prevention in the county by using existing or new revenue generating authority such as allowed under RCW 82.14.450.

H. The plan should be submitted to the council, with a motion for acceptance of the plan, by June 1, 2013.

Motion 13768 was introduced on 10/15/2012 and passed by the Metropolitan King County Council on 11/5/2012, by the following vote:

Yes: 9 - Mr. Phillips, Mr. von Reichbauer, Mr. Gossett, Ms. Hague, Ms. Patterson, Ms. Lambert, Mr. Ferguson, Mr. Dunn and Mr. McDermott
No: 0
Excused: 0

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

_____

Larry Gossett, Chair

ATTEST:

_____

Anne Noris, Clerk of the Council

APPROVED this _____ day of _____, _____.

_____

Dow Constantine, County Executive

Attachments: None