

## KCACH Community Engagement Plan 2017-2018

### Leave Behind: Community Engagement

---

At the September 18<sup>th</sup> meeting, Board members identified three top “leave behinds” including one specific to community engagement. From meeting minutes: “An infrastructure that provides an effective mechanism for meaningful community and consumer involvement and voice in the continuous improvement of the delivery system.”

The following 2017-18 community engagement plan is intended to begin building this infrastructure.

### Key Principles / Priorities

---

- **Engage communities and Medicaid clients that are traditionally not connected** via partnerships with and support to CBOs that already have those relationships; this is more effective and is an important “leave behind” because it facilitates sustainability and develops long-term connections with disenfranchised communities.
- **Use the equity tool as a foundation for all projects** – Community engagement begins with each project team using the equity tool in its design and implementation work. The CCV and KCACH team can support project teams here (e.g., provider trainings, assisting design teams). This tool is also an important “leave behind”; all those exposed to it can take it back to their respective organizations and influence other systems.
- **Go where community is *and* support community members to participate in ACH’s work** – A Yes/And: We meet CBOs and Medicaid clients where they are by going to their existing forums; *and* we include and support them in serving on ACH decision-making bodies (e.g., 3 seats on the Governing Board, 3 on DPC, project design and implementation teams); *and* we provide technical assistance for implementing projects; *and* we build the capacity of non-traditional partners.
- **Share learnings and educate** – Disseminating information, inviting participation, and having ongoing feedback loops is an ongoing part of this work. This includes, for example, providing regular updates at HKCC/other community meetings and convening community forums and learning sessions.
- **Develop a formal and ongoing feedback process** for those making decisions to hear, process, respond to, and take action on recommendations from the CCV and consumers.
- **Leave behind an equity community engagement toolkit** – This will include documenting successes and the impact on clients (e.g., narratives, stories, process improvements along the way) so that others can build upon this work.

## Timeline / Activities

---

### November – December 2017

- **Engage Governing Board** in what CCV is doing (*Nov, ongoing*)
- **CCV leads planning team** to design trainings and support the board, committees and design teams with community engagement (*Nov-Dec*)
- **Identify and support additional consumer/community members** to serve on CCV, DPC, and design teams (*Nov-Dec*)
- **Finalize budget** for community engagement (*Dec*)
- **CCV reviews initial design team steps** in using equity tool (*Dec*)
- **Develop RFP/procurement process** for engaging CBOs (*Dec*)
- Convene and support **CCV** (*ongoing*)

### January – June 2018

- **Provide equity tool training** to all teams (*Jan-Mar*)
- **Convene 2-3 learning sessions/trainings** to help community members and CBOs be up to speed and ready to meaningfully engage in the ACH (e.g., preliminary organizing, policy overview, selected projects) (*Jan-March*)
- **Engage CBOs** via contracts/grants to solicit input from Medicaid beneficiaries to shape projects (*Jan-Mar*)
- **Conduct surveys/focus groups with clients** for each project (*Apr-May*)
- **CCV monitors and works with design teams/cmtes** to use equity tool (steps 5&6), talk to affected populations, and integrate client feedback into project implementation (*May-Jun, ongoing*)
- **Connect with other ACHs** to exchange community engagement learnings (e.g., at statewide convenings) (*ongoing*)
- Convene and support **CCV** (*ongoing*)

### July – December 2018

- **Partner with CBOs** to support ongoing participation and engagement (*Jul, ongoing*)
- Formalize **ongoing feedback loop** so that communities/clients hear how their input is being used (*Jul-Sep*)
- **Train Medicaid consumers** to be able to advocate for themselves; health care literacy (*Sep-Dec*)
- Continue **equity tool training and support** (*ongoing*)
- **Support individual members** who serve on GB, DPC, CCV, design teams, etc. (*ongoing*)
- **Educate and share learnings** via updates, additional learning sessions, etc. (*ongoing*)
- **Connect with other ACHs** to exchange community engagement learnings (e.g., at statewide convenings) (*ongoing*)
- Convene and support **CCV** (*ongoing*)

## Spectrum of Engagement

|                       | Inform                                                                                                                                                                                                                                                             | Consult & Involve                                                                                                                                                                                                                                                                                                                                                    | Collaborate & Work as Partners                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Who                   | King County Medicaid clients and the CBOs that serve them                                                                                                                                                                                                          | Sub-set of Medicaid clients and CBOs serving them, with a focus on the target populations for each project                                                                                                                                                                                                                                                           | CCV members, specific Medicaid recipients and CBO partners serving on an ACH committee or workgroup                                                                                                                                                                                                                                                                                                                    |
| Our Goal              | <p>We share information about KCACH’s projects <u>so that...</u></p> <p>Medicaid clients are aware of project goals and the potential impacts and benefits to them.</p> <p>We give opportunities to interested Medicaid clients and CBOs to get more involved.</p> | <p>We consult with Medicaid clients directly and support their participation <u>so that...</u></p> <p>We ensure their concerns and aspirations are understood and considered.</p> <p>We get their specific feedback on project design and implementation.</p> <p>We continue connecting Medicaid clients, CBOs and clinical providers more effectively together.</p> | <p>We work directly with partnering CBOs and Medicaid recipients, and support their participation as partners, <u>so that...</u></p> <p>Projects are more likely to be effective and truly serve clients because they have been co-designed and implemented together.</p> <p>We leave behind a stronger community that can hopefully sustain and better serve clients long after the demonstration project itself.</p> |
| Our Commitment        | We will keep you informed and welcome your involvement.                                                                                                                                                                                                            | <p>We will keep you informed, listen to, and acknowledge your concerns and interests.</p> <p>We will work to ensure your feedback is reflected in project implementation.</p>                                                                                                                                                                                        | We will look to you to help co-design projects and incorporate consumer/community voice into decisions to the greatest extent possible                                                                                                                                                                                                                                                                                 |
| Methods of Engagement | Disseminate info through existing organizations that serve Medicaid clients (e.g., CBOs, MCOs, CHW programs)                                                                                                                                                       | <p>Formalize ongoing feedback loop and process</p> <p>Convene learning sessions</p> <p>Support individual consumers, CBOs and other community members to participate in KCACH’s work</p> <p>Train providers and project partners on equity tool</p> <p>Conduct surveys, focus groups, other means of gathering input from Medicaid clients</p>                       | <p>Convene CCV</p> <p>Include consumers on decision-making bodies (3 seats on the Governing Board, 3 on DPC, and 5 on Project Design teams, and eventually on implementation teams)</p> <p>Build community capacity through CBO contracts and relationship-building</p> <p>Integrate consumer/community voice in all areas of ACH’s work</p> <p>Train Medicaid clients in health literacy/advocacy</p>                 |

\* Adapted from the “Community Engagement Toolkit” developed by FutureWise, Interim CDA, One America and Centro De La Raza, which modeled it after the International Association for Public Participation.

# KCACH Community Engagement

---

2017-2018 Planning

# Discussion Topics

---

- 2017-2018 Community Engagement Plan
- CCV Survey of Medicaid Clients
- Equity Tool – Highlights from Design Teams
- Community & Tribal Engagement Manager Position
- KCACH Tribal Engagement
- KCACH Provider Engagement

# 2017-2018 Community Engagement Plan

---

# Leave Behinds

---

Community engagement is 1 of 3 leave behinds:

- 1. An infrastructure that provides an effective mechanism for meaningful community and consumer involvement and voice in the continuous improvement of the delivery system.**
2. Collaboration between the health care system and social services, evidenced by an inter-connected HIT/HIE system connecting providers from both systems and payment models that incorporate social service providers.
3. Access to person-centered, multi-disciplinary, culturally competent care teams -- inclusive of social services -- in medical/health homes for everyone, regardless of where a person enters the system.

# King County Health Improvement Plan

---

## Priority Focus Areas:

- Social determinants of health, addressing race and social justice
- Care coordination
- Physical and behavioral health integration
- Maternal and child health
- Chronic disease prevention

# King County Health Improvement Plan

---

## Principles:

- Use culturally and linguistically relevant and responsive services
- Focus on assets more than deficits
- Have on-going partnerships with community, not one-time interactions
- Embrace community-driven solutions
- Use team-based approaches that include community health workers, peer support specialists, navigators, et al.

# Spectrum of Engagement

---

**Key communities to reach** – Engage those who are most impacted by health disparities including community, consumers, community-based organizations, social service providers and “non-traditional” health care partners.

**CCV Goals** – Incorporate community voice in King County ACH discussion and decision-making processes.

**CCV Commitment** – Provide community and consumers with the information and access that they need to authentically engage with the King County ACH and health care delivery system.

# Spectrum of Engagement

---

## **Methods of Engagement**

Engage with community and consumers in an accountable, authentic and respectful way;

Include community and consumers who are already engaged in other areas and connect the work to the King County ACH;

Identify “who is missing” from engagement tables and equip them to meaningfully participate;

Meet community and consumers where they are and provide them with what they need to effectively engage with the King County ACH;

Resource participation in the process and inclusion in the projects.

# Community Engagement Key Activities

| November – December 2017                                                                                                                                                                                                                                                                                                                                                                | January – June 2018                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | July – December 2018                                                                                                                                                                                                                                                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Engage Governing Board</li> <li>• CCV leads planning team</li> <li>• Identify and support additional consumer/community members</li> <li>• Finalize Community Engagement Budget</li> <li>• CCV reviews initial design team steps in using equity tool</li> <li>• Develop RFP/procurement process</li> <li>• Convene and support CCV</li> </ul> | <ul style="list-style-type: none"> <li>• Provide equity tool training to all teams</li> <li>• Convene 2-3 community learning sessions/ trainings</li> <li>• Engage CBOs to solicit input from Medicaid clients to shape projects</li> <li>• Conduct surveys/focus groups with clients for each project</li> <li>• CCV monitors and works with design teams/committees to use equity tool and integrate community feedback</li> <li>• Connect with other ACHs to exchange community engagement learnings</li> <li>• Convene and support CCV</li> </ul> | <ul style="list-style-type: none"> <li>• Partner with CBOs</li> <li>• Formalize an ongoing feedback loop Train Medicaid consumers</li> <li>• Continue equity tool training and support</li> <li>• Support individual members who serve on GB, DPC, CCV, design teams Educate and share learnings</li> <li>• Connect with other ACHs</li> <li>• Convene and support CCV</li> </ul> |

# Discussion

---

If you could sit with a community member, Medicaid consumer, or CBO/Social Service Provider/Non-Traditional Health Partner serving community members most impacted by health disparities in King County in the 1<sup>st</sup> two quarters of 2018:

1. What 3 things would you like to ask them that you believe would meaningfully inform the work of the King County ACH?
2. What would you do as a Governing Board Member to incorporate that information into the work of the King County ACH moving forward?

# CCV Survey Results

---

# 1<sup>st</sup> CCV Survey

---

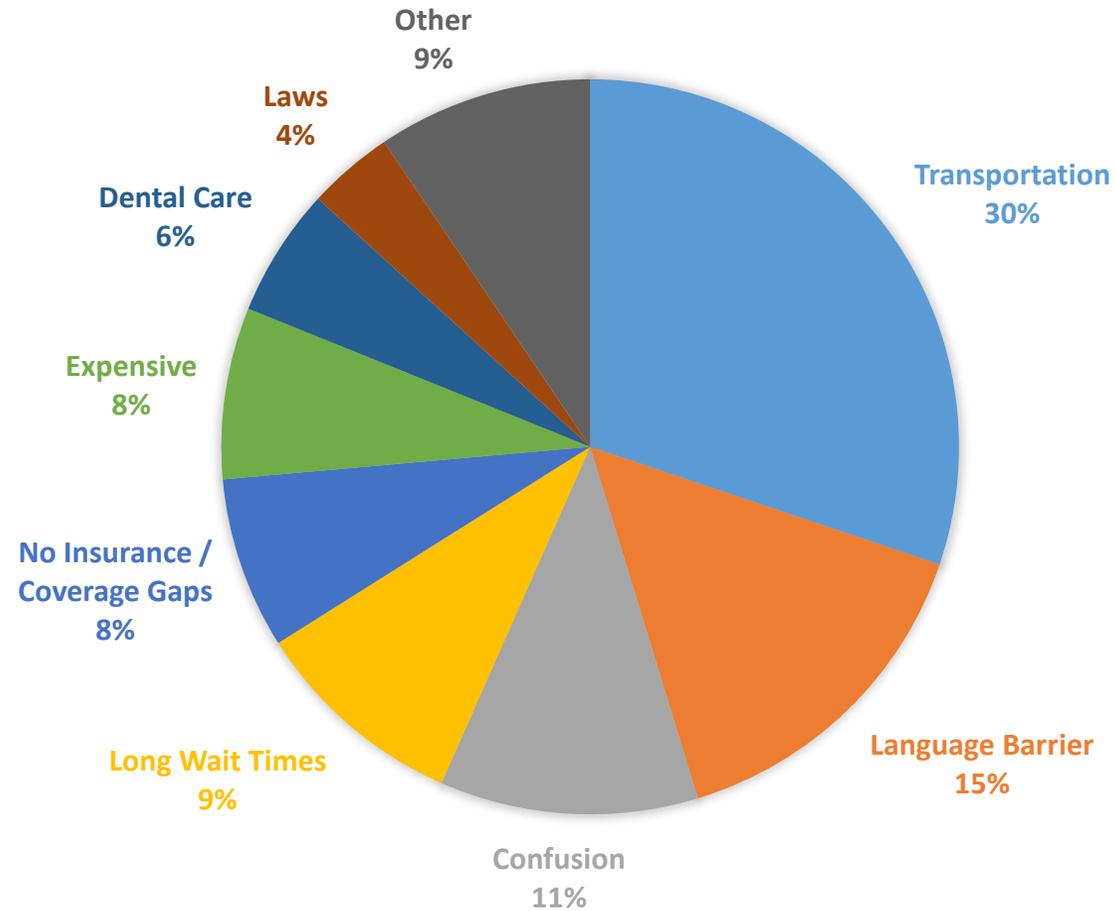
- An initial survey conducted this fall through the Center for MultiCultural Health
- 60 respondents - Primarily Iraqi seniors, Congolese and East African communities
- One of several client surveys the CCV intends to do in collaboration with project teams

# What We Heard

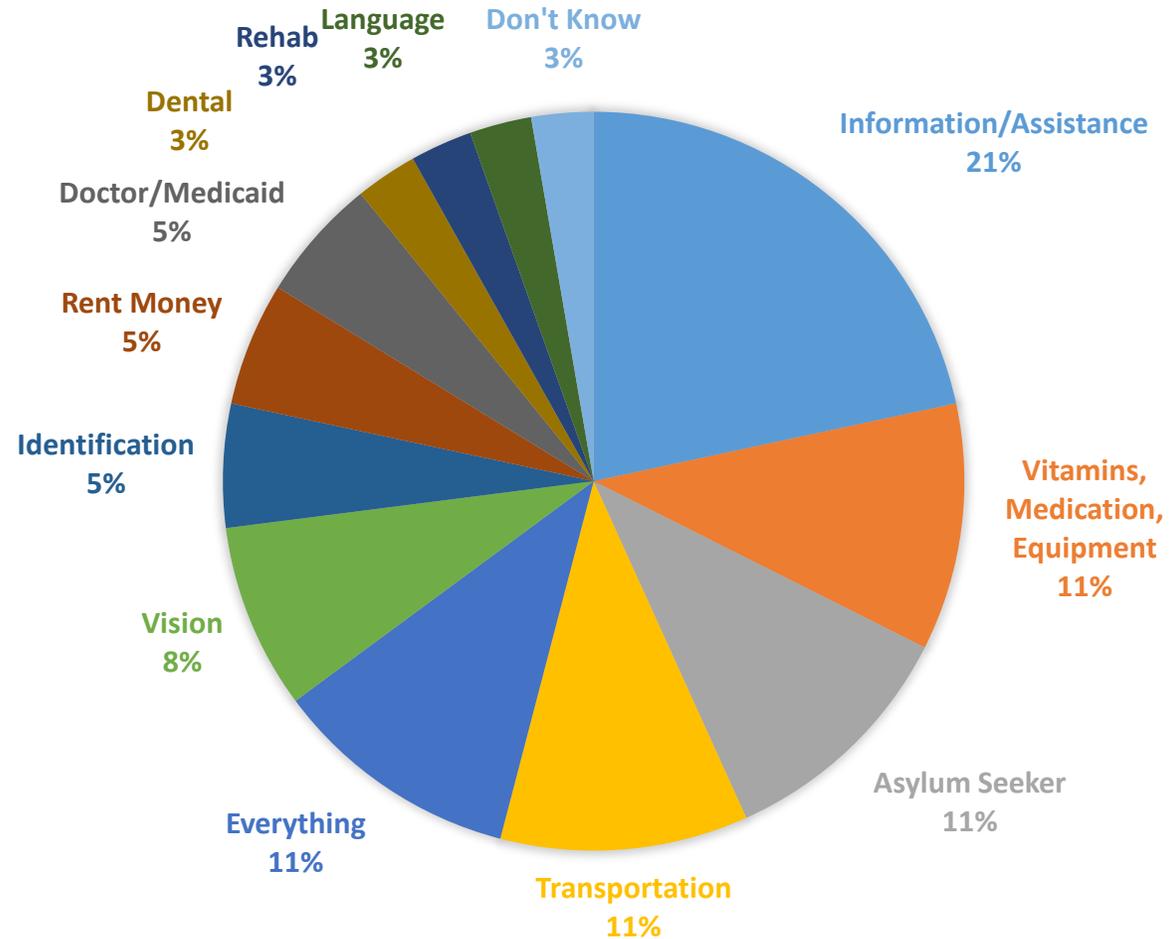
---

- 83% report having a medical provider
- 73% are able to access the healthcare they need
- 72% have a yearly checkup
- 70% know what Medicaid is
- 68% have a medical home
- 60% say they have access to the social services they need
- 58% say they have access to the dental care they need
- 58% know how to access Medicaid benefits

# What stops you from accessing the health care you need?



# If no access to social services, what are you missing?



# Equity Tool: Design Team Highlights

---

# Equity Tool Questions - Review

---

1. Description of the project and intended equity outcomes.
2. Description of the population(s) affected by the project.
3. Engagement with communities affected by the project.
4. Identify mitigation strategies to address community concerns and/or unintended consequences of project implementation.
5. Accountability and on-going communication with communities affected by the project during project implementation.

# Equity Tool Update and Next Steps

---

Project design teams responded to the 1<sup>st</sup> two questions of the equity tool.

CCV will review those responses to identify potential impact of projects and suggest partners and additional considerations in project implementation to inform steps 3 – 5 of the Equity Tool.

Equity Tool training and technical assistance will be provided in quarters 1 & 2 of 2018.

# Community & Tribal Engagement Manager

---

# Community & Tribal Engagement Manager

---

Provide strategic coordination and oversight of engagement activities:

- Ensure that health equity and community engagement is embedded in KCACH's work
- Oversee budget & engagement plan
- Serve as liaison to CCV Committee
- Coordinate and align engagement activities
- Support work of CBO partners & manage contracts
- Partner with tribal partners to provide cultural competency skills and coordinate trainings
- Facilitate ongoing communication between internal/external audiences
- Monitor engagement results and accountability to those we serve

# KCACH Tribal Engagement

---

Brief Update

# KCACH Provider Engagement

---

Brief Update

# Status Update

---

- Provider engagement workgroup tasked with developing plan
- Different phases & levels of provider engagement:
  - Spread awareness/information
  - Identify and sign contracts with “go first” partners
  - Ensure provider feedback is incorporated into projects
  - Support partners implementing practice changes (e.g., TA, domain 1 investments, VBP)
  - Link clinical and social service/CBO providers
  - Share learnings, scale work (in out years)

# Initial Learnings

---

- *“What specifically are you asking providers to do?”*
  - Feedback that we need more clarity for each project;
  - Specific operational, practice, funds flow changes
- Connects to MCO provider contracts
- Need to coordinate community, provider and tribal engagement activities
  - Overlapping organizations, patient populations, etc.
  - Using equity tool with provider partners and design teams
  - Connecting clinical and social service/CBO partners

# More to Come

---

The provider workgroup is in the process of:

- Evaluating which providers are currently engaged or need to be engaged
  - Based on provider survey results, project plans, target patient populations, design team participants, etc.
- Identifying gaps and reaching out to additional providers
- After portfolio submission, will work with design teams, board members, CCV and others to further develop engagement plan

# Clinical Innovations Manager

---

- Position posted through October 27
- Received over 55 applications; interviewing 6 candidates
- Key responsibilities:
  - Provide clinical expertise and leadership across projects
  - Serve as lead staff for Clinical Provider Committee and project teams
  - Recruit, support and work with health care, behavioral health and social service providers, and community partners
  - Ensure successful implementation (e.g., provide technical assistance/trainings to providers, track clinical outcomes/milestones, monitor contracts)



THE KCACH NEEDS A NEW NAME

Help us Brainstorm!

We want a name that reflects our values:

- Collaborative, comprehensive whole person health and wellness
- Sustainable transformation in health care delivery systems
- Health equity and reducing disparities in King County

And is appealing to our audience:

- Consumer centric & Community driven
- Easy to understand
- Relatable

Make a Suggestion!

---

---

---

---

---

---

---

---



THE KCACH NEEDS A NEW NAME

Help us Brainstorm!

We want a name that reflects our values:

- Collaborative, comprehensive whole person health and wellness
- Sustainable transformation in health care delivery systems
- Health equity and reducing disparities in King County

And is appealing to our audience:

- Consumer centric & Community driven
- Easy to understand
- Relatable

Make a Suggestion!

---

---

---

---

---

---

---

---

# KCACH Timeline

