



Connect2 Community Network Plan

Submitted by: HealthierHere in partnership with Crisis Connections and WAServes

The following Connect2 Community Network plan is being provided as a final document to King County Department of Community and Human Services on December 18, 2020. The content herein has been drafted by HealthierHere in collaboration with Crisis Connections and WAServes. It reflects input from more than 75 clinical and community-based organizations in King County. This report has been shared with clinical and community partners in November and December of 2020. It will be shared with consumers in early 2021. Thus, we anticipate changes to the plan and we intend this material to be a “living document” that is updated regularly by clinical and community-based organizations and consumers to ensure the Connect2 Community Network remains reflective of and responsive to the needs of the community.

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Vision, Scope and Use Cases

This section outlines a draft vision and scope for the Connect2 Community Network. It is based on input from 100+ representatives of community and clinical organizations in King County that have been working since May 2019 to lay the foundation for a community information exchange (CIE) in our region.

Shared Vision

The following vision was developed by HealthierHere's community and clinical partners in a process that was kicked off in May 2019: "To strengthen the coordination of care for those in need by connecting people, service organizations, and community partners more quickly and more effectively – resulting in a healthier, more equitable community for all."

Benefits and Impact

The Connect2 Community Network must enable the following benefits and impacts if it is to be successful:

Individuals and families will experience improved health and well-being through increased awareness of, access to and engagement with services that are better coordinated, tailored to an individual's needs and culturally appropriate. Success is measured not in the number of referrals received, but how well those referrals and services meet the needs identified by the individual or family.

- There is no wrong door
- They don't need to repeat what has already been communicated
- They are connected to the appropriate services more quickly
- They share in decision-making, being treated as partners in care coordination

They are connected to culturally and geographically appropriate services

Clinical and social service providers will better understand individual and family needs and should be able to more effectively coordinate across sectors to help people get the care they need.

- We have better awareness of community resources
- We build a network for care and services
- We streamline referrals and information sharing
- We can reduce duplication of efforts
- We have access to outcome data and the ability to assess impact, demonstrate value, and identify needs and gaps in care

Our community will be able to make more effective and equitable allocations of resources based on data.

- We can identify gaps in the resource landscape by geography, service and culturally appropriate support and navigation. We use community resources more appropriately
- We can reduce duplication of effort
- We can reduce the total cost of care
- We have access to data for community planning and targeted investment

Specific measures and metrics related to the goals above will be determined with community input and co-design of the Connect2 Community Network evaluation activities. This work started in the fall of 2020 and will continue in 2021.

Operational Approach

Community Governed & Managed: To ensure that the Connect2 Community Network is responsive to and serves the needs of the community, the Connect2 Community Network should be governed and managed by the community. The Connect2 Community Network will operate as a “public utility” that is supported and governed collaboratively by the community of participants and stakeholders that establish common policies and practices (including privacy policies, data use agreements, and participation agreements), prioritize common services (including data governance), and uphold shared business and technical standards.

The governance structure should be reflective of participating (and may include prospective) organizations and agencies, and it should be managed by a trusted local community organization with experience working across multiple sectors, including clinical organizations, social service agencies and community-based organizations in King County. This is to ensure that the Connect2 Community Network is not informed by or responsive to a single organization or sector but creates value for a diverse and broad set of organizations. As appropriate, it should coordinate with other regional, state, and tribal bodies and other stakeholders.

Unified & Interoperable: Create and maintain a unified network across clinical and community-based organizations with infrastructure that supports a federation of autonomous existing and emerging CIE initiatives cooperating as an integrated and coordinated whole, leveraging individual capabilities and regional opportunities and sharing standards, common practices, and shared data. The scope of this effort is focused on King County, but we know that community members live and work across county lines. Wherever possible, we will work to collaborate and coordinate with organizations in Pierce and Snohomish Counties to aim for a seamless experience for our community members.

Key Operating Principles

The following principles are used as the foundation for decision-making to create the Connect2 Community Network. They are not network requirements but inform how we operate and make decisions. They may be incorporated into software requirements, as needed. Further work is needed to determine how we remain accountable as a community to the principles below.

1. Keep the client/patient at the center

The goals of Connect2 Community Network are to improve access to, and effectiveness of, care coordination for members of our community. It also strives to reduce health disparities and improve equity of outcomes, and as such, any decisions and/or solutions should be in service to these goals. Finally, it needs to actively understand and consider implications of collecting and sharing information in the context of complex, inter-related systems (e.g., immigration, housing, HIV status, criminal record).

2. Respect and protect client/patient privacy

Connect2 Community Network can only work if everyone, including the client/patient, feels secure and in control of sharing their information. Consider privacy risks for the client/patient, beyond just federal, tribal, state and local laws. This principle is reflected in all elements of the privacy plan.

3. Exchange only information that will improve care and equity

Information that does not improve care or equity complicates the system and creates privacy risks without adding sufficient value. In order to maximize value, available information must be relevant and of high-quality (timely, effective client identification, merge/duplicate methodology, etc.) Another way to say this is we will exchange the minimum necessary amount of information to support the client's decisions.

4. Relationships are the key to success

The technology aspect of Connect2 Community Network alone will not create collaboration and improvement in care coordination – participating stakeholders must develop relationships that increase understanding and partnerships within their own sector, across other sectors, in the community they work in, and with the individuals they serve.

5. Make the solution low barrier and simple for end-users and clients/patients

Any solution that is hard to use won't be used. Positive outcomes for Connect2 Community Network activities are more likely as more organizations and users are able to participate, including those with limited technology skills and infrastructure. Special attention will be paid to potential barriers for adoption, so that we learn and address those quickly.

6. Optimize workflows and minimize duplication of effort

Connect2 Community Network is intended to streamline and optimize care/service provision workflows within and across organizations – the intent is for Connect2 Community Network to be a tool within workflows, not a workflow by itself. In order to ensure the efficiency of Connect2 Community Network integration and use, efforts should be made to incorporate Connect2 Community Network into existing workflows and efforts, at the individual, program, organization, and system levels. The Connect2 Community Network team will collaborate with partners to review and develop adjustments to workflows if needed. This type of technical assistance and support has been incorporated into the Connect2 Community sustainability plan and community engagement plan.

In addition, the community will identify and set “service level agreements” between network users to ensure similar service standards / expectations across the network.

7. Strive for equitable outcomes and the reduction of disparities across data, technology, and of course health systems

The Connect2 Community Network aims to reduce health disparities and understand that to do so, we need to take a systems level approach that encompasses, but extends beyond client / consumer level care. We are committed to looking at disaggregated data for communities most impacted by health disparities, sharing that data with impacted communities and collectively working to address systematic barriers to health and well-being.

Technical Components

The Connect2 Community Network requires Integrated Technology Platforms that act individually and as an integrated whole to provide the following functionality that has been prioritized by clinical and community partners:

- Shared Language: A common, standardized language that bridges the clinical care and community services disciplines to enable effective and accurate communication
- Bi-directional, Closed-Loop Referrals: As a key first use case, the ability to make referrals to and accept referrals from network partners, keeping them up to date on referral progress and outcome, and accessible by network partners, clients, and their families and caregivers. This includes ability for clinical and social service providers to indicate whether they are actively accepting referrals or if they are at or nearing capacity.
- Resource Database: An accurate, comprehensive, and searchable listing of community, health, and social service providers and other supports, accessible by network partners, clients, and their families and caregivers
- Data Integration: Providing the user with a unified and understandable view of data obtained from the variety of sources and systems used by network partners and clients
- Interoperability: Enabling the transfer and use of data between the systems and technology platform(s) chosen by your organization and the systems and technology platforms used by network partners
- Care Team Information: A comprehensive list of the care team members for each client, including contact information for: (1) the client (as a member of the team) and appropriate family and caregivers, (2) the “on-point” care team individual currently taking action for the client, and (3) all other involved members of the care team to aid in coordination of care, reduce the likelihood of duplicated effort, and avoid lost client contact. Further work is needed to clarify protocols related to the Care Team, including who is added, how they are added and when and how care team members can be contacted.
- Longitudinal Record: A complete longitudinal record of the health care and community services and supports sought and delivered for each individual client, accessible by network partners, clients, and their families and caregivers, to provide a historical record that may aid in selecting appropriate services and supports moving forward.
- Shared Care Plan Capabilities: These capabilities include, but are not limited to, a platform: (1) with a client-facing interface, (2) with functionality to create a living care plan that enhances client-centered care and care coordination through the capture of whole person goals and corresponding health information, (3) that can be viewed and/or edited by care team members across clinical and community-based organizations to varying degrees based on patient preferences and in compliance with privacy policy.

In addition, we will continue to design the Connect2 Community Network so that the following functionality may be possible at a later date:

- Client Access to Referral Support and/or Resources: Ability to search directory or resources, ability to self-refer (request services), ability to view own record, ability to give family/caregiver access to own record, ability to add information to own record

- Alerts/Notifications: Notifications sent to clinical or community-based service providers that are part of a care team to alert them of important events or transitions that may cause a change in required services, such as emergency department visits, transitions into or out of corrections, eviction risk, COVID-19 status
- Support for Outcomes Analytics: Support for data analytics that can be used by network partners for process improvement and by stakeholders to demonstrate use of the Connect2 Community Network, improve outcomes for clients and network partners, identify gaps in resources, and support reinvestment strategies. This may include, but is not limited to: ensuring critical data is captured, data analysis, visualization of data to support community engagement and data interpretation.
- Eligibility / Access Status: Ability to identify eligibility / “in-network” status of specific clinical and/or social services and benefits for an individual.

Functional/Technical Recommendations

With input from the Network Partner Workgroup, the Legal, Data & Technology Workgroup developed the following summary recommendations. The architecture shown in the Technology section aspires to support these recommendations over time. The cost estimates to build and maintain, and the capacity of Network Partners to implement and adopt have been considered and should be reviewed periodically.

The Connect2 Community Network should include:

1. Shared Client Index of unique client identifiers
2. Resource Database as shared data
3. Longitudinal Record as shared data
4. Care Team and their contact information as shared data

Note: The Connect2 Community Network should collect, aggregate, and share data within the Unified Network as “shared data” accessible by Network Participants to create a common and consistent understanding if advantageous and sustainable.

The Connect2 Community Network should collect and share:

5. Physical and behavioral health information (with client authorization)
6. Physical and behavioral health information ONLY if critical to referral, etc.
7. Health information in the Longitudinal Record
8. Healthcare providers in the shared Care Team

The Connect2 Community Network should NOT collect:

9. Sensitive personal information such as psychotherapy notes and citizenship. Please see the Privacy Section for further information. A full list of sensitive information will be developed by Network Partners in 2021.

Note: Network Partners articulated the need to protect clients who may be vulnerable due to immigration status and/or may choose not to seek care if specific information is collected. Please note that front-line staff may ask about sensitive information if it is necessary for a referral and a client may choose to share this information. However, the Connect2 Community Network will not collect or store this information due to its sensitive nature. Training will be required to cover this and other topics to ensure this recommendation is followed by members of the network.

The Connect2 Community Network should plan for **potential** of:

10. Data aggregation to evaluate outcomes, needs, gaps
11. Uniform consent form for the Unified Network
12. Anonymous clients
13. Ability of clients to search for resources and self-refer
14. Ability of clients, families, and/or caregivers to access their information
15. Ability of tribal nations to access information about clients who are their tribal citizens (with individual consent)

The Connect2 Community Network must:

16. Comply with applicable local, state, tribal and federal law
17. Align with values, strive for equitable access, which will be further defined and monitored through the governance process

High-level Roadmap

	<u>Year 1</u>	<u>Years 2-3</u>	<u>Years 3-4</u>
Aim	Expand use of bi-directional, closed-loop referrals	<ul style="list-style-type: none"> • Provide Care Team contact information for coordination • Enable referrals across technology platforms to bridge silos 	Expand information sharing beyond referrals among client's Care Team, including health information, with consent
Infrastructure/ Functionality to be Built	<ul style="list-style-type: none"> • Shareable list of resources • Upload/download list of resources for low IT settings • 1-2 system integrations 	<ul style="list-style-type: none"> • Common client index • Upload/download referral updates for low IT settings • 2 additional system integrations 	<ul style="list-style-type: none"> • Client consent management • Longitudinal record • 2 additional system integrations

Please see the Privacy and Technology sections for more details.

Use Case Summary

The following are excerpts from high-level use cases that document the Connect2 Community Network capabilities. Note that the Connect2 Community Network does not seek to develop and maintain user-facing systems, rather, the intent is to bridge existing user-facing systems. The Connect2 Community Network infrastructure is intended to support the use cases documented below. Detailed use cases will be co-developed with Network Partners in further detail in 2021. The following applies to the use cases:

- Alignment with the Technical Components and Functional/Technical Recommendations listed above
- Use cases to support the future, potential functionality listed above in Technical Components and Functional/Technical Recommendations will be developed at a later time
- In Scope:
 - Obtaining client permission to share information required to support a referral
 - Referral to a coordination hub/center that has expertise to consult with and connect client to appropriate service
- Out of Scope:
 - Referral from a healthcare provider to another healthcare provider, as that activity is the focus of traditional referral patterns outside of CIE

Closed-Loop Referral from CBO to CBO

Purpose

This use case enables a community-based organization staff member, such as, a case manager or community health worker, to refer a client to one or more CBOs to address social needs that can improve the client's health and wellbeing.

Business Process

CBOs may use this use case to help them address needs by connecting clients to services. The goal is to improve client health and well-being by providing services that meet the client where they are – by considering language, culture, access, and other factors.

In Scope

- Referral from a CBO to CBO
- Response from receiving CBO to sending CBO on the outcome of the referral

Closed-Loop Referral from CBO to Behavioral Health or Physical Health

(This use case exceeds and satisfies CBO to Physical Health requirements. While the following description describes CBO to Behavioral Health, the use case also applies to CBO to Physical Health referrals and is not duplicated for the sake of brevity.)

Purpose

This use case enables a Community Based Organization (CBO) staff member (e.g., case manager, social worker, coordinator) to refer a client to a behavioral health care provider, including mental health and substance use disorder (SUD) treatment to improve the client's health and wellbeing.

Business Process

CBOs may use this use case to help them address the behavioral health needs of a client. The goal is to improve client health and well-being by linking clients to behavioral health providers or to a coordination hub/center that is familiar with behavioral health providers and can help match the client to the organization that can best support the client. This is a separate use case to capture any special privacy, regulatory, or other requirements as necessary.

In Scope

- Referral from a CBO to behavioral health provider
- Referral from a CBO to a coordination hub/center that can connect client to appropriate behavioral health provider
- Response from the behavioral health provider or coordination hub/center on the status of the referral

Closed-Loop Referral from Physical Health to CBO

Purpose

This use case enables a physical healthcare provider, such as a Primary Care Provider (PCP) or specialist, or a care coordinator working at a healthcare practice, to refer a patient to one or more community services to address non-medical needs that may negatively impact the patient's health and wellbeing.

Business Process

Healthcare providers may use this use case to help them address the social determinants of health needs of a patient. The goal is to improve patient health and well-being by providing services for non-medical needs, making it easier for the patient to adhere to the treatment plan and/or addressing other needs that negatively impact health.

In Scope

- Referral from a PCP to a CBO
- Referral from a healthcare specialist to a CBO
- Referral from a care coordinator working within the healthcare setting to a CBO
- Response from the CBO on the status of the referral

Closed-Loop Referral across Technology Platforms (CIE to CIE)

Purpose

This use case enables a health or community service organization in one network that participates in the unified network of CIE and CIE-like organizations to refer a client to one or more organizations. It supports

cross-network referrals from physical health providers, behavioral health providers, and CBOs to CBOs, as well as self-referrals to CBOs.

Business Process

Organizations may use this use case to help them address the health and support needs of a client by referring to services outside of the CIE network in which they participate. The goal is to improve client health and well-being by providing services for medical and non-medical needs.

In Scope

- Referral from a physical health provider to a CBO
- Referral from a behavioral health provider to a CBO
- Referral from a CBO to another CBO
- Self-referral of a client to a CBO
- Response from the organization on the status of the referral

[Access to Care Team Information and Longitudinal Record](#)

Purpose

This use case enables health or community service organization to access a community-wide listing of a client's care team and the longitudinal record of the services used by a client. It includes accessing:

Care Team Information, as a comprehensive list of the care team members for each client, including contact information for the client and all other involved members of the care team to aid in coordination of care

Longitudinal Record, as a complete historical record of the health care and community services sought and delivered for each individual client

Both the Care Team and Longitudinal Record are accessed through a single use case described here.

Business Process

Network Partners may use this use case to help reduce the likelihood of duplicated effort, avoid lost client contact, and aid in selecting appropriate services moving forward.

In Scope

- Accessing Care Team information for a specific client
- Accessing the Longitudinal Record for a specific client

[Maintain Longitudinal Record across Networks](#)

Purpose

This use case enables health or community service organizations and their respective CIEs to maintain a longitudinal record of the services used by a client. It includes maintaining:

Care Team Information, as a comprehensive list of the care team members for each client, including contact information for the client and all other involved members of the care team to aid in coordination of care

Longitudinal Record, as a complete historical record of the health care and community services sought and delivered for each individual client

It describes the management of both the historical Longitudinal Record and the current Care Team.

Business Process

Providers may use the Care Team and Longitudinal Record produced through this use case to help reduce the likelihood of duplicated effort, avoid lost client contact, and aid in selecting appropriate services moving forward.

In Scope

- Maintaining Client information as a Care Team member
- Maintaining names of Care Team members
- Maintaining health care encounters in the Longitudinal Record
- Maintaining chronic health care conditions in the Longitudinal Record
- Maintaining access to community services in the Longitudinal Record

Other use cases

The following use cases are assumed as given and are not documented.

- Client access to referral information via a Network Partner (verbal, print, text, email, etc.)
- Client access to Client record via a Network Partner
- Technology Platform-specific operations – to be supported by Technology Platform vendor
 - Network Partner services listing creation and maintenance
 - System Administration: user roles and access management
 - Implementation of organizational standards (e.g., demographics, screening tools)
 - Etc.

Next steps

The Connect2 Community Network vision and priorities were developed by clinical and community-based organizations that serve individuals and their families/caregivers in King County. Next the Connect2 Community Network will engage individuals and their families/caregivers on a few key topics, including the scope and functionality of the Connect2 Community Network. As a result, we anticipate that the vision and scope, as well as other parts of the Connect2 Community Network, will continue to evolve as more organizations and individuals provide input. Implementation will proceed with scope approved in phases by the governance process.

Governance & Administration

The following section outlines the governance and administrative structure for the Connect2 Community Network in King County. This structure has been developed with input from clinical and community-based

organizations and is loosely modelled after King County’s Accountable Community of Health (ACH), HealthierHere, to ensure broad partner representation and cross-sector collaboration.

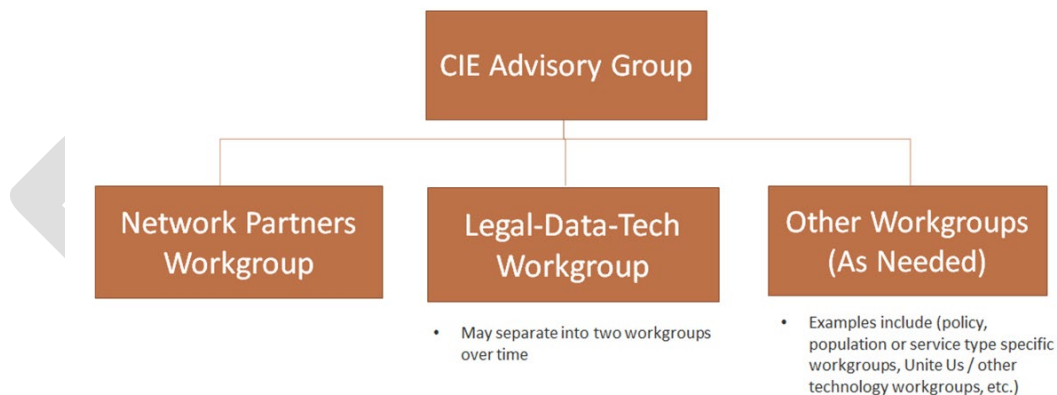
Governance Overview

As mentioned in the “Vision” section, the Connect2 Community Network is envisioned as a “public utility” that is singularly focused on serving and being responsive to the needs of individuals and families living and working in the King County community. It is governed by the community as a unified network of partners—including social service, community, tribal, government, physical and behavioral health organizations—who commit to coordinating care and eliminating disparities. As such, the Connect2 Community Network is intentionally structured to ensure strong community voice, shared power, and a commitment to equity.

It accomplishes this in a number of ways.

First, a cross-sector Connect2 Community Network Advisory Group (see below) is to serve as the core governing body. This body will provide expertise, guidance and have final decision-making authority over the design, implementation, evaluation, and sustainability of the network. Clinical and community partners have provided input on the Advisory Group scope, composition and selection criteria. Recruitment for the Connect2 Community Network Advisory Group is underway; the governing body will be established by December 2020.

Second, the Connect2 Community Network actively engages a broad range of clinical and community partners through several important teams, including the Network Partner Workgroup, the Legal, Data, and Technology Workgroup, and the Unite Us Workgroup. These teams are operational and are charged with informing design and guiding implementation of the Connect2 Community Network.



Below is more detailed information on this governance structure.

Finally, as noted above, the Connect2 Community Network is focused on supporting community members that live, work or get care in King County. We recognize that many community members may live, work and/or get care in multiple counties. Thus, we will work to coordinate our efforts with similar initiatives and/or aligned organizations in Pierce and Snohomish Counties.

Connect2 Community Advisory Group

As mentioned, the Connect2 Community Network Advisory Group (AG) will serve as the governing body for the network. Its purpose is to form a coalition of organizations, leveraging their knowledge and expertise

to create, govern, and coordinate a unified network of health and human services providers, with universal access and interoperability between platforms/networks to better meet the holistic needs of clients/patients. In this role, the Advisory Group will serve as the final decision-making body for the design, implementation, evaluation, and sustainability of the Connect2 Community Network.

Membership

King County's Connect2 Community Network will be overseen by a multi-sector governing body comprised of subject matter experts from sectors critical to the network's success. In the interest of balancing vital perspectives and ensuring community participation, the Advisory Group (AG) will have 20-30 members, representing the following perspectives:

- Health care provider
- Insurer
- Local government agency
- Consumer/community coalition
- Tribal government
- Indigenous serving organization
- Community-based organization (CBO) (e.g., BIPOC-led, led by people with lived experience, and/or serving veterans, seniors, immigrants, individuals with disabilities, or LGBTQIA+)
- Social service support or delivery organization (e.g., housing, homelessness, food security, employment, navigation services)
- First responder
- Corporate or philanthropic foundation or community benefit program
- CBO serving individuals impacted by the criminal justice system
- Organizational sponsor (e.g., HealthierHere)
- At-large position (option for additional sector or community perspective)

Responsibilities & Principles

The Advisory Group's core responsibilities are to:

- Provide strategic support and guidance on designing, implementing, evaluating, and sustaining the Connect2 Community Network
- Monitor the effectiveness and success of the network and take action to improve the Connect2 Community Network
- Establish annual plan and metrics for Connect2 Community Network Advisory Group, including return on investment
- Receive recommendations from Connect2 Community Network -related workgroups, including the Network Partner, Data, Technology, and Legal workgroups, and serve as final decision-making body
- Facilitate relationships and partnerships with a broad range of community-based, health care, and human services organizations who can participate in and use the Connect2 Community Network
- Liaise with leaders of systems, institutions, and organizations whose support will be essential for the success of the Connect2 Community Network

- Ensure the Connect2 Community Network is operating in ways that align with its principles, including, but not limited to, being client and community centered, ensuring tribal data sovereignty and data governance
- Collaboratively support efforts to fund and sustain the Connect2 Community Network

In carrying out these responsibilities, Advisory Group members are expected to abide by HealthierHere's core values (equity, partnership, results, community and innovation) and the Connect2 Community Network's agreed-upon principles, which include:

- Keep the client/patient at the center
- Respect and protect client/patient privacy
- Exchange only information that will improve care and equity
- Relationships are the key to success
- Make the solution low barrier and simple for end-users and clients/patients
- Optimize workflows and minimize duplication of effort
- Strive for equitable outcomes and the reduction of disparities across data, technology, and of course health systems

The CIE Advisory Group will meet quarterly (and may decide to meet more regularly if needed). Additional detail on the AG's principles, structure, and decision-making and reporting processes can be found in its draft charter (see Appendix A). The charter will be ratified by the incoming Advisory Group.

Selection Process

The opportunity to apply for the Connect2 Community Network Advisory Group was shared with all HealthierHere, Crisis Connections and WAServes partners, Connect2 Community Network Partners and Legal, Data & Technology workgroups, participants who attended the VSHSL and DCHS Connect2 Community Network presentation and many more. Social media, websites, blog posts, e-newsletters, and meeting announcements were all leveraged. Interested candidates applied for the Advisory Group by completing a short, web-based application on the HealthierHere website in October, November and early December. Nearly 50 candidates applied for the Advisory Group.

To select the inaugural Advisory Group, HealthierHere, in partnership with Crisis Connections and WAServes, created a multi-stakeholder selection committee. This committee included: a representative from HealthierHere, WAServes and Crisis Connections, three members of HealthierHere's Executive Committee, and three members of the Connect2 Community Network Partners workgroup. Using the selection criteria below, the selection committee reviewed and recommend a slate of applicants during three meetings held in November and December.

AG members were selected based on the following criteria:

- Ability to effectively steward and represent the vision, mission and values of the Connect2 Community Network

- Demonstrated experience aligning multi-organization and/or cross-sector initiatives, delivering outcomes for people and communities, leading organizational strategy, and/or stewarding financial sustainability
- Demonstrated commitment to advancing equity and supporting anti-racism practices
- Prioritizing BIPOC-led organizations and organizations led by people with lived experience as well as ensuring a diversity in background and experience (e.g., race, ethnicity, areas of expertise)
- Representation of different parts of the region and the geographic locations of the populations, as well as ensuring a balance of representation (e.g., small and large organizations, reflective of community)
- An understanding of the role and responsibilities of the Connect2 Community Network Advisory Group (e.g., governing verses management, community impact over organizational self-interest)
- Time and capacity to be an active member of the Connect2 Community Network Advisory Group
- Ability to model HealthierHere's values of equity, community, partnership, innovation and results; and to work in a spirit of collaboration, aligned action and deep respect

The recruitment and selection process detailed above was specifically designed to lead with our values: it was grounded in equity; it modeled shared decision-making and power; and it ensured strong community voice and broad-based participation.

Selection Timeline

August-early September	<ul style="list-style-type: none"> • Reviewed application process and roles with HealthierHere's Executive Committee and CIE Coalition and Network Partners Workgroup • Finalized CIE AG composition (e.g., number of seats, sector representation) • Finalized application and selection criteria
Sept-October	<ul style="list-style-type: none"> • Advertised and distributed the announcement through a variety of networks • Proactively recruited for applicants and follow-up with local partner organizations for nominations Due date for applications was November 13, 2020
November-early December	<ul style="list-style-type: none"> • CIE Selection Sub-Committee reviewed applications and recommended a slate of candidates to the Executive Committee • Executive Committee approved final candidates on December 18, 2020 • Staff will inform candidates. Please note: once candidates are informed, HealthierHere will announce the Advisory Group to Network Partners, key stakeholders and on its website.
December 2020	<ul style="list-style-type: none"> • Establish CIE Advisory Group (December 31, 2020)

Multi-Sector Workgroups

In addition to the Advisory Group, the Connect2 Community Network is proactively engaging and relying on the expertise of many clinical and community partners through its various workgroups. These include the Connect2 Community Network Partners Workgroup, the Connect2 Community Network Legal, Data, and Technology Workgroup, and the Unite Us Workgroup. To ensure individuals and organizations whose primary language is not English are able to participate, we have offered to enable live translation services during these workgroup meetings.

Network Partner Workgroup

The Connect2 Community Network Partner Workgroup (NPWG) will ensure that the day-to-day use of the Connect2 Community Network is informed by and responsive to the community through development of network standards, partner engagement strategies, partner onboarding and systemic reviews of network data to identify resource gaps and opportunities to improve care coordination. HealthierHere staff will be responsible for convening meetings. HealthierHere will also engage a small group of interested partners to guide meeting agendas and inform structures that support engagement.

Its responsibilities include to:

- Provide input into the design and implementation of the Connect2 Community Network, including making recommendations to the Connect2 Community Network Advisory Group for final decision making
- Set community-wide standards and service level agreements related to network use
- Identify gaps in services and resources to improve care coordination and community health
- Surface opportunities for improved care coordination based on qualitative and quantitative network data
- Identify opportunities to strengthen network engagement and grow the network
- Provide input into CIE “roadmap”, including prioritization of consumer access, shared care planning and other functionality

The NPWG membership will be comprised of people from agencies and organizations who will be using the Connect2 Community Network – the same sectors listed above in the Advisory Group section -- and have direct experience with resource referral within a range of systems and organizations. These may be front-line staff who are directly involved in resource referral work, or directors and managers who supervise this front-line staff. Network Partners will have input into workgroup meeting agendas, speakers and breakout groups.

Additional information on the Network Partner Workgroup can be found in its charter (see Appendix B). Also available is the current list of workgroup participants and scheduled meetings (see Appendix C).

Legal, Data, and Technology Workgroup

The purpose of the Connect2 Community Network Legal, Data, and Technology (LDT) Workgroup is to consider and make recommendations on legal, data, and technology related policies and procedures that will allow for information sharing and care coordination across health and social sectors, and provide

legal and technical review of new features, functionality and general use of the Connect2 Community Network. Recommendations will be considered by the Connect2 Community Advisory Group, which will have final decision-making authority. HealthierHere staff will be responsible for convening meetings. HealthierHere will engage a small group of interested partners to guide agendas and inform structures that support participation.

Its responsibilities are to:

- Develop recommendations, in coordination with and in support of Network Partner aims, related to data privacy, security policies, regulatory compliance and data sharing/use agreements
- Review proposals and make recommendations on network interoperability and logical architecture for the Connect2 Community Network
- Provide technology and legal input into the Connect2 Community Network “technology roadmap”
- Lead Connect2 Community Network integration and technology related conversations within their own organizations, flagging issues that may arise
- Advise the Network Partner Workgroup and Advisory Group on other matters of privacy, security, and regulatory compliance and data sharing as required

The LDT Workgroup membership will be comprised of attorneys, privacy officers, IT and data experts and others who provide legal and technology guidance at the same sectors listed above in the Advisory Group section.

Additional information on the Legal, Data, and Technology Workgroup can be found in its charter (see Appendix D). Also available is the current list of workgroup participants and scheduled meetings (see Appendix E).

Unite Washington Workgroup (Unite Us Technology Platform Users)

The Unite Washington Workgroup for King, Pierce, and Snohomish counties is focused on ensuring the incorporation of the existing care coordination best practices and community knowledge during implementation of the coordinated care network. It is co-led by Unite Us and HealthierHere staff.

Its responsibilities are to:

- Ensure the health of the network through ongoing management, monitoring, technical support, data analysis and review. This may include: reviewing and interpreting network data and identifying and addressing barriers to network health.
- Encourage network growth through identification of gaps in services or referral partners that might benefit from using the network
- Collaborate on configurable elements of Unite Us (e.g., assessment forms)

More information on the Unite Us Workgroup is being co-developed by workgroup members and a current list of participants signed up for the initial workgroup meetings can be found in Appendix F.

Next Steps & Summary

While some of the Connect2 Community Network governance and administrative infrastructure has been developed, more is needed. Looking forward, the Connect2 Community Network Advisory Group is on track to be seated by the end of December 2020. The Advisory Group will be onboarded and hold its first meeting in early 2021. Additional outreach and engagement of clinical and community-based organizations have been identified in the community and consumer engagement plan. Interested organizations will be onboarded in 2021. Finally, we anticipate adjustments to governance structures based on community and consumer feedback and tribal data sovereignty efforts in 2021.

In summary, the governance and administrative structure outlined above has been intentionally designed to support a “public utility” model. It is led and governed by the community. It includes broad representation and multi-sector participation to ensure that no one sector or organization’s interests are held above others. It shares power and decision-making. It prioritizes community voice. It embeds equity through co-creation with community partners, the composition of its governing body, its Advisory Group selection criteria, its hiring process of staff, to name a few. We believe this structure is well-positioned to support strong cross-sector collaboration and a successful foundation for community information exchange.

Privacy Plan

This Privacy Plan (“Plan”) is part of a vision for a sustainable Connect2 Community Network. It provides the overall plan and framework for ensuring client privacy on the Connect2 Community Network. In particular, it is a plan that is:

- Co-designed by community members and potential clinical and community-based providers of services and supports,
- Intended to meet applicable local, state, tribal, and federal laws and regulations,
- Allows for the use of anonymized and de-identified data under certain defined circumstances, and
- Informs all clinical and community-based participants and their vendors of the prohibition related to monetizing client personal or health care data.

This Plan describes a set of high-level privacy requirements and how execution of the Plan will be ensured through a Privacy Framework. The Privacy Framework includes formalized agreements with clinical and community-based organizations that participate in the Connect2 Community Network.

Client privacy is critical to participation of clinical organizations that are entrusted with the health information of their patients, disclosure of which is governed by HIPAA.¹ It is likewise critical to participation of Community-Based Organizations that are entrusted with sensitive information about the support services required by their clients, and enforced by organizational policy as well as federal, tribal,

¹ The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule establishes national standards to protect individuals’ medical records and other personal health information, and applies to certain clinical organizations that share information on the CIE.

and state regulation. Most importantly, it is critical to the clients served by the Connect2 Community Network. If any of these stakeholders believes that client privacy is at significant risk for compromise, they simply will not participate in the CIE and clients will suffer.

The Privacy Plan supports the concept of a Unified Network that provides services to clinical and community-based organizations. The Unified Network provides infrastructure that creates a federation of autonomous, existing and emerging initiatives cooperating as an integrated and coordinated whole. More information on the Unified Network is provided in the Technology Plan.

Process for Developing this Plan

This Plan was co-designed through an iterative and inclusive process. Guidance was provided by the Network Partner Workgroup to establish priorities for functionality that might be included in the Connect2 Community Network and required support in the Privacy Plan. Input was then sought from the Legal, Data, and Technology Workgroup through:

- Pre-meeting surveys distributed prior to each Workgroup meeting to help members think critically about the issues and to take the initial temperature on topics to be discussed
- Group discussions of each topic during Workgroup meetings in light of the pre-meeting survey results and taking input from the standpoint of multiple stakeholders
- Post-meeting surveys taken the week following each meeting used to record consensus opinions of the Workgroup and identify areas requiring additional deliberation

This process produced a growing set of recommendations of the Legal, Data, and Technology Workgroup that form the basis for this Privacy Plan. Those recommendations were reviewed with the Workgroup at each meeting to ensure they were properly recorded and reflected consensus opinion. The recommendations were also reviewed with the Network Partner Workgroup during the development process to gain additional input and endorsement of network partners.

This Privacy Plan and the Privacy Framework it describes will be formalized through the governance process of the Connect2 Community Network described in the Governance and Administration section. The governance process may adopt more (or less) restrictive policies than the consensus recommendations of the Legal, Data, and Technology Workgroup. Individual participants may likewise adopt more stringent or restrictive privacy policies than the minimum requirements of the Connect2 Community Network. Necessarily, some parts of the Plan will require further development or refinement through the inclusive governance process that will convene in 2021. Known items are identified within this Plan. The Legal, Data, and Technology Workgroup will continue to provide input in the form of recommendations as needed.

Privacy Requirements for the Connect2 Community Network

Guidance from the Network Partner Workgroup and discussions with the Legal, Data, and Technology Workgroup led to the development of a set of recommendations that are used as high-level privacy requirements for the Connect2 Community Network in this Plan. Governance processes will ultimately confirm whether each of these requirements are implemented as recommended.

The following is a summary of the privacy-related recommendations. The requirements derived from these recommendations apply to the Connect2 Community Network as a whole. Some are specific to components of the Unified Network infrastructure, while others are shared by multiple components and/or the Clinical and Community-based organizations that participate.

Collection and Sharing of Information

The Connect2 Community Network should allow for the collection and sharing of:

- Personally Identifiable Information (PII), including important demographics for each client necessary to contact them, help assess eligibility for services and supports, and support delivery of clinical and community-based services
- Physical Health Information, including protected health information (PHI) that might help Clinical and Community-Based Organizations participating in the Connect2 Community Network deliver appropriate services and supports to the client
- Behavioral Health Information, which might include mental health information and/or substance-use disorder (SUD) treatment information (to the extent it is not subject to 42 CFR Part 2² consent requirements), again if it might help Clinical and Community-Based Organizations participating in the Connect2 Community Network deliver appropriate services and supports to the client.

Collection and sharing of personally identifiable information and protected health information on the Connect2 Community Network must comply with local, state, tribal, and federal laws and regulations. Agreements outlined in the Privacy Framework must include language that binds appropriate organizations, including the operator of the Connect2 Community Network, to adhere to local, state, tribal, and federal laws and regulations and requires them to ensure that all software they use to access or manage client data is maintained to adhere to applicable laws and regulations as well.

- In order to maximally protect client privacy, physical and behavioral health information may only be shared on the Connect2 Community Network if critical to delivering specific services or supports to the client.

The governance process may establish guidelines for when clinical providers might not share physical or behavioral health information, even with authorization of the patient.

The Connect2 Community Network should NOT collect or share:

- Specific Sensitive Personal Information, such as psychotherapy notes and citizenship status, will never be collected and shared on the Connect2 Community Network.

The governance process will establish specific standards and limitations on the collection and sharing of personal information. Those limitations might pertain only to the Unified Network infrastructure or include flow-down requirements to the technology platforms that participate in

² The 42 CFR Part 2 regulations (sometimes referred to simply as “Part 2”) serve to protect information created by, received, or acquired by a federally assisted substance use disorder relating to a patient.

the Connect2 Community Network and the Clinical and Community-Based Organizations that are their customers.

Clients will always have the option to decline to disclose what they may believe is sensitive information that is not necessary to identify them to the Clinical or Community-Based Organizations providing services, contact them for the purposes of providing services, or determine whether they are eligible for specific services.

Client Authorization for Disclosure and Data Aggregation

The Connect2 Community Network should include privacy policies that ensure:

- Client Authorization to the sharing of their information on the Connect2 Community Network, including health and non-health information.

Obtaining client authorization to share their information, using the Connect 2 Community Network template authorization form, is the responsibility of the Clinical and Community-Based Organizations that participate on the Connect2 Community Network.

The Legal, Data, and Technology Workgroup recommends that the governance process establish a uniform authorization form for the Connect2 Community Network, or language that participating clinical organizations might incorporate in their own authorization forms.

- Aggregation of Client Information is only allowed in order to facilitate evaluation of outcomes of service delivery, identify gaps in community resources and the services provided by participating Clinical and Community-Based Organizations, and needs for future development. Such analysis will be for the purpose of system and service improvement only.

The governance process will establish specific standards and limitations on what data may be aggregated and the minimum size of the subpopulation over which data is aggregated to limit the potential for reidentification. Those standards and limitations will be consistent with Washington state and federal public health and other guidelines for the disclosure of aggregated information.

In addition to the above requirements, the governance process must ensure that all documents that make up the Privacy Framework align with the collective values of the Clinical and Community-Based Organizations that participate in the Connect2 Community Network, and strive for equitable access by all clients seeking services and supports.

Client Authorization to Disclose Information

The template Connect2 Community Network client authorization form that clients must sign before clinical and community-based organizations disclose their personal or health information to the Network must identify in the disclosure form that the client has given permission for the disclosure of information for the Connect2 Community Network, including disclosure of health and non-health information to all participants on the Unified Network that have an allowed reason to access it.

Client Authorization must include an expiration date, either five years after it is signed or on a date indicated by the client. Authorization may be revoked by the client at any time prior to its expiration. The

template language for Client Authorization may include a recommended expiration date and may allow organizations to reaffirm authorization for each referral if dictated by organizational policy.

Client Authorization should be obtained by the provider, whether physical health, behavioral health (including mental health and SUD records not subject to 42 CFR Part 2), or community services. Agreements among participants in the Connect2 Community Network (see the Privacy Framework discussion that follows) will require that providers obtain authorization through flow-down requirements to Clinical and Community-Based Organizations that participate.

Clients will be allowed to revoke their authorization to share information on the Connect2 Community Network at any time by informing any participating provider on their care team of that desire, or by contacting the Unified Network operator. It is anticipated that information collected and stored within the Unified Network infrastructure will not be deleted should the client revoke authorization to share it, but instead retained and flagged such that it is no longer shared with participating Clinical or Community-Based Organizations.

Disclosure of Health Information

Information collected and shared on the Connect2 Community Network may include protected health information. Disclosure of protected health information by clinical organizations³ that are HIPAA covered entities is protected under the HIPAA Privacy Rule, and requires patient authorization if disclosed for a purpose not required or permitted by HIPAA. The disclosure of protected health information to organizations that provide community services or supports on the Connect2 Community Network requires patient authorization. Healthcare providers that are covered entities are required to obtain client authorization to disclose health information in a manner compliant with HIPAA.

Behavioral health information collected and shared on the Connect2 Community Network may include mental health information or SUD treatment information that is not subject to 42 CFR Part 2. Disclosure of mental health information falls under the HIPAA Privacy Rule protection but is further restricted by Washington state law⁴ and, in the context of the Connect2 Community Network, requires specific client authorization before it can be shared with other clinical organizations or community-based service providers. In connection with the Connect2 Community Network, behavioral health providers are required to obtain client authorization to disclose mental health or SUD treatment information not subject to 42 CFR Part 2 in a manner compliant with applicable law.

Additional state regulations also limit the disclosure of information related to sexually transmitted diseases.⁵ Healthcare providers must not disclose such restricted information on the Connect2 Community Network if the client has not checked the specific box in the “Sensitive Information” section of the

³ The HIPAA Privacy Rule describes the requirements not only for clinical organizations, but a class of entities called “Covered Entities” which also includes payers and clearinghouses.

⁴ RCW 70.02.230 “Mental health services, confidentiality of records—Permitted disclosures” governs the disclosure of mental health information in Washington State.

⁵ RCW 70.02.220 “Sexually transmitted diseases – Permitted and mandatory disclosures” governs the disclosure of sexually transmitted disease information. In Washington State.

Connect2 Community Network template authorization form. A provider must indicate clearly when it is disclosing such information to the Connect2 Community Network.

Whenever a provider discloses health information on the Connect2 Community Network, they must indicate clearly whether it is mental health information or sexually transmitted disease information subject to protections under Washington law.

When disclosing health information of a minor under the age of 18, clinical organizations must ensure that the minor's parent or other legal guardian sign the Connect2 Community Network template authorization form. However, the signature of a minor patient is required for the disclosure of information related to health care services for which the minor can consent himself or herself, including information related to: reproductive care; sexually transmitted diseases (including HIV/AIDS) if the minor is 14 or older; mental health treatment if the minor is 13 or older; and substance abuse treatment if the minor is 13 or older.

Due to restrictions under federal law (42 CFR Part 2), clinical organizations may not share substance use disorder information of patients subject to 42 CFR Part 2 to the Connect2 Community Network.

Psychotherapy notes,⁶ which have protections under HIPAA and Washington State law, may never be shared on the Connect2 Community Network.

Including certain individuals in a client's care team with other information that identifies a client may represent disclosures of health information that are protected by state and federal law:

- Listing the names of a client's health providers, including their primary care physician, in the care team must be treated as a disclosure of PHI subject to protection under HIPAA
- Listing the names of a client's mental health providers in the care team must be treated as a disclosure of mental health information subject to protection under Washington law
- Listing the names of a client's SUD treatment providers in the care team must be treated as a disclosure of SUD treatment information that may be protected under 42 CFR Part 2 and may not be shared with the Connect2 Community Network.

Client Access

Clients will have a right to access a copy of their data collected by and shared on the Connect2 Community Network. Each clinical organization's Notice of Privacy Practices must include instructions for how a client can request and obtain a copy of their data.

A future implementation of the Connect2 Community Network may allow for direct client access (or access by designated caregivers or family members) to view their records and/or request that changes be made to correct information about them. However, the initial implementation of the Unified Network infrastructure

⁶ Psychotherapy notes means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. Psychotherapy notes excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

will not include a capability for direct client access. The preferred method for having a client view or obtain a copy of their information is through a participating provider (clinical or community-based) that is providing services, or a participating navigator working with the client. The Connect2 Community Network will forward all client requests for access to their records to the appropriate clinical or community-based organization.

Individual technology platforms participating on the Connect2 Community Network may allow for direct access to the client information they collect.

It may be desirable for clients, their families, or their designated care givers to search for clinical or community services and supports and self-refer. The final version of the Privacy Framework should allow for the possibility of self-referral. However, near term, the initial implementation of the Unified Network infrastructure will not include a self-referral capability.

Distinct from self-referral, but responsive to consumer access needs, the Connect2 Community Network will include a 24/7 access points to the Connect2 Community Network and a means for clients to leave non-emergency messages that may include requests for services. The final version of the Connect2 Community Network Privacy Policy must include language that would cover information left by the client as part of such a message.

Tribal Sovereignty

Tribal sovereignty is the foundation of tribal governance for the 574 federally recognized tribes in the United States, 29 of which are located in the state of Washington. A critical exercise of tribal sovereignty is Indigenous data sovereignty and governance, which describes the “right of a nation to govern the collection, ownership, and application of its own data. It derives from tribes’ inherent right to govern their peoples, lands, and resources.” The Connect2 Community Network will honor Indigenous data sovereignty and governance in relationships with tribal governments and Native-serving organizations that participate in the Connect2 Community Network. American Indians and Alaska Natives experience high, and sometimes the highest, rates of poor health outcomes in King County. In addition to structural barriers to access, there is well-founded distrust. Incorporating Indigenous data sovereignty and governance principles and practices are necessary to address the intersection of health disparities and data justice for the clients and communities that the Connect2 Community Network serves.

HealthierHere has contracted with a national expert on Indigenous data sovereignty for guidance and review of Connect2 Community Network plans, including this Privacy Plan. Initial efforts will include education of staff and non-indigenous Network Partners and funders on background and history. In 2021, the expert will engage with HealthierHere’s Indigenous Nations Committee and Native-led/Native-serving organizations to introduce the framework for Indigenous data sovereignty and governance, assess capacity, and advise on implementation and capacity building. The policies required to ensure Indigenous data sovereignty and governance on the Connect2 Community Network will be guided by these organizations.

Privacy Framework

The Privacy Framework comprises several documents and agreements:

1. A Privacy Policy, issued by the Connect2 Community Network, for clients to learn how information about them may be collected, used, and shared, and how to get a copy of their information
2. A template Client Authorization to Disclose document, or model language to be included in the authorization agreements of clinical organizations participating in the Connect2 Community Network
3. A Participation Agreement among all organizations participating in the Connect2 Community Network
4. Business Associate Agreements (BAAs) between Covered Entities as defined by HIPAA (e.g., clinical organizations) and the Connect2 Community Network and their technical platform vendors
5. Data Use Agreements among non-Covered Entities (e.g., the Connect2 Community Network community-based organizations) and their technical platform providers

Client-Facing Agreements

Figure 1 illustrates agreements between the Connect2 Community Network and the clients it serves. Those documents include the Connect2 Community Network Privacy Policy and the Client Authorization to Disclose.

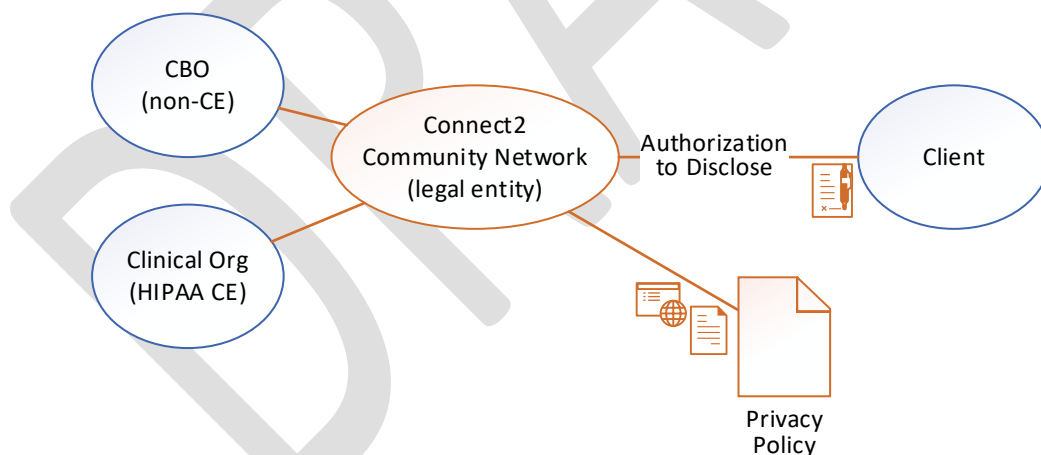


Figure 1: Client-facing agreements included in the Privacy Framework, comprising a Privacy policy available on the web site or in printed form, and a Client Authorization to Disclose that must be signed by the client. Note: CE stands for covered entity.

Privacy Policy

The Privacy Policy is an agreement between the Connect2 Community Network and a client that provides specific information on what data is collected about a client, how it will be collected, and how it may be

used and shared. It also provides instructions for the client on how they can obtain a copy of the information collected by the Network.

The Policy will be posted publicly and made available in printed form to any client upon request. The governance process will approve the initial Privacy Policy and should review the Policy annually to ensure it continues to reflect the consensus values of the Connect2 Community Network, local, state, tribal, and federal laws and regulations, and industry best practices.

A draft Privacy Policy has been reviewed by the Legal, Data, and Technology Workgroup and our legal counsel, and is included in Appendix P. The final Privacy Policy will be updated by the governance process after selection of a vendor to provide the Unified Network infrastructure technical services.

Client Authorization to Disclose

The Connect2 Community Network will adopt a template authorization form that must be used by clinical and community-based organizations to obtain client authorization to collect, use, and share information about them on the Connect2 Community Network for purposes of delivering services. The authorization form authorizes clinical organizations, community-based organizations, and the Connect2 Community Network to mutually collect, use, and share client protected health information with all participants.

All health providers are responsible for obtaining patient authorization using the template form of the Connect2 Community Network before disclosing health information (including their identity as a member of the care team) prior to sharing it on the Connect2 Community Network.

A draft Client Authorization to Disclose form has been reviewed by the Legal, Data, and Technology Workgroup and our legal counsel, and is included in Appendix Q. The final Authorization will be updated by the governance process after a complete review of tribal data sovereignty requirements, if any.

The Privacy Policy and Client Authorization to Disclose have been written in plain language and will be translated into multiple languages.

Agreements among Participating Organizations

Figure 2 illustrates agreements among participants in the Connect2 Community Network. The Participation Agreement (PA), Business Associate Agreement (BAA), and Data Use Agreement (DUA) are described in the following sections.

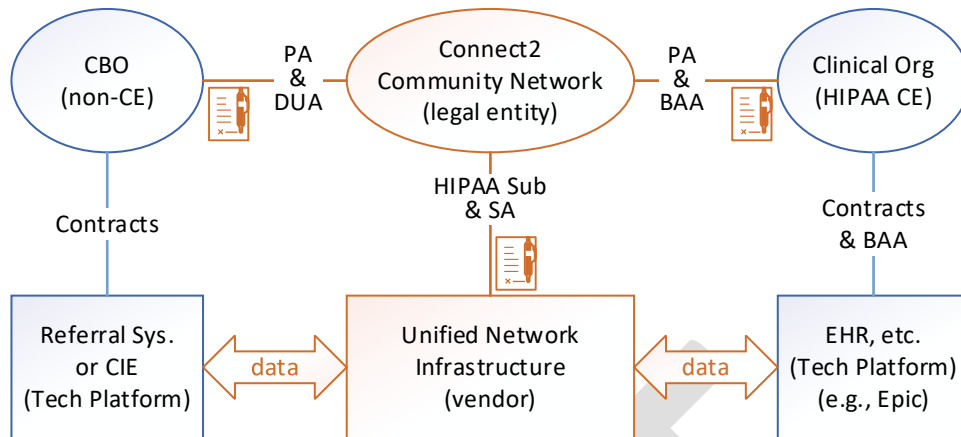


Figure 2 *Agreements among Network participants included in the Privacy Framework, comprising a Participation Agreement (PA), Business Associate Agreement (BAA), Data Use Agreement (DUA), HIPAA Subcontractor Agreement (HIPAA Sub), and Service Agreements (SA) and other vendor contracts.*

Participation Agreement

The Participation Agreement is a multi-party agreement between the Connect2 Community Network and its network participants (the Clinical and Community-Based Organizations) that identifies the terms and conditions for organizations participating in the Connect2 Community Network, including obligations for protecting client privacy and limitations on the collection, use, and sharing of client information.

The agreement will cover topics including, but not necessarily limited to:

- Roles of all participating parties
- Level of client data access allowable by the Connect2 Community Network
- Participant policies and procedure requirements
- Term of the agreement and mechanisms for termination
- Applicable participation fees
- Terms for allowable access to client data by participants in the Connect2 Community Network
- Requirements for client authorization to disclose their data via the Connect2 Community Network
- Terms for minimum necessary use of client data
- Terms for user authorization
- Security requirements of participant organizations
- Terms for quality of services delivered and administration
- Minimum requirements for security in software systems with access to client information
- Warranty, limitations on liability, indemnification, and other disclaimers
- Insurance requirements

The Participation Agreement will be drafted after approval of the Privacy Plan by the governance process and the development of a framework for indigenous data sovereignty.

Business Associate Agreement

A business associate agreement (BAA) is an agreement between a Covered Entity (a Covered entity (CE) as defined by HIPAA, including clinical organizations that may participate on the Connect2 Community Network) and entities that provide services to them that involve the use or disclosure of protected health information. It recognizes the clinical organization as a HIPAA Covered Entity and requires the vendor or service provider to abide by HIPAA requirements for handling protected health information.

As a service provider to clinical organizations that participate in the Network, Connect2 Community Network will be required to execute a BAA. A BAA is also required between the clinical organization and their electronic health record (EHR) vendor or their preferred CIE or other technical platform vendor that interfaces with the Connect2 Community Network.

A Business Associate Agreement will be drafted after approval of the Privacy Plan by the governance process and development of a framework for indigenous data sovereignty. Rather than execute the Network's BAA, a Covered Entity may have its own BAA that must be executed by the Network and may have additional agreements related to security that must also be executed, to the extent that such BAA and additional agreements are acceptable to the Network. Covered entities participating in the Connect2 Community Network must also ensure they have appropriate BAAs with their respective vendors that cover interactions on the Connect2 Community Network.

Data Use Agreement

A Data Use Agreement (DUA) is an agreement between a community-based organization or other entity that is NOT a Covered Entity, the Network, and their vendor(s) that interface with the Connect2 Community Network. It requires non-Covered Entities to abide by HIPAA standards for handling protected health information similar to a BAA, but is designed for an organization not covered under the HIPAA Privacy Rule.

A Data Use Agreement will be drafted after approval of the Privacy Plan by the governance process and the development of a framework for indigenous data sovereignty. Community-based organizations participating in the Connect2 Community Network are encouraged to examine the service agreements and other contracts with their technology vendor in light of the requirements of the Participant Agreement and Data Use Agreement.

Other Arrangements and Agreements

The Connect2 Community Network may enter into agreements directly with a technology platform, such as a CIE or referral platforms vendor, that has multiple participating members rather than enter into agreements with each of the members directly. See Figure 3 for an illustration of this option.

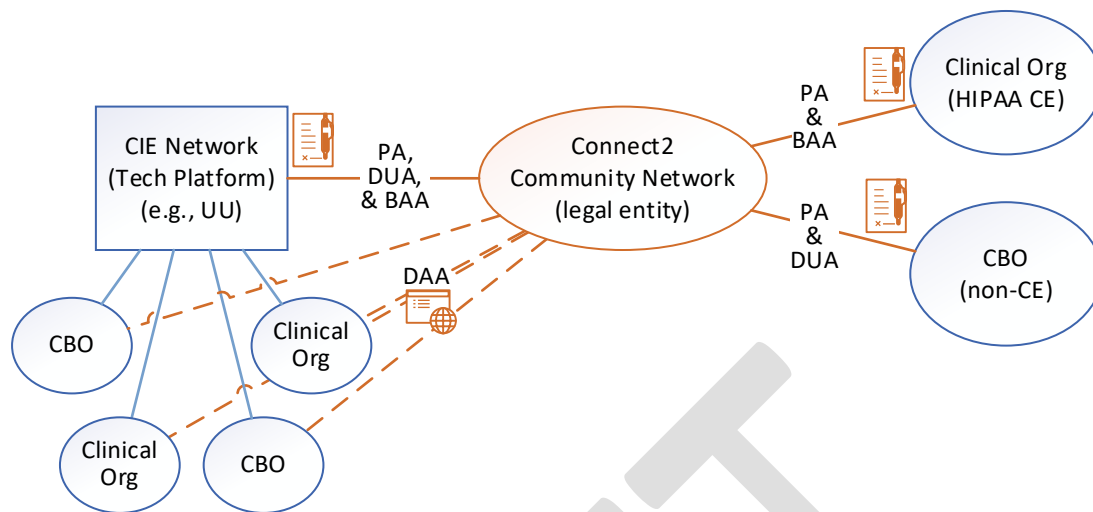


Figure 3: Illustration of an agreement with a technology platform, such as a CIE network, identifying the need for a Participation Agreement, BAA, and Data Use Agreement between the platform vendor and the Connect2 Community Network, and Data Access Agreements (DAAs) between the Connect2 Community Network and the CIE network members.

Connect2 Community Network would execute a Participation Agreement and Data Use Agreement with the vendor operating the platform, and a Business Associate Agreement if the vendor has Covered Entities among its members. The vendor must ensure that requirements of the Participation Agreement, Data Use Agreement, and BAA extend to its members.

Connect2 Community Network may also require members of a technology platform that do not sign the Participation Agreement to acknowledge a Data Access Agreement. This agreement is often a click-through electronic acknowledgment that the member is bound by certain terms and conditions of participating on the Connect2 Community Network.

Next Steps

The Privacy Plan was developed with the input of clinical and community services organizations in the Network Partner and Legal, Data, and Technology Workgroups. Legal counsel has been retained, and has reviewed the Plan and the draft client-facing documents that will be included in the Plan appendices. An expert in tribal sovereignty has been identified, and in 2021 will begin to develop the framework for Indigenous Data Sovereignty and Governance. The Participation Agreement, Business Associate Agreement, and Data Use Agreement will be drafted including components of the indigenous data sovereignty framework.

In 2021, modifications to the Plan and draft documents required to reflect data sovereignty will be completed and reviewed by legal. The entire Plan will then be reviewed and ratified by the governance process, confirm areas that require additional detail as indicated in this Plan, and complete those details to produce the first release of the Privacy Plan for the Connect2 Community Network.

Technology Plan

This Technology Plan is part of a vision for a sustainable Connect2 Community Network Community Information Exchange (CIE). It describes at a high level the plan for the technology to implement the Unified Network infrastructure that must be supported by the Privacy Plan.

The operational approach to county-wide CIE in King County is to create and maintain a Unified Network across Clinical and Community-Based Organizations. The Unified Network would support a collection of current or emerging technology platforms, some of which might identify themselves as CIE platforms, that connect, communicate, and cooperate as a unified whole. The Unified Network provides the infrastructure necessary to facilitate efficient and reliable communication among the technology platforms but is not necessarily a CIE platform itself.

The Unified Network infrastructure:

- Is governed by the community
- Serves the needs of the community (not any one entity or vendor)
- Is interoperable
- Operates as a public utility

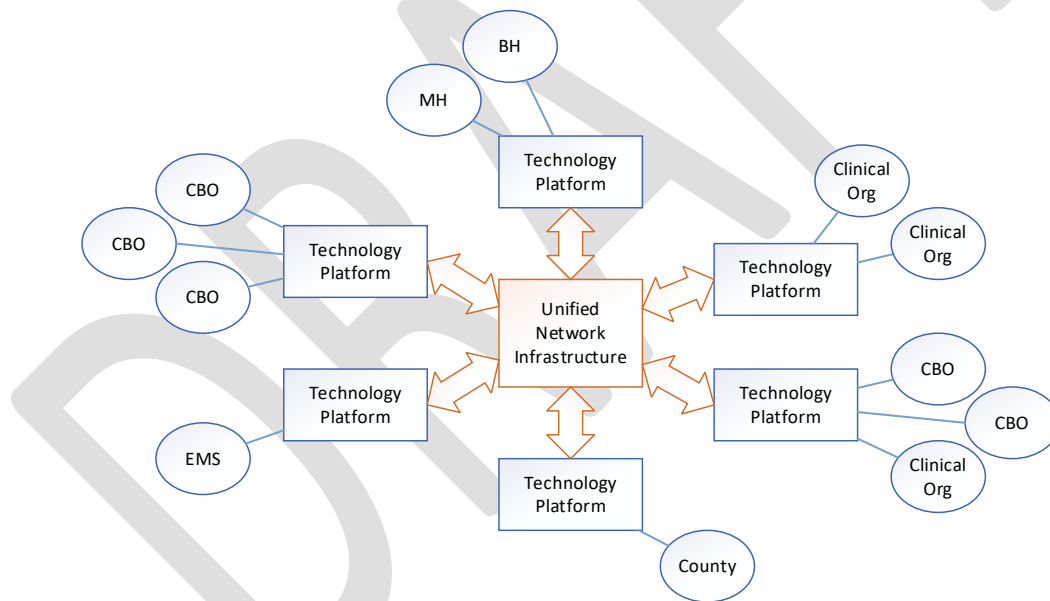


Figure 4: High-level conceptual model for the Connect2 Community Network as a Unified Network, illustrating a collection of cooperating technology platforms (CIE platforms, referral systems, EHRs, care management systems, etc.), each serving one or more organizations.

Process for Developing this Plan

This Plan was co-designed through an iterative and inclusive process. Guidance was provided by the Network Partner Workgroup to establish priorities for functionality that might be included in the Connect2 Community Network and might require specific technology support. Input was then sought from the Legal,

Data, and Technology Workgroup to identify recommended technology components and solutions through:

- Pre-meeting surveys distributed prior to each Workgroup meeting to help members think critically about technical requirements and to take the initial temperature on approaches prior to discussion
- Group discussions of each topic during Workgroup meetings, considering pre-meeting survey results and considering potential technology approaches
- Post-meeting surveys taken the week following each meeting used to record consensus opinions of the Workgroup and identify areas requiring additional deliberation

This process produced a growing set of recommendations of the Legal, Data, and Technology Workgroup that form the basis for this Technology Plan. Those recommendations were reviewed with the Workgroup at each meeting to ensure they were properly recorded and reflected consensus opinion. The recommendations were also reviewed with the Network Partner Workgroup during the development process to gain additional input and endorsement of network partners.

As the Technology Plan matured and the technology components that might make up the infrastructure of the Unified Network were identified, input was sought from potential technology platforms that might connect to the Unified Network and technology vendors that might establish the infrastructure. Those discussions focused on collecting suggestions on how to implement the infrastructure, understanding ability of vendors to fulfil technology needs, gauging their interest in providing the infrastructure, and approximating costs that could be used for budgeting purposes.

This Technology Plan will be reviewed by the governance process of the Connect2 Community Network described in the Governance and Administration section. Governance may suggest changes or refinements, especially to meet revisions to the Privacy Plan.

Technology Requirements for the Connect2 Community Network

Functionality to Be Supported

The Network Partner Workgroup prioritized a number of the functional components introduced in the Vision section for the initial implementation of the Connect2 Community Network. These priority items are the focus of this Technology Plan. Among them are:

1. Shared Language: A common, standardized language that bridges the clinical care and community services disciplines to enable effective and accurate communication
2. Bi-directional, Closed-Loop Referrals: The ability to make referrals to and accept referrals from network partners, keeping them up to date on referral progress and outcome, and accessible by network partners, clients, and their families and caregivers. This includes ability for clinical and social service providers to indicate whether they are actively accepting referrals or if they are at or nearing capacity.
3. Resource Database: An accurate, comprehensive, and searchable listing of community, health, and social service providers and other supports, accessible by network partners, clients, and their families and caregivers

4. Care Team Information: A comprehensive list of the care team members for each client, including contact information for: (1) the client (as a member of the team) and appropriate family and caregivers, (2) the “on-point” care team individual currently taking action for the client, and (3) all other involved members of the care team to aid in coordination of care, reduce the likelihood of duplicated effort, and avoid lost client contact
5. Longitudinal Record: A complete longitudinal record of the health care and community services and supports sought and delivered for each individual client, accessible by network partners, clients, and their families and caregivers, to provide a historical record that may aid in selecting appropriate services and supports moving forward
6. Shared Care Plan Capabilities: Functionality to create a living care plan that enhances client-centered care and care coordination through the capture of whole person goals and corresponding health information that can be viewed and/or edited by care team members across clinical and Community-Based Organizations to varying degrees based on patient preferences and in compliance with privacy policy and can be accessed by the client/patient

Early discussions identified a need to understand the data and workflow requirements of Shared Care Planning more completely, and a pilot is currently planned for 2021. Therefore, this Technology Plan does not currently include Shared Care Planning but will likely be amended in 2021 to include that priority functionality.

Additional capabilities identified by the Network Partners Workgroup as future priorities might also include:

- Client Access to Referral Support and/or Resources: Ability to search directory or resources, ability to self-refer (request services), ability to view own record, ability to give family/caregiver access to own record, ability to add information to own record
- Alerts/Notifications: Notifications sent to clinical or community-based service providers that are part of a care team to alert them of important events or transitions that may cause a change in required services, such as emergency department visits, transitions into or out of corrections, eviction risk, COVID-19 status
- Support for Outcomes Analytics: Support for data analytics that can be used by network partners for process improvement and by stakeholders to demonstrate use of the Connect2 Community Network, improve outcomes for clients and network partners, identify gaps in resources, and support reinvestment strategies.
- Eligibility / Access Status: Ability to identify eligibility / “in-network” status of specific clinical and/or social services and benefits for an individual. (Note that this may be a feature of specific technology platforms.)

These additional components were considered during the planning process so as not to select an approach that would rule out future functionality.

Data Requirements

An analysis of the use cases introduced in the Vision section suggests that the following data are needed to create an operational CIE as a Unified Network.

Data about the Client might include:

- Client demographics needed to properly and uniquely identify the individual on the Connect2 Community Network
- Client contact information necessary to carry out the referral
- Client permission to share their information with Connect2 Community Network participants

Data specific to a referral workflow might include:

- Information on the services and programs available from each Clinical and Community Organization participating in the Connect2 Community Network, including eligibility requirements
- Client preferences useful in identifying appropriate organizations for referrals, such as ethnic, cultural, language, location, or operating hours preferences
- A description of the service requested for a client used by the recipient of a referral to accept, forward, or decline the referral
- Status of the referral with the reason if a referral was declined or forwarded, which is useful to the referrer and might be added to the Longitudinal Record
- Outcome of the referral, to be added to the Longitudinal Record and used to assess effectiveness of the Connect2 Community Network and its resources

Data for Care Teams and Longitudinal Records might include:

- Listing of the clinical and community providers, client, and designated caregivers that make up the care team
- Contact information for the client as a member of their own care team
- Contact information and role for each clinical or community service provider that is a member of the care team
- Contact information and role for each designated caregiver that is a member of the care team
- Information describing each service the client received, the organization providing the service, dates of service, and point-of-contact on the care team for that service

Technology Recommendations

Guidance from the Network Partner Workgroup and discussions with the Legal, Data, and Technology Workgroup developed a set of recommendations that are used as high-level technical requirements for the Unified Network infrastructure in this Plan.

The following is a summary of the technology-related recommendations. High-level requirements derived from these recommendations were used to specify the Unified Network infrastructure and technical approach to the Connect2 Community Network.

Shared Data:

- The Connect2 Community Network should allow for the collection, aggregation, and sharing of data as Shared Data that is available to all Clinical and Community-based Organizations that participate in the Connect2 Community Network if that data is beneficial and sustainable

Shared data is an important component of the Shared Language that bridges the clinical care and community services disciplines to enable effective and accurate communication. It also provides all users with a common understanding of who is being served, how they are being served, who is providing services, and how successful those services have been in meeting client needs.

Shared Data might include:

- A Shared Client Index that uniquely identifies clients that have sought or received services in King County through the Connect2 Community Network

A Shared Client Index provides a common and reliable understanding of each individual who is being served by the CIE. It also provides an unambiguous understanding a client's identity to link them to their care team and record of services, and their authorization to share their data on the CIE.

- A Shared Resource Database that aggregates all of the resources available from Clinical and Community-Based Organizations and offered on the Connect2 Community Network

A Shared Resource Database provides the CIE user with a comprehensive listing of all of the clinical and community services and supports that are available to clients.

- A Shared Care Team that includes names and contact information for providers of clinical and community services and supports provided to each client through the Connect2 Community Network
- A Shared Longitudinal Record that aggregates the history of clinical and community-based services and supports sought for and delivered to each client through the Connect2 Community Network

A Shared Care Team listing and Shared Longitudinal Record provide the CIE user with a comprehensive picture for the services that each client has sought and received county-wide, and who had aided in providing those services. Using this information, a user can better coordinate services for a client with the individuals, organizations, and programs that have been successful in meeting their needs in the past.

Additional data requirements:

- Anonymous Clients should be supported on the Connect2 Community Network, to protect client identity in certain circumstances such as survivors of domestic violence

Support for Anonymous Clients will help the CIE user protect the privacy of clients with special privacy needs while still delivering services available through the Connect2 Community Network.

The Unified Network infrastructure does not seek to develop and maintain user-facing systems or interfaces. Additionally, it does not mandate that all organizations migrate to a specific user-facing system. Instead, the intent is to bridge existing user-facing systems such as CIE platforms, referral systems,

electronic health records, etc. Ideally, any user-facing systems that are part of the Unified Network would be available in multiple languages to improve access. However, all current technologies that have been reviewed for potential integration are only available in English.

The Unified Network infrastructure must meet existing technology platforms where they are. In the absence of consensus or mandated national standards for CIE interfaces and interactions, most platforms have developed published but proprietary interfaces. Clinical and Community-Based Organizations may have limited technical capabilities or resources for new development. Many technology vendors may be reluctant to develop new interfaces only for integration with competing platforms in one county. We have begun to collect an inventory of the referral and care coordination systems that Clinical and Community-Based Organizations use and that might be integrated with the Connect2 Community Network to help understand integration needs of the Unified Network infrastructure.

Design Concepts

The Technology Plan for the Unified Network infrastructure makes use of three key concepts.

- Master Data Management (MDM): MDM is a set of processes and technologies that act together to ensure the accuracy, completeness, timeliness, and consistency of data coming from multiple parties, such as multiple technology platforms in a Unified Network. MDM helps establish and assure use of the Shared Language that is required for organizations and systems to interact and is a key component of CIE.

MDM enforces the data definitions that lead to a Shared Language. It helps provide the CIE user with a consistent experience and unambiguous knowledge of the client, resources available to them, and the history of their past services on the CIE. MDM must be supported by a data governance process in order to succeed. Ultimately, the processes in MDM ensure data quality on the Connect2 Community Network.

- Extract, Transform, and Load (ETL): ETL is a simple, relatively low-tech mechanism for exchanging data, or integration, as a batch process. Conceptually, it is similar to exporting data to a spreadsheet and uploading it to another system.

ETL is a periodic process and suitable for large data sets, such as Shared Data that might be managed by MDM. It requires less development on the part of technology platforms that wish to exchange data on the Connect2 Community Network than other interfacing methods. ETL also enables organizations with low or no information technology capacity to download and upload data, increasing access. For the CIE user, ETL provides quicker, more universal access to the shared data useful in performing needed functions.

- Application Programming Interface (API): APIs transfer data immediately between systems, often selecting data to return based on a selection criterion. They are a more modern technology that requires coordinated development between systems.

APIs are a near real-time process suitable for small data sets, such as the data exchanged in a referral. They are more immediate, but at the cost of a greater investment in software

development and coordination. For the CIE user, APIs provide a means to interact with the network when timing on a response is important, such as updates on a referral.

The MDM / ETL technology model provides value in that it allows rapid, lower cost integration with other platforms and data sources as they become available to enhance the value of the shared information to CIE participants.

Figure 5 illustrates, at a high level, that technology platforms (CIE platforms, referral systems, EHRs, care management systems, etc.) connect to the infrastructure of the Unified Network via ETL for shared data to:

- Periodically send data that is transformed as necessary and combined with data from other technology platforms through the processes and technologies of MDM to produce an accurate, complete, timely, and consistent aggregation across all technology platforms and CIE participants; and/or
- Periodically retrieve data to update their own data stores with accurate, complete, timely, and consistent aggregated data.

Importantly, each technology platform may act independently, but with the benefit of accurate, complete, timely, and consistent data aggregated and shared across the county, independent of who provides the data, all using a common Shared Language.

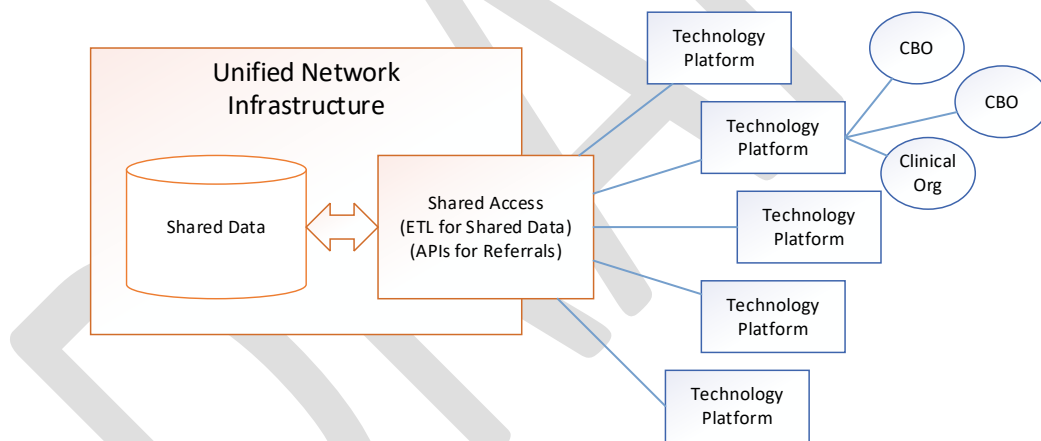


Figure 5: Shared data of the Unified Network infrastructure under the control of MDM and made available via ETL, and shared APIs for transactions like referrals.

A technology platform might be both a contributor and recipient of data, such as a CIE platform that shares the services available from its local participants and retrieves the Shared Resource Database so that its members have a comprehensive picture of available programs county-wide. It may be a contributor only, such as an organization sharing an independent catalog of county programs that might be available to clients. It might be a recipient only, such as a call center that helps clients locate the resources they need and who might offer them.

Figure 5 also illustrates that technology platforms connect to the infrastructure of the Unified Network via APIs for referrals:

- Referrals to a Clinical or Community-Based Organization that participates on the same technology platform are unchanged, except that the technology platform has the benefit of Shared Data.
- Referrals to a Clinical or Community-Based Organization that participates in the Connect2 Community Network but uses a different technology platform are sent to the Unified Network infrastructure using the open API native to that platform, transformed, and routed to the recipient's technology platform via its native API.

Importantly, each technology platform is free to use almost any API for referrals as long as it contains the necessary minimum data necessary to carry out the referral (e.g., basic client demographics and contact information, and information on the service that is sought), conforms to privacy requirements in the Privacy Framework, and meets minimum security standards established by the Network. The Shared Access portion of the Unified Network infrastructure translates the API used by the technology platform, sending the referral to the API used by the technology platform receiving the referral, lowering the bar for participation in the Connect2 Community Network.

Figure 6 provides a more detailed illustration of shared data on the Unified Network infrastructure.

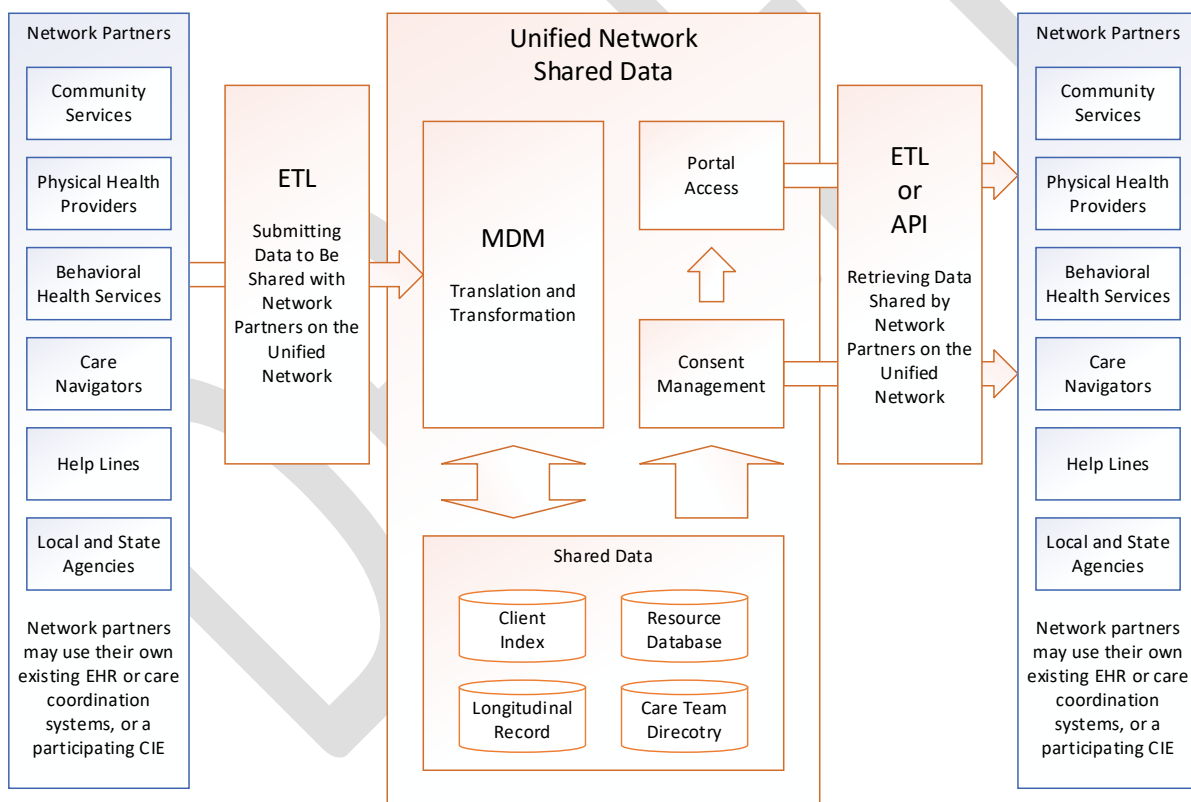


Figure 6: Shared data on the Unified Network infrastructure, under the control of MDM and accessed via ETL or API.

In this figure:

1. A Clinical or Community-Based Organization can submit updates of its own client information, resource database, delivered services to be added to the longitudinal record, or updates to the care team via its own technology platform using ETL.
2. MDM processes within the Unified Network infrastructure update the Shared Data, ensuring accuracy, completeness, timeliness, and consistency.
3. Any Clinical or Community-Based Organization can then retrieve the aggregated resource database, an appropriate portion of the updated common client index, consolidated longitudinal record, and/or Shared Care Team via its technology platform using a selection based on the specific list of clients/patients an organization is serving and with whom it already has a relationship via ETL or an API. Data on a single newly referred client (demographics in the index, longitudinal record, and/or care team) might also be accessed via an API and demographic search criteria.

Conceptually, an organization with little or no technology could access Shared Data via a portal exposed by the Unified Network infrastructure (as illustrated in Figure 6). For example, a care navigator that still uses a phone or fax to coordinate care for a client could use the portal to download a spreadsheet listing of the Shared Resource Directory to keep current on available resources. Note: This care navigator could then upload the referral using ETL capabilities, but it would not be required.

Figure 7 provides a more detailed illustration of translated APIs on the Unified Network infrastructure.

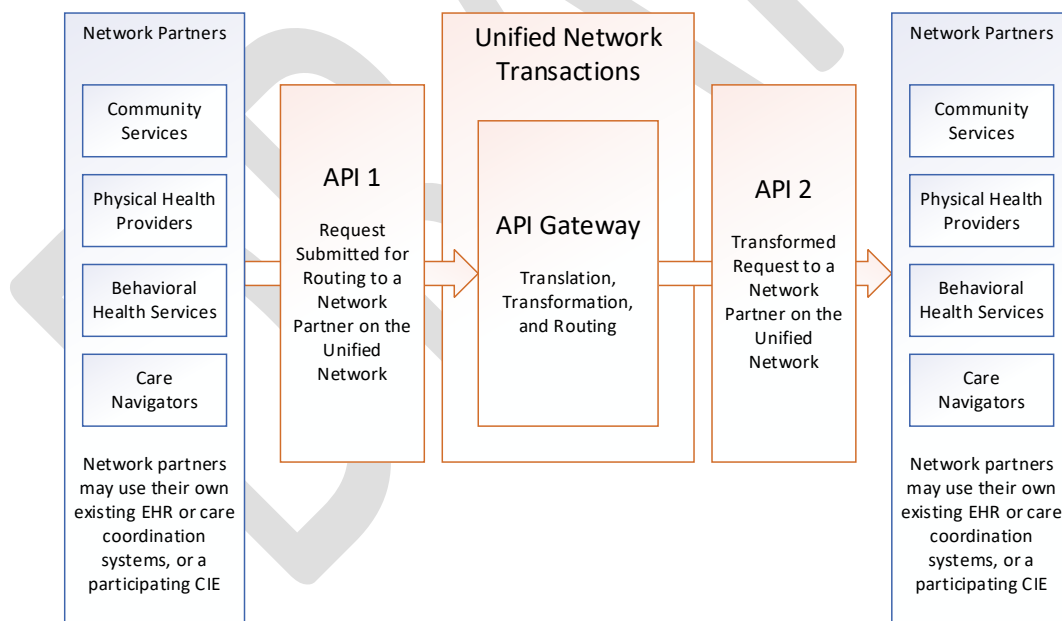


Figure 7: API translation on the Unified Network infrastructure, using different APIs to send a referral or other transaction between different technology platforms.

In this figure:

1. A Clinical or Community-based organization can submit a referral using the existing but proprietary API of its own technology platform.

2. An “API Gateway” within the Unified Network infrastructure receives the information submitted, transforming the incoming API to that required by the technology platform used by the recipient.
3. The target Clinical or Community-Based Organization receives the referral using the existing but proprietary API of its technology platform.

Connected Technology Platforms

The Network Partners were surveyed to learn more about which vendors and technologies they currently use for referrals and care management. Current technology platforms include:

- Platforms such as CCS Healthbridge, CLEAR (Coordinated Legal Education, Advice and Referral), Community Living Connections (CLC), Coordinated Entry for All (CEA), Julota, and Unite Us
- Electronic health record systems (EHRs) such as Epic or Nextgen
- Document management and sharing systems such as Share Point and Google Docs

These technology platforms all become candidates for integration into the Connect2 Community Network via the Unified Network infrastructure.

Prior to integration, it is critical that each platform demonstrate that it conforms to security requirements included in the Participation Agreement and/or Data Use Agreement (see the Privacy Plan). In particular, these agreements will require technology platforms to implement security standards intended to protect the privacy of clients in accordance with the HIPAA Security Rule. The National Institute of Standards and Technology regularly publishes and updates best practice recommendations for security standards that meet requirements of the HIPAA Security Rule which may be included in the Participation Agreement and/or Data Use Agreement.

User Story on the Connect2 Community Network

A typical referral pattern between two Clinical or Community-Based Organizations using different technology platforms on the Unified Network might proceed as follows:

As a regular, ongoing process:

1. A clinical provider’s technology platform downloads the Shared Client Index, Resource Database, Care Team, and Longitudinal Record each night.

Selecting a resource to which the client should be referred:

2. A clinical provider wishing to refer a patient searches the Shared Resource Database and chooses from among available resources that are a good match for the client’s needs offered by a community based organization using a technology platform other than that of the clinical provider.
3. The clinical provider checks the local copy of the Shared Client Index to see if the client is known, updates any missing or inaccurate information, searches the local copies of the Shared Longitudinal Record and Shared Care Team for the client to see if the selected resource has been used by the client before, or if a different resource might be preferred.

Referring the client:

4. The clinical provider's technology platform sends a referral to the Unified Network infrastructure using its proprietary API.
5. The Unified Network infrastructure transforms the referral and forwards it to the technology platform used by the CBO using its proprietary API.

Updates to the shared data:

6. The clinical provider's technology platform uploads to the Unified Network infrastructure any changes to the Client Index if client data was updated, which the Unified Network infrastructure incorporates into the Shared Client Index using MDM.
7. The CBO's technology platform uploads new care team and service information to the Unified Network infrastructure, which the Unified Network infrastructure incorporates into the Shared Longitudinal Record and Shared Care Team using MDM.

Alternative uses of the Unified Network infrastructure might also be imagined:

- A call center or care navigator with no technology platform might log onto the portal and download the Shared Resource Database as a spreadsheet to use in helping clients find appropriate services and supports.
- County or state resources might upload information to be combined with the Shared Resource Directory or Shared Client Index.

Alternatives Considered

Alternative technical architectures were also considered and discussed with the Legal, Data, and Technology Workgroup. The two primary alternatives were:

- Pure Peer-to-Peer Network: In this approach, technology platforms share data amongst each other and send and receive referrals directly. This approach includes no infrastructure, but instead relies on a set of consensus, standardized interfaces and APIs that all platforms agree to use.

In some respects, this approach would be easier to sustain. It relies solely on a trust framework of legal documents that govern data exchange and a technology framework of technical standards. There is no centralized infrastructure to support financially.

This approach was rejected by the Legal, Data, and Technology Workgroup as unworkable. First, the value of shared data was thought to be great enough to invest in MDM to ensure high data quality. Second, it was not thought likely that all technical platforms would reach consensus on a set of technical standards and implement them in a timely manner, given the lack of national standards for CIE.

- Single County-wide CIE Platform: In this approach, a single CIE platform is selected and all CIE participants agree to use it exclusively.

This approach would be easier to manage. It does not require any technical standards development and provides a uniform user experience for all participants.

This approach was rejected by the Network Partner Workgroup and the Legal, Data, and Technology Workgroup in that it removes choice (e.g., a uniform user experience for all users) and ignores the technology investment and workflow redesign that some organizations have already made.

Technology Roadmap

The design of the Connect2 Community Network supports a gradual rollout, building new capabilities over time. Note that some of the functionality described in the roadmap is available today for organizations using the same user-facing technology platform. The high-level roadmap focuses on sharing data across a number of high priority and/or widely used technology platforms and is as follows:

1. Create MDM and ELT processes within the Unified Network infrastructure
2. Implement a Shared Resource Database, under the control of MDM and updated/retrieved via ETL

The existence of a shared, aggregated Resource Database is immediately valuable to all participants on the Connect2 Community Network, including organizations that may use phone and fax to complete referrals.

Steps 1 and 2 could feasibly be implemented in 2021.

3. Implement the API Gateway that translates and forwards the referrals submitted by one technology platform into the format of another

The existence of the API Gateway allows participants in the Connect2 Community Network to transition from phone and fax to electronic referrals without adopting a common CIE platform. Effective use of electronic referrals depends upon a shared, aggregated Resource Database created in Steps 1 and 2.

Step 3 could feasibly be implemented in 2021.

The combination of Steps 1, 2, and 3 provide the highest priority CIE function identified by the Network Partner Workgroup: electronic closed loop referrals across the King County region using a Shared Resource Directory. The Unified Network allows users to participate while using the technology platforms (CIEs, EHRs, care management systems, etc.) preferred by each Clinical and Community Organization.

Integration of technology platforms to the ETL and API services would begin in 2021 and proceed at a rate of perhaps two to six per year for the following few years (based on organizational readiness) and at a slower pace thereafter (adapting to the interest and readiness of additional organizations that wish to participate).

4. Implement a Shared Client Index, under the control of MDM and updated/retrieved via ETL
5. Implement rules for filtering data based on client authorization to disclose their information

The existence of the Client Index allows participants in the Connect2 Community Network to benefit from an accurate, complete, timely, and consistent view of a client's identity across the entire network.

Steps 4 and 5 could be implemented in late 2021 or 2022.

The Client Index and filtering rules are enabling technologies for functionality that comes next (?). A Shared Client Index is a significant undertaking. Client authorization management is dependent upon a shared and common network-wide client identity made available by the Client Index.

6. Implement a Shared Care Team, under the control of MDM and updated/retrieved via ETL and filtered to disclose their information
7. Implement an aggregated Longitudinal Record, under the control of MDM and updated/retrieved via ETL and filtered through client authorization to disclose information

The existence of the Shared Care Team and Longitudinal Record allows participants to refine and optimize referrals. Participants in the Connect2 Community Network can now retrieve the names and contact information for members of the client's Care Team and view a historical record for services sought and delivered for each client. This allows for a more informed referral process and better client outcomes.

Steps 6 and 7 might be implemented in late 2022 and proceed through 2023 and/or 2024, based on available resources.

Care Teams and the Longitudinal Record must be associated unambiguously with a specific client. Their function is therefore dependent upon a working Client Index implemented in Step 4.

Care Teams and the Longitudinal Record may include protected health information, including sexually transmitted disease information and mental health information protected by law and subject to specific client authorization to disclose. Sharing of this information is therefore dependent upon working rules for filtering data based on client authorization implemented in Step 5.

The combination of Steps 6 and 7 provide additional high priority CIE functions identified by the Network Partner Workgroup: information on a client's Care Team and Longitudinal Record across the King County region. The Unified Network allows users to participate within the user experience preferred by each Clinical and Community Organization.

Closed loop referrals can take place on the Connect2 Community Network without a common client identity provided by the Client Index. A shared identity improves the client experience by ensuring accurate client information and avoiding the need for clients to repeat information when registering with multiple Clinical and Community-Based Organizations. However, the existence of the Client Index is fundamental to matching Care Team members to the right client, and matching referrals, services, and supports to be added to the Longitudinal Record to the right client.

Closed loop referrals can also take place on the Connect2 Community Network without any centralized management of client authorization to disclose their information. Disclosures can always be authorized at each encounter. Centralized management of authorization improves the client experience by avoiding repetition in obtaining client authorization. However, since Care Teams and Longitudinal Records may include protected health information, filtering based on authorization is fundamental to sharing that information.

Next steps

The Technology Plan was developed with the input of clinical and community-based organizations in the Network Partner and Legal, Data, and Technology Workgroups. Outreach to technology vendors will continue in 2021. Thus far, initial conversations with four technology vendors have provided a better understanding of the available products and services in the market, as well as price estimates. In addition, preliminary discussions with Coordinated Entry for All were held. The Connect2 Community Network is open to coordination and collaboration with other technology vendors, platforms and/or systems operating in King County as they are identified. The Technology Plan will be revised based on feedback as needed.

In 2021, the Technology Plan will be reviewed and ratified by the governance process and modified as needed to support any changes required to the Privacy Plan as a result of final legal review and the addition of tribal data sovereignty requirements. The roadmap may be revised based on final requirements, additional pricing information, and available funding.

Community and Consumer Engagement and Equity Plan

Relationships are at the center of a successful Community Information Exchange. To achieve the vision of strengthening care coordination by connecting people, service organizations, and community partners more quickly and more effectively, we need strong partnerships. At its core, the Connect2 Community Network is a new way of working together and collaborating towards the common aim of health equity, facilitated by technology. A Community and Consumer Engagement and Equity Plan is crucial to the growth and success of the network.

The following Connect2 Community Network Community and Consumer Engagement and Equity Plan is being provided as a proposed plan that has been vetted by the Connect2 Community Network Partners during November and December 2020 and a preliminary version completed by December 18, 2020. Because we will be continuing to gather feedback and learning from our community stakeholders (in particular, consumers), we expect this Plan to evolve over the course of 2021. Given this, the contents of this Plan are subject to revision and modification. Stakeholders that have vetted this plan include:

- *Connect2 Community Network Partners:* Network Partners are clinical and community-based organizations that have participated in Network Partner workgroup meetings. In particular, those who attended the November and December Network Partners meetings have reviewed the community and consumer engagement plan and provided feedback, as well as approved the recommended revisions and changes to ensure transparency in the review process. They represent a wide variety of services, geographies and populations operating in King County.
- *Connect2 Community Network Plan Focus Group:* In addition to posting the draft plan on our website and enabling any interested clinical and community member to review and provide online comments, we also organized a “deep dive” review team. In November and early December, a team of 12 Network Partners and two consultants volunteered to review the full plan in depth and provide written and oral comments. Feedback from this group was integrated into the plan and shared with Network Partners at the December workgroup meeting. *Other groups, as available and appropriate:* As part of our review process, we reached out to our liaison at the Veterans, Seniors and Human Services Levy to understand whether this team was interested in providing

feedback. While it was reviewed, there were no requests to discuss or provide input to the draft plan in November or December 2020.

The Plan contains three interdependent components that are vital to the success and sustainability of the Connect2 Community Network:

- A. Engagement of Clinical and Community-based Organizations;
- B. Engagement of Consumers; and
- C. Equity

Each component of the Plan utilizes the principles of engagement listed below.

Principles of Community and Consumer Engagement

As we convened network partners in the design of the Connect2 Community Network, we articulated a few key principles related to how we would approach community engagement. We started with principles created by HealthierHere's Equity and Engagement Team, and Community and Consumer Voice Committee – engaging communities most impacted by health disparities, going where community is, and developing a formal and ongoing feedback process – and then added to and adapted these over subsequent months. These apply for both community-based organizations and consumers.

- *Engage communities and clients that are most impacted by health disparities* and traditionally not connected via partnerships with, and support to, community-based organizations that already have those relationships. We will approach the work with an intersectional lens, considering all identities that impact communities' and clients' health outcomes, and acknowledging that individuals' health outcomes are impacted by all of their multiple identities. This includes, but is not limited to, low- or no-income individuals, Black, Indigenous, People of Color (BIPOC), veterans, LGBTQ+ communities, individuals and families experiencing homelessness, seniors, and people with disabilities.
- *Center equity in all engagement and outreach efforts* by utilizing equity tools and guidelines to strategically and intentionally advance equity while evaluating the unintended consequences of planning and decision-making efforts.
- *Go where community is and provide community members what they need to effectively engage.* We meet clinical and community-based organizations, as well as individuals and families in the community, where they are. We join the community at their existing forums, and we respect the level of participation the community is ready for based on their physical, mental, and emotional capacity at the moment. We include and support them in serving on Connect2 Community governance bodies *and* we provide resources for implementing projects.
- *Share learnings and educate* by disseminating information, inviting participation, and having ongoing feedback loops as a consistent part of this work. This includes, for example, providing regular updates at 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 consumers.
- *Engage early and often* to ensure community is involved from the start. This will require us to develop a plan that is iterated on – and can remain responsive to community feedback. Value consumer and community-based organizations by understanding the value proposition for them to engage, set clear expectations on how we are asking them to engage and (as needed) reimburse for their time.

- *Practice an iterative approach* to design that seeks to understand if we have captured input accurately. This requires an iterative listening and adaptation cycle that is relevant during the design and implementation stages. Unlike strategic plans that are created once and sit on the shelf, this CIE plan will need to be reviewed and revised bi-annually to stay relevant and responsive. Not only do we anticipate the CIE plan will change overtime, we are developing processes to support and encourage that adaptation.
- *Build the foundation for long term relationship building and engagement* – not one-time, transactional outreach. We will ensure that the purpose, values, and vision of the CIE remain clear as plans evolve over time, and that partners continue to be aligned with these values. Seek opportunities to have community and consumer engagement be mutually reinforcing.
- *Develop governance structures that enable meaningful community participation* in CIE decision making and set clear expectations for how input will be used.
- *Enable equitable participation* in the design and implementation of the Connect2 Community Network. We prioritize accessibility by providing resources that eliminate obstacles to participation that organizations or consumers may face and by ensuring participants have a clear and full understanding of the process and their role in it. We aim to engage a diversity of organizations in governance structures, including but not limited to organizational size, language and populations served, and services provided. For consumers, the aim is to enable participation of focus populations by taking into consideration working schedules, access to technology, people with disabilities, limited English proficiency, and other factors that may present barriers to participation.

Engagement of Clinical and Community-based Organizations

The purpose of Community and Clinical Partner Engagement is to ensure equitable engagement of clinical and community-based organizations in: 1) the design of the Connect2 Community Network; and, 2) the use of the network to strengthen care coordination in our region. We know that the network will only be as strong as the organizations participating in it. Consequently, we have engaged with a wide range of clinical and community partners and continue to do so throughout the development and implementation of the Connect2 Community Network. Clinical and Community-based organizations that we have engaged with include, but are not limited to:

- Healthcare delivery organizations
- Behavioral health agencies
- Tribal Healthcare Providers
- Government agencies
- Community-based organizations (including: social service delivery organizations, community coalitions and community advocacy groups)

In addition to broad engagement and outreach, we have focused on organizations that deliver services and support to VSHSL focused populations including Veterans, Seniors, youth and young adults and those most impacted by health disparities, including, but not limited to Black, Indigenous and people of color, immigrants, refugees, LGBTQ+ individuals, housing insecure individuals and families, individuals with disabilities, and individuals with limited English proficiency.

Best practice research and lessons from other community information exchanges.

To identify best practices in CIE design and development, we researched four organizations (Health Leads, 211 San Diego, Alliance for Better Health and Central New York Care Collaborative) to learn about their experience engaging clinical and community-based organizations, as well as consumers, and identify additional approaches via limited research. 211 San Diego manages the longest running CIE in the country that has been operational nearly 10 years. Alliance for Better Health has been operating their CIE for 2 years and original funding came from the 1115 Medicaid waiver program in NY State. Similarly, Central New York Care Collaborative's funding is from the same source, although they have been operating their CIE for a little over a year. Finally, Health Leads is a national non-profit focused on clinical and community linkages and health equity. They have been operating for more 20 years, but their CIE work in Austin, which is the example cited here, is currently being co-designed with the community. Through this research, it has become apparent that every CIE has a different approach to engaging clinical and community-based organizations and consumers. These approaches varied in numerous ways, including:

- Formal vs. informal engagement and/or participation
- Limited vs. significant engagement and/or participation
- Centralized vs. decentralized structures

Governance structures among CIEs seem to vary, but all create opportunities for clinical and community-based organizations to engage. 211 San Diego has developed a governance structure that relies on formal workgroups that community-based organizations can join on a volunteer basis. These workgroups serve as the main mechanism for engagement of community-based organizations. Many, but not all, CIEs in the country have adopted a similar governance structure and pathways for community engagement. Most CIEs have engaged community-based organizations in both the design and implementation of the CIE network.

While most CIEs have engaged with community-based organizations, many have not developed strategies to directly engage consumers, particularly in the design phase. Those that have engaged consumers in the implementation phase have done so using a more centralized approach, such as a community voice committee or a "direct-to consumer" outreach strategy. We believe that there is an opportunity to engage consumers from the very beginning in King County – and to have the approach better reflect our key principles. Please see Appendix G for a summary of our research findings and Appendix H for further details regarding CIE and non-CIE community engagement strategies.

In addition to researching community and consumer engagement strategies utilized by CIE and non-CIE models, we used the International Association for Public Participation (IAP) framework to inform how we approached community engagement with a focus on collaboration and empowering. This approach aligned with our community engagement principles (above) and emphasized long-term collaboration and ownership, which we believe are critical to Connect2 Community Network success. The IAP spectrum of public participation can be found in Appendix I.

Planning Efforts

Network mapping. In early June, Crisis Connections, WAServes and HealthierHere completed a network mapping exercise to determine the overlaps in our respective networks. This was a useful exercise to understand the unique relationships that each organization brought to the partnership, and where we

have natural overlaps in our networks. It highlighted the broad networks that Crisis Connections has with senior-serving and behavioral health organizations, the deep network that WAServes has with veteran serving organizations regionally and across the state, and that HealthierHere has with clinical organizations and community-based organizations focused on serving communities disproportionately impacted by health disparities in King County. It also highlighted the broad information and referral relationships that Crisis Connections brings through its 2-1-1 services across a wide variety of direct service organizations.

Coverage mapping. In addition to the network mapping, we piloted the use of a network coverage map to better understand the specific services and supports of community-based organizations that were interested in using the Unite Us network. We used it to understand where we might have coverage and service gaps for early adopters of the Unite Us network. Early insights were the need for more services related to food security and organizations focused on the Latinx population. This tool (and subsequent versions) will be used to inform outreach and engagement of new clinical and community partners.

Outreach Efforts

Design input. To date over 110 clinical and community representatives from 77 organizations have provided input into design the Connect2 Community Network by participating in at least one of the Connect2 Community Network workgroups. A full list of clinical and behavioral health partners who have provided input can be found in Appendix C and E.

Unite Us Information Sessions. In addition to providing input into the design of the Connect2 Community Network, some clinical and community partners have chosen to attend information sessions to learn about the Unite Us technology. More than 76 clinical and behavioral health organizations have attended an information session. We continue to have meetings with clinical partners who are interested in the Unite Us technology. However, we have learned that integration with their Electronic Health Record (EHR) systems in addition to limited bandwidth due to COVID-19 response will likely impact the rate of adoption.

DCHS / VSHSL partner sessions. With assistance from the Department of Community and Human Services (DCHS), Connect2 Community held two information sessions with DCHS partners on October 21 and 23. Sixty-three people representing 36 organizations registered. Thirty-one participants representing more than 25 organizations and/or departments expressed interest in learning more.

Active Unite Us Users

There are 21 clinical and community-based organizations active on the Unite Us technology since the platform's launch in King County on June 23, 2020. Thus far more than 130 referrals have been sent and received. These new users join more than 70 clinical and community-based organizations participating on the platform statewide. A list of organizations actively using the Unite Us platform in King County can be found in Appendix N.

Planned community engagement activities

Community engagement activities will focus on growing the Connect2 Community Network and helping existing participants leverage the network and engage in workgroups. The purpose of these activities is primarily sharing information and resources rather than gathering input.

Resourcing community engagement support. Supporting community engagement requires dedicated support. For this reason, we have identified the need to: 1) hire a community engagement manager to support the implementation of the community and consumer engagement plan across the entire Connect2 Community Network; and 2) resource organizations that are well positioned to lead outreach to focused populations.

- To address the first need, HealthierHere has hired a community engagement manager, who brings deep experience in communications, technology and community engagement to the role. In addition, the community engagement manager has deep ties to the Latinx community in King County. This role will be responsible for gathering consumer feedback, leading revisions to the community engagement plan and coordinating outreach efforts to clinical and community partners. A job description for this role can be found in Appendix O.

Starting in 2021, we will leverage and expand the use of the coverage maps to understand where we may have gaps in outreach and engagement – and identify tailored outreach strategies around those gaps. And we will support the outreach of existing partners to their networks, which is a critical strategy to network growth and ensuring that community is supporting organic growth. HealthierHere’s deep relationships with more than 100 clinical and community partners that serve immigrants, refugees, LGBTQ+ individuals, housing insecure individuals and families, youth and young adults, individuals with disabilities, individuals with limited English proficiency, American Indian and Alaska Native individuals and families, and other populations experiencing health disparities and/or adverse health outcomes will provide a strong foundation for our outreach and engagement in the community.

In addition, Crisis Connections also maintains strong connections to organizations that serve populations experiencing health disparities and/or adverse health outcomes, including the ones listed above, as well as non-Medicaid populations and individuals living in rural areas, some of whom may be interested in participating in the Connect2 Community Network.

- To address the second need, we are planning to resource a few organizations that are deeply networked and trusted leaders in their communities to lead outreach to, and onboarding of, organizations supporting specific populations or services. Examples provided below feature two population specific examples (veterans and seniors) and one service specific example (food banks / food delivery services):
 - *Veterans:* Veterans obtain assistance from a variety of community as well as veteran-specific sources. A successful strategy conducts specific activities to build trust, demonstrate reliability and promote connectivity as cornerstones to a successful long-term collaboration benefiting both consumers and providers alike. An engagement plan focused on veteran-serving organizations would target demonstrated community touch points for both veteran serving organizations and veterans as consumers. This implementation plan

could have three distinct? phases to achieve their outreach, engagement and highly important connectivity goals. Phase one focuses on positioning activities including research, phase two initiates select outreach, engagement and connectivity activities, while phase three stresses continuous investments in value added activities that promote sustainable consumer and provider relationships under the CIE.

- Phase one's positioning activities begin by taking an inventory of existing levy and non-levy funded veterans' specific resources in King County as well as identifying new opportunities available through the CIE partnership.
 - Phase two launches outreach, engagement and connectivity activities based on the inventory review as well as other information. Experience with the COVID-19 pandemic has highlighted the need for veterans to benefit from continuous intentional connectivity to family, friends and supportive programs no matter the means of achieving. It can range from scheduled phone or Zoom contacts to in-person visits by a local Peer Navigators or Veterans Buddies employing safe gathering practices.
 - Phase three highlights a requirement for continued investments to sustain the valuable relationships established with our consumer veterans and providers. This phase of outreach and engagement emphasizes wellness and prevention practices available to veterans and the agencies that serve them. It focuses on opportunities to improve veterans' quality of life as well as reduce loss of housing preference, destabilizing crisis events, and readmissions to hospitals. This often includes triaging for improved home care support, nutrition assistance, falls prevention, property tax relief, utility discounts and more as components of a comprehensive services approach.
- *Seniors:* As part of the Community Living Connections (CLC) network, which is a network of agencies in King County with programs that serve older adults, Crisis Connections serves as the centralized hub of resources for older adults, those with disabilities, caregivers, and family members. Serving as the centralized hub and as part of the network, it has built great partnerships with agencies such as Hopelink, Alzheimer's Association, Asian Counseling & Referral Services, Neighborhood House, Jewish Family Services, Pike Market Senior Center & Food Bank, and many more. The CLC network would be instrumental in outreaching to senior populations to ensure engagement.
 - *Food:* Based on feedback from clinical and community partners, food access remains one of the top requests of clients and community members, particularly given the impacts of COVID-19. Currently there are limited food related services available in the Connect2 Community Network. To address this, HealthierHere has engaged in conversations with food networks / coalitions / distributors to try to better understand how food banks and other food services might engage with the Connect2 Community Network. Currently, we are gathering feedback from food banks on what value they see in being able to send and receive electronic referrals, what capabilities they might need to build or workflows that might need to be adjusted to participate in a closed loop referral network, and what resources might be needed to support a pilot.

Seek out community. As we grow the Connect2 Community Network, we will intentionally seek out community, with particular attention to populations who are not currently represented in the network. Open, public invitations to join the network will be paired with direct outreach to organizations led by and serving the communities most impacted by health disparities. Direct outreach will seek to build relationships with potential partners, determine whether the Connect2 Community Network would add value to their work, and learn what resources they would require to participate in the network.

New partner outreach. HealthierHere will continue network mapping in collaboration with existing network partners who are interested in inviting their own partners to the Connect2 Community Network. We will provide a variety of outreach tools so partners can communicate with their networks through their preferred practices and will offer the opportunity for deep dives to interested potential partners. As conversations with new partners begin, we will review the Connect2 Community Network principles and values to ensure alignment.

Accessibility assessment. In 2021, HealthierHere will evaluate all entry points to the Connect2 Community Network and its workgroups through an accessibility lens. This assessment will determine what barriers to participation community-based organizations led by members of the populations most impacted by health disparities experience. We will examine aspects of the workgroups such as language access, accommodations, and meeting time and format. After the assessment is complete, we will have a clear roadmap to address any accessibility issues that come to light.

Technical assistance and training. As new partners join the Connect2 Community Network, HealthierHere will provide the support needed for them to engage in the network, including a review of the Connect2 Community Network principles and values to ensure alignment. To support this, HealthierHere has hired a Network Manager who has experience leading large networks of clinical and community partners. A job description for this role can be found in Appendix R. This role will engage with organizations in the Connect2 Community Network to understand their current processes and work with frontline staff to integrate the use of the network into their processes. If any challenges arise, we will offer support and expertise to help partners overcome barriers. HealthierHere will support network monitoring activities, which will help identify partners who may need additional support to fully leverage the network. As the Network Partner Workgroup develops new recommendations for the network, we will also provide assistance in implementing these recommendations to ensure all partners are able to adopt guidance and best practices.

Clinical and Community Incentives. As part of the implementation planning, HealthierHere has explored the opportunity to offer incentives to clinical and community partners interested in joining and using the Unite Us network in 2021. These incentives would be aligned with our principles to ensure organizations are equitably reimbursed for the time required to onboard to the Connect2 Community Network, and (in particular) to ensure that smaller organizations with very limited resources are able to join and use the Connect2 Community Network along with their larger counterparts. In November of 2020, we launched the Connect2 Community Network Catalyst Fund, which is open to eligible clinical and community-based organizations in King County interested in using the Unite Us technology. With input from clinical and community partners, we have identified four levels of performance-based activities that interested clinical and community partners could apply for to receive incentive funding:

- *Join:* Organizations will be expected to: 1) submit a partner registration form; 2) attend a 1 hour Unite Us training for at least 2 staff members; 3) participate in an onboarding session with HealthierHere
- *Use:* Organizations will be expected to: 1) maintain their organizational profile on the Unite Us technology; 2) send and receive referrals for at least 20 unique individuals over a three- month period; and 3) meet at least once with the HealthierHere team to review progress and provide feedback on their experience using the Unite Us technology.
- *Optimize:* Organizations will be expected to: 1) adjust workflows as needed; 2) set performance targets; and 3) meet or exceed those performance targets for 6-9 months; and 4) participate in the Network Partner Workgroup, as appropriate.

Applicants will be expected to meet milestones noted above in order to unlock the full funding available. Applications for the Connect2 Community Network Catalyst Fund are due on January 8, 2021. Applications will be reviewed and awarded by January 31, 2021. Funding for these incentives is made possible through HealthierHere's 1115 Medicaid Transformation Project incentive funds . As more technologies are available through the Connect2 Community Network, additional incentives to join and use different technologies may be made available.

Connect2 Community Network Information Sessions: To broaden our outreach, we are planning to spend time in early 2021 conducting additional information sessions to a broader network of clinical and community-based organizations. These sessions would be designed to share an overview of the Connect2 Community Network plan, provide opportunities for organizations to be involved and answer any questions. We anticipate holding 2-3 sessions for community-based organizations to learn about the Connect2 Community Network in early 2021. These may be part of outreach to other networks and coalitions, or be stand-alone events open to all clinical and community-based organizations in King County.

Consumer Engagement

The objective / purpose of consumer engagement is to ensure that consumer voice is centered in the design and implementation of the Connect2 Community Network. This includes consumer input into key design issues, such as consumer access, as well as the longer-term structures that support consumer engagement in implementation. Additionally, consumer engagement is essential to creating a network that can respond to consumers' needs in culturally sensitive ways. This feedback will allow network partners to adapt their consumer interactions around the Connect2 Community Network to align with consumer preferences, thus ensuring consumers feel supported and treated with dignity.

Consumer engagement also plays a role in growing the Connect2 Community Network. Consumer input will shape the network into a resource that meets the community's need with features that are endorsed by the community, which will encourage community-based organizations who serve these community members to participate.

We have chosen to use "consumer" within this plan as a term that is widely understood to refer to people who access services. However, we recognize that partners may choose to use different language when engaging directly with the individuals they serve, and we welcome the use of the language that best suits each situation.

Types of CIE Consumer Engagement

Lessons from other CIEs. We have talked to three CIEs across the country about their consumer engagement efforts (211 San Diego, Alliance for Better Health in New York state and an emerging CIE in Austin, Texas). Overall, engaging consumers in CIE design has been limited. More consumer engagement happens at the implementation stage as CIEs create more natural engagement opportunities when they are operational. Approaches have been either engagement in formal committees and/or direct-to-consumer outreach by CIE staff. In addition, most of the consumer feedback has been focused on a few topics that are relevant to consumers, such as consumer access. Given what we have observed and learned about other CIEs and HealthierHere's experience engaging community members, we believe that there are opportunities to gather consumer feedback and engage consumers in both the design and implementation stages. A full assessment on other CIEs' consumer engagement approaches is in Appendix G and H.

Feedback from Community and Clinical Partners on Consumer Engagement. As part of the Network Partner meetings, we have asked for consumer engagement input from community and clinical partners in the following areas: 1) what questions do we need consumer feedback on; and, 2) how would partners recommend approaching consumer engagement. Based on their feedback, the areas to gather consumer input include:

- Consumer access, including the value of self-referral
- Whether and how personal information can be shared as part of a referral
- Barriers to accessing community and clinical resources
- Issues related to digital equity
- How we measure success at the referral and system levels
- Policies related to data ownership
- Policies for consent and revoking consent
- How consumers benefit from the network

Gathering input on these topics will help determine which Connect2 Community Network use cases are most important to consumers. Furthermore, we will better understand if certain use cases are particularly valuable to populations who experience greater disparities in health outcomes, and thus present greater opportunities to advance health equity.

These are the ways in which community and clinical partners recommend that we approach consumer engagement:

- Lean on existing relationships in the community. Make sure community leaders are engaged, resourced, and can lead communication to their communities.
- Identify and reach out to missing partners / consumer groups.
- Plan for multi-model engagement. Consider surveys, focus groups, virtual meetings, phone calls and in-house presentations (post-COVID) and other ways of gathering feedback.
- Reimburse organizations and individuals for their time and expertise.

Consumer Access to Connect2 Community Network

While developing the Connect2 Community privacy and technology plan, we asked clinical and community partners what type of CIE access consumers might need. The topic was discussed in multiple Legal, Data

and Technology workgroup meetings, as well as in the Network Partner workgroup meetings. The result is that clinical and community partners felt that consumers should be able to revoke their consent to share information at any time.

In the future, consumers may be able to send referrals (self-refer) and request to view their information in the CIE (via a community partner). Given the complexity of consumer access to the information stored in the Connect2 Community Network, we have not included this in the current budget estimates. However, if this is something that individuals and families in our community identify as a priority, we will work to assess the feasibility and determine the most cost-effective technological approach. Access may be enabled through an existing technology in the community, rather than requiring the Connect2 Community Network to build a front-end user access point. Depending on the interest and technology options, the budget will be adjusted accordingly, and additional funding will be required to invest in this functionality.

- *24/7 access for consumers.* The Connect2 Community Network is exploring how to enable 24/7 access points. We do not anticipate this to be an access point that is staffed 24/7, but instead a user friendly, web-based interface in multiple languages that allows individuals in King County to request support at any time. Then a clinical or community partner can “answer” this request during regular business hours and send referrals on the individual’s behalf within 24 hours.
- *Equitable participation for non-Medicaid eligible King County residents.* The Connect2 Community Network will operate as a public utility, so anyone in King County who needs services can connect with a clinical or community partner to request resources and be provided referral support. Most of the clinical and community-based organizations currently sending and receiving referrals in the Connect2 Community Network do not have eligibility requirements that are tied to clients being enrolled in Medicaid.

Planned Consumer Engagement Activities

As part of the engagement of consumers in 2021, we propose a community-centered approach that emphasizes the role of key community-based intermediaries in reaching focus populations. This is based on feedback received from clinical and community partners, as well as HealthierHere’s experience leading community engagement for our Medicaid Transformation Project. Specifically, we aim to engage consumers by working with a group of trusted community-based organizations that already have strong connections in the community. This approach has been successfully implemented by HealthierHere as part of its [community grants program](#) to learn about the experiences of close to 3000 community members seeking access to healthcare services. By adapting this approach for the Connect2 Community Network, we will model both our commitment to our community partners and the value that they create in the community as trusted leaders. This approach aligns with the key community engagement values that we have identified above.

We will work with our partners to understand any support or resources required to ensure opportunities are accessible to consumers and incorporate their recommendations into our activities. Practically, we will, where appropriate, explore how to leverage HealthierHere’s existing community engagement experience and add CIE-specific components. Consumer outreach will include reimbursements for individuals who choose to provide input and are eligible to receive compensation. This initial engagement will include outreach, information gathering, and circling back with consumers to interpret results.

Our consumer engagement activities will always view consumers through a strengths-based lens. The expertise and insights that consumers gain through their lived experiences are essential to creating a successful network, and we value these perspectives just as we value academic or professional experience. Community voices are powerful, and by engaging consumers, we will channel that power towards building a community-owned resource that advances health equity.

As with community engagement, we expect that consumer engagement will be ongoing, so that the Connect2 Community Network can evolve and be responsive to the needs of individuals and families in our region.

Equity

In partnership with community, HealthierHere has developed and adopted an equity definition and guidelines, which serves as the foundation of all our work, including the Connect2 Community Network. Our equity statement is as follows:

HealthierHere leads with equity. We work to intentionally eliminate disparities and build on strengths in health and well-being and address the current power dynamic and structural racism in our health care system that perpetuates inequities. We believe that every community member in King County should receive the type of care that they deserve - with respect and without stigma - to address their unique and individual needs. Consequently, HealthierHere only partners with organizations that embrace equity and cultural competency.

Please see Appendix M for the full equity definition and guidelines.

The Connect2 Community Network vision and operations are designed to reflect our commitment to equity and inclusion. At its core, a community information exchange is designed to improve access to and experience with health care and social services for individuals and families most impacted by health disparities. We recognize that race has been a primary driver of inequity for centuries, and we commit to addressing race explicitly, though not exclusively. We recognize that every individual holds multiple identities, and we commit to applying an intersectional lens to account for the layered impacts of these identities on health outcomes.

We are committed to centering the voices of those individuals and clinical and community-based organizations delivering services in the design and implementation of the Connect2 Community Network. We also commit to conducting our consumer engagement activities through a strengths-based lens, and to channel the community's power into creating a resource that will benefit the communities most impacted by disparities in health outcomes. Practically, we have integrated equity practices throughout this plan. Specific examples include, but are not limited to:

- Naming equity in the vision statement
- Prioritizing Black, Indigenous and people of color (BIPOC)-led and BIPOC-serving organizations in the selection criteria for the Advisory Group
- Enabling access to the Connect2 Community Network (and use of Unite Us technology if desired) through partner incentives to enable organizations that might not otherwise be able to join due to limited bandwidth, technology and other constraints
- Offering linguistically appropriate services for Network Partner meetings

- Creating collaborative co-design processes with clinical and community-based organizations to ensure the voice of those most impacted by health disparities and those who work closely with them are centered in design and implementation
- Utilizing an intentional process of gathering input and circling back with clinical and community partners to ensure that input has been incorporated in the way it was intended to ensure accuracy and transparency

We recognize the need to further incorporate principles of equity in the design of the CIE as part of our work in 2021. In November 2020, the Network Partner Workgroup reviewed the equity plan and provided early, limited feedback, and a broader review is required. Also, at that meeting, nearly three-quarters of reviewers indicated that there is an opportunity to better embed equity in the Connect2 Community Network. We commit to making additional space for this conversation in 2021, implementing strategies to advance equity through the CIE and to continue to evolve the plan as we learn more.

As the Connect2 Community Network matures, we anticipate being able to share data on community needs and gaps in service. We are committed to ensuring that collaborative and inclusive data practices are used to enable access to, interpretation of, and use of information to address resource gaps and enable community-driven advocacy.

Ultimately, we envision that these shared values will lead to the development of shared language and practices around equity. Through this shared framework, the Connect2 Community Network will continuously examine the impact of its work on communities most affected by health disparities and ensure that the cumulative impact of this work is advancing health equity.

Financial Sustainability Plan

Current expenses

Currently the Connect2 Community Network efforts are focused on: 1) co-design of the Connect2 Community Network with clinical and community partners; 2) support for clinical and community partners who are testing the use of bi-directional, closed loop referrals on the Unite Us platform; and 3) continuing to provide information and referral (I&R) services through the 2-1-1 service line and other community resources. To support these key deliverables, the Connect2 Community Network expenses are focused on the following categories:

- *Personnel* (e.g., to lead outreach to clinical and community-based organizations, design and facilitate monthly Network Partner, Legal, Data & Technology and Unite Us workgroups, develop of Advisory Group, develop of CIE plan and continued provision of I&R services in King County with a focus on seniors, veterans and populations most impacted by health disparities)
- *Purchase of services* (e.g., consultants and subject matter experts in the following areas: technology, privacy, data use agreements, legal review, governance structures and tribal data sovereignty)
- *Investments in clinical and community partners* (to enable equitable participation in planning and bi-directional, closed loop referral testing)

Forecasted expenses

Looking forward, the Connect2 Community Network will develop a 5-year budget based on anticipated expenses associated with the implementation of the Connect2 Community Network. Key activities of the Connect2 Community Network are detailed in the implementation plan. To support these key activities, the Connect2 Community Network expenses are focused on the following categories:

- *Personnel* (e.g., to lead outreach to and onboard of clinical and community-based organizations with a focus on organizations that serve veterans, seniors and other populations impacted by health disparities, design and facilitation of monthly workgroups, governance structure management, network monitoring and partner management, referral support, and 24/7 consumer access points). Staff that will help maintain the referral information technology infrastructure and be available to individuals who would like to speak to a live person. This will help to decrease barriers to use the system because not every person is comfortable or able to access the technological interface.
- *Purchase of services* (e.g., consultants and subject matter experts in the following areas: technology, privacy, data use agreements, legal review, governance structures and tribal data sovereignty)
- *Technology infrastructure and services* (e.g., master data management, including consent, integration hub and system interfaces, extract, transform and load capabilities, hosting, support)
- *Investments in clinical and community partners* (to enable equitable participation in planning and bi-directional, closed loop referral testing and onboarding of networks to serve focus populations or specific services)

Cost estimates for personnel, services and technology will be informed by other CIEs operating in San Diego (211 San Diego), New York state (Alliance for Better Health), and estimates from multiple technology vendors.

One of the more significant expenses for any CIE is related to technology infrastructure. Based on Network Partner priorities, the architecture is designed to support the sharing of key information (please see Vision section) by enabling existing user-facing systems to contribute and consume data through shared services (Master Data Management and a Shared Services Hub?). High, medium, and low scope for the shared services is being defined with corresponding cost estimates. The medium scope enables organizations with low IT capability to participate in CIE through the upload and download of Excel files (for example, download the latest list of resources, upload the organization's updated services and hours). The medium scope enables organizations with high IT capability to exchange information close to real-time using Application Programming Interfaces (please see Privacy/Technology sections). The low scope does not provide adequate value with minimal integration support, access, and flexibility. The high scope includes client access, including the ability to view and contribute to their own record, which expands technical, change management, and support complexity and costs.

Funding approaches and recommendations

Current funding sources

Currently, the Connect2 Community Network is supported by “braided” funding from philanthropic and government sources. They include: King County’s Veterans, Seniors and Humans Services Levy, HealthierHere’s Medicaid Transformation Project incentive funds, and Kaiser Permanente’s Community Benefit funds.

Potential funding models

We have begun to explore multiple funding mechanisms including, but not limited to:

- *Braided funding approaches:* Using a combination of philanthropic, earning revenue, and government funding sources, braided funding can also be a mix of earned revenue for contractually meeting agreed upon milestones, as well as grant or activity-based support. Most community information exchanges use a braided funding model, particularly during start up when infrastructure costs are higher, and the value proposition is not yet matured. Examples include: 211 San Diego and Alliance for Better Health in New York state.
- *Investment / capital raise model:* This approach can operate as a sub-set of the braided funding model above or be pursued independently. This approach is most effective when: 1) the program or initiative requires significant up-front costs to support start-up infrastructure; 2) earned revenue can become a more significant revenue stream in the later years; and 3) there is a measurable impact associated with the project or initiative. Social impact focused nonprofit organizations, such as Health Leads, Teach for America, City Year, and Project ECHO are all examples of organizations that have used an investment / capital raise model to grow.
- *Earned revenue model:* Earned revenue from memberships or meeting shared health targets is a potential source of funding. It requires a clear, well-tested value case and contracting that enables either a per member per month fee, flat fee, service-based fees, or payments that are unlocked when specific health-related targets are met. Usual sources of funding for this model include: managed care organizations and health systems that can transfer funding from operations, city and county contracts, and/or hospital community benefit dollars. CIEs using an earned revenue and/or membership model include: 211 San Diego and Alliance for Better Health in New York state. Based on CIE and non-CIE examples, an earned revenue model is most appropriate for mature initiatives with a clear value case and are unlikely to fully cover operating costs.
- *Experimental payment models for “public utilities”:* As awareness of the importance of social determinant of health (SDoH) services to improve community and individual health and well-being has increased, so has the need for new funding models. One such model is the “Collaborative Approach to Public Good Investments” led by Len Nichols and Lauren Taylor. The “Collaborative Approach to Public Good Investments” (CAPGI) is a financing process designed to help multi-stakeholder coalitions sustain new investments in social determinants of health. A trusted convener serves as an intermediary as stakeholders privately and confidentially name what they are “willing to pay” for public good services. Resources raised in excess of what is required are distributed back to all stakeholders. HealthierHere was invited to submit a proposal for its CIE

work to the CAPGI team in October 2019, but ultimately was not selected. The CAPGI approach is currently being tested in a handful of initiatives across the country, including: Better Health Together in Spokane and the Milwaukee Health Partnership.

Some of the options above can be combined while others would be “stand-alone” approaches.

Recommendation for the Connect2 Community Network

We anticipate that the Connect2 Community Network will continue to rely on “braided” funding from philanthropic and government sources in the near term and will aim to add earned and/or membership revenue, as value and services mature. We will explore the opportunity to develop an investment / capital raise model to support multi-year funding for infrastructure with relevant funders.

Potential funding sources for a “braided” funding approach include: government agencies, philanthropic organizations, managed care organizations, special interest organizations, and corporate entities (including healthcare delivery organizations and corporate social responsibility). Funder-specific pitch materials would need to be developed. We are not pursuing an individual donor strategy based on the significant development infrastructure that would be needed to support individual giving for a non-direct service initiative. Examples of each type of funding source is listed below. These are representative, as more work is needed to assess the interest of specific funders in the CIE concept.

- Government Agencies:
 - County or City Level Agencies: King County, City of Seattle
 - State-level agencies: Washington State Health Care Authority (HCA)
- Philanthropic Foundations:
 - Technology and/or data related foundations: Microsoft Foundation, Stolte Foundation
 - Corporate / community foundations: Schultz Foundation
 - National healthcare funders: Kresge Foundation, Robert Wood Johnson Foundation, Commonwealth Foundation
- Health-related Organizations:
 - Healthcare Delivery Community Benefit and/or operating funds: Kaiser Permanente, Google Health
 - Managed care organizations
 - Associations: e.g., American Diabetes Association, American Lung Association (asthma)
 - Special interest groups: e.g., Weight Watchers

Next steps / timeline

Our key next steps for 2020 and 2021 include:

- Developing pitch materials and outreach strategies to philanthropic foundations to better understand the interest in a Connect2 Community Network and what messages resonate with different types of funders.
- Engaging potential “earned revenue” customers to better define interest in / requirements related to earned revenue sources.
- Understanding COVID-19 response and recovery priorities, how they are funded, and how CIE adds value to explore cross-sector opportunities.
- Continued iteration on the 5-year projected expenses to improve forecasting with a particular focus on roles required of other organizations to deliver direct referral support and technology infrastructure costs.

Workplan

Below are our draft milestones for 2021. We anticipate that these milestones will shift as we continue to gather input from clinical and community-based organizations, consumers and technology vendors. We will continue to center the voice of the community in our planning and therefore will be responsive to their needs and feedback.

Activities and Milestones to be completed by March 31, 2021

Domain	Key Milestones
Community Engagement (CBOs and consumers)	<ul style="list-style-type: none"> • Identify inclusive practices for workgroups and meetings • First round of partners funded by Catalyst Fund • First round of Catalyst Fund partners submit Unite Us Partner Registration Forms • Outreach to 5-10 additional organizations via 1:1 meetings or presentations to gather additional feedback about the Connect2 Community Plan and opportunities to be engaged • Consumer engagement plan implementation started
Governance, Administration, Sustainability	<ul style="list-style-type: none"> • Convene Connect2 Community Advisory Group • KC DCHS VSHSL Phase 2 contract approved • Draft value proposition and fundraising plan • Host Network Partner workgroup, Unite Us user workgroup and LDT workgroups • Introduce Tribal Data Sovereignty topics to Network Partner workgroup • Revise workplan as needed
Privacy/Technology	<ul style="list-style-type: none"> • Legal team reviews legal agreements and those are shared with Legal, Data & Technology workgroup • RFP drafted with input from Legal, Data & Technology workgroup • Partner(s) identified for system integration

Activities and Milestones to be completed by June 30, 2021

Domain	Key Milestones
Community Engagement (CBOs and consumers)	<ul style="list-style-type: none"> · Implement at least 1 inclusive practice for workgroups and meetings · Additional organizations have submitted Unite Us Partner Registration Forms · Outreach to 5-10 additional organizations via 1:1 meetings or presentations to gather additional feedback about the Connect2 Community Plan and opportunities to be engaged · 2-3 Catalyst Fund partners have set performance goals · If financially feasible, second round of Catalyst Fund launched and partners selected (or in process of being selected) · Consumer engagement plan implementation continues
Governance, Administration, Sustainability	<ul style="list-style-type: none"> · Draft decision-making approach / processes with Advisory Group · Adjust governance structure / processes based on consumer input · Meet with 2-4 potential CIE or Catalyst fund supports · Host Network Partner workgroup, Unite Us user workgroup, and LDT workgroup · Draft evaluation plan, including consumer input · Revise workplan as needed
Privacy/Technology	<ul style="list-style-type: none"> · RFP released with input from Legal, Data & Technology workgroup · Suppliers selected for technology, build/configuration, and operation of CIE shared services · Partner(s) committed to specify, test, and accept system integration · Draft Tribal data sovereignty plan completed

Activities and Milestones to be completed by September 30, 2021

Domain	Key Milestones
Community Engagement (CBOs and consumers)	<ul style="list-style-type: none"> · Additional organizations have submitted Unite Us Partner Registration Forms · Outreach to 5-10 additional organizations via 1:1 meetings or presentations to gather additional feedback about the Connect2 Community Plan and opportunities to be engaged · Initial consumer engagement completed; long-term consumer engagement plan drafted
Governance, Administration, Sustainability	<ul style="list-style-type: none"> · Host Network Partners workgroup, Unite Us user workgroup and LDT workgroup · Adjust governance structure based on tribal data sovereignty plan · Meet with 2-4 potential CIE or Catalyst fund funders · Revise workplan as needed
Privacy/Technology	<ul style="list-style-type: none"> · Signed contracts with all suppliers for shared services technologies, including implementation and support services, and HIPAA Subcontractor Agreement · Complete 1-2 implementation sprints for Shared Services · Network Partner and Legal, Data, and Technology Workgroups decide whether to pursue common client consent

	<ul style="list-style-type: none"> · Legal agreements updated based on consumer input and shared with Legal, Data & Technology workgroup
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Activities and Milestones to be completed by December 31, 2021

Domain	Key Milestones
Community Engagement (CBOs and consumers)	<ul style="list-style-type: none"> · Additional organizations have submitted Unite Us Partner Registration Forms (or have joined the Connect2 Community Network via another technology) · Outreach to 5-10 additional organizations via 1:1 meetings or presentations to gather additional feedback about the Connect2 Community Plan and opportunities to be engaged · Adjust community and consumer engagement plan based on input from community-based organizations and consumers
Governance, Administration, Sustainability	<ul style="list-style-type: none"> · One additional CIE or Catalyst funder recruited · Host Network Partners workgroup, Unite Us user workgroup and LDT workgroup, as needed - Revise workplan as needed
Privacy/Technology	<ul style="list-style-type: none"> · Complete next implementation sprints for shared services · Integration live with 1-2 systems

Glossary of Terms

Veterans, Seniors and other Vulnerable Populations is a term used by the County to specify populations served by the Veterans, Seniors and Human Services Levy. Instead of using the term “vulnerable populations,” HealthierHere uses the phrase, “populations most impacted by health disparities.” This includes, but is not limited to Black, Indigenous and people of color (BIPOC) communities, immigrants, refugees, LGBTQ+ individuals, housing insecure individuals and families, individuals with disabilities, individuals with limited English proficiency.

Public utility is an organization that maintains the infrastructure for a public service. Public utilities are subject to forms of public control and a regulation ranging from local community-based groups to statewide government monopolies.

42 CFR Part 2 (or sometimes just Part 2) is a US federal regulation that establishes national legal requirements in addition to the HIPAA Privacy Rule to protect patient records created by federally assisted programs for the treatment of substance use disorders (SUD)

API (application programming interface) is a type of software integration process used to send or retrieve (usually small amount of) data by specifying what requests can be made, how to make them, the data formats that should be used, and the conventions to follow, such as how to send an electronic referral from one technology platform to another

Bi-directional Closed-Loop Referral is where an authorized user gains client consent and electronically refers the client to one or more partner organizations participating on the network. Bi-directional means that the referral can go either direction between partners. Closed loop means that the sender of the referral receives notification of the referral outcome.

Care Team is a comprehensive list of the care team members for each client, including contact information, for all involved in coordination and delivery of services and care.

Clinical organizations are physical and/or behavioral health care providers and include tribal health providers and Indian healthcare providers.

Community-based organizations (CBOs) are organizations that provide services to individuals and families in a specific geographic area. In the case of the Connect2 Community Network, community-based organizations may provide housing services, food services, transportation services, and other supports or navigation services, sometimes focused on a specific population or geography and/or may represent or advocate for individuals and families in our community.

Community Information Exchange (CIE) is a network of cross-sector partners – social service, community, tribal, government, physical and behavioral health organizations – who commit to coordinating care so that individuals have better access to the care and supports they need to improve their health. Partners access a shared network database where they contribute to a single longitudinal client record, share information and make bi-directional closed-loop referrals.

Data Integration is a unified and understandable view of data displayed within and obtained from the variety of sources and systems used by network partners

EHR (electronic health record) is a software system used by healthcare providers to manage a patient-centered, digital version of a patient's health records designed to make information available instantly and securely to authorized users; EHR sometimes refers to the digital record itself rather than the system that maintains it

ETL (extract, transform, load) is a type of software integration process used to copy (usually large amounts of) data from one or more sources to a destination system which represents the data differently or in a different context, such as copying data from technology platforms to the Unified Network to create a master shared data set or copying shared data from the Unified Network to technology platforms where it is accessed by users

HIPAA Privacy Rule is a US federal regulation created under the Health Insurance Portability and Accountability Act of 1996 and amended by the HITECH Act that establishes national legal requirements for protecting an individual's medical records and other personal health information and applies to health plans, health care clearinghouses, and health care providers that conduct health care transactions electronically

Interoperability is the transfer and use of data between the systems and technology platform(s) used by one organization and the systems and technology platforms used by other network partners

Legal, Data, and Technology Workgroup (LDT Workgroup) is a collection of interested stakeholders convened to consider and make recommendations on legal- and data-related policies and procedures that

will allow for information sharing and care coordination across health and social sectors, and provide legal and technical review of new features, functionality and general use of the regional CIE

Longitudinal Record is a complete historical record of the health care and community services and supports sought and delivered for an individual client

Master Data Management (MDM) is a set of processes and software technologies that act together to ensure the accuracy, completeness, timeliness, and consistency of data coming from multiple parties, such as multiple technology platforms in a Unified Network

Mental Health Services, Confidentiality of Records—Permitted Disclosures (or RCW 70.02.230) is a Washington state regulation that establishes legal requirements in addition to the HIPAA Privacy Rule to protect mental health information in Washington State

Network Partner Workgroup (NP or NPWG) are individuals from agencies and organizations who will be using the Connect2 Community Network and initially have direct experience with resource referral within a range of systems and organizations. These may be front-line staff who are directly involved in resource referral work, or directors and managers who supervise this front-line staff. As functionality expands, others beyond those who make referrals may participate.

Privacy establishes the rules or framework for specifying and controlling who can access and/or alter information and how that information can be used, including sensitive electronic information such as medical records

Resource Database is an accurate, comprehensive, and searchable listing of community, health, and social service providers and other supports

Shared Language is a common, standardized language that bridges the clinical care and community services disciplines to enable effective and accurate communication

Shared Care Plan includes, but is not limited to, a platform: (1) with a client-facing interface, (2) with functionality to create a living care plan that enhances client-centered care and care coordination through the capture of whole person goals and corresponding health information, (3) that can be viewed and/or edited by care team members across clinical and community-based organizations to varying degrees based on patient preferences and in compliance with privacy policy

Unified Network is a network of networks across clinical and community-based organizations with infrastructure that supports a federation of autonomous existing and emerging systems cooperating as an integrated and coordinated whole, leveraging individual capabilities and regional opportunities and sharing standards, common practices, and shared data

Appendix

Appendix A: Draft Advisory Group Charter

Purpose

The purpose of the CIE Advisory Group (AG) is to form a coalition of organizations, leveraging their knowledge and expertise to create, govern, and coordinate a unified network of health and human services providers, with universal access and interoperability between platforms/networks so as to better meet the holistic needs of clients/patients.

Introduction

Efforts are underway in King County (and Washington State) to transform the region's delivery system to create a better client experience, improve health and well-being and reduce the per capita costs of healthcare. The goal is to harness cross-sector collaboration to change how we address health and social problems, from a costly, crisis-oriented response to a proactive system that focuses on prevention, embraces recovery, and eliminates disparities by providing people with the services they need to realize their full potential. Key to our success in this endeavor is the ability of our region to invest more in addressing social determinants of health – the 80% of a person's overall health and well-being that happens outside of a health clinic. Human Services providers are at the heart of being able to effectively address the social determinants – making it essential to establish stronger more robust partnerships and linkages between the region's health care delivery system and its network of social services.

Momentum is building to make this shift. Organizations from health care, social services, government, payers as well as community members have expressed interest in creating mechanisms for community and clinical linkages to ensure individuals can get the services they need when they need them. Through multiple efforts and initiatives, the King County region now has the opportunity to create an integrated network of care that would be unprecedented in its ability to connect people to resources with enhanced efficiency, accuracy, and effectiveness, with an emphasis on prevention.

One of the tools the region has identified to achieve this goal is a Community Information Exchange (CIE). A CIE is an integrated network of social service, community, tribal, government, physical and behavioral health providers that use a shared language, a database of available resources, and an integrated technology platform to facilitate data sharing, bi-directional closed-loop referrals, and the creation of a longitudinal record for individual clients.

In King County, some foundational elements are already in place. There are multiple organizations that already have interconnected networks, both formal and informal. These organizations have established competency in CIE models and execution, with varied levels of sophistication in technology as well as client engagement practices.

The governance, values, and goals of the unified Community Information Exchange must come from the community of partners and networks that would participate. For multiple social, cultural and financial reasons, the governance of this new CIE must be carefully defined, protected, and stewarded to ensure maximum community-benefit.

Overarching Goal for the CIE

Strengthen the coordination of care for those in need by connecting people, service organizations, and community partners more quickly and more effectively – resulting in a healthier, more equitable community for all.

CIE Advisory Group Purpose

The AG will serve as the governing body for the CIE. In this role, members will provide expertise, guidance and will make final decisions on the design, implementation, evaluation, and sustainability of the CIE.

Principles

- **Focus on People and Populations:** Always act in the best interest of communities in King County, particularly those experiencing the greatest health, social, economic, and racial disparities. This includes, but is not limited to, individuals served by Medicaid, communities in crisis, ethnically and culturally specific communities, veterans, LGBTQ+ communities, individuals and families experiencing homelessness, seniors, and people with disabilities
- **Eliminate disparities:** Work intentionally to ensure that all people can access the same opportunities for health and wellbeing and experience similar outcomes by eliminating racial, ethnic, socio-economic and geographic disparities. Look at who decides, who provides, and who benefits or bears the burdens of our actions
- **Community and Consumer voice:** Actively seek out and consider community and consumer input in decision making with an emphasis on people and populations who bear the burden of our actions
- **Support for Agencies:** Support agencies and constituencies focused on mitigating and solving for social determinants of health – particularly where poverty and/or bias create a multiplier- effect – to advance equity and reduce health disparities in the region
- **Transparency:** Make available to interested parties and the public work products, processes, and recommendations to the greatest extent possible
- **Active leadership:** Serve as a champion and ambassador of the Connect2 Community Network, and proactively work with and support the Advisory Group, Partner Network and other workgroups associated with this work and its goal
- **Inclusive collaboration:** Membership comprised of leaders from sectors critical to regional success
- **Respect and openness:** Members shall operate with respect, a willingness to listen, and an openness to different perspectives
- **Stewardship:** Support the implementation of an integrated Community Information Exchange that promotes community and clinical linkages and creates high impact system improvements using available resources and within the allotted timeframe

Responsibilities

- Provide strategic support and guidance on designing, implementing, evaluating, and sustaining the CIE
- Monitor the effectiveness and success of the network and take action to improve the CIE
- Establish annual plan and metrics for CIE Advisory Group, including ROI

- Receive recommendations from CIE-related workgroups, including the CIE Network Partner, Data, Technology, and Legal Framework workgroups, and serve as final decision-making body
- Facilitate relationships and partnerships with a broad range of community-based, health care, and human services organizations who can participate in and use the CIE
- Liaise with leaders of systems, institutions, and organizations whose support will be essential for the success of the CIE
- Ensure the CIE is operating in ways that align with its principles, including, but not limited to, being client and community centered
- Collaboratively support efforts to fund and sustain the CIE

Membership

The CIE AG membership will be comprised of subject matter experts from sectors critical to the CIE's success. In the interest of balancing vital perspectives and functional group size, the committee will have approximately 25 members representing the following perspectives:

- Healthcare providers
- Insurance plans/payers
- Public Health
- Government
- Community/consumer
- Tribes
- CBOs
- Social services agencies
- Courts/criminal justice
- First responders
- Information and referral providers
- Agencies focused on the social determinants of health (housing, economic development, food, etc.)
- Philanthropy
- Business

Chair and Co-Chair

The CIE AG will select a Chair (or Co-Chairs) to provide leadership for the AG.

Meeting Frequency

The CIE Advisory Group meets quarterly (and may decide to meet more regularly if needed). It may decide to add, cancel, or modify meetings as appropriate.

Decision Making Process

The CIE Advisory Group aims to reach decisions by full consensus. The Advisory Group will work to understand and integrate perspectives of all members until an agreeable solution can be found in a reasonable amount of time.

In the event that consensus is not possible, the CIE Advisory Group will hold a vote with “majority plus one” required to carry the vote.

Each CIE AG member has one vote. An AG member must be present to vote, either in person, in a virtual meeting, or via phone.

AG members are expected to consult with organizations/members from their sector before voting, as is reasonably feasible. In the event that the Advisory Group considers an action where advance notice was not planned (e.g., a new item came up during discussion), the CIE Chair/Co-Chair will ask if AG members need additional time to consult with their sectors and consider deferring action to a later date as determined by the Chair/Co-Chair (e.g., subsequent meeting, via email).

Reporting

CIE AG Chair/Co-Chair will prepare objectives and materials for each meeting. Agenda and meeting materials will be distributed at least 3 business days in advance of meetings and are available to the public online. Decisions will be documented in meeting summaries.

[Appendix B: Network Partner Workgroup Charter](#)

Introduction

Efforts are underway in King County (and Washington State) to transform the region’s delivery system to create a better client experience, improve health and well-being and reduce the per capita costs of healthcare. The goal is to harness cross-sector collaboration to change how we address health and social problems, from a costly, crisis-oriented response to a proactive system that focuses on prevention, embraces recovery, and eliminates disparities by providing people with the services they need to realize their full potential.

Key to our success in this endeavor is the ability of our region to invest more in addressing social determinants of health – the 80% of a person’s overall health and well-being that happens outside of a health clinic. Human Services providers are at the heart of being able to effectively address the social determinants – making it essential to establish stronger more robust partnerships and linkages between the region’s health care delivery system and its network of social services.

Momentum is building to make this shift. Organizations from health care, social services, government, payers as well as community members have expressed interest in creating mechanisms for community and clinical linkages to ensure individuals can get the services they need when they need them. Through multiple efforts and initiatives, the King County region now has the opportunity to create an integrated network of care that would be unprecedented in its ability to connect people to resources with enhanced efficiency, accuracy, and effectiveness, with an emphasis on prevention.

One of the tools the region has identified to achieve this goal is a Community Information Exchange (CIE). A CIE is an integrated network of social service, community, tribal, government, physical and behavioral health providers that use a shared language, a database of available resources, and an integrated technology platform to facilitate data sharing, bi-directional closed-loop referrals, and the creation of a longitudinal record for individual clients.

In King County, some foundational elements are already in place. There are multiple organizations that already have interconnected networks, both formal and informal. These organizations have established competency in CIE models and execution, with varied levels of sophistication in technology as well as client engagement practices.

The governance, values, and goals of the unified Community Information Exchange must come from the community of partners and networks that would participate. For multiple social, cultural and financial reasons, the governance of this new CIE must be carefully defined, protected, and stewarded to ensure maximum community- benefit.

Overarching Goal for the CIE

Strengthen the coordination of care for those in need by connecting people, service organizations, and community partners more quickly and more effectively – resulting in a healthier, more equitable community for all.

CIE Network Partner Workgroup

The Connect2 Community Network Partner Workgroup (NPWG) will ensure that the day-to-day use of the Connect2 Community Network is informed by and responsive to the community through development of network standards, partner engagement strategies, partner onboarding and systemic reviews of network data to identify resource gaps and opportunities to improve care coordination

Principles

- **Focus on People and Populations:** Always act in the best interest of communities in King County, particularly those experiencing the greatest health, social, economic, and racial disparities. This includes, but is not limited to, individuals served by Medicaid, communities in crisis, ethnically and culturally specific communities, veterans, LGBTQ+ communities, individuals and families experiencing homelessness, seniors, and people with disabilities
- **Eliminate disparities:** Work intentionally to ensure that all people can access the same opportunities for health and wellbeing and experience similar outcomes by eliminating racial, ethnic, socio-economic and geographic disparities. Look at who decides, who provides, and who benefits or bears the burdens of our actions
- **Community and Consumer voice:** Actively seek out and consider community and consumer input in decision making with an emphasis on people and populations who bear the burden of our actions

- Support for Agencies: Support agencies and constituencies focused on mitigating and solving for social determinants of health--particularly where poverty and/or bias create a multiplier- effect--to advance equity and reduce health disparities in the region
- Transparency: Make available to interested parties and the public work products, processes, and recommendations to the greatest extent possible
- Active leadership: Serve as a champion and ambassador of the Connect2 Community Network, and proactively work with and support the Advisory Group, Legal, Data, and Technology Workgroup and other workgroups associated with this work and its goal
- Inclusive collaboration: Membership comprised of CIE end users from sectors critical to regional success
- Respect and openness: Members shall operate with respect, a willingness to listen, and an openness to different perspectives
- Stewardship: Support the implementation of an integrated Community Information Exchange that promotes community and clinical linkages and creates high impact system improvements using available resources and within the allotted timeframe

Responsibilities

- Provide input into the design and implementation of a Connect2 Community Network, including making recommendations to the CIE Advisory Group for final decision making
- Set community-wide standards and service level agreements related to network use
- Identify gaps in services and resources to improve care coordination and community health
- Surface opportunities for improved care coordination based on qualitative and quantitative network data

- Identify opportunities to strengthen network engagement and grow the network
- Provide input into CIE “roadmap”, including prioritization of consumer access, shared care planning and other functionality

Membership

The NPWG membership will be comprised of people from agencies and organizations who will be using the CIE and have direct experience with resource referral within a range of systems and organizations. These may be front-line staff who are directly involved in resource referral work, or directors and managers who supervise this front-line staff. Sectors from where these members will be drawn from include:

- Community-based organizations
- Tribal entities
- Healthcare providers
- Government
- Social services/social determinants of health services
- Information and referral providers
- Courts/criminal justice
- First responders

Meeting Frequency and Other Time Commitments

The NPWG Group meets monthly. It may decide to add, cancel, or modify meetings as appropriate.

Decision Making Process

The NPWG will provide guidance and recommendations to the CIE Advisory Group, which will have ultimate decision-making authority on CIE-related issues. The NPWG may decide to vote on certain issues as it decides what to send to the Advisory Group for that group’s consideration. The NPWG will cast votes using a majority rules approach. The final vote tally will be communicated to the CIE Advisory Group, along with an explanation of any dissenting votes, should they be applicable, to assist the Advisory Group in its decision-making process.

Resources

HealthierHere staff will send out meeting agendas and materials one week before any scheduled meeting.

Reporting

The NPWG strives for transparency, making meeting notes, materials, and products available to the public. These may be shared electronically or posted on HealthierHere’s website.

Appendix C: List of Registrants for Network Partner Workgroup Meetings

Advocates of Sacred
Aging and Disability Services
Alliance of People with disAbilities
Amerigroup
Arms Around You
Asian Counseling and Referral Service
AZISWA
Benefits Law Center
Center for MultiCultural Health
Chinese Information and service Center
City of Kirkland
Comagine
Community Health Plan of Washington
Cowlitz Indian Tribe
Crisis Connections
El Centro de la Raza
Employment Security Department (ESD)
Evergreen Treatment Services
Global to Local
Goodwill of the Inland Northwest
Goodwill of the Olympics and Rainier Region
Harborview Medical Center
Hepatitis Education Project
InterIm CDA
Jamila Coleman, Executive Director
Kaiser Permanente

Khmer Community of Seattle King County

Kin On Health Care Center

King County Housing Authority

Kent Youth and Family Services

King County

King County Help Me Grow

King County Housing Authority

Living Well Kent

Mercy Housing

Molina Healthcare

MultiCare Connected Care

MultiCare Health System

Nakani Native Program

NAMI Seattle

NAMI Washington

Neighborcare Health

Neighborhood House

North Urban Human Services Alliance (NUHSA)

Northwest Physicians Network (NPN)

Providence/Swedish

Recovery Cafe

Refugees Northwest

Samaritan Healthcare

Seattle Children's Hospital

Seattle Children's Care Network

Seattle Fire Department

Seattle Housing Authority

SEIU 775 Benefits Group

Sister In Common

Solid Ground
Sound Generations
Southwest Youth & Family Services
Swedish Health Systems
Teenagers Plus
United Indians of All Tribes Foundation
UnitedHealthcare
Unkítawa
Upower
Urban League of Metropolitan Seattle
UW Medicine
Valley Medical Center
WA State Coalition of African Community Leaders
WAWestcare/Washington Serves
Wellspring Family Services
YMCA of Greater Seattle
You Grow Girl!
Independent consultant / Community member

Appendix D: Legal, Data & Technology Workgroup Charter

Introduction

Efforts are underway in King County (and Washington State) to transform the region's delivery system to create a better client experience, improve health and well-being and reduce the per capita costs of healthcare. The goal is to harness cross-sector collaboration to change how we address health and social problems, from a costly, crisis-oriented response to a proactive system that focuses on prevention, embraces recovery, and eliminates disparities by providing people with the services they need to realize their full potential.

Key to our success in this endeavor is the ability of our region to invest more in addressing social determinants of health – the 80% of a person's overall health and well-being that happens outside of a health clinic. Human Services providers are at the heart of being able to effectively address the social determinants – making it essential to establish stronger more robust partnerships and linkages between the region's health care delivery system and its network of social services.

Momentum is building to make this shift. Organizations from health care, social services, government, payers as well as community members have expressed interest in creating mechanisms for community and clinical linkages to ensure individuals can get the services they need when they need them. Through multiple efforts and initiatives, the King County region now has the opportunity to create an integrated network of care that would be unprecedented in its ability to connect people to resources with enhanced efficiency, accuracy, and effectiveness, with an emphasis on prevention.

One of the tools the region has identified to achieve this goal is a Community Information Exchange (CIE). A CIE is an integrated network of social service, community, tribal, government, physical and behavioral health providers that use a shared language, a database of available resources, and an integrated technology platform to facilitate data sharing, bi-directional closed-loop referrals, and the creation of a longitudinal record for individual clients.

In King County, some foundational elements are already in place. There are multiple organizations that already have interconnected networks, both formal and informal. These organizations have established competency in CIE models and execution, with varied levels of sophistication in technology as well as client engagement practices.

The governance, values, and goals of the unified Community Information Exchange must come from the community of partners and networks that would participate. For multiple social, cultural and financial reasons, the governance of this new CIE must be carefully defined, protected, and stewarded to ensure maximum community- benefit.

Overarching Goal for the CIE

Strengthen the coordination of care for those in need by connecting people, service organizations, and community partners more quickly and more effectively – resulting in a healthier, more equitable community for all.

CIE Legal, Data, and Technology Workgroup

The purpose of the LDT Workgroup is to consider and make recommendations on legal and data related policies and procedures that will allow for information sharing and care coordination across health and social sectors, and provide legal and technical review of new features, functionality and general use of the Connect2 Community Network. Recommendations will be considered by the CIE Advisory Group, which will have final decision-making authority.

Principles

- **Focus on People and Populations:** Always act in the best interest of communities in King County, particularly those experiencing the greatest health, social, economic, and racial disparities. This includes, but is not limited to, individuals served by Medicaid, communities in crisis, ethnically and culturally specific communities, veterans, LGBTQ+ communities, individuals and families experiencing homelessness, seniors, and people with disabilities
- **Eliminate disparities:** Work intentionally to ensure that all people can access the same opportunities for health and wellbeing and experience similar outcomes by eliminating racial, ethnic, socio-economic and geographic disparities. Look at who decides, who provides, and who benefits or bears the burdens of our actions
- **Community and Consumer voice:** Actively seek out and consider community and consumer input in decision making with an emphasis on people and populations who bear the burden of our actions

- **Support for Agencies:** Support agencies and constituencies focused on mitigating and solving for social determinants of health--particularly where poverty and/or bias create a multiplier-effect--to advance equity and reduce health disparities in the region
- **Transparency:** Make available to interested parties and the public work products, processes, and recommendations to the greatest extent possible
- **Active leadership:** Serve as a champion and ambassador of the Connect2 Community Network, and proactively work with and support the Advisory Group, Legal, Data, and Technology Workgroup and other workgroups associated with this work and its goal
- **Inclusive collaboration:** Membership comprised of CIE end users from sectors critical to regional success
- **Respect and openness:** Members shall operate with respect, a willingness to listen, and an openness to different perspectives
- **Stewardship:** Support the implementation of an integrated Community Information Exchange that promotes community and clinical linkages and creates high impact system improvements using available resources and within the allotted timeframe

Responsibilities

- Develop recommendations related to:
 - Data privacy
 - Security policies
 - Regulatory compliance
 - Data sharing and use agreements
- Review proposals and make recommendations on network interoperability and logical architecture for the Connect2 Community Network
- Provide technology and legal input into the Connect2 Community Network “roadmap”
- Lead CIE integration and technology related conversations within their own institutions, flagging issues that may arise
- Advise the CIE Advisory Group on other matters of privacy, security, and regulatory compliance and data sharing as required

Membership

The LDT Workgroup membership will be comprised of attorneys, privacy officers, IT experts and others who provide legal and technology guidance at:

- Community-based organizations
- Tribal entities
- Healthcare providers
- Government
- Social services/social determinants of health services
- Information and referral providers
- Courts/criminal justice
- First responders

Meeting Frequency and Other Time Commitments

The LDT Workgroup meets monthly. It may decide to add, cancel, or modify meetings as appropriate. Note that initial frequency of meetings from July to September 2020 will be every 2 weeks.

Decision Making Process

The LDT Workgroup will advise and provide recommendations to the CIE Advisory Group, which will have ultimate decision-making authority on CIE-related issues. The LDT Workgroup may decide to vote on certain issues as it decides what to send to the Advisory Group for consideration. The LDT Workgroup will cast votes using a majority rules approach. The final vote tally will be communicated to the CIE Advisory Group, along with an explanation of any dissenting votes, should they be applicable, to assist the Advisory Group in its decision-making process.

Resources

HealthierHere staff will send out meeting agendas and materials one week before any scheduled meeting.

Reporting

The LDT Workgroup strives for transparency, making meeting notes, materials, and products available to the public. These may be shared electronically or posted on HealthierHere's website.

[Appendix E: List of Registrants for Legal, Data & Technology Workgroup Meetings](#)

Aging and Disability Services

Amerigroup

Arms Around You

Asian Counseling and Referral Service

AZISWA

Center for Multicultural Health

Chinese Information and Service Center

Community Health Plan of Washington

Crisis Connections

ESD

Global to Local

Harborview Medical Center

Kaiser Permanente

Kin On Health Care Center

King County

Living Well Kent

Mercy Housing

Molina Health Care
MultiCare Connected Care
Nakani Native Program
Neighborhood House
New Trails Navigators
Providence/Swedish
Recovery Cafe
Seattle Children's
Seattle Children's Care Network
Sister in Common
Sound Generations
Southwest Youth and Family Services
Teenagers Plus
United Indians of All Tribes Foundation
UW Medicine
Valley Medical Center
Washington Attorney General's Office
WA State Coalition of African Community Leaders
YMCA of Greater Seattle

[Appendix F: List of Registrants for Unite Washington Workgroup Meeting](#)

Aging and Disability Services
Arms Around You
Camano Island Fire
Castele, Williams & Associates
Catholic Community Services- Crew
Center for MultiCultural Health
Community Health Plan of Washington

Crisis Connections

ESD

Global to Local

Goodwill of the Olympics & Rainier Region

Homage

Joint Services Support - Family Programs

Kaiser Permanente

King Co District Court

NUHSA

Pierce County Aging & Disability Resource Center

QAnalysts

Seattle Housing Authority

Solid Ground

Sound Alliance`

Sound Generations

Southwest Youth and Family Services

Teenagers Plus


WA ESD

WDVA

Wounded Warrior Project

Appendix G: Summary of CIE and non-CIE Examples of Community & Consumer Engagement

CIE Community Engagement Examples


Engagement of community organizations	 <ul style="list-style-type: none"> • Participation on formal workgroups and committees, including governance structures • CBOs / Clinical Organizations lead workgroups • No reimbursement is provided 	 <ul style="list-style-type: none"> • Community engagement team focused on 1:1 outreach and support • “Hubs” have recruited their members • No CBO engagement on governing board
Engagement of consumers	<ul style="list-style-type: none"> • Community voice board • Surveys / focus groups on specific issues (led by 211 SD, not partners) • Online feedback 	<ul style="list-style-type: none"> • NA



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Non-CIE Community Engagement Examples

Engagement of community organizations	 <ul style="list-style-type: none"> • Lead QI teams (e.g., Cradle Cincinnati) • Participate in learning collaboratives • Limited governance over ACT but lead initiatives 	 <ul style="list-style-type: none"> • Engaged in BostonCAN as CBO representatives • Anyone can join
Engagement of consumers	<ul style="list-style-type: none"> • Participate in learning collaboratives; trained at QI community “bootcamp” • Lead QI teams (e.g., Avondale Reading Bears) • Limited engagement in governance 	<ul style="list-style-type: none"> • Participate in BostonCAN as individuals • Lead outreach to community residents and gather resident feedback (using a modified CBPR approach)



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Example: 211 San Diego



- **Network Partner Workgroup** is the main coordinating body for all community organizations using the CIE. United Way Worldwide is their co-chair and is not reimbursed. There are other workgroups that are chaired by community organizations. E.g., Planned Parenthood chairs their policy workgroup and they are also not reimbursed.
- **User experience workgroups** are a way to get input from community organizations using the CIE on specific functionality. E.g., What eligibility criteria might be needed to improve navigation?
- Individual community members are invited to participate in a few ways:
 - **Community Voice Board:** This is brand new and currently they have not offered compensation for participation but hope to.
 - **Join a committee**
 - **Share feedback online** (via the existing web portal)
- In the past individual community members have provide input on consumer specific parts of design such as the patient portal. To get **consumer feedback for design**, 211 SD team would ask community organizations if they could attend local events such as congregate dinners and gather feedback from a small number of consumers. Community organizations nor consumers were reimbursed.



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Example: Alliance for Better Health



- Network started with “**hubs**” which were either existing coalitions or a coordinating community organization to **identify, outreach to and sometimes train community organizations**. Hubs were reimbursed.
- Potential partners identified by reviewing “out of network” referral patterns. First started with the local 211, but now **ABH leads outreach to, onboarding of, and support/optimization of community organizations**. Convene Healthy Together users/ CBOs to exchange best practices. Prioritized based on value to network.
- IPA includes clinical and social care partners. Starting to pull CBOs into VBP, cost of care and care coordination conversations.
- Limited shared governance with community based organizations.*
- No direct to consumer engagement in design or implementation of the network.*

*Current understanding, but have requested confirmation from ABH



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Example: Austin CIE (Planned)



- **Network Partners Workgroup**, similar to structure and intent of the 211 SD NPWG. Austin is considering a few other workgroups including value proposition, equity and compensation, technology, measurement and evaluation, financial sustainability.
- Dell, the fiscal sponsor, has deep relationships with four community organizations that have “strong community organizing practices in their service to the community, and have deep, long-standing ties with community members. We would initiate deeper conversations with those organizations around their participation in Dell's program, and work to **recruit both organizational representatives, as well as their clients, onto the steering committee and working groups.**”



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Example: Cincinnati All Children Thrive Initiative



- Cincinnati's All Children Thrive initiative is not a CIE, but rather a community-led set of initiatives organized around a shared goal of “helping Cincinnati’s 66,000 children be the healthiest in the nation through strong community partnerships”
- Cincinnati Children’s serves as the backbone organization. It supports **quarterly learning meetings** that **all community members are invited to** and leads some healthcare-specific projects (e.g., reducing the number of days children spend in the hospital through deep care coordination in the community). Other projects are **selected, decided and run by community residents and organizations**. E.g., Avondale Reading Bears (focused on increasing the percent of children that can read at grade level). Residents are paid for their time and childcare is provided at the learning sessions.
- **Quality improvement and community organizing techniques from Marshall Ganz** serve as the **shared approach and language across all projects**. Community residents can attend a community QI bootcamp for free and then can lead QI projects of their choice. Community residents select, collect and report on their own data at the quarterly learning sessions. Work proceeds at the pace of the community.



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IAP2 Spectrum of Public Participation



INFORM

We promise to keep you informed.

CONSULT

We will keep you informed, listen and acknowledge concerns and provide feedback on how public input influenced the decision.

INVOLVE

We will work with you to ensure your concerns are directly reflected in the alternatives developed and let the public know how they influenced the decision.

COLLABORATE

We will look to you for direct advice for formulating solutions and incorporate the recommendations into the decisions.

EMPOWER

We will implement what you decide.

Source: International Association for Public Participation, www.iap2.org. And King County Community Engagement Guide, www.kingcounty.gov/equity.

DRAFT



Equity Definition and Guidelines *(Adopted 1/10/19)*

Equity: HealthierHere leads with equity. We work to intentionally eliminate disparities and build on strengths in health and well-being and address the current power dynamic and structural racism in our health care system that perpetuates inequities. We believe that every community member in King County should receive the type of care that they deserve - with respect and without stigma - to address their unique and individual needs. Consequently, HealthierHere only partners with Organizations that embrace equity and cultural competency.

Equity Guidelines

We, the Governing Board of Healthier Here, Governing Board Committees and HealthierHere Staff, believe that transforming the health system to improve health and health equity in King County requires a collaborative effort that seeks to understand the causes of inequities in our current health system so that we may actively work to create a better future. Community members in King County are experiencing health inequities resulting from conscious and unconscious practices of underinvestment and overburdening of communities arising from a legacy of institutional racism, implicit bias, discrimination, power and privilege operating within the United States and our health system. We acknowledge that the Institutions within the United States were built on practices of racism and colonialism which resulted in historical underinvestment and overburdening within community.

Our efforts to eliminate health disparities are predicated on remembering that behind each data point is a person and the individual experience of that person must drive system transformation. We honor the collective wisdom of community and people working in community-based organizations and the health system who have a vested interest in transforming our current health system and have courageously committed to place equity at the forefront of the way that they work.

We acknowledge that equity is both a product (improving health outcomes) and a process (how we work together to improve health outcomes). Both are equally important and as we work to improve health outcomes, we must hold equity as a process and lens through which we evaluate our planning, decision-making, implementation and evaluation processes. Equity recognizes the different conditions, resources and capacity that people have and acknowledges that people start at different places and have different needs. Consequently, equity is not a one-size-fits-all approach. It is individual, tailored and person centered.

We invite others to join in our effort to ensure that all community members in King County have an opportunity to live longer, healthier, more fulfilling lives.

How we work to eliminate disparities in health and well-being by addressing inequity

We believe that these principles must be present as we work together in solidarity with others to eliminate disparities in the health system.

Education and Training: We recognize that the organizations involved in system transformation are comprised of individuals who act according to the best information that they have available. Consequently, we believe that providing equity and cultural competence education and training to individuals within the health system as well as community-based providers and community members is an important foundation to achieving health system transformation. This education will not only provide individuals with the skills to apply an equity lens to their work, but the practical tools to influence organizational change, individual behaviors, practice transformation and improved patient experience.

Inclusion: We include the voices of those most impacted by health disparities in HealthierHere's design, planning and decision-making processes. This is done by being open and willing to listen, learn and act on what we hear from community.

Transparency and Accountability: We recognize that our actions are accountable to our community thus, we regularly share information and progress with community.

Strength-based: We acknowledge the inherent strengths and resilience within community that contribute to an individual's health and well-being.

Resource: We provide community with the information, resources, access and connections, that they need to live longer, healthier, fulfilled lives.

Culturally Responsive and Linguistically Appropriate Services: We promote the development, and maintenance, of a health system where an individual's culture, language, identity, beliefs and notions of health and well-being are viewed as strengths and assets to achieving better health outcomes.

How we incorporate equity principles to address the current power dynamic and structural racism in our health care system that perpetuate inequities

We believe that the following paradigms of thinking and processes in the way that we deliver care must shift if we are to eliminate health disparities.

Unintended Consequences: We recognize that decisions have the potential to carry benefits and burdens. Consequently, we consciously examine the potential impacts of our decisions to weigh the potential benefits and burdens to community before making those decisions.



Community as Experts: We acknowledge the collective power and wisdom of community and center community voice in driving system transformation efforts. We believe that incorporating the voices of people with lived experience in transformation efforts is essential to identifying and implementing sustainable practices to improve health outcomes and address health disparities.

Community Practice: We value the need to elevate the voices of front-line care workers in the workplace and in system transformation efforts to make care more effective for those experiencing the greatest health disparities in King County. These front-line staff, including community health workers, health advocates, peer support specialists, etc. serve as trusted advisors within community. They often share the identities of those they are serving and, as such, they are often the most knowledgeable about strategies and practices that are effective within community.

Collective Co-responsibility: We inspire collective action to address health disparities by bringing people within the health system together not from a place of blame, shame or guilt, but from a place of co-responsibility believing that when we know better we are co-responsible for doing better. We recognize that there are certain barriers for everyone doing this work and everyone has a responsibility to do what they can, where they are, to come together and work to eliminate those barriers together.

Practice-Based Evidence: We acknowledge that most Evidence-Based Practices are not normed for all members of our community. Thus, we see the need for balance and the recognition of practice-based evidence within our health system.

Appendix N: List of Active Unite Us Users in King County

All American Assistance Dogs

Allied Universal

Arms Around You

Center for MultiCultural Health

Crisis Connections

EvergreenHealth

Everyone For Veterans

Global to Local

Kent Youth and Family Services
Kin On Health Care Center - Weller
King County District Court Community Court
Mother Africa
New York Life - Seattle
North Urban Human Services Alliance
NWNHC Family Fund
Olive Crest
Open Adoption & Family Services
Shoreline Community College
Sisters in Common
Solid Ground
Sound Alliance
Sound Generations
Southwest Youth & Family Services
Teenagers Plus
The Steven A. Cohen Military Family Clinic at Valley Cities
UPower
WA National Guard Joint Service Support
WAServes Coordination Center
WorkSource Auburn
WorkSource Downtown Seattle
WorkSource Rainier
WorkSource Redmond
Wounded Warrior Project Seattle

[Appendix O: Community Engagement Manager Job Description](#)

Job Description

Title: Community Engagement Manager, Community Information Exchange

Job Summary

The Community Engagement Manager, Community Information Exchange (CIE), responsibilities include:

- Conduct outreach to and build relationships with clinical and community-based organizations that are interested in participating in the regional CIE
- Center consumer voice in the design and implementation of a CIE
- Align with HealthierHere internal goals, values and initiatives

Community Engagement Manager is responsible to implement the CIE partner network strategy as part of HealthierHere's CIE Team, deepening relationships among clinical and community providers, and facilitating effective working relationships that foster trust between partner agencies for the benefit of shared clients. This is a hands-on role contributing to the growth and maintenance of the CIE partner network, encouraging agencies to partner more deeply through participation in community care coordination technology systems in order to share client information, manage referrals and share client outcomes. Reporting to HealthierHere's Associate Director for CIE, the Community Engagement Manager will work across HealthierHere's other initiatives to help optimize information exchange.

HealthierHere's goal is to build a highly skilled, diverse and motivated team of employees, working together to meet our community's needs. The Community Engagement Manager will prioritize social justice and equity and be committed to creating forward progress in transforming the health of the population in King County.

Core Duties

Conduct outreach to and build relationships with clinical and community-based organizations that may be interested in participating in the regional CIE

- Conduct outreach to HealthierHere partner organizations, their referral partners, and new organizations who may be interested in joining a county-wide community information exchange. This may include, but is not limited to community meetings, presentations and phone conversations to engage organizations and support the development of a regional CIE.
- Build and maintain relationships with the clinical and community partners engaged in the regional CIE through direct outreach and Network Partner meetings.
- Provide regular updates to key stakeholders on outreach and onboarding efforts.
- Work with CIE team to identify partner needs to effectively participate in CIE

Support integration of consumer, community, and clinical voice in the design and implementation of a CIE

- Support the development of consumer and community engagement efforts. Center consumer and community voice in CIE design and implementation.

- Coordinate CIE-focused community and consumer engagement sessions either as part of existing HealthierHere activities or as stand-alone events.
- Conduct appropriate follow up and ongoing support for community and consumer voice workstreams to ensure the organization's equity and engagement principles are upheld.
- Coordinate with HealthierHere's Equity & Engagement, and Clinical Practice Transformation teams to ensure coordination and alignment.

Align with HealthierHere internal goals, values and initiatives

- Coordinate with other transformation work, making sure implementation of the CIE is in alignment with other HealthierHere activities and leverage those initiatives to advance collective goals
- Stay abreast of community initiatives and opportunities that have potential alignment with CIE
- Coordinate the collection of successful client stories for HealthierHere communications
- Build effective working relationships with peers, leadership and partners
- Apply HealthierHere's equity and inclusion principles to ensure that the CIE reflects the organization's values

Qualifications

Knowledge and Experience

- At least 5 years experience working with clinical and/or community partners on health-related programs that focus on the integration of services
- Familiarity with the social service landscape in King County required; experience providing social or clinical services and/or navigation services in King County preferred
- Strong communicator, both verbal and written, with the ability to build trust while mobilizing people to take action.
- Demonstrated ability to engage individuals representing different cultures and backgrounds with ease, adapting language and style to the context both in person and at a distance.
- Experience leading projects to completion with limited supervision
- Ability to operate effectively in a fast-paced, changing environment
- Experience implementing new initiatives and system transformation a plus
- Commitment to advancing equity and supporting anti-racism practices within the delivery system

[Appendix P: Connect2 Community Network Privacy Policy](#)

Connect2 Community Network Privacy Policy

The Connect2 Community Network is committed to protecting your privacy. This Privacy Policy explains how we collect and use your personal information (your "Information"), including your healthcare information. Please read this Policy carefully.

Scope of this Policy

What is covered by this Policy	<ul style="list-style-type: none">• This Privacy Policy applies to the Connect2 Community Network (the “Network” or “we”) and our collection, use, and sharing of your Information.
What is not covered by this Policy	<ul style="list-style-type: none">• This policy does not cover the privacy practices of organizations other than Connect2 Community Network, including organizations that participate in the Network (our “Partners”) and may provide services to you.• This policy does not cover Information obtained from you by any other organization or how it is used or shared.

Collection of Your Information

What Information we may collect about you	<ul style="list-style-type: none">• We may collect your name, telephone number, address, and email to help us contact you.• We may collect the names, telephone numbers, addresses, and email addresses of family members and care givers if you share them with us.• We may collect your age, gender, race, ethnicity, or tribal enrollment status, and your finances, employment, or housing needs to help us determine services for which you are eligible and what might best meet your needs.• We may collect healthcare Information about you that is protected by state, tribal, and federal privacy laws, including Information about your medical providers, health conditions, and health needs and goals.
How we collect Information about you	<ul style="list-style-type: none">• We may collect Information directly from you.• We may collect Information from our Partners that provide your health care and/or community services.• Our Partners are listed at [web site address].

Use and Sharing of Your Information

You will be asked by a Partner to sign a written authorization for us to collect Information about you, or to use or share your Information. Your written authorization will permit us to use your Information in the following ways.

To contact you	<ul style="list-style-type: none">• We may use and share your Information with a Partner so they may contact you, a family member, or a care giver that you have shared with us.
To coordinate your services	<ul style="list-style-type: none">• We may use your Information or share it with a Partner to determine your eligibility for a health or community service or refer you to receive services.• We may use your Information or share it with a Partner, insurance or managed care company, government agency, utility company, or other organizations to assist in paying your bills, reduce debt, or qualify you for government benefits.

To operate the Network

- We may use your Information or share it with our service providers as necessary to run the Network, improve your care, or contact you when necessary.
- We may combine your Information with that of others in a way that does not identify you in order to evaluate our effectiveness, understand community needs, and help fill gaps in services.
- We may use and share your Information to deliver, provide, and/or improve our products and services.
- We will use and share your Information as necessary to meet our legal requirements.

Purposes for which we will not use your Information

- We will only use your Information for fundraising efforts if combined with Information of others so you cannot be identified.
- We will not use your Information for marketing or research.
- We will not sell your Information.

How We Secure Your Information

Our practices

- We take commercially reasonable steps to protect the privacy of the Information that we collect.
- We use generally accepted standards of security to protect your Information from loss or misuse.

No guarantee

- No security measure is foolproof, and no method of data storage or transmission can be guaranteed against unauthorized access, interception, or misuse.
- We cannot guarantee complete security of any Information that we collect, store, or share.
- We cannot prevent the use or misuse of your Information by other individuals or entities.

If unauthorized access occurs

- We or the appropriate Partner will notify you promptly, in accordance with applicable laws, if any known breach occurs that may have compromised the privacy or security of your Information.

Your Rights

You may have certain rights to the Information that our Partners provide to us about you. These rights may include the following and may depend on the specific policies and procedures of our Partners.

Get a copy of your Information

- You may request a copy of the Information we have about you.

Ask us to limit what we use or share

- You can ask us not to use or share certain Information about you.
- We may say “no” to your request, but we will tell you why.

Ask us to correct your Information

- You can ask us to correct Information about you that you think is incorrect or incomplete.
- We may say “no” to your request, but we will tell you why.

Request confidential communications

- You can ask us to contact you in a specific way (for example, using your home or office phone) or send mail to a different address to protect your privacy.
- We will say “yes” to all reasonable requests.

Get a listing of access

- You can ask for a list of who has accessed your Information.

Get a copy of this notice

- You can ask for a paper copy of this notice at any time.

Make a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by calling [contact phone number to be included later].
- We will not retaliate against you for filing a complaint.

Changes to this Notice

From time to time, we may revise this Policy to address new issues or changes to our practices. Please check this Policy periodically to see if there have been any revisions. If you have any questions or concerns about our privacy policies, please contact [contact instructions].

Effective date: [effective date]

Appendix Q: Connect2 Community Network Authorization for the Use and Sharing of Information

Name: _____ Date of Birth: _____

What is Connect2 Community Network? The Connect2 Community Network is a collection of social service, community, tribal, government, physical health, and behavioral health organizations who commit to coordinating care so that individuals have better access to the care and support they need to improve their health.

What is the purpose of this form? By signing this form, you authorize [legal entity TBD], the operator of the Connect2 Community Network (the “Network”), and each organization who participates in the Network (our “Partners”) to use, store, and share the Information described below with each other and with other organizations so that they can assess your needs, coordinate your care, and provide services to you.

What Information will be shared? This Authorization covers, without restriction, all Information shared with the Network by you, your family, and our Partners, including but not limited to your care team and any other person involved in your care. Information that may be shared includes, without restriction, your name and date of birth, contact information, demographic information about you, services provided to you by our Partners, your health insurance, and information about your finances, employment, and housing needs. Information may also include your healthcare information that is protected by state, tribal, and federal privacy laws, such as Health Insurance Portability and Accountability Act of 1996 (HIPAA), including, but not limited to, information about your medical providers, health conditions, and health needs and goals. Please review our Privacy Policy at [link to the Connect2 Community Network website] for additional information about our collection, use, and sharing of your Information.

Sensitive Information: You specifically authorize the following healthcare information about you to be used, stored, and shared as described in this Authorization (please indicate by check mark).

- ☐ Testing, diagnosis, and treatment for sexually transmitted disease, including but not limited to HIV/AIDS
- ☐ Mental health diagnosis and treatment
- ☐ Alcohol and drug abuse diagnosis and treatment

Who will receive my information? Your Information will be shared with the Network and our Partners. Our Partners are listed at [web site address]. Your Information may also be shared by our Partners with other entities as necessary to help you pay bills, reduce your debt, or to help to qualify you for governmental benefits, including insurance or managed care companies, government agencies, and utility companies. The Network will also share your Information with our service providers as necessary to operate the Network.

Other important information: Partners who are subject to HIPAA may refuse treatment, payment, or enrollment or eligibility for benefits because you choose not to sign this Authorization. However, if you do not sign this Authorization, it may negatively affect the ability of our Partners to coordinate services provided to you. Information shared under this Authorization may no longer be protected under applicable privacy laws.

When will authorization expire? You can revoke this authorization at any time by sending notice to the Network at [how TBD]. Revocation will not affect any Information previously shared as described in this Authorization. Unless revoked earlier, this Authorization will expire in five (5) years after the date you sign below.

Your signature: By signing below, you affirm that you have read and understand the terms of this Authorization and have had an opportunity to ask questions. By your signature, you authorize the

Connect2 Community Network and our Partners to use, store, and share your Information in the manner described in this document.

Signature: _____ Date: _____

Appendix R: Network Manager Job Description

Job Description

Title: Network Manager, Community Information Exchange

The Community Network Manager, Community Information Exchange (CIE), responsibilities include:

- Monitor network health and identify opportunities for network and service improvement with the goal of building a strong and robust CIE in King County
- Provide ongoing support, training and peer learning opportunities to network members in collaboration with the Community Engagement Manager
- Support the design and implementation of innovation initiatives to improve care coordination for specific populations, services and other community-identified issues
- Align with HealthierHere internal goals, values and initiatives

Community Network Manager is responsible for the experience of clinical and community partners in the CIE network through monitoring network performance, providing ongoing partner support, one-on-one coaching, creation of peer learning opportunities, leading performance improvement and innovation initiatives and co-creating solutions to improve care coordination in our region. This is a hands-on role contributing to the success of the CIE partner network and will enable clinical and community partners to engage more deeply through participation in community care coordination technology systems in order to share client information, manage referrals and share client outcomes. Reporting to HealthierHere's Associate Director for CIE, Community Network Manager will work across HealthierHere's other initiatives to help optimize the community information exchange.

HealthierHere's goal is to build a highly skilled, diverse and motivated team of employees, working together to meet our community's needs. The Community Network Manager will prioritize social justice and equity and be committed to creating forward progress in transforming the health of the population in King County.

Core Duties

Identify opportunities for network and service improvement with the goal of building a strong and robust CIE in King County

- Review network data to assess service gaps and identify organizations that could fill those gaps; work closely with HealthierHere staff to determine appropriate outreach strategies.
- Identify new functionality and services that could deliver value to CIE partners, users and community members.

- Support the roll-out of new functionality and services by advising on design and implementation, as needed
- Contribute to the evaluation of new products and services to ensure effective use and implementation by network members.
- Provide input and insights to evaluation activities, including identification of user stories and experience, interpretation of network and partner performance data and design of relevant measures for ongoing evaluation.

Provide ongoing support, training and peer learning opportunities to network members

- Review partner performance data to identify opportunities for peer to peer learning, continuous improvement and other types of partner support.
- Co-design and lead learning and improvement activities with engaged partners.
- Engage with network partners in a consulting role to understand their current processes and recommend areas of improvement to optimize the use of the platform
- Provide feedback to Unite Us (or other technology platforms) on training, onboarding and technology features. Advocate for updates and changes based on partner feedback.
- Engage with partners and lead remediation efforts for any identified issues.

Contribute to the design and implementation of Network Partner meetings.

- Support the development of innovation initiatives to increase participation, engagement and impact
- Identify and scope opportunities for clinical and community innovations with input from network partners and HealthierHere staff members
- Develop request for proposals (RFPs) for potential innovation activities and other key scoping and communication documents
- Review applications and/or proposal submissions and participate on the selection committee to identify partners who are well positioned to collaborate and improve care coordination for specific needs and/or populations
- Support implementation of innovations, as appropriate. This may include participating in innovation partner meetings and other engagement to understand progress and evaluate impact.

Align with HealthierHere internal goals, values and initiatives

- Coordinate with other transformation work, making sure implementation of the CIE is in alignment with other HealthierHere activities and leverages those initiatives to advance collective goals
- Coordinate the collection of successful client stories for HealthierHere communications
- Build effective working relationships with peers, leadership and partners
- Apply HealthierHere's equity and inclusion principles to ensure that the CIE reflects the organization's values

Qualifications

Knowledge and Experience

- At least 5 years experience working with clinical and/or community partners on health-related programs that focus on the integration of services
- Strong communicator, both verbal and written, with the ability to build trust while mobilizing people to take action.
- Demonstrated problem solver; ability to identify partner “painpoints” and collaboratively develop solutions to address them; “customer success” experience a plus
- Demonstrated ability to engage individuals representing different cultures and backgrounds with ease, adapting language and style to the context both in person and at a distance.
- Experience providing social or clinical services and/or navigation services in King County preferred
- Experience synthesizing and interpreting data and leading quality or performance improvement initiatives preferred
- Experience supporting clients and/or partners while ensuring they meet shared community standards
- Experience leading projects to completion with limited supervision
- Experience designing and implementing peer and other learning programs and/or implementing new initiatives and system transformation a plus
- Ability to operate effectively in a fast-paced, changing environment
- Commitment to advancing equity and supporting anti-racism practices within