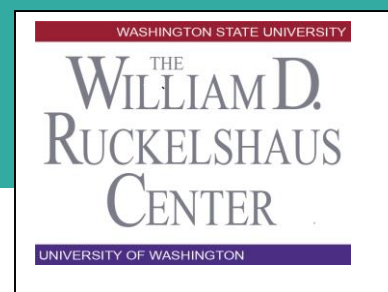


Everett CHART Assessment

More than 30 situation assessment interviews were conducted during the summer of 2019, to explore cross-organizational opinions of the CHART pilot's successes and barriers...and to help prepare for an upcoming economic evaluation of the CHART program. This brief summarizes key themes, commonalities and differences from those interviews and a group convening workshop on October 7, 2019.

OCTOBER 2019

William D. Ruckelshaus Center
Kevin Harris, Senior Facilitator – Health Policy



Assessment Background

The Everett CHART (Chronic Utilizer Alternative Response Team) pilot is designed to help some of the most vulnerable and difficult-to-serve people improve their lives and reduce inappropriate utilization of services within and between:

- physical and behavioral health;
- criminal justice, law enforcement and other first responders;
- housing and homelessness, and
- other important social services.

The pilot and its leadership brings many organizations together regularly to collaborate on the status and support of each of the 30+ CHART clients, who meet certain eligibility requirements for inclusion in the pilot. The purpose of this situation assessment (and the upcoming group convening on October 7th) is to plan for and facilitate an open dialog of the last three years' successes and barriers, identify questions that can lead to CHART program improvement, and reach agreement around potential outcomes measures (and other metrics) that will help support an economic evaluation valued by all.

The situation assessment included a series of questions designed to elicit history, CHART involvement and scope, alignment of vision and organizations, collaborative potential and relevant data connections to support the noted purpose¹. The themes and general opinions noted in this brief are based on these assessment interview results. Many thanks to all of the people who volunteered to be part of this optional assessment process² - the clarity and diversity of your comments formed a rich source of opinion that can lead to fruitful group conversations at the upcoming October 7th convening in Everett.



The following summarizes key themes, specific comments and several suggested Ruckelshaus Center recommendations to form a starting point for discussion. Only a limited number of interviews were conducted, due to project scope and budget. It is our hope that the upcoming convening workshop will allow others to voice their thoughts and further diversify the discussion.

The William D. Ruckelshaus Center and the Metropolitan Center for Applied Research & Extension are both organizationally part of Washington State University's Extension Program, within WSU's College of Agriculture, Human & Natural Resource Sciences. The Ruckelshaus Center is a joint effort of WSU Extension and the University of Washington's Evans School of Public Policy and Governance.

¹ Appendix A includes a copy of the situation assessment questions.

² Appendix B includes a list of interviewed individuals and their respective organizations.

Situation Assessment Themes & Perceptions

Overall

1. The Everett CHART pilot effectively launched based on the vision and passion of Hil Kaman, Robin Fenn and other leaders of the original core group. The pilot has endured typical organizational ‘ups and down’ over the past several years, including varying participation by agency partners. In the past year, City of Everett priorities shifted primary leadership of CHART to CHC. There is a relatively common perception that this shift has not yet been thoroughly addressed, and that an open conversation around CHART program strategy, teaming effectiveness, strengths and barriers is timely.
2. Interviewed participants often spoke of the strong alignment between their organizational missions, the populations they serve and CHART clients. They nearly universally categorized CHART clients as their most complex and difficult to serve. Many CHART partners noted their small number of CHART clients versus the disproportionate amount of resources they require (or might require).
3. Participants gave examples of smaller teaming coalitions built within CHART that are tactically effective to deal with ‘on demand’ client needs. The Social Service Team meeting’s focus on client status updates supports this tactical need, but leaves no time or space to break through smaller team silos to tap into full team potential. There is stated ongoing commitment to CHART’s mission – but there is clearly some pilot fatigue, and a need to ‘be heard’ to address creative program improvements and barriers.
4. There is common consensus that the loss of Catholic Community Services’ coordinated case manager/navigator position has resulted in ‘siloing’, duplication of effort, confusion and less effective team effort that can lead to either delayed or adverse outcomes for CHART clients. Note the following specific ‘Case Management’ section of this Brief for more detail.
5. Many interview participants offered to supply de-identified data/information to support the eventual CHART economic evaluation needs. Based on early discussions, it’s apparent that the fragmentation of partner’s data systems and information supports the often-noted need for (at least) some basic data collection and coordination. Many interviewees noted that earlier data collection and evaluation efforts were never adequately replaced after Robin Fenn left her county position for Verdant Health.

- ***Investing in some strategic planning (leadership, with input from the Social Services team members) to advance/expand these ‘on demand’ team efforts, explore why other partners may not be participating, and mediate conflicts (if necessary) to build greater trust and operational effectiveness may help to advance CHART goals, reduce client confusion and improve client outcomes.***

General Program Positives

- 'CHART clients are a subset of 'our clients'; our mission is to provide care and support, so it makes sense to partner within CHART'.
- CHART helps develop relationships with the homeless and make significant referrals.
- 'We will participate- we are a strong advocate – we can serve as a locator for the chronically homeless, treating them with understanding and grace.'
- CHART has successfully addressed the complex needs of several of our community's highest utilizers of community resources.
- CHART is helping to change law enforcement culture from 'hook 'em and book em' to a social service/client orientation.
- Getting clients into substance abuse treatment; good collaborations between Evergreen Recovery, Providence and inpatient chemical dependency treatment centers to get assessments and transfer them safely to inpatient treatment programs.
- Good collaborative result between CCS, Compass Health, Providence and PICAA to get housing for a CHART client; more collaboration with Everett Housing Authority and other transitional housing may serve more CHART clients.
- Embedded social workers are positive and impactful.
- Appropriate to do this status and 'check-in', to re-evaluate CHART successes and ideas for improvement.
- 'We need to recommit to our core vision and focus – this program is a marathon, not a sprint. It could take years to see major behavioral change, although we have seen some more immediate positive results'.
- Need to work together in partnership to build resilience against the reality of internal turnover in social service organizations.
- 'CHART is worth it, if only to save one life.'
- 'We should make better use of other community partners- those new to the table, and those not yet at the table- they can provide value if they perceive a good fit. We need a clear forum to communicate moving forward.'
- 'We're pretty collaborative.'
- 'Anecdotal stories are positive; financial impact is not clear.' 'New housing units and wrap-around services may not really be cheaper than jail, but it's still the right thing to do.'
- 'I'm willing to be included in CHART if I see potential progress and opportunity.'
- 'It's amazing what we've done, starting with no real structure or funding.'

Barriers – Leadership

- What still needs to be communicated to partners/others in community re: shifting responsibility from City of Everett to CHC? How can this messaging be understood and supported by all?
- Are eligibility criteria consistently applied to accept new CHART clients? 'I'm looking for feedback on the two CHART clients I've proposed- I know they were rejected, but I never heard why'; 'The criteria are still a bit of a mystery to me.' 'Need to discuss unending client

participation in CHART- no end date/exit strategy'. Is this reflective of the recurring nature of client challenges, or something else?

- Often takes a long time to become eligible for CHART; clients not always 'bad enough' to qualify for a long time- creates a 'doughnut hole'; should CHART eligibility be relaxed to allow more to qualify sooner? Is the leadership meeting the best venue in the long run to spend time making eligibility determinations? 'Should we be moving towards a 'no wrong door' approach for easier point of entry into CHART'?
- Continue to address differences in silo 'language' between partners (e.g., clinical; behavioral; housing); a better understanding of internal agency barriers may help partners offer solutions – need to invest in educating each other? Build common language/understanding.
- Some partners still need to internally 'sell' value proposition of CHART- be able to demonstrate 'clear need' to their leadership; requires support from partner leadership to compete with agency funding challenges and strategic changes. 'CHART leadership needs to demonstrate benefits to partners to keep people at the table. Leaders at the table help tear down silos and influence positive participation. We need to have honest and open discussions about waning participation.'
- Newer CHART partners not always well known/introduced within larger group (e.g., Diversion Center; Carnegie Center; Bridge Housing). Value may be lost or delayed without appropriate introduction/communication.
- Some leaders have stepped away from CHART meetings, and have delegated to other staff- and that has diluted team efforts and feelings of shared commitment.
- Effective partnerships still seem siloed; coalitions versus systematic CHART teaming; need to address intra-conflicts and inter-conflicts (e.g., within and between housing; behavioral health; case management).
- 'Our CHART vision is still good, and we all need to keep it in the forefront of our minds – but how can this square with no CHART end point, and some clients who don't want to succeed? We need to have a better way to communicate some limits to the client.'
- 'Has society moved far enough forward to look for better outcomes worth doing- will politicians participate if the need isn't just about saving money?'
- 'CHART is like our unruly adolescent- we need to work together to shift CHART into young adulthood.'

Positives – Social Services Team weekly meetings

- Meetings have become much more streamlined; holding to one hour; very efficient.
- Good networking and relationship building to help move past barriers for CHART clients; helps with support for non-CHART clients, as well.
- Potential to create more value for the CHART program with greater understanding of newer partners (e.g., Adult Protective Services); potential to use meetings to create 'best practices' of teamed experience to work through barriers (e.g., entry into Clare's Place with Compass Health as payee, without social security card) and create better/more expedient outcomes for CHART clients.
- 'I like the solid points of contact in the meetings- all organizations seem effective- there are no 'talking heads' – good sharing of info, which broadens my context- adds missing info for a more complete picture.'

- General feeling of improved housing capacity – Clare’s Place/Cocoon House/Catholic CS/Housing Hope/others – ‘represents good progress’.
- ‘We have good collaboration..... between silos’.

Barriers – Social Services Team weekly meetings

- Weekly meetings too much, considering small number of CHART clients; not realistic for many partners to attend weekly; perhaps weekly case management reports might help bring those unable to attend up to date.
- Internal pressures/budgets prevent me from attending consistently/at all (hard to prove value).
- Inconsistent attendance can lead to CHART support delays.
- Still have significant communication and education barriers; ‘I wish I knew more details about the new housing stock coming online in Everett.’
- Good intentions, but there is a tendency to over-commit in meetings without follow-through; no central coordinator to manage accountability, follow-through, backup; may lead to missed opportunities for CHART clients.
- Central coordinator could better manage group expectations, hold us accountable for commitment and follow-through.
- ‘It may be time to reevaluate the CHART client status tiers: Active-Need to Reconnect-Housed & Stable-Unable to Reach. Are these still effective?’
- Natural turnover in social services eventually leads to inconsistency at the table.
- Lack of orientation/on-boarding for new partners; will also teach existing leaders/partners the value and nuanced experience when a new partner/organization joins the conversation; ‘I don’t feel like a valued team member.’
- ‘The weekly meetings just seem to run through names – wouldn’t group discussion be of more value?’
- Need clarity of roles, given leadership shift from City of Everett (Hil Kaman) to CHC.
- ‘CHART needs a greater focus on mental health – too much emphasis on housing and substance abuse’. Mental health providers not receiving enough referrals.
- ‘Partner trust is built on consistency over time – offering to step up helps build trust – onboarding new CHART partners may help to develop team players.’
- Lack of creativity leads to burn-out; are there ways to prevent this in our meetings?
- Earlier conflict in social services meetings – ‘I can’t talk about that’; ‘that’s not true’ statements based on legal interpretation of data privacy laws can prevent successful partnering. How can we better manage conflict?

Ruckelshaus Center recommendations for deeper discussion:

1. *Group definition of CHART program ‘success’- what do successful person-centered outcomes look like for such challenging and difficult to serve clients? If success can’t be well-defined, what other ways could the CHART program be valued?*
2. *Can the CHART team develop/modify a simple, usable and practical client assessment or screening tool that everyone commits to? Can client improvement/‘success’ be measured without a common benchmark or progress tool (quantitative or qualitative)?*

-
3. *Are eligibility criteria for CHART admission still valid? Do the criteria need updating to help partners recommit to consistency? If criteria are applied inconsistently, why?*
 4. *Should the CHART program have built-in limits? Why/why not? What would they look like?*
 5. *What are some ways to bridge communication between the Leadership and Social Services teams? Can some simple quality improvement tools be used to create effective feedback loops that lead to teaming improvements and positive outcomes?*
 6. *Are there differing 'bands' of legitimate partner participation in CHART that need to be recognized? Could this help differentiate expectations of partner commitment and strengthen accountability?*
 7. *Have CHART partners moved beyond the earlier barriers of sharing data (via the ROI)?*
-

Case Management and Coordination

- Perceived differences between scope of case management required to serve CHART clients – 24/7 versus business hours; how to share 'on call' availability?
- Case management activities not always well communicated within the group.
- Lack of a centralized case manager makes it hard to coordinate services needed. Assumptions often made that others 'will do it'. Embedded social workers (e.g., police COET) don't have the capacity to case manage. Centralized position needs to oversee CHART client status, team member responsibilities, follow through and communication.
- 'Val' and others in case management at Catholic Community Services never replaced- although communication has improved, still jeopardizes continuity; can one position/person do this challenging work effectively? How can we fund this position(s) and make it/them resilient?
- 'We could better incorporate the MCO's managed Medicaid case managers, as they have the most current info about the client's use of mental health, chemical dependency and medical services'; have MCOs/contractors advanced models that are more effective and properly incented? What are lessons learned in Snohomish County and other areas?
- Clients see too many case managers – confused clients start to lose trust. Lack of follow-through creates further lack of trust.
- Need to redefine a navigator role, distinct or in concert with case managers (coordination; case management for case managers)? 'When CCS took over the navigator role, it freed up police COET social workers to do more direct work with clients.'

Ruckelshaus Center recommendations for deeper discussion:

1. *Case management has shifted from a centralized coordinator role to many community partner roles. A consensus definition of 'case management' (based on client needs) in the context of CHART teaming may help form a basis for improvements.*
 2. *Common opinion implies that much of CHART's past teaming success was highly sensitive to effective navigator/consolidated case manager roles (contracted). What are some other ideas that could build teaming resilience and trust, to mitigate central navigator turnover? What would need to happen if the CHART program became too big for one centralized FTE to handle? About how large would the program need to be to reach that decision point?*
 3. *How can client confusion and agency competition be mitigated in the best interests of client outcomes?*
-

Low Income/Low Barrier/Permanent Housing and Related Issues

- ‘Even with new housing stock coming online in Everett, there’s still a lack of needed housing.’
- Evidence that other communities’ Housing First models (permanent housing plus case management) improves individual’s perception of their overall physical and mental health, while reducing housing costs, length of stay in inpatient psych units and number of ED visits.
- Need to improve housing coordination efforts between CHART partners, including role of case management; need to help landlords properly understand ‘risk’, to expand/speed up landlord support.
- Opportunity to clarify CHART partner collective housing goals/vision to align both mission and operational effectiveness; expectations of partners are not transparent (leads to lack of social service meeting attendance).
- Perverse incentive: Housing First may incent clients to ignore substance abuse treatment, given lack of housing pre-conditions.
- Lack of partner understanding of housing/HUD language-culture-regulations creates barriers to trust-building and real collaboration. Need for deeper shared understanding of chronically homeless definitions (HUD/other), permanent housing, rapid rehousing, funding mechanisms and barriers; ‘Would like to know what the housing plan is for each CHART client.’ ‘A better partner understanding of relationships between different types of housing options, mental health, substance abuse and case management will improve outcomes and reduce duplicative efforts.’
- Female CHART clients have specific needs related to lack of emergency shelter (hidden women’s shelter)- must recognize and address their fear of rape/victimization.

Governance

- ‘Is it time to re-think governance and oversight options for CHART? We should address the tension between having the flexibility to be a loosely knit partnership, versus the need for more group commitment and ability to work through common barriers.’
- ‘Would a slightly stronger governance and leadership commitment provide support to seek additional funding (grants, other revenue) to hire and maintain a case management coordinator, as well fund a data consolidator/evaluator to build simple data/information tools that can streamline collaborative team efforts, track activity and improve our collective CHART mission/operation?’
- ‘How much additional governance would be enough?’
- Could additional governance help to persuade partner leadership to re-commit to/maintain/improve CHART participation?
- ‘It’s time for more structure’; political changes, partner participation changes and case management turnover led others to step up; in transition with CHC taking on more responsibility – good news, but needs to be more broadly communicated - need to figure out what structure will best support these changes. Would like to see more collaboration between City of Everett and Snohomish County.
- May be time to re-brand the CHART program; we need full time equivalents at the leadership and social service group levels; what motivates different people/organizations to be at the

table? Need for a full and shared understanding of community resources to continue to break down silos.

Perceived Disproportionate Efforts

- Some agencies don't have jail access; puts additional burden on those who do.
- Burden of transportation needs fall on Everett Police.
- CHC and Everett Police provide a significant amount of case management and transportation; Providence case management assists when patients admitted to ED, but not upon hospital discharge; Providence case managers also manage the EDIE/ED care plans which provide continuity of care for CHART clients when they present to Providence or other hospital EDs (that use EDIE).
- Some partners committed to 24/7 case management roles; hope for more collaborative partnering to provide more equitable case management support and backup.
- Should Everett Fire's lack of a community paramedicine program be addressed and mitigated?
- Jail lacks facilities to handle drugs; won't intake if tested positive for heroin; end up driving to Des Moines, which places burden on partners to drive down and pick up; pay for Everett police or taxi costs to return to Everett.

Evaluation Expectations/Strengthening CHART

- Identify CHART strengths/weaknesses and specific needs of each participating partner.
- Identify gap areas where different interventions are needed (low income housing; insurance coordination; transportation).
- Potential for team to find ways to reduce governmental/paperwork/red tape barriers that prevent CHART clients from accessing needed services.
- Need to have the collective courage to call out and address 'gaps', including lack of behavioral health capacity in Snohomish County.
- 'We need to regain our understanding of each other's strengths and work to solve the differences in our common practices'.
- Demonstrate value internally to our leadership to attract deeper support.
- Could promote deeper and more trusted partnerships; attract more funding; lead to expanded service options, including supported housing and employment.
- Determine if ongoing engagement of all parties is beneficial to CHART; identify best use of staff resources to support CHART; identify if there are any other community agencies who should be involved in CHART (e.g., PICAA; Everett Housing Authority).
- Can provide shared value to Health Care Authority program monitoring/evaluation related to care coordination vision and goals.
- Provide collective ideas around potential future increase in CHART capacity/expansion.
- Need for a day center; politically difficult.
- Broadcast results to city/county councils and other elected officials, to build/rebuild support.

Ruckelshaus Center recommendations for deeper discussion:

1. *A collaborative gap exercise (with some basic systems mapping) could help partners to develop options, align and prioritize understanding and expectations of commitment, equity and teaming effectiveness- also, consensus around funding needs to address most important gaps.*
 2. *What does current/forecasted housing stock mean to the fundamental success of CHART client outcomes?*
 3. *How can CHART partners be educated/aligned around housing issues and capacity increases in Everett, in order to communicate in a common language and implement better teaming efforts around expanded (but still limited) low income housing/Housing First/other options?*
 4. *Does CHART need more governance structure? Or just additional partner consensus? How much additional structure would add benefit without crushing flexibility - what would be the right balance of governance structure and support for client needs and CHART's next evolutionary phase? When would that structure need to be in place? What issues need to be addressed and solved before change takes place?*
-

Data/Information

- No sustainable collective data/info consolidation/evaluation after Robin Fenn left Snohomish County for Verdant.
- Need to look at data capabilities that could support/streamline CHART efforts; person-to-person communication is OK, but not expandable.
- How could our collective information needs fit into the larger systemic trends – for example, care coordination/Accountable Community of Health demonstration and Medicaid reform?
- Would like to see a client hope/satisfaction tool, including (for example) a measurement of 'how many relationships you have'; 'how hopeful are you' and other socially-related questions.

Ruckelshaus Center note and recommendation:

1. *Bidisha Mandal, our WSU Economist will be conducting the next phase – an economic evaluation of the CHART pilot. The group exercises and discussions during the October 7th partner workshop will help to inform Professor Mandal's evaluation. She may be contacting you and/or your IT colleagues to prep data for inclusion in the evaluation. You may reach Professor Mandal at: bmandal@wsu.edu*
 2. *FROM PRIOR RECOMMENDATION: Can the CHART team develop/modify a simple, usable and practical client assessment or screening tool that everyone commits to? Can client improvement/ 'success' be measured without a common benchmark or progress tool (quantitative or qualitative)?*
 - *What would assessment/question categories look like on such an assessment? (Qualitative/quantitative?)*
 - *From your background/perspective, which benchmarks/progress/outcomes **should** ideally be measured on such an assessment?*
 - *From your background/perspective, which quantitative/qualitative metrics **should** be measured in each of the categories related to the noted benchmarks/progress/outcomes?*
-

Appendix A – Situation Assessment Questionnaire

Everett CHART Program Evaluation Project

Brief Overview

WSU Metropolitan Center for Applied Research and Extension and the William D. Ruckelshaus Center are providing a neutral assessment of the interests and collaborative potential between organizations in Everett and Snohomish County, relative to the Everett CHART pilot. This situation assessment prefaces an economic evaluation to be completed by WSU's School of Economic Sciences. This evaluation will be most useful if relevant organizations have the opportunity to weigh in and reach consensus around evaluation utility and value, as well as metrics and outcomes goals.

The Ruckelshaus Center is a university-based organization that has no stake in this process; our neutral practitioners assess the commonalities and differences between organizations' goals, visions and interests around complex public policy issues and decisions— and in this case, how that relates to the participation and consensus needed to make this evaluation a success.

As an individual or representative of an organization with a particular role or interest in the Everett CHART program, you have been identified for an upcoming call/meeting - we hope you will agree to participate.

Meetings take approximately 75 minutes, and participation is voluntary. You may choose at any time during the meeting to decline to answer a question or end the meeting. Individual comments will NOT be attributed to specific individuals, unless you give us expressed verbal permission to do so – our goal is to identify themes, commonalities and differences, without individual or organizational attribution. FYI, this stage of the process has been determined to be exempt from Institutional Review Board (IRB) requirements.

Meeting questions follow, to give you the opportunity to think about the conversation in advance.

More information about the Ruckelshaus Center is available at:

<http://ruckelshauscenter.wsu.edu/about/>.

More information about the WSU Metropolitan Center for Applied Research & Extension is available at:

<https://metrocenter.wsu.edu>

Please contact Kevin Harris, Senior Facilitator – Health Policy at the Ruckelshaus Center at (425) 750-7919 with any questions.

WSU Metro Center/William D. Ruckelshaus Center

Situation Assessment Questions

- 1) Tell us about you and your background with the CHART program- how does CHART fit into your organizational goals in Everett/Snohomish County?
 - a. Where does your organization 'fit' within the CHART program: Participant identification? Care coordination? Service provider? Other?
- 2) Based on your CHART experience, would you make any revisions/additions to the prior CHART website's stated definitions of program success³? Why and how?
 - a. What needs to change systematically and programmatically to achieve your vision of CHART success? What are the main barriers to achieving that success?
- 3) Our goal to develop a successful and useful program evaluation with you depends on reaching consensus around stakeholder interests and expectations. How can this evaluation be most useful to your organization?
 - a. What value/utility could this evaluation have to further your organizational goals and/or collaborative vision? How will you intend to use it?
- 4) What's your perception of current 'alignment' between program stakeholders?
 - a. What are some positive examples of CHART program collaboration that have worked well?
 - b. What are some areas that could benefit from collaborative improvement?
- 5) Have you participated in a structured collaborative process in the past?
 - a. Would you be willing to participate in a group convening to identify common evaluation expectations and metrics after these interviews are completed?
- 6) Our WSU Economist will require data to complete her quantitative evaluation <A DATA FRAMEWORK WAS ATTACHED TO THE TRANSMITTAL EMAIL FOR INTERVIEW DISCUSSION PURPOSES>.
 - a. Does this framework look complete? Anything missing from your perspective?
 - b. Does your organization maintain or access any of this data? If not, who does?
 - c. Can you provide a data field list with relative definitions?
 - d. Are you able to de-identify personal data while maintaining individual's record linkage to comply with HIPAA/FERPA/other privacy laws?
 - e. How simple/burdensome would it be to provide to WSU?
- 7) Are there other organizations outside of the CHART Executive or Social Services Teams that should be invited to a structured convening – to reach consensus around what CHART evaluation goals and metrics, and how it could be used?
- 8) Do you have any questions for us? Anything else you felt we should have covered today?

Thank you for your time and collaboration!

³ From different portions of the older Everett CHART website:

....'reduce the frequency and severity of contacts by participants with these respective systems'.

'The primary goal of CHART is to decrease the system impacts associated with the disproportionate overlapping service utilization by these individuals; efforts also have a positive impact on the lives of those identified for participation in CHART'.

Appendix B – Situation Assessment Interviewees

<u>Name</u>	<u>Organization</u>
Tony Aston	Snohomish County Sheriff
Liz Baxter	North Sound Accountable Community of Health
Leila Bettys	Snohomish County Human Services
Amy Black	Evergreen Manor
Nancy Budd	Verdant
Alessa Lopez-Castor	Consistent Care
Sarah Eickhoff	Providence Everett
Robin Fenn	Verdant
Frank Ferrari	Everett Fire
Anne Gurian	DSHS/Adult Protective Services
Brad Hoover	Snohomish County Jail
Kristen Jacobson	Providence Everett
Diane Jackson	DSHS/Adult Protective Services
Sarah Jayne Barrett	Catholic Community Services
Anji Jorstad	Snohomish County Human Services
Hil Kaman	City of Everett (Prosecutor)
Dennis Kelly	Mercy Watch
Christine Lewis	Everett Law Association (Defender)
Rich Llewellyn	Everett Fire
Todd Mitchell	Everett Gospel Mission
David Mitchell	Sunrise Community Mental Health
Kelli Roark	Everett Police
Mark St. Clair	Everett Police
Mallory Taylor	Community Health Center
Jacob Taylor	Snohomish County Sheriff
Tom Tocher	Community Health Center
Levi Van Dyck	Volunteers of America
Calei Vaughn	Pioneer Human Services
Natalia Verley	YWCA
Nicole Willis	North Sound Accountable Community of Health
Julie Zarn	Providence Everett
John Zeka	Everett Police

Appendix C – Convening Workshop Summary

A convening workshop was held on October 7, 2019. More than 25 persons attended – many of them had participated in the earlier assessment interviews. A roster of workshop attendees is included in the following Appendix D. A diverse mix of organizations attended, including representatives with both long-standing and shorter-term participation in the CHART pilot. Note that this group included a strong presence from south Snohomish County colleagues, including those who operate on a county or regional network level, as opposed to Everett-only. This likely introduces future discussion around the relationships between CHART-type issues, the City of Everett and broader county/regional partners.

After introductions and a short ‘warm-up’ exercise, the group began a series of three structured breakout group sessions. Before we began the breakouts, the following three general questions were introduced to help set the tone:

- *Is our model working? How do we know?*
- *How can we improve collaboration to more effectively serve clients together?*
- *How can our efforts build resilience to internal/external challenges?*

Each table of five to seven persons represented a single group. The groups were ‘re-mixed’ before each question set, to promote diverse thinking and avoid cliques. Each person spent several minutes developing their own thoughts and documentation. Each table then had the chance for group discussion and flip chart documentation for an eventual room debrief.

The following summarizes many of the breakout conversations and related flip chart documentation that each group developed, beginning with the questions asked of everyone:

Breakout Group Session #1: ‘Hope & Aspiration’

Question A: *What positive improvements/events/organizational changes in recent history have impacted your work and social change in Everett/Snohomish County?*

Question B: *What are the different ways you’d characterize or envision CHART program success? What words/phrases help express individual client’s positive progress and outcomes?*

Question C: *What are some of the most significant barriers you face when improving the lives of the vulnerable populations (including CHART clients) you serve?*

Question D: *What helps sustain your resilience?*

Question A responses:

- Breakdown of organizational barriers have led to more and diverse stakeholders at the table; interagency collaboration; awareness of other resources; improved partnerships of likeminded organizations.
- Development of innovative (and cross-system) programs to tackle tough problems (e.g., COET, CHART, LEESW).
- Recognition of underlying issues and no ‘one-size-fits-all’ fix.
- More resources/grants (e.g., housing options)

- Cultural shifts: homelessness needs action; hospitals invested to find ‘forever’ homes and behavioral health integration
- More efforts to sustain solutions at the policy/system levels (e.g., more social workers and mental health professionals in workforce; more community partnerships, including point of contact with hospital leadership).
- Increased awareness of barriers and challenges; more services lead to increased identification of needs.
- New approaches, including embedded social workers.
- More organizational support to participate in CHART/mental health; leadership noticing/investing.
- Medicaid transformation.
- More outreach has led to greater access.

Question B responses:

- Reduction in frequency, duration, intensity/acuity of contacts with Emergency Department, law enforcement, emergency services, jail, courts.
- Similar reduction in costs.
- Better integration into society.
- Increased self-sufficiency.
- Qualitative stories about how things have improved.
- ‘Graduation’.
- Consistently connected to supports; building relationships by meeting clients ‘where they are’.
- ‘Safe’; ‘gratitude’; ‘hope’; feeling understood; sustaining recovery as defined by clients.
- Shared commitments to achieve desired outcomes.
- Ability to work with smart partners.
- Organizational barriers breaking down.
- Clear partner roles; connections for clients that cross organizations.
- Client pathway to stability; clients have non-professional support systems.
- Return on investment balance.
- Client-driven goal setting.
- Clean, sober, housed, stable housing – willingness to improve their own lives.
- Decreased caseloads.
- Need for collective definitions of success; ‘stability’ may be more descriptive than ‘success’; getting out of jail doesn’t mean success in finding or maintaining housing.

Question C responses:

- Lack of stable housing.
- Lack of linkage to mental health/substance use disorder services in a timely manner; lack of consistent providers – staff turnover.
- Inconsistent partner participation in CHART; differing levels of commitment.
- Barriers to info sharing due to HIPPA compliance – and own processes around info release.
- Leadership buy-in.
- State Dept. of Health.
- Missing clients.
- Challenges working across agencies/services.
- Everett cultural challenges.
- Care coordination challenges and info sharing.
- CHART clients face barriers if identified as CHART.

- 'Not my client' attitude.
- Silo'd providers.
- Client resistance – 'I don't want help'.
- Strange work hours – clients often easier to find at night.
- High demand for 24/7 services/availability.
- Lack of resource coordination.
- Lack of consistent reporting.
- Compassion fatigue.
- Long work hours.
- Housing overly burdened with regulations.
- Not 'not knowing', but 'not accepting'.
- Acronym issues/definitions across agencies; lack of common language and understanding.
- Unwillingness to partner/inconsistent participation by partners.

Question D responses:

- Strong collaborative partnerships; client breakthroughs.
- When clients come back in better shape.
- Not 'alone' - team efforts.
- Flexible work environments.
- Celebrating small successes.
- Acknowledge that we're doing our best in an imperfect system.
- Mindfulness.
- The 'wins'/success stories.
- Having own needs met (pay/benefits).
- Collaboration/technology.
- Community supports.
- Education/learning from others.
- Open communication/dialog.

Breakout Group Session #2: 'Strategic Guidance'

Question A: *What do you believe other CHART team members don't fully understand about your organization's vision-operations-leadership direction-other that you'd like them to know, to allow CHART to function more effectively?*

Question B: *What 3 improvements (per workshop participant) can you suggest today to make CHART more organizationally or operationally effective?*

Question C: *What attributes do you require (in other partner organizations) to share the trust and credibility you've built with your 'favorite' CHART client?*

Question A responses:

- My organization is large, and I don't represent the 'whole'; partner contacts may have limited insights into their own organizations; invite others from other departments within my organization to CHART.
- Better understanding that everyone has a different perspective/area of expertise.
- The roles of everyone on the CHART social services team.
- The expectations of different roles and abilities of team members.

- Balancing personal/social justice concerns with our responsibility to society/community safety.
- We operate under a challenging political 'tight-rope'; often pulled in multiple directions
- Clients cannot be held in hospital >72 hours, just so we can get them lined up for services; everyone has the right to make poor choices.
- Just because Adult Protective Services is called doesn't mean they can change what a person can do; everyone has the right to make poor choices.
- Public defense's goal is not just to 'get people off the hook', but to give greater humanity to people.
- Legal requirements: RCWs, WACs, federal/US code and policy.
- Define acronyms between partners; educate.
- Agency capacity; 'who' and 'what'?
- Understanding of community health worker role at CHC of Snohomish County.
- Hospitals can't admit all patients (e.g., 'social admits'); hospitals can't find housing for all patients.
- HUD's definition of 'chronic homelessness'.
- Deeper understanding of 'Housing First' model; homelessness; how to document services.
- CHART meetings are an obligation for new partners/individuals.
- Legal requirements that define how we are able to act.
- Why data collection/distribution/sharing is challenging.
- 'Housing First' is not equal to 'clean and sober'.
- CHART organizational structure limits participation.
- COET is not just there to find clients.
- 'I'm told to go to CHART by my boss'; 'We get no benefit from CHART'; 'We don't know what CHART does'; 'We have limits'.
- We all need help!
- We can't please everyone.

Question B responses:

- Define/clarify roles: What can each CHART team member provide?
- Better communication processes; remove/reduce barriers to communication.
- Develop a common agenda with expected outcomes.
- Improve cross-jurisdictional coordination (between Everett and Sno County).
- Need to leave egos behind.
- Clear roles, leadership and governance among partners.
- Eliminate 'not my client' attitudes and silo'd behaviors; avoid 'I handed x client off to social services and now I'm done'.
- Recruit more mental health providers/facilities.
- New member orientation (goals, values, mission, admission, who's who.....).
- Start meetings with overview of old business...who, what, where, when.
- Need a full time paid case manager who is liaison and organizer; a liaison who can make exceptions to keep the system moving effectively in marginal cases.
- Alternate meetings times to fit people's schedules (8 am.....1 pm?).
- Consistent attendance at CHART meetings.
- Quick response to requests from one another.
- Bi-weekly (instead of weekly) meetings with stronger communication in-between (real-time updates).
- System to assign tasks during/after meetings.
- Can additional CHART partners be 'cleared' for jail access, to reduce burden on few partners who do.
- Develop system to find/track missing clients.
- Add CHART capacity to find/transport CHART clients.

- Shared ownership; shared accountability and follow-through.
- Improve client data/information sharing.
- Improve partner communication re: operational issues; e.g., when clients in jail, Compass Health finds out by looking at jail rosters. How can we ‘flag’ clients?
- Video conferencing option for social service team meetings.
- Right people at the table.
- Client voice.
- Transportation vouchers.
- Housing vouchers.
- Develop pathways to stability.
- Balance of ROI- effort, dollars, outcomes, community.
- Create goal-setting that is both agency-based and client-driven.
- Feeling of consistency.

Question C responses:

- Follow-through and effective communication.
- Front-end sharing.
- Under promise....over deliver.
- Warm handoff and follow-up with clients.
- Willingness to be flexible and creative in finding solutions, rather than sticking to regulation.
- Honesty, confidentiality, compassion, consistency, urgency (hands-on now!).
- Follow through- patience, dedication, ‘my release is adequate’.
- Reliability.
- Fair treatment – compassion, look beyond physical characteristics.
- Understanding of how the system has historically served, and sometimes failed clients.

Breakout Group Session #3: ‘Evaluation Measures & Metrics’

1. If CHART had a ‘universal’ assessment/re-assessment tool, what would the quantitative and qualitative **categories/domains** look like for new CHART clients? For existing CHART clients?
2. What are examples of **the most important metrics** to measure within each of those categories/domains to create a ‘benchmark’ for a **new** CHART client?
3. What are examples of the **most important metrics** to measure within each of those categories/domains to track the progress of an **existing** CHART client?
4. What are the **important outcomes measures** that link to those metrics, to help measure your definition of CHART success?
5. Which of these metrics and outcomes measures identified in #2-#4 above are **currently represented by data in your IT system**? Readily available?

Question 1 responses:

- Fenn/Jorstad Self-Sufficiency Matrix⁴.

⁴ <https://snohomishcountywa.gov/429/Housing-and-Community-Services>

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- Housing/living environment.
 - Support System/Connections.
 - Mental health, medical health, substance abuse health.
 - Employment/financial-income/education.
 - Criminal status.
 - Assess barriers from client's perspective; how does the client define success/stability?
 - Crisis use.
 - Violent behavior.
 - Ability to care for self.
 - Our group isn't a fan of universal assessments; every client is unique; use qualitative interviewing questions – 'How are you doing?'; evaluation should be person-centered, not population-centered. Use client-specific benchmarks/reference points and compare progress individually, not compared to other clients.
 - Incorporate adjustment for system capacity (access, availability); e.g., some clients may be easier to house based on their characteristics, so it may be unfair to use housing as a general metric.

Question 2 responses:

- Length of homelessness.
- Accessing services/diagnosis.
- Utilization per 'system'.
- Employed/employable/SSI/SSDI/ABD.
- Disability/chronic health conditions.
- Day-to-day function/keep self-safe
- Mobility.
- Mental health.
- EMS contact/transport.
- Hospitalization.
- Police/arrests/contacts with law enforcement.
- ED visits.
- Housing/shelter visits.
- Jail bookings/warrants.
- Cost.

Question 3 response:

- Any increase/decrease in the above areas.

NOTE: MEETING TIME CONSTRAINTS PREVENTED FLIPCHART DOCUMENTATION OR DEBRIEF TIME FOR QUESTIONS 4 AND 5.

The workshop concluded with a documented set of group breakout flipcharts, and debrief notes that formed the summary of discussion points noted above. These discussion points, along with prior interview connections

will help form the basis for the potential second stage of this project – an economic evaluation of the CHART pilot.

In addition to the recommendations documented throughout the earlier portion of this Brief, the Ruckelshaus Center suggests the following (based on workshop group discussion and prior interviews) that may help the CHART partners as they move into their next stage of collaborative development. These recommendations are followed by a set of collaborative ‘success factors’ summarized in the work of Paul Mattessich and Kirsten Johnson (based on literature reviews and updates to prior extensive research); these factors may also help structure strategic discussion and cross-organizational improvements.

Post-Convening Workshop Recommendations:

Bring leadership and social service teams together in a structured set of consensus-building meetings to refresh commitment and develop forward strategic planning around the following organizational domains/issues:

- **Governance and Support:** *What are the best supportive governance and leadership roles that can help drive more effective collaboration between partners to improve CHART (and similar) results? Is more structure needed, to support the change in leadership/administration from City of Everett to CHC? Could a change in governance help fund necessary cross-organizational positions, such as case management/navigator/data-info evaluation management? What additional support/‘buy-in’ is needed from partner leadership to improve CHART collaboration (or for other common CHART-like services)?*
- **CHART Eligibility:** *Do the current eligibility criteria need refreshing? Are the current criteria applied consistently? Has service ‘continuum’ (including housing stock) changes/improvements created the need to refresh this conversation?*
- **Infrastructure:** *What options (currently or needed for the future) will improve coordinated case management/navigator results? Similarly, what options will move CHART into more effective data consolidation/info sharing efforts to streamline service delivery and partner communication?*
- **Communication:** *How can partner communication improve to meet collaborative principles and improve service delivery? Does the group currently have defined collaborative principles?*
- **Recognition, Education and Trust-Building:** *Conduct an asset-mapping group exercise; how has service capacity across partners (and other organizations not participating in CHART) improved over time, and what do the existing relationships look like? Demonstrate clear examples of how partner trust has built over time. Give partners a chance to educate others on their service capacity, barriers and future strategies to reduce redundancy, improve service results and communication, and reduce ‘acronym ignorance’.*

Collaborative Success Factors⁵:

Collaboration is a mutually beneficial and well-defined relationship entered into by two or more organizations to achieve common goals. The relationship includes a commitment to mutual relationships and goals: a jointly

⁵ Mattessich, Paul Ph.D. and Johnson, Kirsten. *Collaboration: What Makes It Work*, 3rd Edition. Nashville: Turner Publishing, 2018.

developed structure and shared responsibility; mutual authority and accountability for success; and sharing of resources and rewards. The following twenty-two ‘success factors’ are offered to help CHART leadership ‘reality-check’ upcoming and future focus needs, when planning for program change:

Environmental Factors

- *History of collaboration or cooperation in the community.* The recent workshop began this group discussion. An in-depth ‘refresh’ can help to redefine roles and expectations, and build trust.
- *Collaborative group seen as a legitimate leader in the community.* The group is seen within the community as reliable and competent, in relation to the goals it intends to accomplish.
- *Favorable political and social climate.* Political leaders, opinion makers, those who control resources and the general public support (or at least don’t oppose) the group’s mission.

Membership Characteristics Factors

- *Mutual respect, understanding and trust.* Shared between one another and their respective partner organizations – how they operate, cultural norms/values, limitations and expectations.
- *Appropriate cross sections of members.* Includes representatives from each segment of the community affected by its activities. Members engaged at the appropriate time and level of involvement.
- *Members see collaboration as being in their self-interest.* Partners believe the advantages of membership will offset disadvantages, such as slower decision-making.
- *Ability to compromise,* since the many group decisions can’t fit the preferences of every member perfectly. CHART members may benefit from consensus-building exercises that help ‘practice’ these qualities.

Process and Structure Factors

- *Members share a stake in both process and outcome.* ‘Buy-in/ownership of both the way the group works and the results of its work.
- *Multiple layers of participation.* All levels (upper and middle management, front line) within each partner organization has involvement in the collaboration. Each layer brings different assets and may need to be involved in differing degrees and at different development stages.
- *Flexibility.* Remain open to ways of organization, shifting internal structure and performing work activities.
- *Development of clear roles and policy guidelines.* Joint development of shared operating principles. Clear understanding of roles, responsibilities and commitment to carrying them out.
- *Adaptability to changing conditions.* Group ability to make change, including major goals, other members, to deal with changing external environment.
- *Appropriate pace of development.* The structure, resources and activities of the collaborative group change over time to meet the needs of the group/CHART clients, without overwhelming its capacity.
- *Evaluation and continuous learning.* Established process for measuring activities and effectiveness. Partners review these measurements, learn from them, and use them to guide improvement. The potential WSU Department of Economic Science’s CHART evaluation should help to identify and ultimately embed these factors.

Communication Factors

- *Open and frequent communication.* Frequent interaction, updating one another, open issue discussion, fostering transparency, and conveying necessary information to one another and external stakeholders.

-
- *Established informal relationships and communication links.* Personal connections produce better, more informed and cohesive groups.

Purpose Factors

- *Concrete, attainable goals and objectives.* Clear to all partners and can be realistically attained.
- *Shared vision.* Clear, agreed-to mission, operating principles, objectives and strategies.
- *Unique purpose.* The mission/goals/approach of the collaborative group differ (at least in part) from those of the individual member organizations

Resource Factors

- *Sufficient funds, staff, materials and time.*
- *Skilled leadership.* Leadership has organizing, facilitation and interpersonal skills, including emotional intelligence and cultural competence, and carries out roles with fairness. The leaders are granted respect/legitimacy by collaborative partners.
- *Engaged stakeholders.* The collaborative maintains sufficient connections with external parties affected by its activities.

CHART leaders should review each of these factors within the context of past history, current/occurring change, recent interview and workshop feedback, and future aspirations to identify relevant team assets and gaps. Strengths, weaknesses, opportunities and threats (SWOT) or strengths, opportunities, aspirations and results (SOAR) may also be useful strategic planning tools to help evaluate and prioritize focus to help bring CHART into its next program iteration.

Appendix D – October 7, 2019 Workshop Attendees

<u>Name</u>	<u>Organization</u>
Liz Baxter	North Sound Accountable Community of Health
Leila Bettys	Snohomish County Human Services
Nancy Budd	Verdant Health
K. Campbell	Everett PD COET Unit
Rita Jo Case	Catholic Community Services
Huynh Chhor	Swedish/Edmonds
Al Compaan	Edmonds PD
Robin Fenn	Verdant Health
Julie Frauenholtz	City of Everett
Anne Gurian	DSHS/Adult Protective Services
Analisa Hall	CHC of Snohomish County
Brad Hoover	Snohomish County Sheriff
Diane Jackson	DSHS/Adult Protective Services
Kristen Jacobson	Providence Everett
Sarah Jayne Barrett	Catholic Community Services
Hil Kaman	City of Everett
Dennis Kelly	Mercy Watch
Jim Lawless	Edmonds PD
Christine Lewis	Everett Law Association
Nicole Nange	Everett Law Association
Craig O'Neill	South County Fire
Toni Peteroli	CHC of Snohomish County
Cate Ryan	Compass Health
Mark St. Clair	Everett Police
Whitney Summers	Catholic Community Services
Mallory Taylor	CHC of Snohomish County
Levi Van Dyke	Volunteers of America
Kevin Harris	William D. Ruckelshaus Center
Martha Aitken	WSU – Metropolitan Center for Applied Research
Bidisha Mandal	WSU – School of Economic Sciences
Brady Nordstrom	William D. Ruckelshaus Center

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