

King County Health and Human Services Transformation

Advising Partners Group Meeting Notes

February 11, 2015 Meeting

Participants (members & guests): Tizzy Bennet (Seattle Children's Hospital), Elise Chayet (Harborview), Katherine Cortes (King County Council), Jeff Harris (UW School of Public Health), Erin Hafer (Community Health Plan of WA), Patty Hayes (Public Health), Mike Heinisch (Kent Youth & Family Services), David Johnson (Navos), Betsy Jones (King County), Julie Lindberg (Molina), Gordon McHenry, Jr. (Solid Ground), Nathan Phillips (YMCA), Adrienne Quinn (King County DCHS), Bill Rumpf (Mercy Housing), Maggie Thompson (City of Seattle), Doug Bowes (United Healthcare), Kris Lee (Amerigroup), Pam Raphael (KC Alliance for Human Services), Rebecca Saldaña (Regional Equity Network), Val Thomas-Matson (Healthy King County Coalition), Andrea Tull (Coordinated Care), Wendy Watanabe (Watanabe Consultation)

Staff: Anne Tillery (Pyramid Consulting); and Liz Arjun, Susan McLaughlin, Travis Erickson, Lori Heniff, Terry Mark, AJ McClure, Holly Rohr Tran, Janna Wilson, Kirsten Wysen (King County)

Welcome

Anne Tillery (Pyramid Consulting) welcomed the group to this 8th and final meeting of the Advising Partners Group. Everyone present at today's meeting was invited to participate in discussion.

Anne reminded the group of the Transformation vision, which is:

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

Early in the work of this group, the focus was on the Transformation Plan and its two main arms: the community-level work through Communities of Opportunity; and the work to better integrate care for individuals. In addition, the group looked at the ways in which this work has been interacting with state-level health transformation efforts. Throughout the year, related initiatives dropped into the landscape; this evolving context was reviewed at our September 2014 meeting. New structures have been developing and will be shared and discussed in today's meeting.

The important contributions of this group in shaping the contours of HHS transformation initiatives and partnerships over the course of the past year were acknowledged, including: Shaped Communities of Opportunity and Familiar Faces strategies; informed 2014 catalyst fund guidelines; informed Accountable Community of Health planning; and helped shape Best Starts for Kids.

Latest Transformation Developments

Liz Arjun (King County) provided brief updates on Transformation efforts. In addition to the Communities of Opportunity and Familiar Faces updates listed in [this handout](#), the following updates were noted:

- **Communities of Opportunity**
 - [announced \\$1.5M in place-based funding](#) yesterday
 - is offering planning grants to 2 additional site
 - will be launching a Learning Community which will include an online toolbox and event (potentially Fall 2015)
- **Familiar Faces**
 - Public Health-Seattle and King County and the King County Department of Community and Human Services are making progress on data sharing; looking at data-sharing with other partners
 - Criminal justice system partners have been invited to join in this work
- The Medicaid/Medicare **Dual Eligibles Demonstration** has been cancelled by the State. King and Snohomish Counties were pursuing this “Strategy 2” fully capitated managed care pilot before it was cancelled.
- **Best Starts for Kids** – Thanks to those who provided input at the Feb. 5 meeting to discuss outcomes.

Accountable Community of Health

Janna Wilson reviewed developments since November APG meeting, including: Plan submitted to Health Care Authority on Dec. 31; applied to state for Design grant on Jan 9; awarded design grant of \$100,000; ACH Steering Committee met to discuss Interim ACH Council approach on Jan 21.

Accountable Communities of Health (ACHs) relate to the transformation vision in that they are trying to foster health improvement by strengthening relationships, partnerships between clinical care and community-based realms such as human services, housing, public health, community & economic development. They can do so through a plan-do-study-act loop.

Washington State is working with 2 pilot ACHs and 7 design regions to reach fully functioning ACHs across the state by the end of 2018.

For King County, a phased approach to ACH development was recommended by the consultant team working on the design community application. In this approach, form should follow function, and it was suggested that an interim council be created in 2015 that learns from / partners with four existing initiatives (Communities of Opportunity, the Housing-Health planning partnership group convened by Mercy Housing, Physical/Behavioral Health Integration, and Familiar Faces).

King County’s 2015 Design Phase deliverables include:

- Use the experience of the 4 initiatives of focus to inform:
 - Future governance model
 - Approach to a future regional health improvement plan
 - How data and shared measurement needs will be met
 - Sustainability mechanisms
- Charge a subcommittee to develop pathway to full physical/behavioral health integration for Medicaid clients

- Provide input/recommendations to state/county on various issues throughout the year
- Produce and endorse an “ACH Readiness Proposal” for submission to Health Care Authority in late 2015

Janna also highlighted some characteristics of the Interim ACH Leadership Council, companion paths for ACH design input and next steps in moving this work forward. See [handout](#) “Proposed Approach for the 2015 Interim ACH Leadership Council”; also [slides 7-17](#).

The Advising Partners Group reviewed the proposed approach for the 2015 Interim ACH Leadership Council, including its proposed membership. Feedback from the group included the following points:

- This group will be playing an important role in driving systems toward prevention over time - it has a footprint into the future health of our region; must be thoughtful in design year.
- Use cascading structure, work groups, etc. to address the balance of creating a small enough group so as to be functional, but inclusive enough to get the range of input needed.
- Considerations and proposed amendments to membership list:
 - Pleased to see Area Agency on Aging consideration; a needed voice at this table
 - **What about consideration of other tribes** (e.g. Duwamish), beyond the federally recognized tribes?
 - **Consider adding academic perspective.** (It was noted that the Steering Committee discussed the importance of a representative on the data group). Several parts of UW system engaged in aspects of ACH work elsewhere including School of Public Health and NW Center for Public Health practice
 - **Look for geographic diversity;** avoid setting up a Seattle-centric group. Zip code check.
 - **Elevate community voice/power** (e.g. look at how RoadMap Project set up)
 - **Consumer voice** – where does it come in? Could this be represented by the equity network/coalition
 - **Sectoral balance:** Discussion about managed care organization (MCO) participation on the ACH council, with some people expressing concern about potential imbalance on the AHC council with five Medicaid MCOs. Consider whether the 5 managed care organizations (MCO) could work together as one voice at this table; e.g, all participate, but, in interest of balancing with community voice and other sectors, have a consolidated vote(s). MCOs commented that because so many entities are coming to MCOs with asks right now, it may be more effective in accelerating ACH development to have all the MCOs at the table. Perhaps look to others who are further along in their ACH structure for guidance. Concern raised about an approach that put MCOs in a subgroup, because then they would miss the richness of cross-sector collaboration.
 - **Choose members suited to the task of design:** Build membership for this interim group by considering not only sector representation, but also who, as an individual, is suited to the task of figuring out future governance structure and prioritizing the “greater good.”
 - **Broaden beyond safety net and the Medicaid/Medicare population:** Are other providers/payers adequately represented –ACH and the health innovation plan are not just about Medicaid. (e.g. Group Health, Regence, Premera, self-insured employers,

Washington Health Alliance)? Is there another table where these health system partners could be engaged? Would it make sense to create, for example, specific touch points with the Washington Health Alliance to get feedback during the design year?

- **Be more inclusive in design phase:** Challenge ourselves to continue to think about who is not at the table that might need to be. How do we invite others to engage in the work?

➤ Process suggestions:

- **Establish charter** with really clear roles, functions and a stronger statement of “leaving your interests at the door.” MIDD operating rules might be useful to look at.
- The Interim ACH Leadership Council should **focus on deliverables required by the planning grant**. Additional roles, functions and membership can be defined during the planning year.
- **Solicit input during design year from additional groups** such as Washington Health Alliance, Group Health Consumer Board, etc. and engage broader sectors that haven’t been engaged in this discussion to-date.

It was agreed that the ad hoc Steering Group would consider input from today’s discussion and email a revised proposed approach out to the Advising Partners Group.

Physical/Behavioral Health Integration Subcommittee

Susan McLaughlin (King County Department of Community & Human Services) provided an update on Physical and Behavioral Health Integration work happening at the state level in response to 2ESSB 6312, “An Act relating to state purchasing of mental health and chemical dependency treatment services.”

This calls for:

- the **creation of new Regional Service Areas (RSA)** for Medicaid purchasing by the state. King County is a single RSA;
- **integrated purchasing** of mental health and substance abuse treatment services through managed care by April 1, 2016;
 - Behavioral Health Organizations (BHO) will replace Regional Support Networks (RSN) and County Chemical Dependency Coordinators
 - there will be one BHO in each region
 - King County MHCADSD would serve as the BHO for the King County region.
 - Purchasing of mental health and chemical dependency treatment services through managed care contracts.
 - This already happens for mental health treatment services.
 - Requires significant changes for chemical dependency treatment services moving from a fee-for-service payment structure to a managed care payment environment.
 - The BHO will receive a single, capitated payment for all Medicaid eligible individuals in the region and will assume full financial risk for both mental health and chemical dependency treatment services.

- **full integration** of mental health, chemical dependency and physical health care through managed care contracts by January 1, 2020; and
- **allows for “Early Adopter”** Option for integrated purchasing of physical health, mental health, and chemical dependency treatment services by April 1, 2016. Medicaid funding and service responsibility for mental health and chemical dependency treatment services would be transferred from Regional Support Networks and County Chemical Dependency Coordinators to MCOs (minimum of 2 per region). MCOs would have full responsibility and full financial risk for medical, mental health, and chemical dependency treatment services for all Medicaid eligible beneficiaries in the region.
 - Early Adopter regions are eligible to receive 10% of any savings realized by the state as a result of fully integrated purchasing beginning in 2016 for up to 6 years or until fully integrated purchasing is implemented state-wide.

King County is working in partnership with the Health Care Authority (HCA) and the Department of Social and Health Services (DSHS) to develop a pathway to full integration that provides more flexibility in the timeline for Early Adopter regions but allows for King County to move to full integration as quickly as possible. Our path forward includes:

- Engaged consultant, Technical Assistance Collaborative, Inc. (TAC)
- Partner with HCA and DSHS to design phased approach to full integration
- Integration Design Subcommittee to design key components of integrated system with community partners
- Build upon and expand successful integration activities

Next steps in the proposed approach include:

- Convene steering committee to advise on development of integration subcommittee
 - Include linkage to Familiar Faces MGT
- Draft subcommittee structure and charter that will encompass work of both physical/behavioral health integration and Familiar Faces
- Engage consultant to facilitate design meetings
- Convene Integration Design Subcommittee – early April

For more information and draft timeline for integration design, see [slides 18-27](#) and this [handout](#) on Physical and Behavioral Health Integration.

The Advising Partners Group offered the following feedback:

- King County has 28% of the State’s mental health population – a 10% savings incentive for early adopters is a mismatch
- Consultant interviews should include stakeholders that are pediatric/kid/teen focused
- Look for lessons learned from mental health integration work and what was accomplished in 2 years

- Chemical dependency provider rates need to be addressed; some support to help with billing/batching may be needed
- Each of the 5 MCOs need to have a seat on the Behavioral Health Integration Design Subcommittee

Advising Partners Future

It was proposed that this group be part of a broader invitee list for a convening later in 2015; the purpose of which would be to stay in touch, hear updates and provide input on ACH developments.

Reactions included:

- Consider 2-3 meetings per year
- Staffing and materials for Advising Partners Group meetings have been good; think more broadly about who can benefit from that. Invitees should include:
 - anyone who's been involved since the origin of the Transformation Plan (Advising Partners Group, Health Reform Planning Team, etc.)
 - give some thought to who is not currently at the table; use opportunity to bring in others who have not been invited or involved to-date
 - the community, to build awareness and support: consider frame of "strength is the thousand things that are already happening and here's how we're knitting them together"
- Consider "Open House" and/or "Road Show" format (if staff time is an issue, perhaps student resources could be used to conduct road show)
- De-jargon: for this audience, use more plain language, stories and practice that demonstrate concepts.
- Down the road several months, it would be interesting to hear from the 3 places selected under Communities of Opportunity – what is actually happening? Start to ground things in practice.
- This is cross-sector work, consider ways to call out attention to roles being played by sector.
- Consider link to Best Starts for Kids levy

Close and Next Steps

Anne thanked the group for their participation and noted that the Advising Partners Group would have one more opportunity to respond (via email) to the revised proposed approach for the 2015 interim ACH Leadership Council in the coming weeks.

The Interim ACH Leadership Council, once established, will take the lead on designing an ACH governance model that leads to aligned actions and initiatives in order to achieve healthy communities and populations in King County.

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Advising Partners Group Meeting

February 11, 2015

 **King County** | Health and Human Services Transformation

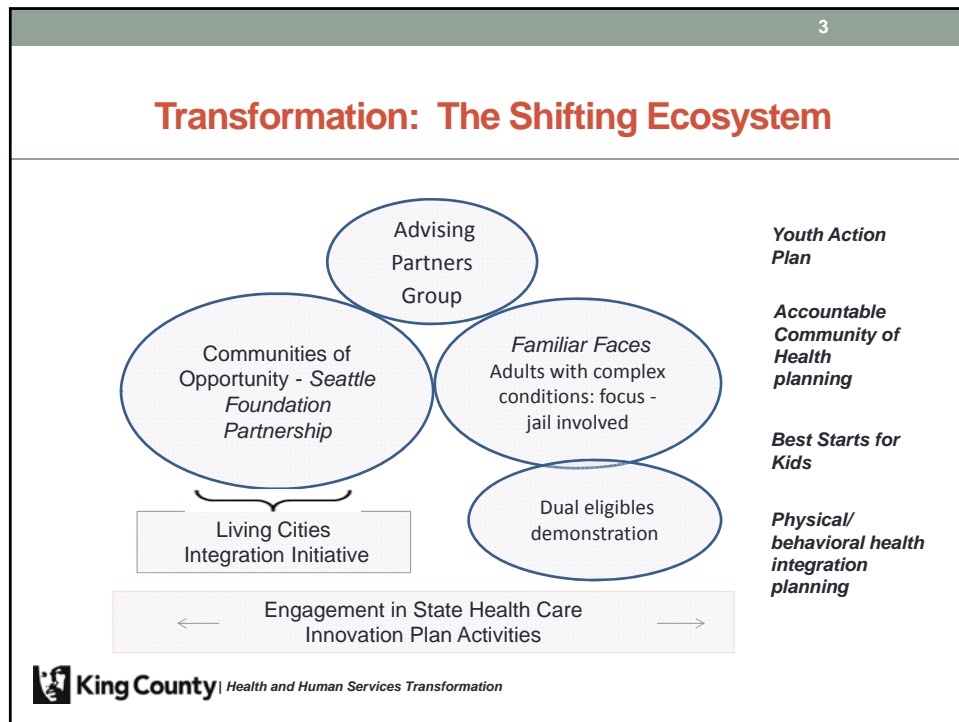
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Reminder: Transformation Vision

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



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Recap: What has the APG done?

Eight meetings 2014-15: March, May, Aug, Sept, Oct, Nov, Dec, Feb

- Shaped Communities of Opportunity and Familiar Faces strategies
 - Participated in various design tables
- Informed 2014 catalyst fund guidelines
- Informed Accountable Community of Health planning
- Helped shape Best Starts for Kids

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Thank You!



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Latest Transformation Developments

- Communities of Opportunity
- Familiar Faces
- Medicaid-Medicare Dual Eligibles Demonstration
- Best Starts for Kids

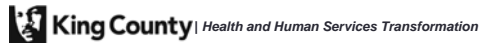
Accountable Community of Health

Developments since November APG meeting:

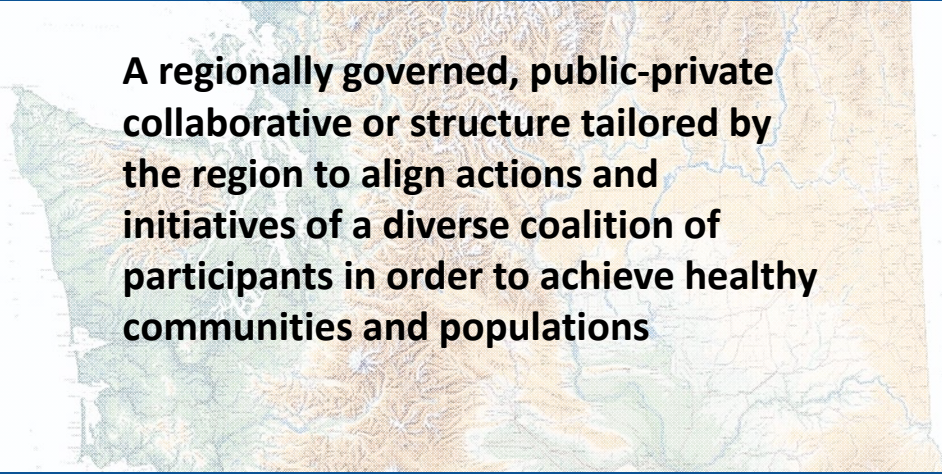
- **Dec 31:** Plan submitted to Health Care Authority
- **Jan 9:** Applied to state for Design grant
- **Jan 21:** Awarded design grant - \$100,000
Steering Committee met to discuss
Interim ACH Council approach

All materials at:

<http://www.kingcounty.gov/exec/HHStransformation/ach.aspx>

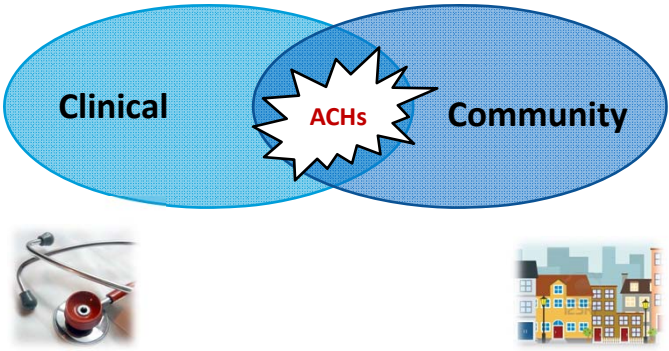


Accountable Community of Health – defined by Washington State

A topographic map of Washington State, showing the state's outline and internal geographical features like mountains and rivers. The map is oriented with the state's coastline on the left.

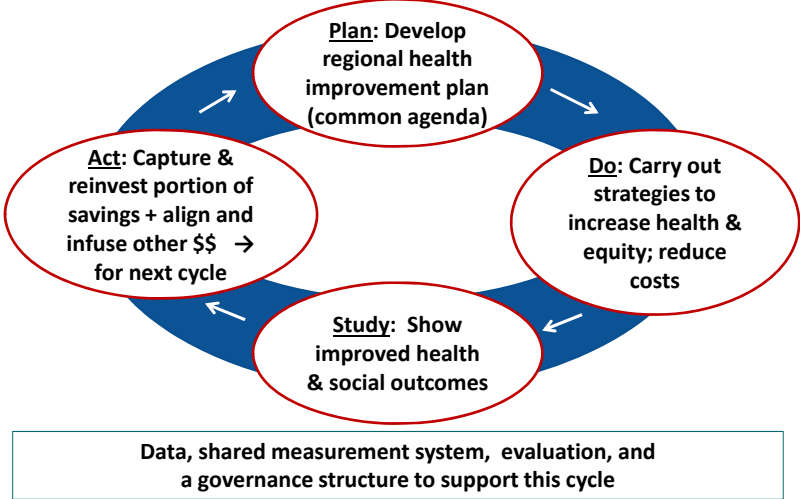
A regionally governed, public-private collaborative or structure tailored by the region to align actions and initiatives of a diverse coalition of participants in order to achieve healthy communities and populations

Connecting clinical and community realms more intentionally



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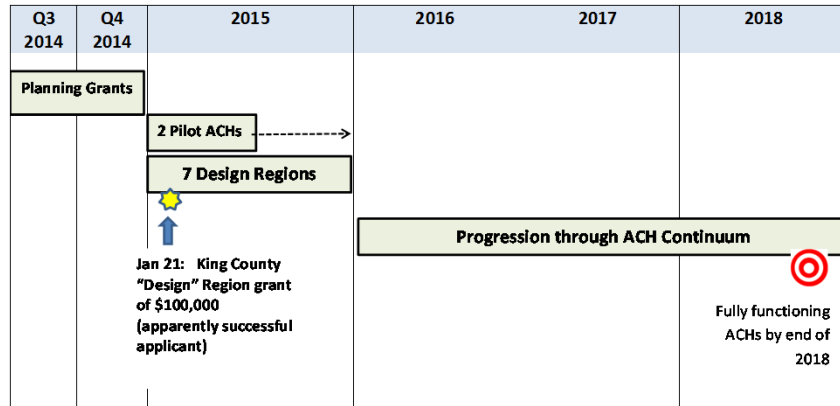
How an ACH Partnership can drive toward prevention and equity



Adapted from "Closing the Loop" – The Prevention Institute

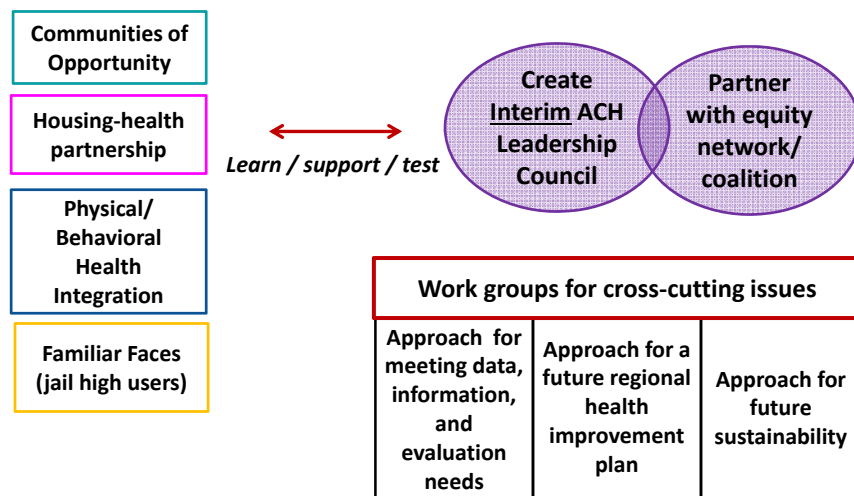
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Washington's ACH Timeframe



The Plan for 2015

Partner With Four Initiatives Underway



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2015 Design Phase Deliverables

- Use the experience of the 4 initiatives of focus to inform:
 - Future governance model
 - Approach to a future regional health improvement plan
 - How data and shared measurement needs will be met
 - Sustainability mechanisms
- Charge a subcommittee to develop pathway to full physical/behavioral health integration for Medicaid clients **(Susan to explain more)**
- Provide input/recommendations to state/county on various issues throughout the year
- Produce and endorse an “ACH Readiness Proposal” for submission to Health Care Authority in late 2015

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Interim ACH Leadership Council

- Composition should be informed by what it needs to accomplish in 2015
- Draw from APG where appropriate
- Room for change
- Committed change agents
- Keep it small(ish)
- Group of 20 proposed
- One element of a larger engagement structure



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Companion paths for ACH design input

- Work groups of the ACH leadership council
- Work occurring in the four initiatives of focus
- Equity network/coalition engagement activities
- Making use of sounding boards (reaching out to existing groups, networks)
- Bring the APG (and other “alumni”) together for a few dialogues at key points in 2015?
- Potential ACH mini-conference later in the year?
- Informational updates, all materials on website
- Public comment opportunities

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After Today

- Resolve any open issues via Steering Committee
- Work with sectors to identify specific members for leadership council (no later than March 1)
- Hire project staff, facilitator/consultants
- Aim for initial meeting in late March 2015

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Reactions?

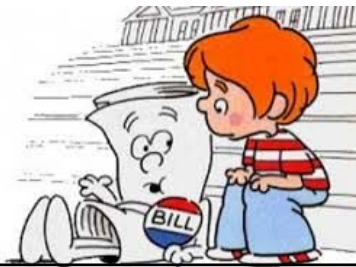
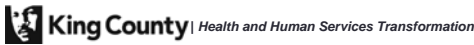
- To what extent will this approach lead to a successful ACH design for the King County region?
- Aspects you think are especially strong or important?
- Fatal flaws?
- Areas of concern or considerations?



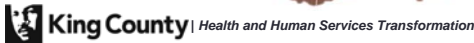
PHYSICAL AND BEHAVIORAL HEALTH INTEGRATION

ESSB 6312

“An Act relating to state purchasing of mental health and chemical dependency treatment services” was passed by Washington State legislature on March 12, 2014.

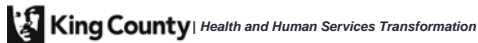


New Regional Service Areas (RSA)



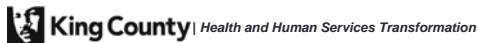
Behavioral Health Organizations

- **Integrated purchasing** of mental health and substance abuse treatment services through managed care by April 1, 2016
- Behavioral Health Organizations (BHO) will replace Regional Support Networks (RSN) and County Chemical Dependency Coordinators.
- Purchasing of mental health and chemical dependency treatment services through managed care contracts.



“Early Adopter” Option

- Integrated purchasing of physical health, mental health, and chemical dependency treatment services through managed care contracts by April 1, 2016
- Early Adopter regions eligible for 10% of savings



King County Path Forward

- Engaged consultant, Technical Assistance Collaborative, Inc. (TAC)
- Partner with HCA and DSHS to design phased approach to full integration
- Integration Design Subcommittee to design key components of integrated system with community partners
- Build upon and expand successful integration activities

Partner With Four Initiatives Underway

The Plan for 2015

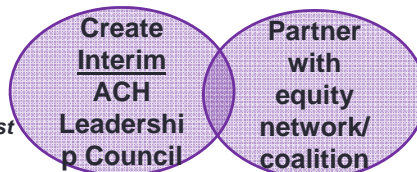
Communities of Opportunity

Housing-health partnership

Physical/
Behavioral
Health
Integration

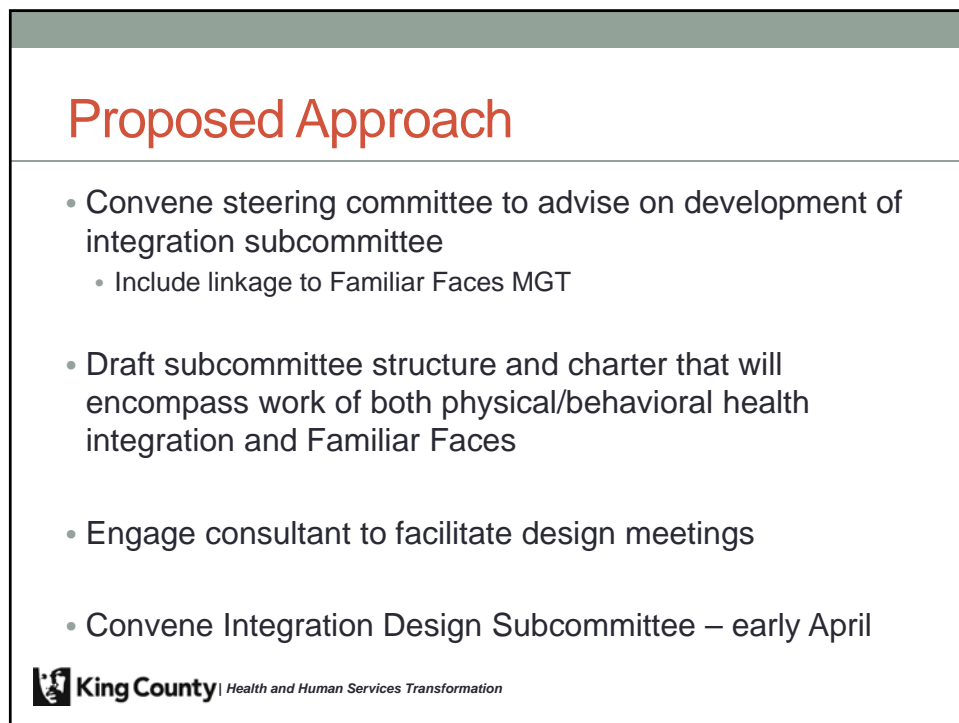
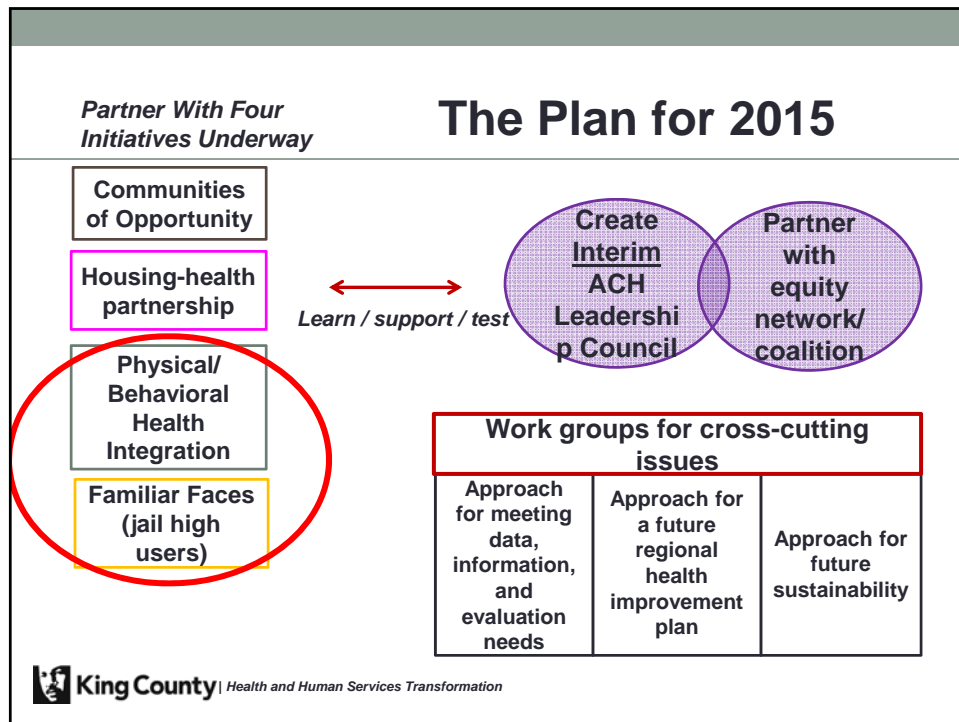
Familiar Faces
(jail high users)

Learn / support / test



Work groups for cross-cutting issues

Approach for meeting data, information, and evaluation needs	Approach for a future regional health improvement plan	Approach for future sustainability
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Draft Timeline for Integration Design

Element	When?
Integration Steering Committee Convened	March 2015
Engage consultant to facilitate Integration Design	March 2015
Physical/behavioral health integration subcommittee established	April 2015
Charter of Integration Design Subcommittee	April 2015
TAC consultant report complete	June 2015
Design work	April – Dec 2015
Core elements for physical /behavioral health integration + implementation milestones	First quarter 2016
Phase I – integrated mental health and substance abuse services begins	April 2016
Phase II – implementation of MHIP in primary care	2016
Specialty behavioral health design	2016

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Questions & Reactions??





Health & Human Services Transformation Updates

February 2015

Communities of Opportunity Update

Background

Communities of Opportunity (COO) has the ambitious goal of creating greater health, social, economic, and racial equity in King County so that all people thrive and prosper. We recognize that the region's overall high quality of life is masking profound differences by place and race – differences that affect the well-being and prosperity of our entire region.

While working on these issues is not new, *how* it's being approached is what is transformative. In its first year, this new partnership has gained significant positive momentum—engaging community, refining its framework, and convening initial funding partners. We're excited to share the progress and to preview what's ahead.

COO is an effort launched by [The Seattle Foundation](#) and [King County](#) in March 2014 to improve health, housing and economic outcomes by focusing on *place*, and to do so by partnering with communities to shape and own solutions.

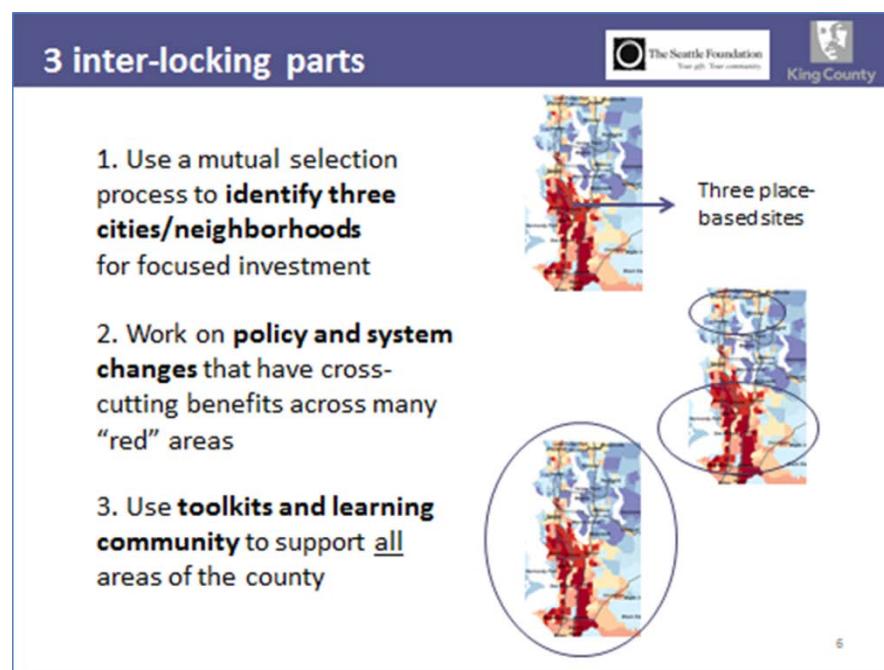
What makes Communities of Opportunity different from past efforts?

COO seeks to change the way today's maps of health, social, and economic indicators look. To do that, these three mechanisms underpin *how* COO works:

- ✓ **Catalysts.** First, the scope and scale of the issues to be addressed are so complex that solutions will only happen through better alignment of funding streams and community resources. Grants alone are not enough. COO brings additional investment to develop this alignment, so local partners can better coordinate what's already under way to produce greater impact. In addition, institutional partners will look at changing their own policies and practices to increase equity in our communities.
- ✓ **Collaboration.** Second, a place-based approach can succeed only through collaboration across different sectors and the players who have a stake in it. Solutions are bigger than what any one organization can achieve on its own. Finding new allies with common interests and the financial and social resources to make changes is a central part of the work.
- ✓ **Community ownership.** Third, sustainability and results are possible only with community ownership of issues and solutions. Allowing for the space, time, and resources so that ownership can flourish is essential.

Progress to Date

- ✓ In October 2014, The Seattle Foundation and King County announced a first round of policy, systems and capacity building work that engages or is led by affected communities. Over 90 organizations applied and more than \$1 million in grants to 12 organizations were awarded.
- ✓ The heart of COO is a multi-year partnership with a limited set of geographic areas – initially the focus will be three places. Our theory is that lasting, effective solutions to inequities can be achieved only when they are informed by the people affected by them and when those people have the capacity to influence changes necessary to improve outcomes.
- ✓ Almost 20 Letters of Interest (LOI) were submitted on 11/14/14 to be one of the three communities. Seven site visits added additional information to the LOI responses. The LOI, a Resource & Glossary document and webinar are at: <http://www.seattlefoundation.org/getinvolved/Pages/CommunitiesofOpportunity.aspx>.
- ✓ A Review Panel and the Communities of Opportunity Interim Governance Group selected three sites which were announced on February 10, 2015.
- ✓ The intent is that this initial set of partner communities will set the stage for expansion to deeper investment, other locations and regional supports, as we learn together about what works.



For more information on Communities of Opportunity, please contact either of the COO staff leads: Kirsten Wysen at Kirsten.wysen@kingcounty.gov or Alice Ito at a.ito@seattlefoundation.org.

Familiar Faces Initiative Update

Background

Adults with multiple social and health issues typically access a range of services and supports to help address their day-to-day needs. Many of these individuals experience mental illness, substance use disorders, homelessness, chronic medical conditions, and histories of trauma. Frequently, services are accessed in uncoordinated and sporadic ways resulting in poor health and social outcomes and a negative experience for clients, as well as increased system costs due to higher utilization of costly crisis services. Consequently, many of these individuals end up regularly interacting with the King County Jail System or Emergency Rooms in the county, in part due to an inability to effectively engage with a fragmented health and human services systems.

Implementation of the Affordable Care Act offers a key reason to focus on this subpopulation at this time. In particular, Medicaid expansion creates the opportunity for many individuals with complex health and social needs to access health coverage that includes a mental health and substance abuse benefit where previously, there was little or no access to comprehensive health coverage that included these elements. This new coverage creates the potential to deliver services in a more timely, aligned and continuous fashion. By coming together and better aligning these systems we can make progress towards the triple aim of improved health and social outcomes, improved quality and lowered costs.

Off and Running

The "Familiar Faces" Initiative was launched in early September when the Director of Community and Human Services Director Adrienne Quinn, Acting Director of Public Health, Patty Hayes along with Betsy Jones convened key leaders from the physical and behavioral health care systems, the Department of Adult and Juvenile Detention, housing providers and others to discuss coming together to improve health and social outcomes for a group of individuals known as "Familiar Faces" to these systems. The "Familiar Faces" population is defined as those who are high utilizers of the jail- having been booked four or more times in a twelve-month period and who have a mental health and/or substance use disorder.

The organizations involved in this effort include:

City of Seattle	Coordinated Care	Sound Mental Health
Pioneer Human Services	Health Care Authority	Plymouth Housing
Harborview Medical Center	Department of Social and Health	Community Psychiatric Clinic
Community Health Plan of	Services	Downtown Emergency Service
Washington	King County EMS	Center
Molina Healthcare	Neighborcare	King County Department of Adult
Amerigroup Real Solutions	Country Doctor	& Juvenile Detention
United Healthcare	Seattle Indian Health Board	Evergreen Treatment Center

This group agreed to come together to focus on improving key outcomes¹ for this population including:

- Improved health status
- Improved housing stability
- Reduced criminal justice involvement
- Reduced avoidable hospital ED use
- Improved client satisfaction with quality of life
- Reduced population-level health disparities

¹ More specificity will be given to these general outcomes following the development of a Current State Map by the Design Team

Progress to Date

Following the initial meeting of senior leaders in early September, each organization was asked to assign key staff to participate in a Design Team effort guided by Lean Principles. This group is charged with developing a “Current State Map” that provides the necessary background the group needs to create a “Future Vision” that articulates how the system should work to better serve the population and achieve these outcomes.

The Design Team is currently in the middle of developing a Current State Map through conducting process walks in the various systems and identifying and gathering data to help complement this map. The hope is to complete these process walks by early to mid-January. The group has completed the process walks in the King County Correctional Facility and has created the beginning of a Current State Map.

A data subgroup has been convened and is charged with identifying what data we need to better understand the population and where we might be able to obtain it. The data will complement the Current State Map and offer more information about where we might prioritize our efforts.

Additional Information

Public Health – Seattle & King County was recently awarded a Public Health Services and Systems Research grant from the Robert Wood Johnson Foundation related to this work. Specifically this funding is to evaluate two key questions including:

1. Opportunities for shared data and its use to design and implement a strategy to improve outcomes for the Familiar Faces’ population and;
2. The role of public health and human services agencies in developing shared data through Accountable Communities of Health, in King and Whatcom counties.

The implications for this grant are significant and we are very excited about how it can help inform our community regarding the best ways to move forward in serving individuals with complex health and social issues, Familiar Faces being the initial focus population.

The University of Washington Northwest Center for Public Health Practice through an initiative called [Project START](#) is helping to support this work- they are conducting background research on efforts that are underway here in King County and in other parts of the country focused on “Familiar Faces” populations that could help inform the Design Team as they move towards developing a Future Vision.

For more information on Familiar Faces, please contact Jesse Benet, 206.263.8956 or jesse.benet@kingcounty.gov; or Travis Erickson, 206.263.9737 or travis.erickson@kingcounty.gov.

February 9, 2015

DRAFT - Proposed Approach for the 2015 Interim Accountable Community of Health (ACH) Leadership Council

This draft is based on discussion at the ACH ad hoc Steering Committee's Jan 21 meeting¹

General framing: ACH Design work in 2015 in King County should be an *inclusive* process. Laid out below are various levels of connected and cascading engagement. Item # 1 relates to the role and makeup of the interim ACH leadership council that was proposed in the [ACH plan and design grant application](#). Items #2-8 are companion pathways for informing ACH design in 2015. So, this group of 8 items constitutes the vehicles for ACH design work, not just # 1. (For reference purposes, a copy of the King County ACH application's 2015 workplan is included on pages 8-15.)

1. Establish interim ACH Council composed of 18-20 people (see table below)

Proposed roles of interim ACH Leadership Council

- By the end of 2015, develop a recommended ACH governance model for implementation in 2016.
- Develop an initial plan for sustainability (including exploration of shared savings).
- Assure coherence across a set of four² existing initiatives, and work to support their success in ways appropriate to each.
- Recommend how administrative, coordination, convening, communication, and data support functions (backbone functions) will be carried out in the future structure.
- Recommend a regional-level health assessment process (a subgroup would prepare options).
- Provide input/recommendations to the state (and to the county/cities, where appropriate) related to health innovation elements such as physical/behavioral health integration, the Plan to Improve Population Health, and data analytics.
- Facilitate decision-making about how to respond to new cross-sector health improvement initiatives/opportunities should they arise in 2015.
- Prepare the ACH Readiness Proposal by the end of the year, which will roll up the above recommendations, in preparation for formal ACH designation.
- Establish relationship with an equity network/coalition to assure that a racial/social equity lens is brought to the ACH development work in 2015, and that communities and consumers are engaged in the shaping and decision-making of the ACH structure in King County.

¹ Participants in January 21 meeting: Jeff Natter (Pacific Hospital PDA); Elizabeth Bennett (Seattle Children's Hospital); Elise Chayet (Harborview Medical Center); Bill Rumpf (Mercy Housing Northwest); David Johnson (Navos); Betsy Jones (King County); Erin Hafer (Community Health Plan of Washington); Chase Napier (Health Care Authority). *Staff:* Janna Wilson, Liz Arjun, Susan McLaughlin

² Previously this was a set of five initiatives but is now four. On February 2, the State announced that the Dual Eligibles capitated managed care demonstration planned for King and Snohomish counties had been cancelled.

Proposed membership of interim ACH Leadership Council:

Person	Sector(s)	Comments
1. TBD	Equity network connection	Discuss with Regional Equity Network and/or others
2. TBD	Equity network connection	Second seat
3. HOLD – Check with Snoqualmie Tribe	Tribal government	Discuss whether/how they would like to be involved (we will be connecting with HCA tribal liaison)
4. HOLD – Check with Muckleshoot Tribe	Tribal government	Discuss whether/how they would like to be involved (we will be connecting with HCA tribal liaison)
5. TBD, United Healthcare	Managed care plan	Check with plan leadership
6. TBD, Amerigroup	Managed care plan	Check with plan leadership
7. Erin Hafer, Community Health Plan of Wa.	Managed care plan	
8. Julie Lindberg, Molina	Managed care plan	
9. TBD, Coordinated Care	Managed care plan	Check with plan leadership
10. TBD, rep from King County Alliance for Human Services	Human services	Discuss with Alliance leadership (note – Gordon McHenry, Nathan Phillips, Mark Okazaki, Mike Heinisch are on APG)
11. TBD	Housing sector Also need this to enable a connection to the Housing-Health Partnership (one of the 4 initiatives)	Note: Bill Rumpf has indicated he would not have time in 2015 to serve on the council (idea raised about Betsy Lieberman who is working on Housing-Health Partnership)
12. TBD; Behavioral health provider leader	Mental health/substance abuse providers	

13. Teresita Batayola, Community Health Center Council	Primary care Community health centers	Note: Teresita Batayola of International Community Health Services is currently on APG; she will serve on ACH Leadership Council
14. TBD, Hospital systems	Hospital systems Community benefit/CHNA	Discuss via KCHHC (Note - Elise Chayet and Elizabeth Bennett are on APG)
15. TBD	Children and family Population health Clinician	Could this potentially be filled by one person wearing many hats? (Or possibly split into two seats?)
16. Michael Brown, The Seattle Foundation	Philanthropy Communities of Opportunity	
17. TBD, suburban cities	Local government	Discuss with Deanna Dawson
18. TBD, City of Seattle/Area Agency on Aging	City of Seattle Area Agency on Aging (countywide)	Discuss with Seattle (via Maggie Thompson, Mayor's Office, who is current APG rep)
19. Shared seat for King County - only one would participate at the table in given meeting	King County government Local public health jurisdiction Medicaid mental health/chemical dependency system administration Other housing/human service system roles	
20. TBD, Business leader if one is identified	Was discussed that the work to date has been missing a business lens. There are many business leaders with interest in health & human services – consider finding one who would be interested and willing.	Hinges on whether there is someone with interest in this work, could devote time. Suggestion was made to explore this via Chamber of Commerce. If no one emerges, try the “sounding board” approach for business lens

Notes on the thinking behind the above list:

- a. This will be an iterative, adaptive process, so leave room for adjustment throughout the year, as issues and needs may shift.
- b. Work to remove barriers to participation among members, including providing financial support where needed.
- c. We discussed importance of including, at this time, each of the 5 Medicaid Managed care organizations if they would like to be involved and are able/willing to come to the table under the expectations laid out below. There are other ways that MCOs are or could be involved, so will be up to them if they are able to commit to the Interim ACH Council. However, there would be discussion with ACH Council once established to assure that in matters of decision making and input, the MCO sector does not dominate.
- d. Tribes – we will reach out to share what is happening, ask how they would like to be involved (many options)
- e. *Other considerations that the steering committee incorporated:* build from existing APG members but modify to address the 2015 roles and deliverables that the interim ACH council needs to perform (see King County ACH workplan on pages 8-15); work to keep the group small, perhaps in the 12-18ish range; keep in mind this group is interim – not the ongoing ACH governance group; diversity considerations; give thought as to what other groups/committees will be working in 2015 and who will be on those; and assure representation of the four initiatives of initial focus.

Initial thoughts on commitment needed/type of partner:

- Leader can come to the table committed to developing an ACH structure that will work for the region; will work in the spirit of mutual agreement and accountability to each other.
- Leader holds passion for working across sectors to improve population health and well-being, in the framework of the triple aim. Comes with mindset of aspiring for the greater good, for achieving the region's HHS Transformation vision, and for advancing equity.
- Leader can and will make the time in 2015 for meetings, homework, conversations, thinking, reading, and taking issues to their sectors, sounding boards, and partners for discussion. Anticipate probably about 7-8 meetings, 3-4ish hours each. Will be scheduled up front for the full year.
- Leader understands the group's work may call for ad hoc consultations and phone calls, and potential participation in issue-specific smaller meetings to advance the work agenda and deliverables.

Companion paths for ACH design input and involvement

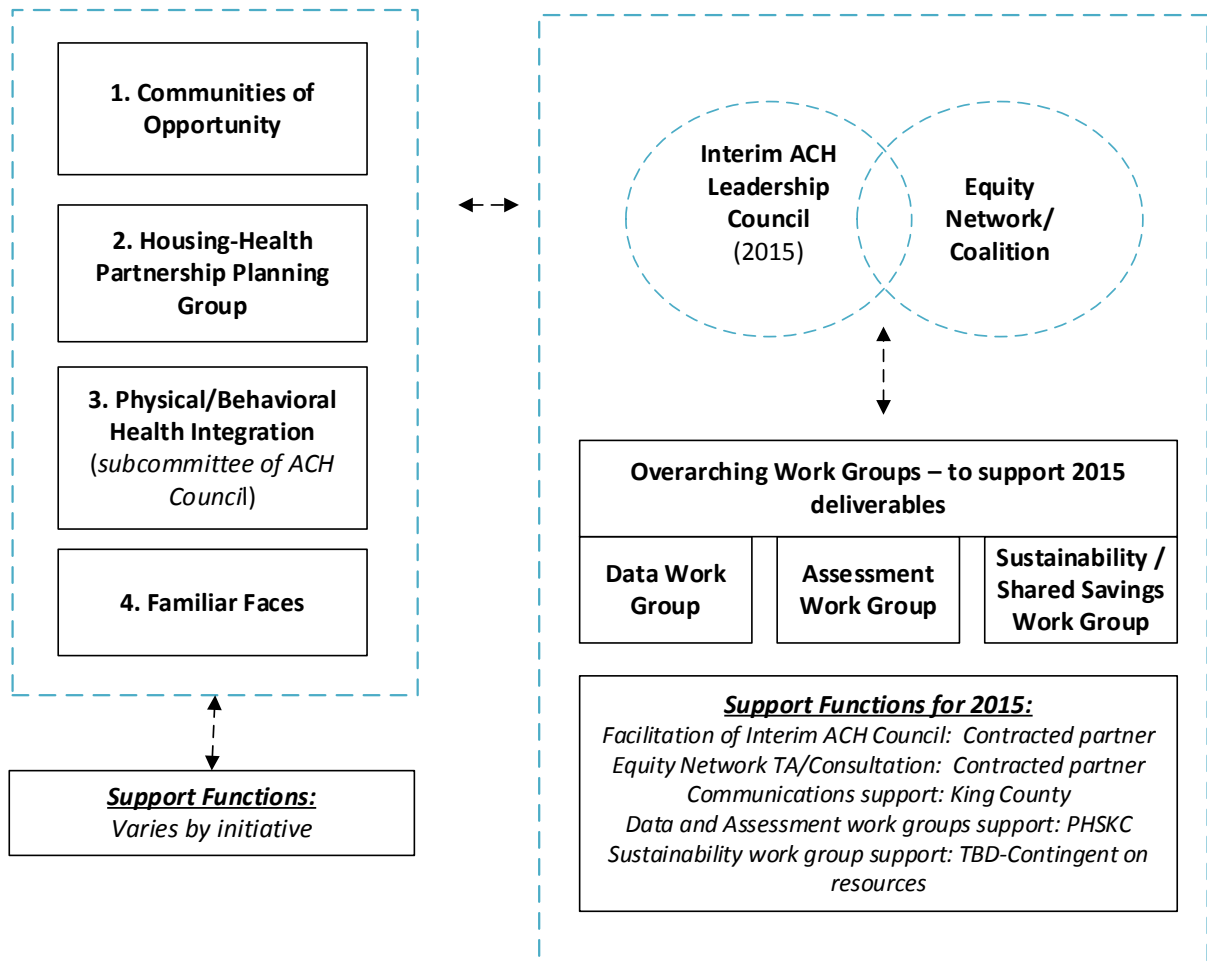
2. **Make active use of “sounding boards”** - ACH staff team and ACH council members should extend the reach by intentional use of sounding boards. May take the form of going to others' meetings, informal phone calls and emails to check in on key issues as they arise, etc. Examples include but aren't limited to:

- a. Housing and human service coalitions
 - b. Sound Cities Association; suburban city planner groups
 - c. State partners
 - d. Groups such as the WA Health Alliance, King County Hospitals for a Healthier Community; WA State Hospital Association
 - e. Federal Reserve partners
 - f. ACH groups elsewhere in the state
 - g. Elected officials - Briefings and support as appropriate throughout the year for elected officials, Board of Health
 - h. Others
- 3. Work groups in the following issue areas will engage people with technical expertise and who have roles and stakes in these areas. Their work and recommendations will flow up to the interim ACH Council**
- a. Data/information/evaluation work group
 - b. Needs/assets assessment work group (to figure out approach to regional health improvement plan)
 - c. Sustainability/shared savings work group
- 4. Keep in mind there are additional people are involved in the groups and planning work associated with the four initiatives**
- a. Communities of Opportunity
 - b. Housing-Health Partnership planning
 - c. Physical/BH integration (to be convened)
 - d. Familiar Faces
- 5. Equity network connections, participation, and influences** - to be designed
- 6. In 2015, hold a couple of meetings of the “Advising Partners Group” (perhaps July/Aug and November?)**
- a. Idea was raised about holding these meetings in order to continue gathering perspectives of those who have been engaged in the HHS Transformation work to date about the ACH design. Creates another vehicle for staying engaged.
 - b. Advice and feedback will be directed to the interim ACH Leadership Council. Opportunity for hearing and discussing the status of the 4 initiatives and the progress of the ACH Council, the equity network relationship, etc.
 - c. Other interested stakeholders should also be welcome to join and participate in these meetings, if held.
- 7. Consider a third quarter larger ACH gathering/mini-conference**
- a. Discuss this with the interim ACH Council once they are up and running – they should decide whether to host and the objectives. (Currently no resources to support this.)

8. Information updates and public comment opportunities – for those wanting to track and monitor

- a. Website (overhaul is needed and planned)
- b. Provide more communication materials – handouts, slide libraries, timelines, etc.
- c. “Push” informational updates to general stakeholder list
- d. As appropriate, public input/comment opportunities on key proposed documents (near end of year)

Visual Representation of 2015 ACH Design Phase Structure:



With broad range of partners that support health system transformation and innovation goals: Washington State HCA, DOH, DSHS, OIC, & Commerce; other ACH regions and pilot grantees; Washington Health Alliance; Qualis: Area Agency on Aging; managed care plans, philanthropy partners; medical, behavioral health, oral health, and long-term care providers and associations; labor; public health and prevention coalitions; human services providers and coalitions; community action agencies; housing and community development partners; Federal Reserve; consumer advocacy groups; IHME; University of WA; local governments; King County Hospitals for a Healthier King County; and others.

Exhibit C.2 (Design Applicants Only) – 2015 WORKPLAN FROM ACH DESIGN APPLICATION

Deliverable	Objectives	Activities	Tracking Methods	Milestones / Timelines
1. ACH governance model that represents the entire Regional Service Area	<p>Use the experiences of initial 5 priority initiatives to inform a governance model that will add value in the accelerating, measuring, and financing of cross-sector health improvement initiatives in King County.</p> <p>No later than the end of 2015, lay out a governance model to be implemented in 2016</p>	<ol style="list-style-type: none"> 1. Establish Interim ACH Leadership Council – achieve mutual agreement on charter, deliverables, members, workplan. 2. Hold meetings of the leadership council throughout 2015. 3. Charge the interim council with sunseting itself, and developing a plan for post-2015 ACH governance structure (an element of the ACH Readiness Proposal) 	<p>Charter or other agreement</p> <p>Work program, including work group deliverables and timeframes</p>	<p><i>Feb 11:</i> Advising Partners Group meeting (transition planning)</p> <p><i>By March 1, 2015:</i> Interim ACH Council established</p> <p><i>By April 1, 2015:</i> Charter/workplan finalized and affirmed by the ACH council.</p> <p><i>Fourth quarter:</i> Incorporation of governance model as an element of the ACH Readiness Proposal</p>

Deliverable	Objectives	Activities	Tracking Methods	Milestones / Timelines
2. ACH Engagement Strategy	In order to position the ACH structure for successfully taking on different health improvement issues over time, create mechanisms/activities in 2015 that allow interested parties to understand and follow the work of the five initiatives, and to influence aspects of the ACH development.	<ol style="list-style-type: none"> 1. Engagement activities that will occur within each of the 5 initiatives 2. Issue updates and feedback opportunities via HHS Transformation stakeholder list (700+ people) 3. Participate in existing meetings of local groups/coalitions to discuss and get input on ACH, as appropriate 4. Hold an King County ACH learning and networking event/mini-conference (<i>contingent on securing additional resources/sponsors</i>) 	<p>Posting of agendas, meeting materials and summaries on ACH website</p> <p>Lists of presentations, meetings and other dialogues relating to ACH that occur during the year.</p>	<p><i>Ongoing.</i> Issue updates at least twice monthly via the HHS Transformation stakeholder list.</p> <p><i>Third Quarter 2015 (July/August):</i> ACH community event, contingent on resources.</p>

Deliverable	Objectives	Activities	Tracking Methods	Milestones / Timelines
3. Capacity Development, including the backbone support needed for community engagement and community mobilization	<p>Assure that the 2015 work of the Interim ACH Council, its subcommittee and work groups, are staffed at the levels and with the expertise needed to carry out their roles.</p> <p>Assure meaningful engagement and role of community shareholders, via an equity network, in the 2015 ACH design work.</p>	<ol style="list-style-type: none"> 1. Hire consultants and/or ACH staff team members to support convening, staffing and facilitation of the interim ACH leadership council. 2. Seek legal consultation as appropriate on conflict of interest issues 3. Hire consultant to engage with equity network and facilitate its engagement with the ACH Council 4. Organize representatives of equity network to serve on Interim ACH Council 5. Participate in ACH learning collaborative activities with other regions of the state 	<p>Scopes of work</p> <p>Hiring/engagement documents</p> <p>Meeting summaries</p>	<p><i>By Feb 1:</i> Staff and consultants engaged</p> <p><i>Timing TBD:</i> Meetings and milestones related to equity network relationship</p>

Deliverable	Objectives	Activities	Tracking Methods	Milestones / Timelines
4. Development of the backbone support within the ACH, including community support and endorsement	<p>By the end of 2015, arrive at a stakeholder-supported plan for carrying out the core administration and support functions, including convening roles, communications support, and data/measurement functions</p> <p>Develop process for designing and managing a shared measurement system that supports at least one of the high priority regional initiatives</p>	<ol style="list-style-type: none"> 1. Incorporate discussions of backbone functions into the work plan of the Interim ACH Council 2. Establish and hold meetings of data work group 3. Partner with Whatcom County/North Sound ACH to facilitate shared learnings related to measurement system development (activities related to the pending RWJF grant) 	<p>Meeting minutes</p> <p>Evaluation instruments (for process and developmental evaluation)</p> <p>Summary of evaluation findings</p>	<p><i>March 2015</i> Convene first meeting for data workgroup</p> <p><i>June 2015</i> Complete charter for data workgroup</p> <p><i>Third quarter:</i> Data work group recommendations sent to ACH Leadership Council</p> <p><i>12/2015</i> Disseminate evaluation findings</p>

Deliverable	Objectives	Activities	Tracking Methods	Milestones / Timelines
5. Regional Health Needs Inventory to reflect the RSA and plans to create a Regional Health Improvement Plan	<p>Assure an approach to developing a regional health improvement plan that considers and builds from existing and emerging plans such as CHNA, CHIP, Aging plan, Housing & Community Dev plan, etc.</p> <p>Assure that the approach to developing a regional health improvement plan aligns with the priorities of Healthier Washington and the state-level Plan to Improve Population Health</p> <p>Assure assessment approaches are shaped and informed by the equity network, and builds on community assets and strengths</p>	<ol style="list-style-type: none"> 1. Update the list of health improvement initiatives started in 2014 2. Develop a list of health assessment plans, their charge, timeframes, and the priorities expressed in those plans 3. Convene meetings with relevant stakeholders to discuss an approach to developing a future health improvement plan 4. Deliver a proposed approach to the Interim ACH Council for its consideration. 	<p>Document listing health assessment plans and priorities</p> <p>Meeting summaries</p> <p>Document describing proposed approach</p>	<p><i>By April 1</i> Plan collection and analysis</p> <p><i>May - Sept</i> Assessment work group meetings</p> <p><i>By October 1</i> Deliver proposed future approach for a regional health improvement plan to the Interim ACH Council</p>

Deliverable	Objectives	Activities	Tracking Methods	Milestones / Timelines
6. Initial plan for sustainability	<p>Strengthen partnerships with philanthropic organizations, managed care plans, community development entities, community benefit hospitals, and county and state government to enable discussions during the year about the different mechanisms for financing cross-sector health improvement efforts, + financing ACH infrastructure.</p> <p>Develop a draft sustainability concept document, for discussion by ACH Leadership Council, and inclusion as element of ACH Readiness Proposal</p> <p>For at least one initiative, develop a mutually agreeable approach to identifying, capturing, and reinvesting shared savings</p>	<ol style="list-style-type: none"> 1. Engage partners, including managed care plans, in designing an approach to shared savings in at least one of the priority initiatives 2. Engage HCA in discussion of shared savings approach in the early adopter of full integration of physical/ behavioral health, and in 1115 waiver planning 3. Support community benefit hospitals in their continued work to model a joint investment strategy around a priority issue of shared concern stemming from CHNA 4. Apply to the Living Cities Integration Initiative 5. Increase understanding of potential use of loans and tools such as social impact bonds and pay for success 	<p><i>Note: Some aspects of proposed activities are contingent on securing additional resources.</i></p> <p>Engagement of consulting support for shared savings analysis</p> <p>Meeting summaries</p> <p>Living Cities application</p>	<p><i>Second quarter</i> Living Cities application</p> <p><i>Third quarter:</i> Concept paper describing sustainability mechanisms developed</p>

Deliverable	Objectives	Activities	Tracking Methods	Milestones / Timelines
7. ACH Readiness Proposal	<p>Development of a cohesive plan that clearly lays out the future ACH governance approach that is responsive to the needs and interests of the King County region as well as the state; that addresses how backbone support functions will be carried out, and an initial sustainability plan.</p> <p>Plan will have been developed in a collaborative fashion, be informed by the experience of active initiatives in King County, and so will have buy-in and confidence from a wide range of stakeholders.</p>	<ol style="list-style-type: none"> 1. Work carried out throughout the year, as detailed in other elements of this work plan. 2. Compilation of all work elements and direction of the interim ACH Council into an ACH Readiness Proposal that they endorse 3. Endorsements by various other entities in King County of the Readiness Proposal, if and where appropriate 		Complete by December 31, 2015

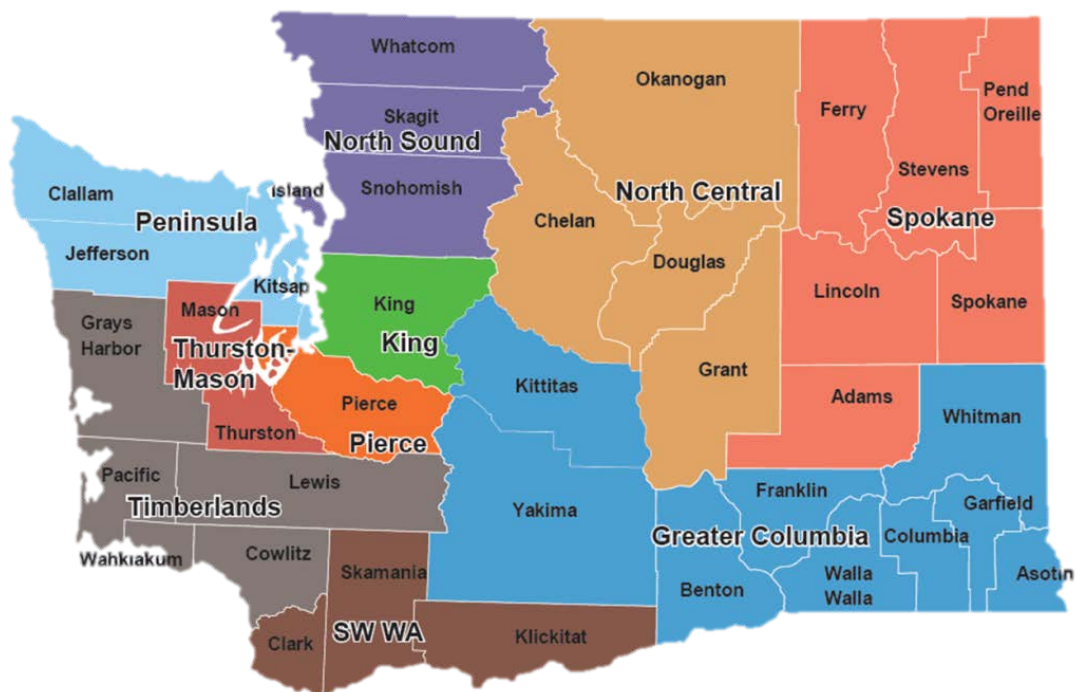
Deliverable	Objectives	Activities	Tracking Methods	Milestones / Timelines
8. Other King County Physical/Behavioral health integration roadmap	<p>Adopt components of a model(s) of care for full clinical and financial integration of physical health, mental health and substance use disorder treatment services.</p> <p>Establish a pathway forward for King County to achieve full integration including key milestones and timeline</p>	<ol style="list-style-type: none"> 1. Establish Physical/Behavioral Health Integration subcommittee including purpose statement, roles it will play in 2015, deliverables, members, workplan. 2. Hold meetings of the subcommittee throughout 2015 	Quarterly reports to ACH Leadership Council	<p><i>By March 1, 2015:</i> physical/behavioral health subcommittee established</p> <p><i>By April 30, 2015:</i> Charter/workplan finalized and affirmed by the subcommittee and approved by the ACH Leadership Council</p> <p><i>By December 31, 2015</i> Have core elements defined and establish a timeline/milestones for implementation</p>

Physical and Behavioral Health Integration Summary of ESSB 6312

Background

ESSB 6312 “An Act relating to state purchasing of mental health and chemical dependency treatment services” was passed by Washington State legislature on March 12, 2014.

- Calls for the creation of **new Regional Service Areas (RSA)** for Medicaid purchasing by the state. King County is a single RSA.



- Calls for the **integrated purchasing** of mental health and substance abuse treatment services through managed care by April 1, 2016.
- Calls for **full integration** of mental health, chemical dependency and physical health care through managed care contracts by January 1, 2020
- Allows for “**Early Adopter**” Option for integrated purchasing of physical health, mental health, and chemical dependency treatment services by April 1, 2016.

Option 1: Behavioral Health Organization by April 1, 2016

Major changes:

- Behavioral Health Organizations (BHO) will replace Regional Support Networks (RSN) and County Chemical Dependency Coordinators.
 - One BHO in each region.
 - King County MHCADSD would serve as the BHO for the King County region.
- Purchasing of mental health and chemical dependency treatment services through managed care contracts.
 - This already happens for mental health treatment services.
 - Requires significant changes for chemical dependency treatment services moving from a fee-for-service payment structure to a managed care payment environment.
 - The BHO will receive a single, capitated payment for all Medicaid eligible individuals in the region and will assume full financial risk for both mental health and chemical dependency treatment services.
- Increased use of evidence-based, research-based and promising practices.
- Increased accountability for client outcomes and performance measures.

Option 2: Early Adopter of full behavioral and physical health integration by April 1, 2016

Major Changes:

- County authorities in a regional service area can request to be an “early adopter” of full integration by agreeing to an integrated medical and behavioral health services contract with eligible MCOs.
 - Medicaid funding and service responsibility for mental health and chemical dependency treatment services would be transferred from Regional Support Networks and County Chemical Dependency Coordinators to MCOs (minimum of 2 per region).
 - MCOs would have full responsibility and full financial risk for medical, mental health, and chemical dependency treatment services for all Medicaid eligible beneficiaries in the region.
- Early Adopter regions are eligible to receive 10% of any savings realized by the state as a result of fully integrated purchasing beginning in 2016 for up to 6 years or until fully integrated purchasing is implemented state-wide.

Current Steps for a King County Path Forward: Accelerated, But Not Precipitous, Timeline

King County government has played a critical role in the administration and delivery of behavioral health services for more than 20 years for individuals with serious mental illness and/or substance use disorders. Given that experience, King County believes that integrating mental health & substance abuse (“behavioral health”) and primary care services will achieve better health and social outcomes, improved quality and reduced costs for the people we serve. We are committed to moving to this vision of “whole person care” quickly, while *at the same time* ensuring that we get integration right, because we cannot afford to leave vulnerable people behind.

What are we doing to get there?

- Contracting with national experts at the Technical Assistance Collaborative, Inc. (TAC) to help determine what the County's unique role should be in the delivery of fully integrated medical, mental health, and substance use disorder treatment services.
- Working in partnership with the Health Care Authority (HCA) and the Department of Social and Health Services (DSHS) to develop a pathway to full integration that allows King County to move to full integration as quickly as possible, while assuring clients get the services they need.
- Working with the managed care plans to implement best practices and address the unique challenges that exist in serving people with complex behavioral health conditions.
- Working to integrate mental health and substance abuse treatment services into managed care as Phase I on the path to full integration.
- Creating a Physical/Behavioral Health Integration Design Committee, with broad-based stakeholder participation, in the first quarter of 2015.
- Ensuring that, in the process, we can leverage the \$70 million in local resources spent every year on behavioral health services in King County through the MIDD and the Veterans and Human Services Levy.

DRAFT - Proposed Approach for an Integration Design Subcommittee (*or some better name*) of the ACH

General framing:

Establish a cross-sector Integration Design Subcommittee of the ACH to include a range of stakeholders such as Medicaid managed care plans, medical providers, behavioral health providers, local and state government, consumers and advocates, and other key stakeholders to design key components of an integrated system of care, create shared outcomes, performance measures, data sharing and accountability mechanisms and develop agreements around shared risk and shared savings.

Given the significant overlap between the work of our Familiar Faces Initiative, the Community Alternatives to Boarding Task Force and the Integration Design work, think about how to coordinate and/or combine the Design Subcommittee with the Management Guidance Team and the Task Force (it includes a lot of the same players!)

Proposed Approach:

1. Establish a kitchen cabinet/steering committee (8 to 10 people) to advise the county on the charter and membership for the subcommittee (March 2015)
 - a. Cross sector with overlap from Familiar Faces Management Guidance Team and Community Alternatives to Boarding Task Force
2. Engage a consultant to support the work of the Design Committee and facilitate Design Committee meetings (requires resources and will need to RFP)
3. Integration Design Subcommittee begins meeting in April 2015
4. Design Work for and fully integrated system of care (April – Dec 2015)
5. Phase I – integrated mental health and substance abuse services begins (April 2016)
6. Phase II – implementation of behavioral health in primary care (expand MHIP/SBIRT) (2016)
7. Specialty behavioral health design work (2016)