

King County is transforming health and human services by building equity in our community, working in new ways and investing in what works.



How are health and human services changing?

King County is transforming health and human services by building equity in our community, working in new ways and investing in what works. The work highlighted below demonstrates some of the strides we are making to implement the [vision](#) of the Transformation Plan, through our work with initiatives like Communities of Opportunity, Familiar Faces, Accountable Community of Health, and others.

[Visit our Website](#)

Accountable Community of Health Design

Readiness Proposal Submitted for King County Region ACH Designation

On September 1, 2015, the King County region's Accountable Community of Health (ACH) interim leadership council submitted an [ACH readiness proposal](#) to the Washington Health Care Authority. It responds to [the guidance](#) issued last June by the Health Care Authority.

The proposal documents the status of the still-emerging ACH in the King County region, and communicates the interim leadership council's intent to build upon this foundation as it enters the next phase of ACH development. If designation status is received, the interim leadership council will continue working together and with stakeholders to refine and adjust the King County region's ACH. A response is expected from the Health Care Authority in early October.

Learning Together About ACH Legal and Practical Considerations

What could we learn from others around the country who are working on the design of multisector partnerships like ACHs? This question led the King County ACH interim leadership council to invite Keith Nagayama from ChangeLab Solutions to present his findings from research he recently completed for the State of California. On August 21, over 40 people participated in the session, which explored common components and principles among ACH-like partnerships, and pros and cons associated with different governance and administrative arrangements. His presentation can be [found online](#).



Keith Nagayama (ChangeLab Solutions) presenting ACH research findings.

King County ACH Workgroups Launched

The [ACH interim leadership council](#) is associated with several active workgroups and committees that are helping to inform the ACH functions, approach, and health improvement strategies during this design and proof of concept phase. They include the Performance Measurement Workgroup, the Regional Health Improvement Plan Workgroup, and the Physical and Behavioral Health Integration Design Committee. You can learn more about these groups on the King County ACH [website](#).

Washington's Medicaid Transformation Waiver Application – Federal Comment Period Closes October 9, 2015

Washington State Health Care Authority recently submitted a proposal to the federal Centers for Medicare & Medicaid Services (CMS), which, if granted, would provide flexibility and resources to drive a transformed health system by testing models designed to achieve better health and better care at lower costs for Medicaid clients. One initiative under the five-year waiver proposes a coordination role for the evolving Accountable Communities of Health.

A 30-day federal public comment period is currently open, ending on October 9. You can view the application that was submitted to CMS on the state's [Medicaid Transformation webpage](#) or on the [CMS website](#), and learn about all the initiatives proposed as part of the waiver.

After the federal public comment period, the Health Care Authority and CMS will begin negotiations that are anticipated to extend over several months. You can stay up to date on Medicaid Transformation developments, and learn about opportunities for engagement, by [signing up](#) to join the Healthier Washington Feedback Network.

Questions or comments about King County ACH developments? Contact [Janna Wilson](#) or [Gena Morgan](#).

King County's first Equity & Social Justice Strategic Plan: We want to hear from local organizations!

King County is in the early stages of developing an actionable, [countywide strategic plan to advance Equity and Social Justice](#) in our region. We need your input to ensure the plan is informed and grounded in the true needs and opportunities within communities, as well as how the county can act as a responsive and effective partner.

We are asking organizations in all sectors to please go to our [survey](#) to share your ideas on how to increase equity in King County. Let us know what issues we should collectively tackle, what's working to increase equity, and what are emerging opportunities. We also want your ideas about how we can collectively partner to advance equity in our region.

We will continue to stay in touch about this process as we collectively shape priorities and strategies.

Physical/Behavioral Health Integration

Background

In 2014 the State Legislature passed [Senate Bill 6312](#), establishing a pathway for those receiving Medicaid to have fully integrated care (physical and mental health and substance use disorder treatment) in Washington State. Currently these three aspects of care are delivered and financed in very distinct and disparate ways. The legislation calls for 3 key changes:

1. Creation of new regional service areas (RSA) to align purchasing areas for mental health, substance use and physical health services. King County will be a single county RSA.
2. Integrated purchasing of mental health and substance use disorder treatment services through a single managed care contract by April 1, 2016. Currently, mental health services are purchased through the King County Regional Support Network (RSN) through a managed care contract and substance use disorder services are purchased through a combination of state and county contracts on a fee-for-service basis. The current RSN and County Chemical Dependency Coordinator systems will be replaced by entities called Behavioral Health Organizations (BHOs). King County will operate the BHO for the King County region. Beginning April 2016, all mental health and substance use disorder treatment services will be purchased through a single managed care contract between the state and the King County Behavioral Health Organization.
3. Integrated physical health, mental health, and substance use disorder treatment

services by January 2020.

Behavioral Health Organization

King County has been working over the past year to develop the design and infrastructure to serve as the Behavioral Health Organization (BHO) for the region. This includes new benefit models, an expanded network of providers, new responsibilities including substance abuse residential treatment, and the development of an integrated data system. We are also working with providers to ensure they are ready for the changes that are coming, especially substance use disorder providers who are new to managed care. On July 1, 2015 the state Division of Behavioral Health and Recovery issued a Request for Detailed Plans for the BHOs. King County is responding to this request (due October 30, 2015) and will demonstrate our readiness and capability to serve as the BHO for the King County region beginning April 1, 2016. Find more information online about [King County BHO development](#) and [statewide BHO development](#).

Physical and Behavioral Health Integration Design Committee Launched

A “kitchen cabinet” which includes diverse representatives from King County was convened in July to help launch a Physical and Behavioral Health Integration Design Committee (Design Committee). The group has been meeting over the past few months to establish a charter and membership for the design committee. The design committee will be a multi-sector, community-based partnership that will work together over the next year to design the critical components of a fully integrated system of care for the King County region. Once the design work is complete, the group will develop key milestones and a timeline for a phased approach to full integration sometime over the next few years (and before 2020, as mandated by state legislation). The Physical and Behavioral Health Integration Design Committee is a committee of the [King County Accountable Community of Health \(ACH\)](#) and will meet for the first time on November 5. Learn more about the statewide planning to integrate physical and behavioral health [here](#).

For more information on Physical and Behavioral Health Integration and 2SSB 6312 please contact [Susan McLaughlin](#).

King County Mental Health and Substance Abuse Legislative Forum

COMMUNITY

King County Mental Health and Substance Abuse Legislative Forum

6:30PM, Thursday, November 5, 2015
Great Hall
Free
Free. No registration required. All are welcome. Doors open: 6:00pm

[Google](#) [iCalendar](#)



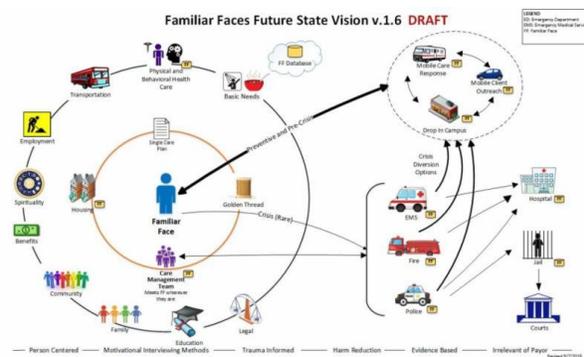
Please join us on Thursday, November 5 at 6:30 p.m. at Town Hall Seattle for the 19th annual [Mental Health and Substance Abuse Legislative public forum](#). The forum addresses key mental health legislative priorities for the upcoming year, as well as current innovations and outcomes in behavioral healthcare in the communities of King County.

King County Executive Dow Constantine; Jim Vollandroff, King County’s Mental Health and Substance Abuse Services Director; and people in recovery from mental illness and substance abuse will share their compelling stories. State and federal legislators as well as county councilmembers will also share their perspectives and priorities. This event is free; no registration is required. All are welcome; doors open at 6 p.m. [Learn more.](#)

Familiar Faces

Moving Towards Implementation

The lives of community members who deal with mental illness, substance use disorders and other chronic health conditions, and who are booked into jail multiple times, clearly have complex circumstances to navigate. Equally complex is the web of programs, care plans and data systems that support these individuals, who we call “Familiar Faces.”



Work over the past year has focused on planning systems-level improvements to improve outcomes and experience of care, and reduce costs for this population. Following development of a vision for this improved system of services and supports to serve Familiar Faces, a design team of subject-matter experts spent the summer focused on four key areas to help inform an implementation plan: gathering additional relevant data, conducting a landscape analysis of the many services and supports currently serving the population, identifying an ideal “portfolio” of health and human services to best address Familiar Faces’ needs, and beginning to work with people who have relevant lived experience to design an implementation plan. See below for more detail about these key areas.

Data Shapes Our Approach

Data-sharing has occurred between King County departments and external partners, and has enabled the team to learn more about the needs and service utilization of the population. This work, which is ongoing, represents a significant accomplishment to date. Some of what we learned:

- Only 8.5% of 2014 Familiar Faces (FFs) had opted-in to any of the three specialty courts during 2014 (Drug Diversion, Regional or Municipal Mental Health);
- About 50% of the 2013/14 FF’s (aged 24 and under) have had contact with the juvenile justice system;
- Despite having at least four bookings in the King County Jail, over 40% of FF also

had municipal jail episodes during the same year.

Landscape Analysis

The Design Team conducted a landscape analysis to understand what existing care plans, care teams and data tools are currently employed by organizations serving high-risk clients, including Familiar Faces. Through this process, the team learned that there exists a wide variation in practice across the community.

Portfolio of Human Services

The Design Team also spent time this summer assessing the network of health and social services that serves Familiar Faces, including housing and job placement supports. This comprehensive “portfolio” is a first step in creating a common understanding of the range of health and human services that are necessary to address Familiar Faces’ needs.

Consumer Input

The Familiar Faces initiative is committed to [King County's Equity and Social Justice principles](#). Accordingly, we are committed to ensuring the involvement and input of individuals who have lived experience as Familiar Faces. We are doing this in two ways.

- First, Design Team members are conducting interviews with individuals identified as current Familiar Faces in both the jail and in selected community settings where they receive services.
- Second, we are convening a four-person advisory group of individuals who have former experience as high utilizers of the jail to provide ongoing consultation and participation in the Familiar Faces design work.

Next Steps

A subset of the Management Guidance Team called the Familiar Faces “Kitchen Cabinet,” along with the Familiar Faces Advisors, will be helping provide guidance during the fall as improvement strategies are developed, deployed, tested, and eventually spread. This work is happening in close coordination with the work of the Physical and Behavioral Integration Design Committee, a formal subcommittee of the Accountable Community of Health.

For more information, contact [Liz Arjun](#).

Communities of Opportunity

Learning Community

In addition to [policy and systems change grants and place-based investments](#), Communities of Opportunity is offering ways to support all communities of King County in

working toward improving health, social, racial and economic equality.

The Communities of Opportunity Initiative is partnering with The Harwood Institute to offer an intensive two and a half day training opportunity. The purpose is to help community partners strengthen their role as agents of positive change in their communities. Community partners are joining us for this [Public Innovators Lab](#) to build skills and partnerships as part of the Communities of Opportunity learning community.

Pacific Hospital Preservation and Development Authority (PHPDA) Aligned Funding

In July, the [PHPDA](#) Governing Council voted to allocate \$150,000 in 2015 to support health-related activities in the three Communities of Opportunity place-based sites. PHPDA staff and board members have been working closely with representatives from the three sites to make these investments aimed at improving health and reducing disparities.

Reflections on Outcomes

Check out Kirsten Wysen's most recent [blog post](#) "Don't Succumb to the Siren Song of Outcomes Without the Guidance of a North Star." Kirsten reflects on experiences in King County and what others can consider to make lasting policy and systems changes.

"When you think of outcomes as mile-markers on your journey to a shared result, you can better design solutions that get dramatically better results, system wide" [Read more.](#)

Data and Evaluation

Communities of Opportunity uses a developmental evaluation approach. This approach brings evaluators, community partners and staff together at the table from early design stages to later implementation stages. The Data Workgroup is using a [Results Based Accountability framework](#) to track progress and impact of its collective impact work.

National Networking Opportunities

A team of 10 members from the Communities of Opportunity Interim Governance Group and staff will be attending a two-day Living Cities Learning Community workshop in Dallas October 13-14, along with teams from other [Integration Initiative](#) sites: Albuquerque, Baltimore, Detroit, Minneapolis/St Paul, New Orleans, Newark and San Francisco. The eight sites will be exploring some of their initiative data in more depth, their results statements, data and strategies to achieve those results.

Many Communities of Opportunity staff and community partners are attending [PolicyLink's Equity Summit 2015](#) October 27-29 in Los Angeles. We will be attending



meetings with community partners in advance of the Summit and after the Summit to continue the momentum gained from the event.

Gordon McHenry, Jr. of Solid Ground, member of the Communities of Opportunity Interim Governance Group, discusses King County data maps at the June 2015 Living Cities Learning Community. Image courtesy of Clarissa Bonet (I Luv Photo), on behalf of Living Cities.

For more information, contact [Kirsten Wysen](#) or [Cheryl Markham](#).

Children and Youth Initiatives

Community Conversations

Parents, providers, families, youth, school teachers and staff — everyone who cares about children and youth or mental health and substance use disorders services or both – **we want to hear from you!** King County will be holding a series of community conversations around priorities for the county's investments for prevention and early intervention for children and youth and investments for mental health and substance use disorder services and programs.

Upcoming sessions are scheduled for Thursday, Oct. 22, 6:30-9:00 p.m. at the Highland Community Center (Bellevue) and Wednesday, October 28, 6:30-9 p.m. at the Shoreline Conference Center (Shoreline). Register [online](#).

For more information, contact [Sheila Capestany](#).

Seeking Input for Mental Illness and Drug Dependency (MIDD) Sales Tax Renewal

King County is working on activities related to the review and potential renewal of the [Mental Illness and Drug Dependency \(MIDD\)](#) sales tax that generates approximately \$53 million per year for mental health, substance abuse, and therapeutic court programs across the county. The current MIDD expires at the end of 2016 unless renewed by the Metropolitan King County Council.

To inform planning for a potentially renewed MIDD, King County is seeking input on new and innovative ideas, unmet needs, and the perspectives of all interested individuals and groups: anyone can submit input.

Have an idea for a new or expanded mental health, substance abuse, or therapeutic court service in King County? Consider submitting a [New Concept for MIDD II](#) during our open call period until October 31, 2015 and/or participate in a Community Conversation (see above).

Focus on Remaining Uninsured for Upcoming Open Enrollment

Public Health—Seattle & King County has earned a renewed contract as a Lead Navigator Organization through *Washington Healthplanfinder*, based on its track record managing the local enrollment network — and new plans for outreach in King County. New enrollment partners — including the Somali Health Board, Gay City Health Project, and North Seattle Family Center — will help reach populations that have been more challenging to enroll.

“The first two years of helping uninsured people enroll in affordable health insurance will be hard to beat. In the first year alone, new data shows the number of [uninsured adults \(under age 65\) dropped by 38 percent locally](#). That’s 4 percent more than the rest of the state — and more than in all but one of the other 49 states.” [Read more](#) about the successes – and the plans for this fall -- at the Public Health Insider blog.

King County | [Email](#) | [Website](#)



King County