

## MIDD 2 Initiative SI-03: Quality Coordinated Outpatient Care<sup>177</sup>

*How does the program advance the adopted MIDD policy goals?*

This investment primarily addresses the adopted MIDD policy goal of “improve health and wellness of individuals living with behavioral health conditions.”

The community behavioral health treatment system is under resourced. Clinicians are strained with large and complex caseloads. Clinicians and their organizations need support to ensure positive health outcomes for clients and to measure recovery from multiple perspectives. System supporting investments can help move the needle on health outcomes by addressing and limiting reactive case management, which in turn may impact clients via deficiencies in service planning, support for families and caregivers, and coordination with other services,<sup>178</sup> as well as a primary focus on crises and immediate problems.<sup>179</sup> To achieve responsiveness to client needs and critical outreach contacts,<sup>180</sup> additional resources are essential. Worker recruitment and retention is also affected when staff are overstretched,<sup>181</sup> and most importantly the health and safety outcomes and the quality of care provided to clients can suffer.<sup>182</sup> These findings support the need for continued strategic investments to strengthen the community behavioral health system to achieve better health outcomes for clients.

This initiative will make strategic investments in King County’s outpatient community behavioral health continuum to provide for broader access, better treatment services, and reaching beyond treatment to provide recovery support services.<sup>183</sup> This initiative will promote the achievement of recovery outcomes for individuals, including proactive care that improves overall health and wellness. Efforts to stabilize and strengthen the community workforce may be incorporated to support these goals.

### 1. Program Description

#### ◇ A. Service Components/Design (Brief)

Since the initial Initiative Description in the SIP, the County has experienced an actuarial rate change that is expected to result in the loss of Medicaid match for this initiative effective July 2017. Previously, the funds were 100 percent matched by the state. This will result in a significant reduction in the total funds available to providers through this initiative, and may lead to a targeted, prioritized approach. The approach to the future distribution or

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<sup>177</sup> The name for this initiative is changed from MIDD 1 and the MIDD 2 Service Improvement Plan to reflect anticipated potential changes to its focus. It was formerly known as Workload Reduction.

<sup>178</sup> Intagliata J. Improving the quality of community care for the chronically clinically mentally disabled: the role of case management. *Schizophr Bull* 1982; 8: 655–674.

<sup>179</sup> King R, Le Bas J, Spooner D. The impact of caseload on mental health case manager personal efficacy. *Psychiatr Serv* 2000; 52: 364–368.

<sup>180</sup> King, R., Meadows, G., & LeBas, J. (2004). Compiling a caseload index for mental health case management. *Australian and New Zealand Journal of Psychiatry*, 38, 455-462.

<sup>181</sup> Evans, S., Huxley, P., Gately, C., Webber, M., Means, A., Pajak, S., et al. (2006). Mental health, burnout, and job satisfaction among mental health social workers in England and Wales. *British Journal of Psychiatry*, 188, 75-80.

<sup>182</sup> Priebe, S., Fakhoury, W., Hoffman, K., & Powell, R. (2005). Morale and job perception of community mental health professionals in Berlin and London. *Social Psychiatry Psychiatric Epidemiology*, 40, 223-232.

<sup>183</sup> Initiative details remain under development for MIDD 2, to reflect changing funding and updated strategic goals.

procurement of MIDD 2 funds for this initiative will be revised by the County with the input of providers. The initiative revision will be guided by the following principles:

- Advancing equity and social justice in the behavioral health system
- Supporting behavioral health system transformation to the fully integrated managed care environment
- Supporting the implementation of behavioral health outcome measures
- Disbursing funds in a strategic manner that achieves measureable progress toward MIDD goals
- Opening the initiative to participation by substance use disorder providers and/or newer mental health providers
- Intentional involvement of provider and community for design of this initiative

◇ *B. Goals*

The primary goals of this initiative include improving health outcomes for clients by assisting them to achieve greater stability and recovery and by supporting the provision of quality ongoing care and responsive crisis services. Higher-quality care would include increased proactive case management, care coordination, family support, outreach and advocacy, as well as development and implementation of behavioral health outcome measures. A secondary related goal of this initiative may be to decrease workforce turnover, thus creating a more stable, effective and experienced workforce.<sup>184</sup>

◇ *C. Preliminary Performance Measures (based on MIDD 2 Framework)*<sup>185</sup>

Measures associated with this initiative will be developed as the strategic goals and procurement approach are finalized.

1. *How much? Service Capacity Measures*

To be determined concurrently with initiative revision.

2. *How well? Service Quality Measures*

To be determined concurrently with initiative revision.

3. *Is anyone better off? Individual Outcome Measures*

To be determined concurrently with initiative revision.

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<sup>184</sup> Since both initiatives aim to improve client care by strategically supporting the community behavioral health system and/or its workforce, the redesign and implementation of this initiative will be coordinated with MIDD 2 Initiative SI-04.

<sup>185</sup> Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

◇ *D. Provided by: Contractor*

Funding under this initiative will be distributed to community behavioral health providers. Procurement and/or distribution of funds will be revised from the MIDD 1 approach, in alignment with the initiative revision process.

**2. Spending Plan**

<b>Year</b>	<b>Activity</b>	<b>Amount</b>
2017	Support for quality, coordinated ongoing care and responsive crisis services via staffing enhancements and/or other strategic activities	\$4,100,000
<b>2017 Annual Expenditure</b>		<b>\$4,100,000</b>
2018	Support for quality, coordinated ongoing care and responsive crisis services via staffing enhancements and/or other strategic activities	\$4,206,600
<b>2018 Annual Expenditure</b>		<b>\$4,206,600</b>
<b>Biennial Expenditure</b>		<b>\$8,306,600</b>

**3. Implementation Schedule**

◇ *A. Procurement and Contracting of Services*

Depending on the results of the initiative revision process, funding may be distributed to agencies using an allocation methodology, or services may be procured by RFP in alignment with specific strategic approaches to achieve defined initiative goals.

◇ *B. Services Start date (s)*

2017 funds are allocated based on the MIDD 1 funding methodology. Revised methodology or an RFP process will be implemented in 2018.

**4. Community Engagement Efforts**

King County BHRD’s work to revise the allocation methodology began in the first quarter of 2017 and was paused during the state legislative session. Planning and analysis work continues in the second quarter. A short-term allocation approach in response to the loss of Medicaid match will be determined in mid-2017 in consultation with providers, to be followed by stakeholder involvement in redesign of the ongoing approach to this initiative beginning in the third quarter of 2017.