Integrated Services

Objective:

Ensure a network of integrated and effective health and human services is available to people in need

What is happening in King County?

Ten percent of King County residents lived below the federal poverty level between 2006 and 2010, the most recent period for which data is available. The proportion of residents living in poverty has increased since 2007, when the recession began. The effects of the recession mean that more people turn to health and human services provided by King County and the community-based networks with which we partner.

Very low income households experience much higher rates of poor physical and mental health days than medium and high income households, about 7 days per month compared to the County average of less than two days. According to studies by the Urban Institute, the uninsured are less likely to use health services and to have poorer health as a result. The combined effect of these factors is an increased workload for health and human service systems in King County as public dollars in our community's safety net remain constant or decrease.

One contributing factor to poor health in individuals living below poverty is the availability of quality, affordable housing. The number of individuals unsheltered in King County has decreased slightly since 2009, and was 2,595 on the most recent One Night Count of unsheltered individuals (conducted January, 2012). However, on any given night in King County, more than 8,000 people are homeless. This includes over 2,600 people staying in emergency shelter, over 3,500 in temporary transitional housing, and nearly 2,600 people counted outdoors during the 2012 One Night Count of homeless people. Over 3,100 of these individuals are members of homeless families with children.

What role does King County play?

King County's role is to help assure access to high quality health care and human services for all populations by convening and leading system-wide efforts that improve access and quality, advocating for access to quality health care for all, and forming partnerships with service providers and others to reduce inequities and improve health and well-being. King County provides services directly and through contracts.

The implementation of the US Patient Protection and Affordable Care Act (ACA) creates new opportunities to improve the health of King County and support people in achieving their full potential, and many of its major provisions go into effect in January 2014. Assuring that our newly eligible residents obtain coverage through Medicaid or the health insurance exchange will be a high priority. Increasing access to health insurance can help our residents stay healthy and enjoy longer lives. It can also buffer against some of the devastating consequences of being uninsured, such as a costly medical or mental health crisis that in turn leads to job loss or bankruptcy. King County also has roles to

play in helping assure that residents understand and are able to access important preventive services that will now be mandated under the ACA with no out of pocket costs. Preventing medical and behavioral health problems from occurring - and intervening early when they do -- is a critical part of managing future costs in the health care system.

One of the ways King County is preparing for health reform is by convening a Health Care Reform Planning Team to coordinate strategies and partnerships that will allow us to make the most of opportunities under the ACA. The Planning Team is working to address access to insurance, capacity of the system to deliver health care, integration of the system so that the 'whole' person can be treated, resources, and education. The Health Reform Planning Team has endorsed a Framework for an Accountable, Integrated System of Care for Low Income Residents. The Framework lays out a vision for an accountable system of care that is effective in reducing health inequities experienced by low-income residents of King County, and describes the core elements that stakeholders agree are needed to achieve it.

King County has been a leader in developing programs and initiatives that move toward further integration of health and human services.

- From 2007-2009, King County led the effort to expand access to needed care for low-income children through the King County Children's Health Initiative (CHI). County funding for this initiative ended in December 2009, yet the CHI program is operating on a streamlined basis, targeting the populations with highest need, while continuing to seek funding.
- King County has invested significant local, state, and federal funding to provide a continuum of health, behavioral health, and community services for individuals involved in the criminal justice system through front end diversion programs, jail health services, and community-based reentry programs.
- King County works to identify new types of health care teams that connect people to other supports within our community so that they can enjoy maximum health, and quality improvement initiatives in our clinics. One example is the mobile medical van, which provides integrated medical and behavioral health services to homeless individuals throughout King County and provides further linkage to other community services and supports.
- The King County Veterans and Human Services Levy funds a number of integrated health and human services programs for our local veterans as well as other low income families in need. Through these strategies, the County is modeling ways to serve more people, more efficiently, and with better results. These efforts are intended to increase access, improve care, and reduce overall costs by reducing the high number of repeat visits to emergency rooms, and other county services.

King County continues to work to address the widening gaps in health between the wealthy and low-income in our community. Through leadership in redesigning our health and human services systems, to assuring that our system of care includes the right providers in the right place at the right time, to providing direct health care and other services for those in need, to striving to make our communities healthier places for all, King County is addressing the many factors that influence the potential of every individual to be healthy and achieve his or her potential in life. New indicators that may be of importance moving forward include measurements of the capacity of our,health care system, such as access to primary care and a patient-centered medical home, access to culturally competent care, and better integration between different types of providers, including health,

behavioral health and community services that address other barriers to health and help avoid involvement with the criminal justice, mental health crisis, and emergency medical systems.

King County is taking steps to improve the integration of health care, mental health and substance abuse services, housing, prevention, and other human services. Advised by community stakeholders, we will be working in 2013 to respond to King County Council Motion 13768 that calls for charting a new course in health and human services integration. We intend to build toward future models that put clients at the center, stay focused on outcomes for individuals and communities, and manage costs. A plan will be developed and transmitted to the King County Council in June 2013.

What else influences these indicators?

Most people in King County access health insurance through their employers, but the number of people covered by employment-based insurance has been declining nationwide and in King County. While high unemployment rates since 2009 have increased the demand for public insurance, publicly funded insurance rolls have been declining throughout Washington State due to state budget short-falls especially impacting adults (many kids are eligible for free or reduced cost insurance). Similarly, budget cuts have eliminated access to free or reduced-cost dental services, and limited behavioral or mental health benefits. These budget cuts leave many adults without the care they need, resulting in increased crisis episodes and utilization of emergency services.

Availability of providers, particularly those that accept uninsured patients and those with publicly funded insurance, also influences access. Structural gaps such as lack of a primary care medical home or lack of connections between patients' care providers effectively impact access. Language, immigration status, lack of transportation, fear or distrust of the medical system, and belief systems are other frequent barriers to care. Compared to other areas of Washington State, however, access to primary care is sometimes easier in King County, as it has the largest number of Community Health Centers, including King County's twelve public health centers, providing a safety net of services to those who cannot afford to pay.

Funding to human services agencies has also been declining over the past several years. The King County Housing Authority, our region's largest affordable housing provider, has had to cap its Section 8 wait list at 2,500 households at a time. In 2011, when it held a lottery to give households a chance of being selected for future openings on its Section 8 wait list, 25,000 households applied over the two-week period of the lottery.

Even for those considered the most vulnerable, such as homeless families, the housing supply falls far short of the demand. As of October 2012, over 1,000 homeless families are on King County's coordinated wait list for transitional or permanent housing. Increasing unemployment rates adn the increasing costs of education are putting pressure on employment and education services and they are struggling to keep up with the demand.

Related Links

Publice Health Operational Master Plan

Health of King County

Communities Count

King County Health Reform Planning Team

Technical Notes

Urban Institute Health Policy Center for health insurance and impact qualitative data. http://www.urban.org/health_policy/uninsured/index.cfm

Data regarding poverty from American Community Survey, 2006-2010

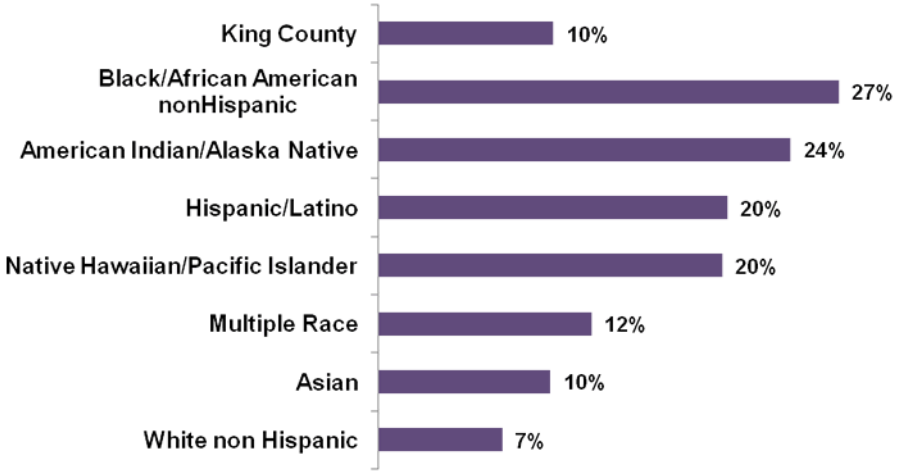
Data regarding Poor mental and physical health days from Washington State Department of Health, Behavioral Risk Factor Surveillance System, 2007-2011.

One Night Count data includes two different data series. The total count includes all areas in which homeless individuals were counted. In order to compare counts accurately year-to-year, a second count for each year was calculated that includes only areas in which homeless individuals were counted in each year in the analysis.

Shelter data from the "Sheltered Homeless Persons in King County" report submitted for the Department of Housing and Urban Development's Annual Homeless Assessment Report to Congress, 2011. Data from prior year reports was not accurate enough for comparisons, as agencies were just starting to use the system. Future reports will be available. The report uses data from the Homeless Management Information System (HMIS) and provides estimates of the homeless individuals and persons in families in Emergency Shelter and transitional housing programs that participate in HMIS, as well as those that do not participate in HMIS. The estimate is an "extrapolated count" and is based on the assumption that beds located in programs that do not participate in HMIS are occupied at the same rate as beds located in HMIS-participating programs. Adding values across categories will double count persons who appeared in multiple types of programs. The estimates do not include persons that are served by "victim service providers," including rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking.

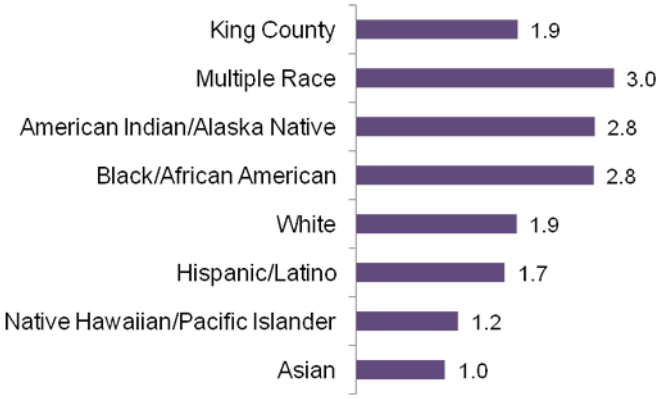
Charts and Maps

Percent of Population Living Below Federal Poverty Line (countywide and by race/ethnicity)



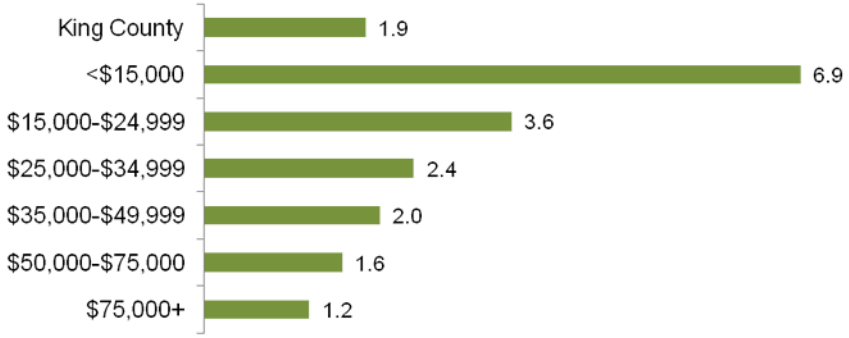
Data Sources: 2006-2010 American Community Survey, US Census Bureau; Public Health-Seattle & King County Assessment, Policy Development & Evaluation Unit

Average Number of Poor Physical or Mental Health Days in the Last 30 days (adults 18 and older, by race/ethnicity, 2007-2011)



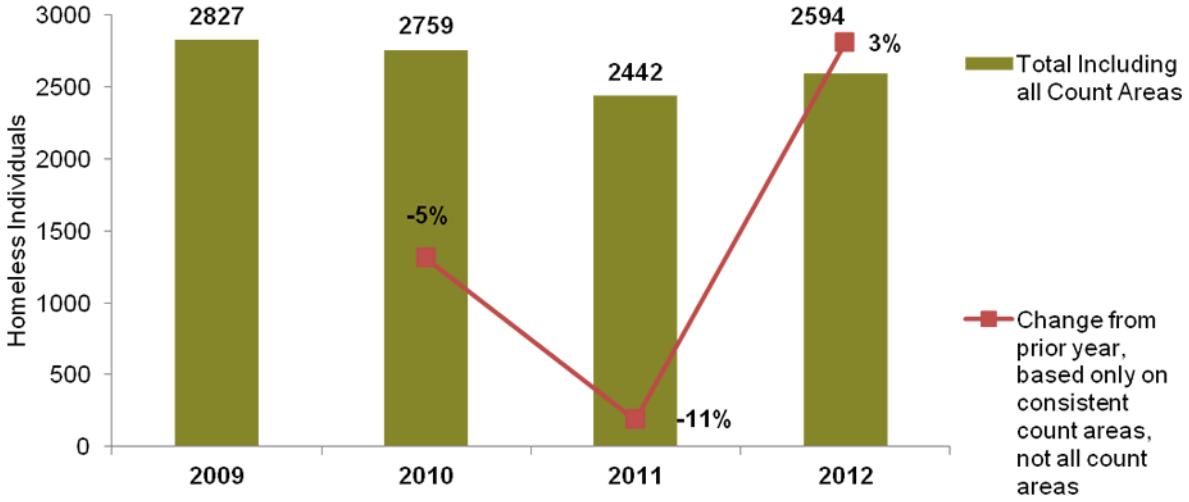
Data Source: Washington State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System (BRFSS), provided by Public Health-Seattle & King County Assessment, Policy Development & Evaluation Unit

Average Number of Poor Physical or Mental Health Days in the Last 30 days (adults 18 and older, by household income, 2007-2011)



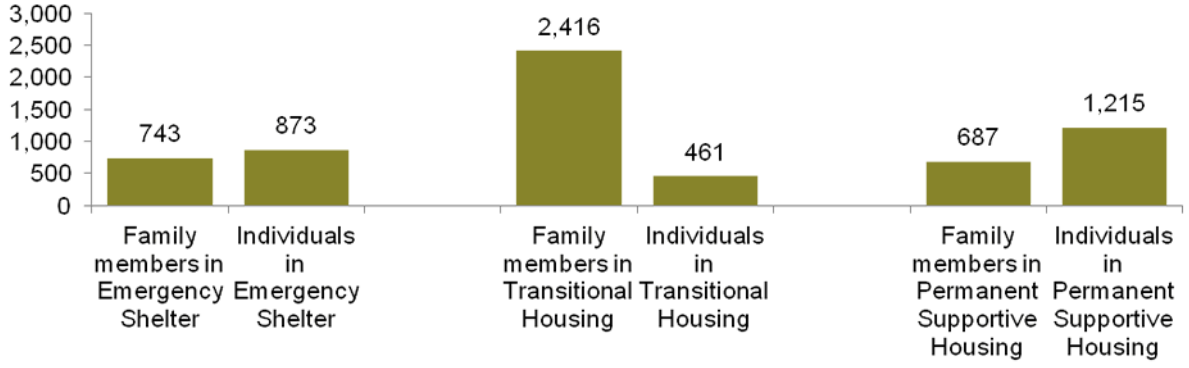
Data Source: Washington State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System (BRFSS), provided by Public Health-Seattle & King County Assessment, Policy Development & Evaluation Unit

Seattle/King County One Night Count of Unsheltered Homeless Individuals



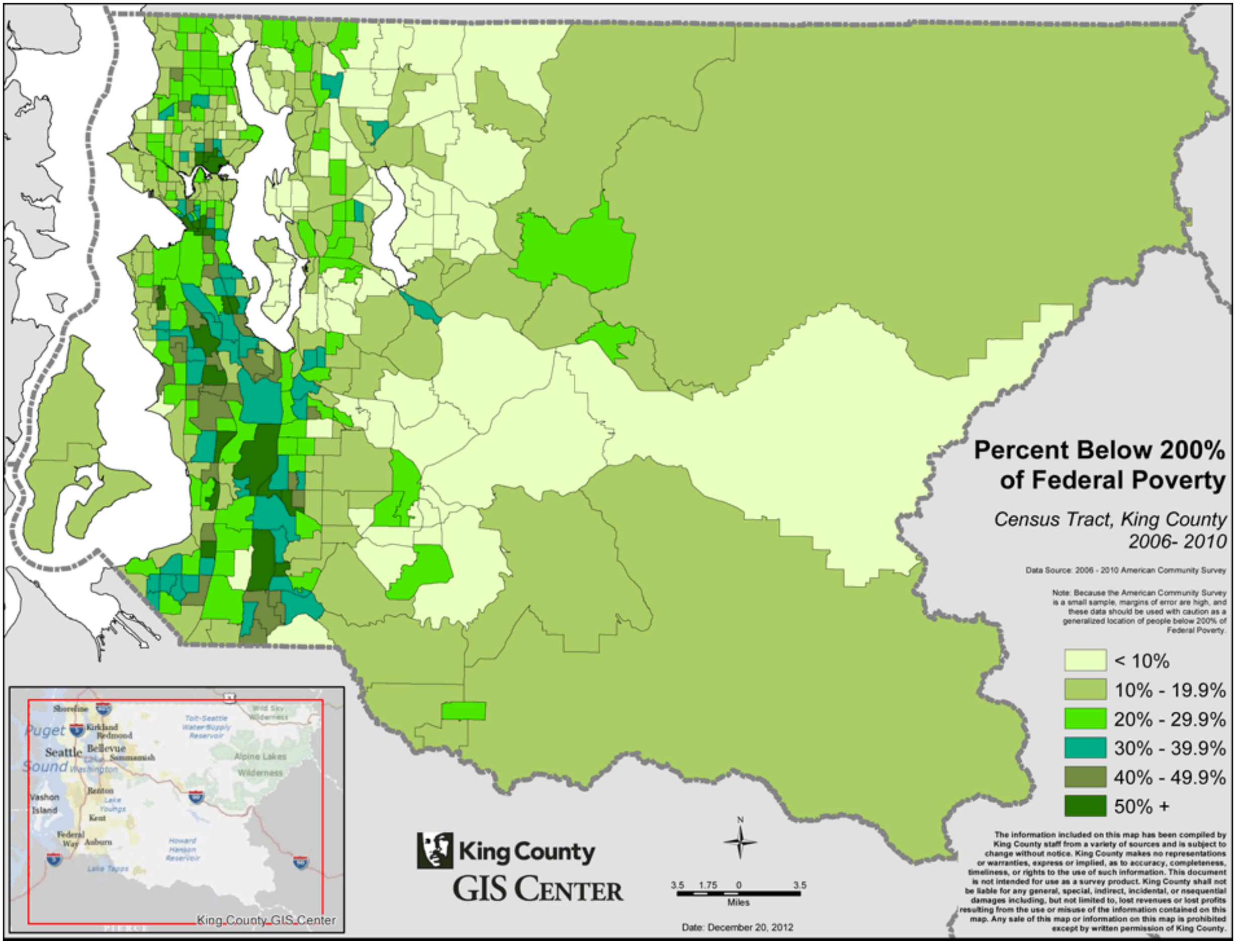
Data from Seattle/King County Coalition on Homelessness One Night Count Reports.

Sheltered Homeless Persons in King County 10/1/2010 to 9/30/2011



Data from the King County Homeless Management Information System, for 2011 Annual Homeless Assessment Report to Congress by Department of Housing and Urban Development

Percent Below 200% of Federal Poverty Level



Average Number of Poor Physical or Mental Health Days