Familiar Faces Steering Committee
Meeting Summary

March 3, 2016, 9 a.m.-11 a.m., Executive Conference Room, 401 5th Ave, Seattle

Members Present: Jason Bragg, Chris Cates, Elise Chayet, Chloe Gale, John Gilvar, Willie Hayes, Betsy Jones, Andrew Kashyap, Mikel Kowalcyk, Daniel Malone, Hedda McLendon, Patty Noble-Desy, Jim Pugel, Adrienne Quinn, Jeff Sakuma, Daniel Satterberg, Gail Stone, Natalie Walton-Anderson

Staff Present: Jesse Benet, Travis Erickson, Genevieve Rowe, Holly Rohr Tran, Deb Srebnik, Janna Wilson

Welcome, Introductions and Updates

Adrienne Quinn led a round of introductions, noting 2 new members have joined the group: Hedda McLendon Coordinated Entry (Dept. of Community & Human Services), and John Gilvar for Healthcare for the Homeless (Public Health-Seattle & King County).

Adrienne noted that going forward she will be leading the alignment of King County [government] resources for this work; Betsy Jones is still deeply committed to this work and will continue to participate at this table.

King County is planning to hire a program coordinator to oversee the Familiar Faces work; Jesse Benet and Travis Erickson will continue to participate in their respective roles. A program coordinator job description has been drafted; Steering Committee members can let Adrienne know if they are interested in serving on hiring panel.

Familiar Faces Intensive Care Management Team

The Intensive Care Management Team (ICMT) Request for Proposals (RFP) is currently open, responses are due March. 22. Staff are planning for project start-up by mid-late May 2016.

As background, it was noted that the ICMT is one of the "go-first" Familiar Faces strategies as noted in the Future State Vision. It is intended to serve the Familiar Faces population in an intensive, multi-disciplinary way. The ICMT will initially serve 60 people, and there are some housing resources available to participants. Discussions about the geography are ongoing – the expectation is that it would span county-wide.

Target Population Narrowing

Jesse Benet and Genevieve Rowe asked the Steering Committee for input on how to target a subset (cohort of 60) of Familiar Faces[1], noting that it is important to consider the match between client need and availability of interventions and that eligibility criteria will impact evaluation.

[1] individuals who are high utilizers of the jail (defined as having been booked four or more times in a twelve-month period) and who also have a mental health and/or substance use condition

Steering Committee members discussed:

- Sample size of 60 is too small to be statistically significant
- Control group design should include ethical considerations and process considerations (IRB)
- Question of using "Bookings" as eligibility criteria
- Demographics of cohort has implications for intervention make-up – sequence planning accordingly
- One proposal for identifying the 60 participants was to draw from the 93 individuals whose names appeared as Familiar Faces for each of the last 3 years (2013-2015)
    - Steering Committee members were concerned that this group was too small to draw a cohort from, and would present challenges in setting up a control group
- Build on community expertise – RFP applicants may have ideas on how to identify cohort
- Consider whether to add homelessness criteria: There are 20 SHA and 20 Plymouth Housing vouchers available to pilot participants

Evaluation Design Workgroup

A data workgroup will be convened (after March 22, when the RFP closes) to identify a cohort for the ICMT pilot. Volunteers and nominees for the workgroup were identified during the meeting and include: Jesse Benet, Genevieve Rowe, Lisa Daugaard, Mikal Kowalcyk, Chris Cates, Elise Chayet (or designee), Patty Noble-Desy, Sarah Sausner and Daniel Malone; Natalie Walton-Anderson offered assistance in screening for court involvement. One member suggested someone from Mental Health Court participate this this discussion.

Consider the opportunities for matching data from this pilot with Medicaid data and with housing data – could offer a "3D view" that would shine light on ways to reform system(s).

Accountable Communities of Health & Medicaid Waiver

Janna Wilson (Public Health-Seattle & King County), who staffs the King County region Accountable Community of Health (ACH) collaborative presented an overview of King County's ACH. The presentation addressed 1) What are Accountable Communities of Health and why is Washington setting them up? 2) How is ACH development being approached in King County? and 3) What's the Medicaid Waiver about and its connection to the ACH?

It was noted that future demonstration funding for care management for high risk populations could potentially flow through the King County ACH if the Centers for Medicare and Medicaid Services (CMS) approves Washington's Medicaid Waiver Proposal. See Medicaid Transformation Waiver Facts sheet, and if these types of projects end up being approved in the waiver toolkit. A draft contract between CMS and WA State Health Care Authority (HCA) is anticipated by end of April (called the "Special Terms and Conditions" or STC), which would be followed by a public comment period. It was additionally noted that some waiver funds could be used for supportive housing tenancy supports (not rent). The Medicaid waiver is not a grant, but rather makes performance-based payments to project partners.

The King County ACH's current work is to continue planning for an adjusted governance structure. The ACH will also need, sometime in the first half of 2016, to identify a specific multi-sector project that the ACH would specifically work to accelerate. It's possible that an initiative such as Familiar Faces could be a potential fit and future discussion is likely to occur with both the ACH governance group and this Familiar Faces Steering Committee in the future.

Steering Committee discussion included:

- If Familiar Faces becomes the ACH's "go-first" initiative, would it expand or shift the ICMT pilot effort discussed earlier in the meeting? What are the implications? Needs further discussion by this group at ACH table.
- Whether there may be are other aspects of the Familiar Faces Future State Vision that could serve as ACH focus or that the ACH table could help with.
- Elise Chayet urged folks to look at connections with Transformation Waiver Initiative 2: "Broaden the Array of Service Options that Enable Individuals to Stay at Home and Delay or Avoid the Need for More Intensive Care" and think about the *system* of care. Don't miss opportunities and resources under the waiver that could be available to Familiar Faces here given the involvement in long-term care and post-acute care by this population.

The group agreed to revisit this topic again in late spring (after waiver approval status is known.)

Coordinated Entry for All

Hedda McLendon presented information about Coordinated Entry for All, a single coordinated system to help all people experiencing homelessness access housing. (Note: Approx. 50% of the Familiar Faces population is experiencing homelessness.) See slides for more info.

Regional Access Points

Regional Access Points (RAP), similar to Campuses of Care, represent the idea of a geographic hub for services. The group noted that the regional ACHs could start to measure how effective this "one-stop-shop" approach to co-locating services is. RAP locations are currently being sought; an RFP is about to be released.

Steering Committee members noted that in-person navigators most often make client connections, and that RAPs are just one part of the system; caution against losing sight of the need for additional and better coordination of existing outreach resources.

HMIS Software Transition

HMIS software is currently accessed by housing service providers that are funded by several local government agencies and United Way of King County. Bitfocus, Inc. will be succeeding as the new HMIS System Administrator beginning on April 1, 2016. The HMIS Software is also transitioning to Clarity Human Services during this period. The King County HMIS is scheduled to go Online with Clarity Human Services on April 1, 2016. Some of the features of the new system include outreach workers in the community will be able to access the system on a tablet or smartphone and case workers will be able to look up real-time info on clients, and clients could be given a scan card linked to their profile.

A high level of work is being done around legislation and consent. King County simplified language on its consent and ROR forms and created a simple FAQ to explain how information will be used.

Steering Committee discussion included:

- All Home recently voted to use VI-SPDAT with a series of 100-day reviews
- King County is seeking to supplement more restrictive federal housing resources through a renewed MIDD levy with the aim to prevent chronic homelessness.
- Potential for jail in-reach was noted; however, HMIS will not be available to jail pre-release until approx. early next year.

Community Announcements & Updates

The Cost of Familiar Faces

Betsy Jones noted that the King County Office of Policy, Strategy and Budget (PSB) has done some initial analysis of the cost of a Familiar Face to go through King County systems. This analysis will be shared and presented at the next Steering Committee meeting. System partners will have the opportunity to add data from their respective systems in an effort to identify the system cost of Familiar Faces.

Stepping Up Initiative

Jesse Benet noted that the King County Executive and Council passed resolution to participate in the national Stepping Up Initiative, and that King County was selected from a competitive pool to attend a convening in April 2016 where we will be able to connect with other jurisdictions doing similar work. Representatives attending from King County include Claudia Balducci, Jim Vollendrof, Willie Hayes, Patty Noble-Desy and Jesse Benet. Jesse will report back about the convening at the Steering Committee's May meeting.

Care coordination Tools: - EDIE/Premanage, State's Link for Health.

OCHIN is meeting next week with HCA to get all partners access this tool; this is a positive step forward – and might be a complementary tool for the ICMT.

Behavioral Health providers are being surveyed about readiness to connect with an electronic health record (EHR) system. Some providers have expressed interest in testing an integrated EHR.

Frontline's "Chasing Heroin"

Chloe Gale expressed recognition and appreciation for those who contributed and appeared in the Frontline's recent "Chasing Heroin" episode, including Steering Committee members Mikel Kowalcyk, Lisa Daugaard, and Dan Satterberg.

Train-the trainer for Trauma Informed Care

This event has been scheduled for June 22 and 23, 2016.

The meeting adjourned at 10:45 a.m.

Next Meeting:
April 7, 2016; 9:00 – 11:00 AM
401 5th Ave, Rooms 1311 & 1312

King County Region
Accountable Community of Health

Update on King County ACH Development and the Medicaid Transformation Waiver

For Familiar Faces Steering Committee

March 3, 2016

Janna Wilson, Director of Health Policy and Planning

www.kingcounty.gov/ach

Today's focus

1. What are Accountable Communities of Health and why is Washington setting them up?

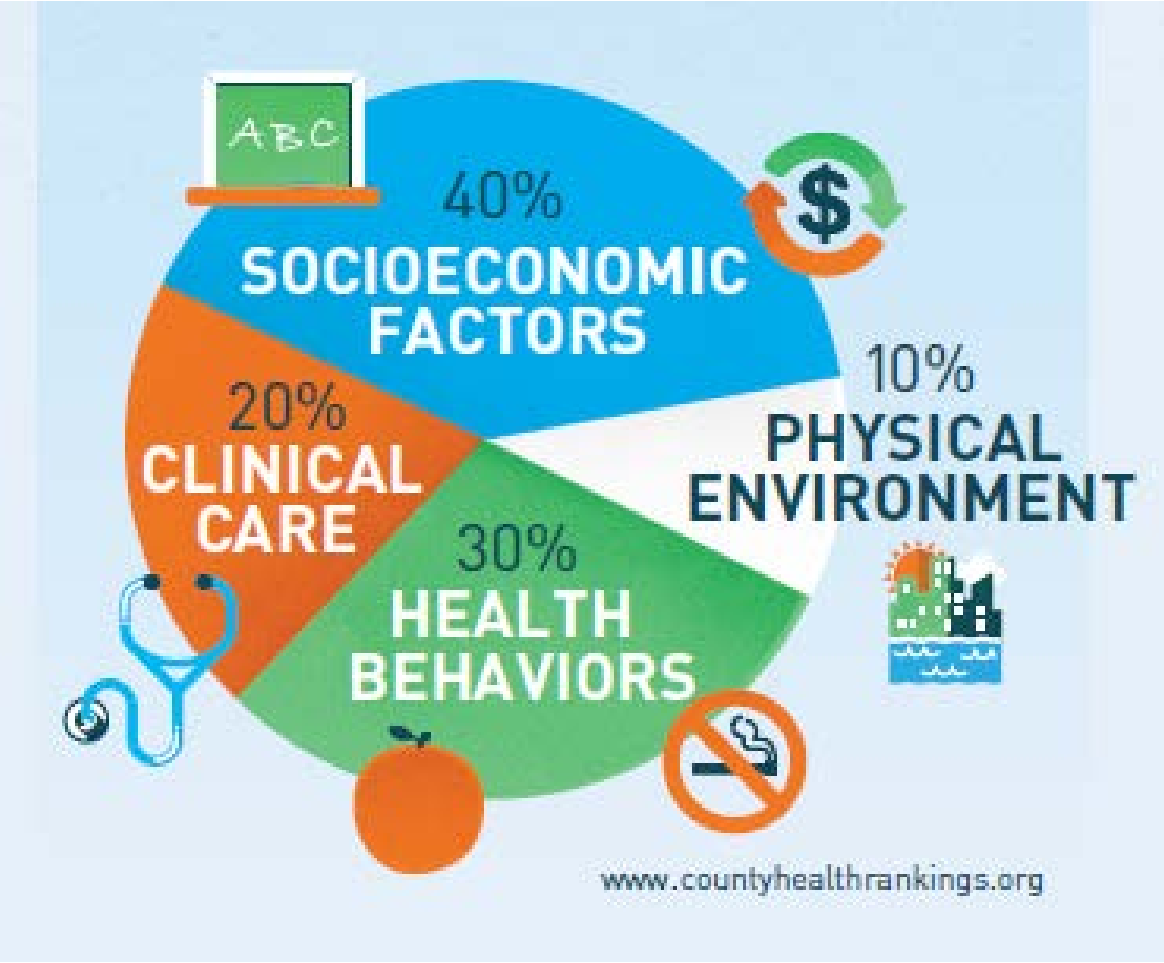
2. How is ACH development being approached in King County?

3. What's the Medicaid Waiver about, and its connection to the ACH?

1. **What are Accountable Communities of Health and why is Washington setting them up?**

Achieving the triple aim of better health, better care, lower costs

Why are ACHs such a key building block of Healthier Washington? Because so many factors affect health:

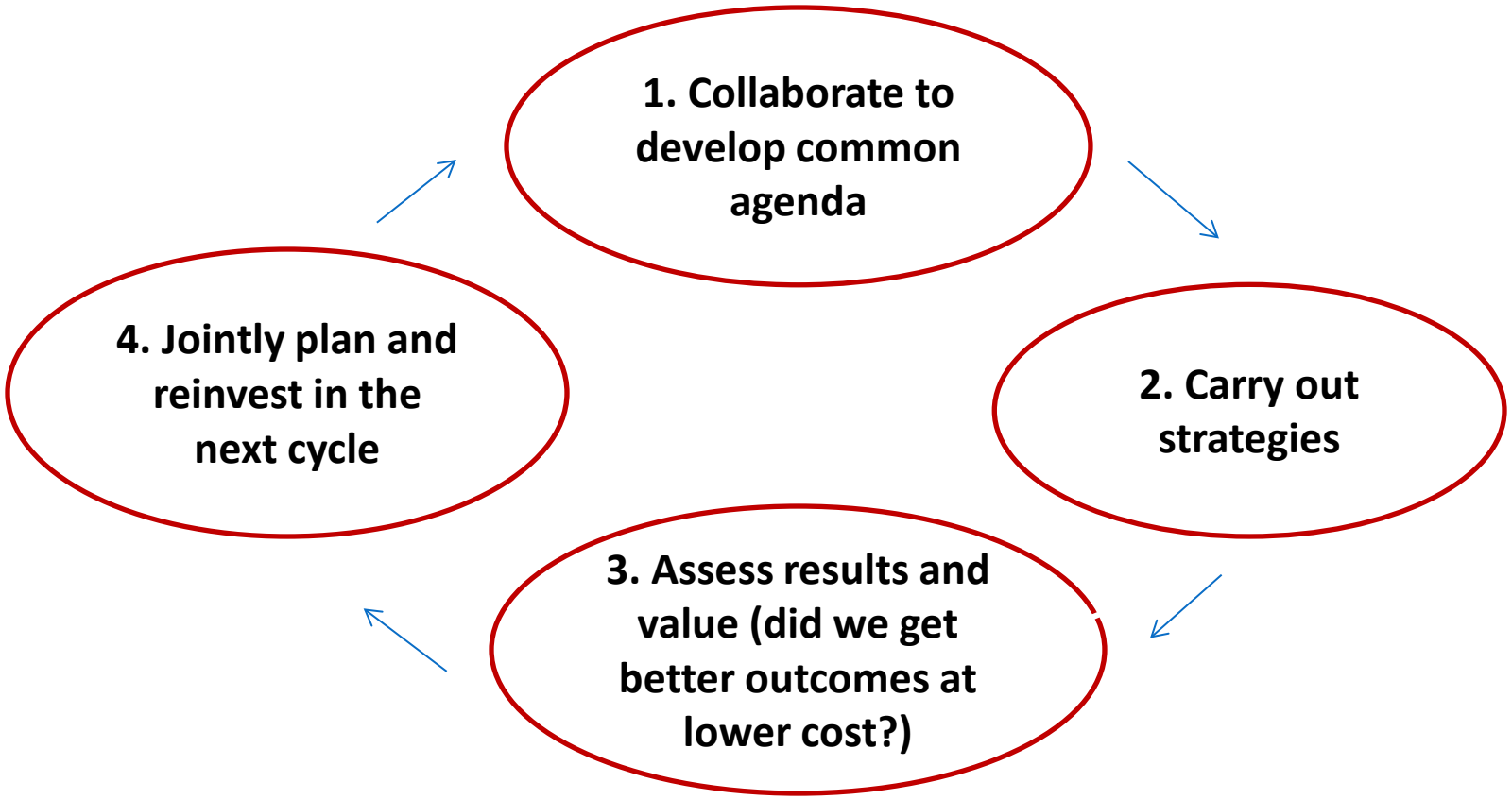


Nine *Accountable Community of Health* Regions are now established

- Building from existing efforts
- Working on common agendas for regional health improvement
- Multi-sector governance (because many sectors influence health)
- State investing funds from $65M federal innovation grant in ACH development

More information at: http://www.hca.wa.gov/hw/

How can an ACH partnership drive toward healthier communities and individuals?



ACH = structure that holds accountability for this cycle, supports measurement, communication, policy and system change efforts, and community engagement

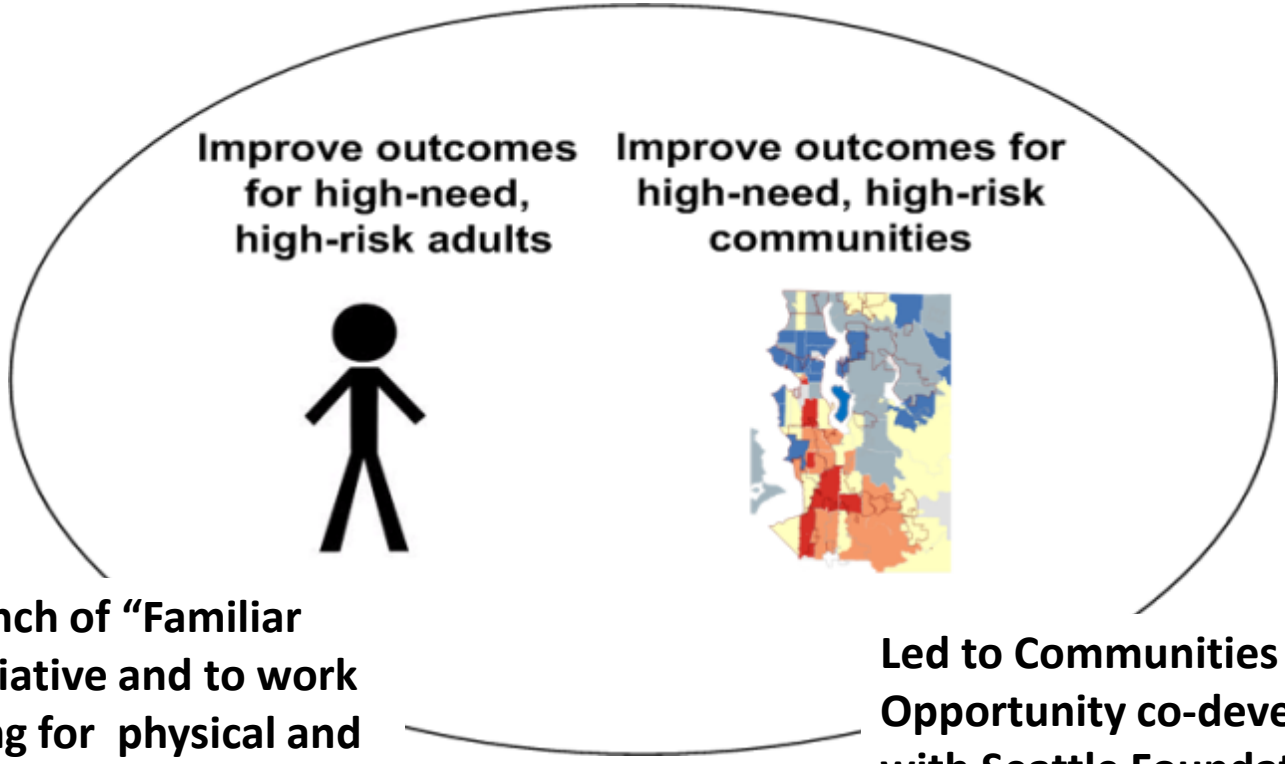
2. How is ACH development being approached in King County?

High degree of alignment between Healthier WA vision and King County's health and human service 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.

King County Health and Human Services Transformation Plan, 2013

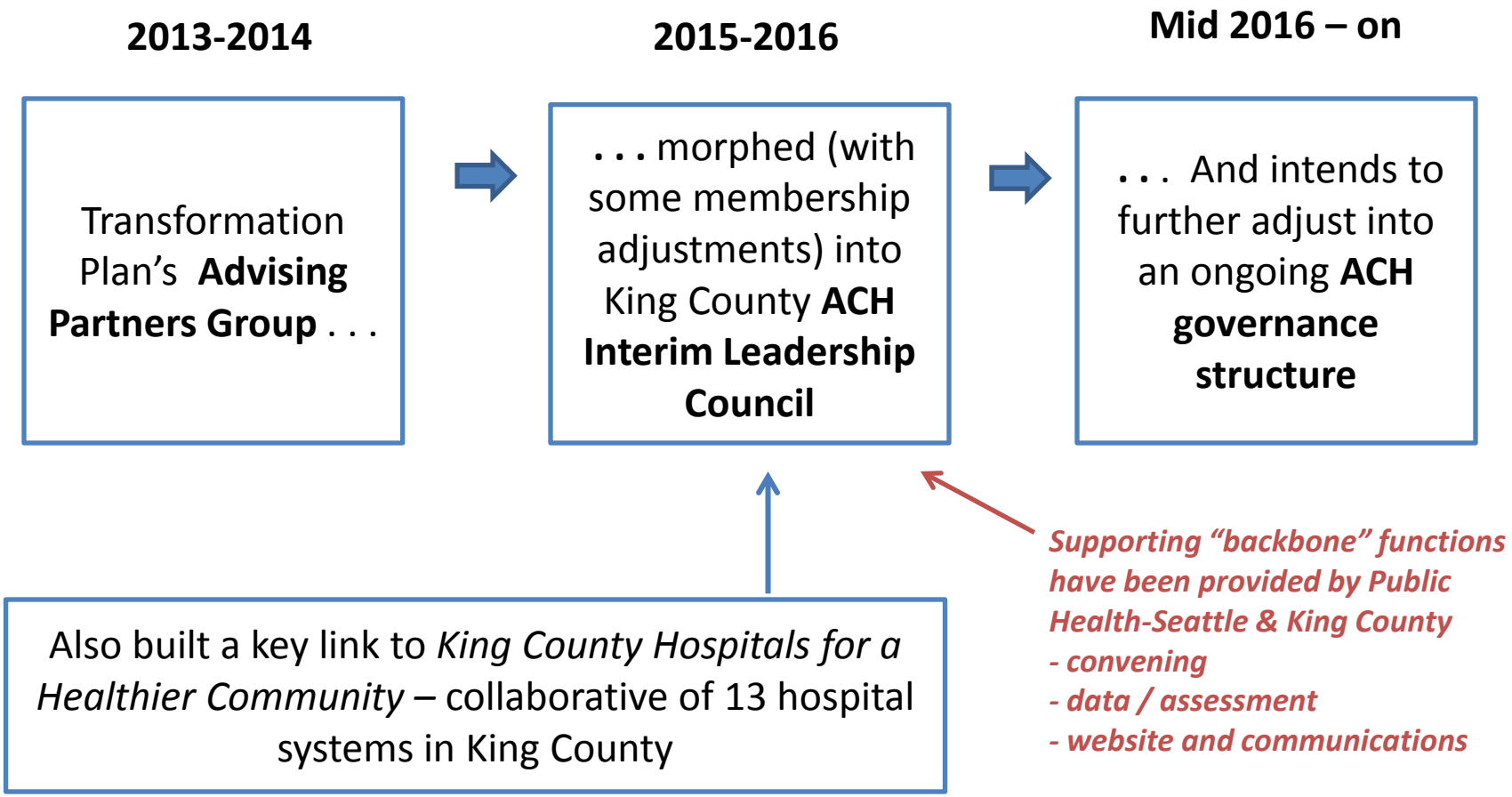
The Transformation plan called for improving overall health and human service system performance and accountability by focusing both on interventions and care integration for individuals and on community-level prevention and change strategies



Led to launch of "Familiar Faces" initiative and to work on planning for physical and behavioral health integration

Led to Communities of Opportunity co-development with Seattle Foundation

For King County region, many agreed it made sense to build out the initial ACH leadership structure from the Transformation plan efforts, and also to use a phased approach



King County ACH Interim Leadership Council has been meeting monthly since May 2015

- Multi-sector table
- Consensus decision making
- Build on existing roles and issues of shared interest
- Charged with determining ongoing governance structure
- Strives to be equity-driven
- Strives to be transparent
- Accountable

Backbone support (e.g., convening, data, assessment work) – from Public Health –Seattle & King County

So the King County ACH approach thus far has been to explore and test how ACH could accelerate and support a portfolio of initiatives the region is trying to advance

Improve outcomes through **Communities of Opportunity** (place-based efforts)

Improve outcomes through innovative **housing-health partnerships**

Improve outcomes through **physical-behavioral health integration**

Improve outcomes for "**familiar faces**" – jail high users with complex health and social issues

← **More "upstream" and focused on whole community, neighborhood**

More "downstream" and focused on individuals →

<u>ACH role during the "design phase"</u>

- Help initiatives align & connect for greater impact

- Data Work Group: To address data and evaluation needs

- Connections to the State

- Convene partners where appropriate

3. What's the Medicaid Waiver about, and it's connection to the ACH?

Evaluate the State's proposed role for the ACHs in the Medicaid Transformation Waiver

- Washington State is negotiating a five-year Medicaid Transformation Waiver with the federal government
- One part of the waiver proposes that ACHs serve in a lead coordination role
  - ✓ ACHs would potentially organize regional partners to coordinate project applications for their region, receive funds, and distribute funds to partners carrying out transformation projects
- If the waiver is successfully negotiated, each ACH may soon need to decide about playing this role (Q2 2016?)
- There will be a public comment period on the State-Federal Waiver contract , called Special Terms and Conditions (STC).

Washington's Medicaid Transformation Goals

Achieving the Triple Aim

- **Reduce avoidable use of intensive services and settings** *—such as acute care hospitals, nursing facilities, psychiatric hospitals, traditional Long-Term Services and Supports, and jails.*
- **Improve population health***—focusing on prevention and management of diabetes, cardiovascular disease, pediatric obesity, smoking, mental illness, substance use disorders, and oral health.*
- **Accelerate the transition to value-based payment***—using payment methods that take the quality of services and other measures of value into account.*
- **Ensure that Medicaid per-capita cost growth is below national trends***—through projects, activities, and services that improve health outcomes and reduce the rate of growth in the overall cost of care for our Medicaid population.*

Healthier WASHINGTON

Medicaid Transformation Waiver Initiatives

Initiative 1

Transformation through Accountable Communities of Health

Each region, through its Accountable Community of Health, will be able to pursue projects that will transform the Medicaid delivery system to serve the whole person and use resources more wisely.

Initiative 2

Service Options that Enable Older Adults to Stay at Home and Delay or Avoid the Need for More Intensive Care

A broadened array of Long Term Services and Supports (LTSS).

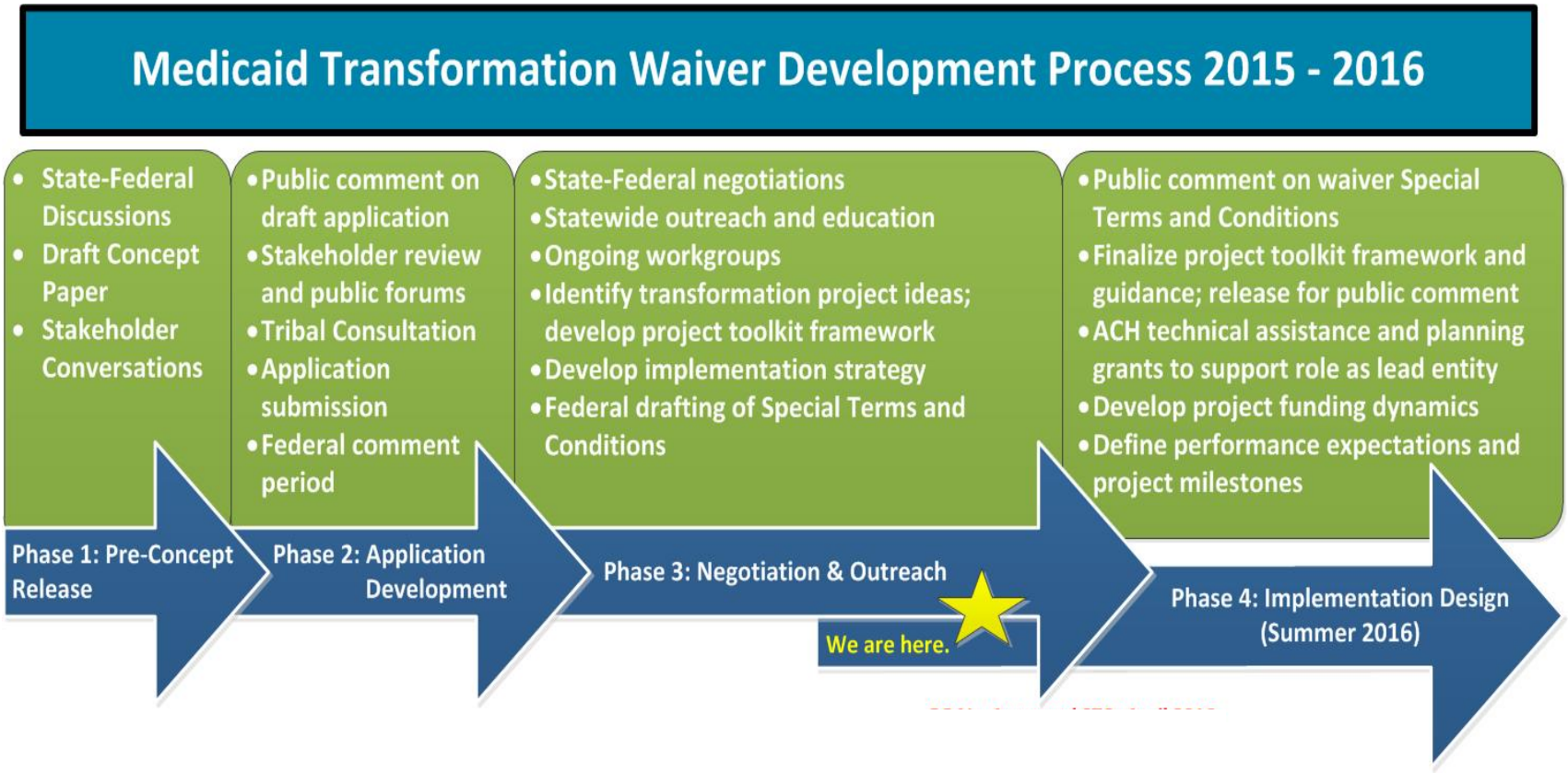
Initiative 3

Targeted Foundational Community Supports

Targeted supportive housing and supported employment services will be offered to Medicaid beneficiaries most likely to benefit from these services.

Healthier WASHINGTON

Timeline and Key Milestones



CMS Update

Key Messages

- Focused on value—improve health care cost and quality through payment reform
- Sustainability of transformation efforts is required—*investments need to be catalysts for reform, not ongoing operating budget expansions*
- Investments cannot displace regular Medicaid payment arrangements or other federal financing
- CMS supports bringing key health and social service agencies together to address social determinants of health

Healthier WASHINGTON

What the King ACH will focus on in the first half of 2016

- Adjust ACH **governance** – move from interim status to more formalized structure
  - Scenario planning relative to potential **waiver role**

- Deepen community engagement and **inclusion** in all levels of ACH design and projects

- Continue to support the **implementation** of a "portfolio" of health improvement projects → help remove barriers and support data integration efforts
  - Select a **project/initiative of focus** that the ACH can help accelerate

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Coordinated Entry for All

Familiar Faces Steering Committee

Background

- Under the requirements of the HEARTH Act and WA State Dept of Commerce guidelines, King County Continuum of Care has implemented a coordinated assessment system.
- Launched Coordinated Entry for Families, Youth and Young Adults, and Veterans
  - FHC in 2012
  - YHC in 2013
  - Vets ONE LIST in 2015
- As a CoC we are working to make our current systems more efficient and effective, while we work to align and transition to Coordinated Entry for All, which includes single adults experiencing homelessness.

Why Coordinated Entry for All?

Adopt the principles of coordinated entry system-wide and
ensure the strengths and benefits of the system are felt by all:

- **Fair** and **equitable** access for ALL people experiencing homelessness.
- **Transparent** and consistent process for **prioritization**.
- People are referred to **ANY** resource they're eligible for when prioritized for resources.
- Across ALL populations, streamline and reduce intensive assessment and screening as much as possible and shorten the amount of time spent navigating resources and eligibility.
- **Clear** message: "If you are homeless, you can go HERE and THIS is what will happen"

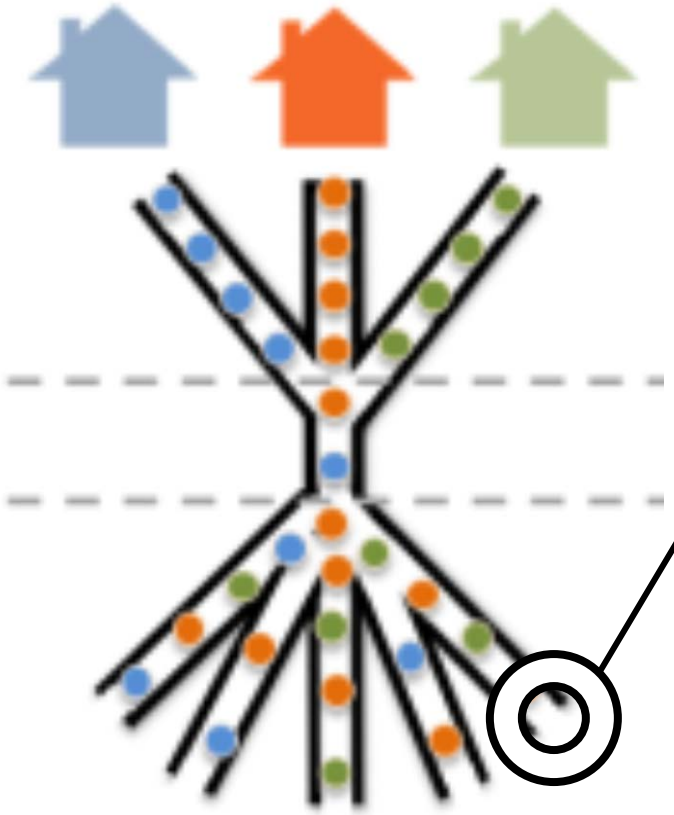
To achieve these principles we are working to develop

- A **uniform and standard assessment process**
- Establishment of **uniform guidelines** among components of homeless assistance (transitional housing, rapid rehousing, and permanent supportive housing)
- Agreed upon **priorities for accessing homeless assistance**;
- **Referral policies and procedures** from the system of coordinated access to homeless services providers to facilitate access to services;
- The **policies and procedure manual** detailing the operations of coordinated entry.

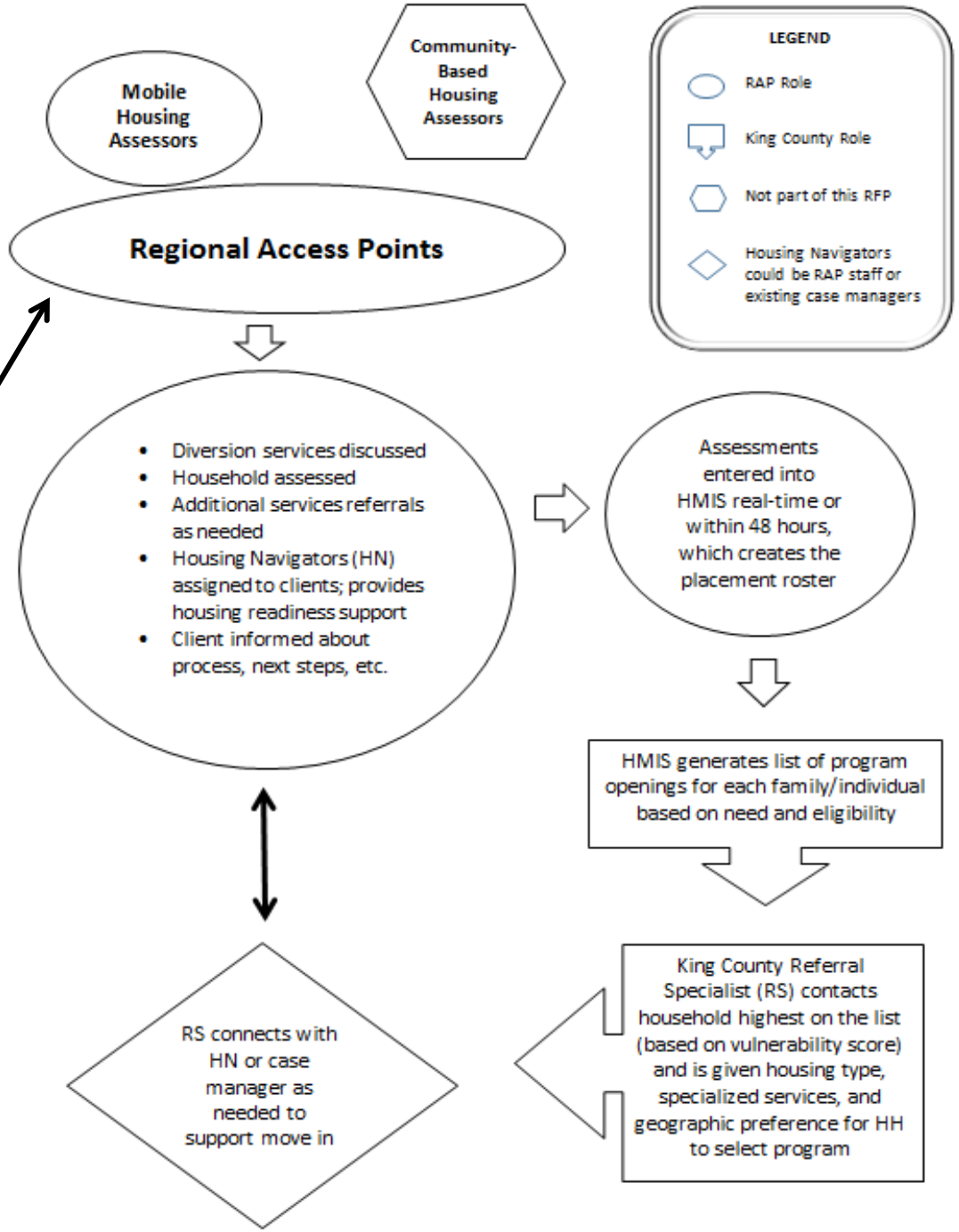
Connect with Housing and Services

Prioritization, Triage, and Referral

Access and Regionally-Based Assessment



Regional Access Points



Regional Access Points RFP

- Proposed RAP Locations
  - South King County (2 locations)
  - East King County
  - North King County
  - Seattle
- RAP locations will serve homeless families, single adults, and young adults (including young adults at risk of losing their home)
- RFP released in March.

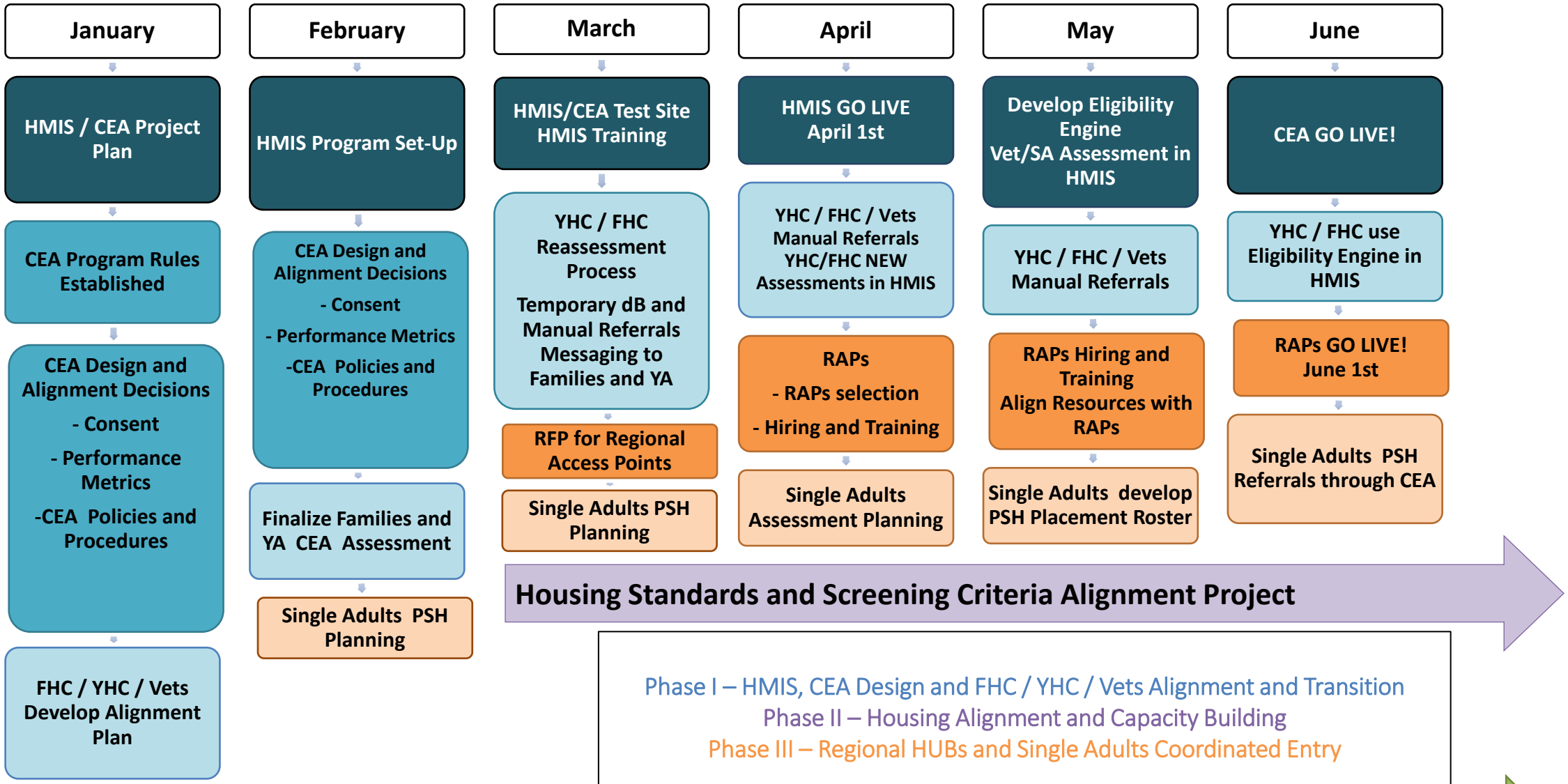
HMIS Timeline

December	January	February	March	April
HMIS Security Plan CE Development Contract in place with Bitfocus	HMIS / CEA Project Plan	HMIS / CEA Test Site Up	HMIS Data migration	HMIS GO LIVE! April 1
Bitfocus Demo Dec 14th and 15th	Bitfocus Training	Bitfocus Training	Bitfocus Training	City of Seattle Safe Harbors support ends April 5
	CEA Program Rules Established			

For more information about the HMIS transition, please visit the new King County HMIS FAQ page at www.kingcountyhmis.weebly.com

Coordinated Entry for All

Coordinated Entry for All Timeline
Phased Approach NEW



CEA Prioritization, Triage, and Referral Process

DRAFT

Housing Assessor Team
Housing Navigators Assigned to highest scorers

Referral Specialist Team

CEA Triage Tool
(VI-SPDAT)

+ Supplemental Q's for Eligibility and Specialized Programs
(Supplemental Q's do NOT affect the score)

BitFocus Universal Registry

Vulnerability Score

20
19
.
.
8
.
.
5
4
.
1

Apply Tie Breakers

BitFocus Eligibility Engine

Housing Intervention II
High Intensive Resource
(i.e. PSH)

Housing Intervention I
Medium Intensive Resource
(i.e. RRH)

Housing Intervention O
Other Services/Supports

Housing Locators Team

Scoring Accountability Case Review:
For high-needs/low-scoring individuals

Universal Registry/ Housing Inventory Case Review:
Regular review and accountability for One List and Housing List

Referral Specialists:
Assigned to SA, Families, and YA

Person-Centered Referrals:
Ref'l Specialist provides hsg options to highest person on list. Incorporate preference on housing type, specialized services, geog. preference, etc.

Agency Referral:
Housing Provider connects with Housing Navigator for gathered documentation and to complete screening.