Familiar Faces Steering Committee
Meeting Summary

May 5, 2016, 9 a.m.-11 a.m., Conference Rooms 1311 & 1312, 401 5th Ave, Seattle

***Members Present** (see attached roster for full detail): Claudia Balducci, Jason Bragg, Chris Cates, Elise Chayet (via phone), Chloe Gale, John Gilvar, Willie Hayes, Betsy Jones, Andrew Kashyap, Anita Khandelwal, Mikel Kowalcyk, Daniel Malone, Hedda McLendon, Patty Noble-Desy, Bette Pine, Michele Plorde, Jim Pugel, Adrienne Quinn, Jeff Sakuma, Anna Simon, Daniel Satterberg, Donna Tucker, Natalie Walton-Anderson*

***Staff Present**: Jesse Benet, Travis Erickson, Holly Rohr Tran, Deb Srebnik*

***Guests Present**: Kelley Craig, Cathy Speelmon (ETS Reach)*

Welcome and Introductions 9:00 a.m.

Adrienne Quinn (Director, King County Department of Community & Human Services) welcomed the group and led a round of introductions. New members Claudia Balducci (Councilmember, Metropolitan King County Council), Donna Tucker (Chief Presiding Judge, King County District Court) and Michele Plorde (Deputy Director, Emergency Medical Services) were introduced.

Stepping Up Summit Report Out 9:05 a.m.

A delegation from King County attended the National Stepping Up Summit in Washington, D.C. on April 18-19. Claudia Balducci, Jim Vollendroff (Behavioral Health and Recovery Division Director, King County Department of Community & Human Services), Willie Hayes, Patty Noble-Desy and Jesse Benet attended from King County.

Councilmember Balducci noted it was exciting to see the level of commitment and care from many groups across the country who were all focused on reducing the prevalence of people with mental illnesses in jail. The Initiative promotes a 6-point framework (based on a Collective Impact model) which Executive Constantine has adopted, and which the King County Council may also support.

Betsy Jones (King County Executive's Office) noted that this table (the Familiar Faces Steering Committee) has been set up as a Collective Impact table, where commonly identified goals and solutions can be worked on. Participation in the national Stepping Up Initiative aligns us with national efforts and gives access to resources including technical assistance and potential future grant funding.

Willie Hayes (Director, King County Department of Adult & Juvenile Justice) noted bi-partisan participation at the summit, including senators and other high-level government folks. There were good discussions about jail diversion (pre-and post- booking) with real-life learnings from jurisdictions like Fairfield County (eliminated restricted housing) and Cook County (where the head of the jail is a psychiatric doctor).

Patty Noble-Desy (King County Office of Performance, Strategy and Budget) noted that she appreciated remarks about a need for central mental health assessment at booking. It appears that work in other jurisdictions across the nation is aligned with work we're doing here in King County. Additional work is being done to come to a common understanding on the definition of "recidivism," use of screening tools, and on reviewing practices.

Jesse Benet (King County Department of Community & Human Services) added that agreeing on a common definition of "mental illness" might be useful at this table. Jesse also noted that the Restoration Center in Bear County (Texas) is a model King County could learn from. New opportunities in King County may come from the Comprehensive Justice and Mental Health Act of 2015 (S.993), which allows federal funds designated for reentry to be used for mental health court.

There was a general energy amongst Summit attendees around diversion strategies, with some interesting strategies being modeled in other parts of the county – e.g. 4 questions printed on back of citation form that get some initial information about suicidality and if the person is in any current danger.

Adrienne noted that learnings can be nested here in the Familiar Faces work, where the group is seeking to provide better treatment to individuals in the community, resulting in less criminal justice system involvement.

White House Innovative Communities Initiative – Data Driven Justice 9:25 a.m.

Adrienne Quinn noted that King County signed onto the White House's (Office of Social Innovation) Innovative Communities initiative to join an with other cities, counties and states in a learning community to share best practices for adopting data-driven approaches (with cross-sector data) to improve public health and safety, and reduce unnecessary incarceration. King County staff may be attending a June 13 convening in at the White House Washington, D.C. and are participating in bi-weekly calls with other Initiative participants.

Demonstration Project Updates 9:30 a.m.

Exciting work is underway to test some concepts and take first action steps based on the careful planning done for the Familiar Faces population. Updates are provided below.

It was noted that the Familiar Faces Steering Committee should be thinking about/discussing what additional action steps can be taken to implement the Familiar Faces vision.

Intensive Care Management Team

Jesse Benet distributed the overview handout "Familiar Faces Intensive Care Management Team" (find handout attached).

The Intensive Care Management Team (ICMT) Target Population and Evaluation workgroup has met 3 times to-date and is close to agreeing on an evaluation plan and participation criteria. The team is planning to engage all 5 Managed Care Organizations (MCOs) on care coordination for this initial demonstration program participants.

Release Planning with Managed Care Organizations

Work on a care coordination pilot between the jail's release planning and MCOs continues.

Familiar Faces Cost Report 9:40 a.m.

Betsy Jones recalled that the Steering Committee reviewed a working draft of the Familiar Faces Cost report at their April 7 meeting. Additional information has been prepared for today's meeting and the group should discuss next steps for phase II of the Cost Report.

New ED and Hospital Data

Deb Srebnik (Department of Community & Human Services) presented the handout "2014 Familiar Faces: Medicaid ED and Hospital Summary" (see handout attached). This emergency department data is newly available through a data-sharing agreement and was not included in the analysis presented at the April 7 meeting.

Steering Committee discussion included:

- Why aren't hospitals enrolling folks for insurance coverage?
    - Some may not be eligible due to income, disability, Medicare coverage.
    - A deeper dive with health plan is needed on this question.
- This summary does not control for days out of jail before answering question "Does high ED and hospital utilization continue over time?"
- Interested to know how many folks have a Primary Care Provider (PCP) in the community?
    - Might be more valuable to look at PCP use vs. listed PCP
- Jim Pugel (King County Sheriff's Office noted that there are similarities between this data and the chronic/public inebriates data.

Update on Emergency Medical Services' Vulnerable Populations Initiative

Michele Plorde (Emergency Medical Services (EMS) Division) gave a brief overview of the Vulnerable Populations Initiative. Thirty fire departments throughout King County were asked what populations that they serve are considered most vulnerable; groups identified ranged from people who had a hard time communicating with 9-1-1 (including refugees and patients with limited English language proficiency) and this [Familiar Faces] population. EMS ran a pilot project to better understand patients with mental health and chemical dependency issues, partnering with experts in the Shoreline area. An evaluative report (being done with the help of UW students) is expected to be released next month.

The EMS Division is also collaborating in the Renton/Kent area to conduct a sobering center pilot. First responders currently direct chronic inebriates to Valley Medical Center and are looking for a viable short-term (6-9 months) alternative to reduce hospital use and 9-1-1 calls. EMS is working with Valley Cities, and other wraparound services to identify a location until a longer-term solution can be set-up.

Additional data and information needed

Betsy Jones asked Steering Committee members to identify what's missing in the Cost Report, what additional data needs to be collected, and how the Report prompts the group to move forward.

Additional data needs and proposed paths to getting it (if known) were identified:

- Municipal Courts data,
    - ➢ Jeff Sakuma to check on getting Seattle data
- Police Department dispatch & arrest data sets
    - ➢ Jeff Sakuma to check on getting Seattle data
- SCORE data
- Computer-Assisted Dispatch raw data; how many are being deployed for calls related to Familiar Faces and what is the cost of the unit being dispatched?
- Pharmaceutical costs
    - o Medicaid pharmaceutical cost data currently available to King County through ProviderOne data sets
- Non-Medicaid healthcare data
- Housing data – pursue as deeply as possible
    - o How to get to get most accurate data on homelessness?
    - o If housed, parse out type of housing, e.g. transitional, temporary, etc.
        - ➢ Suggestion that a subgroup come up with recommendations for getting best housing and homelessless data
- State Hospital data

Other Steering Committee discussion included:

- Homelessness data should be carefully reviewed and will help inform this group's actions. Does the data show that housing intervention can reduce jail bookings and medical visits?
  Current homelessness data:
    - o Can be pulled from HMIS. King County Jail will be collecting data when EPIC system goes live;
    - o May be under-reported due to several factors, including how "homelessness" is defined and how the question is asked;
    - o Is captured at municipal jails but not at SCORE (this data is not included in this Cost Report, but is available to King County)
- This group could consider running a pilot to provide housing with no other interventions and measure outcomes
- The State is leaning toward a new Medicaid waiver benefit for permanent supportive housing.
    - o Use current data to look at how many would be eligible for this benefit to inform pilot design
- Explore possibility of developing a predictive indicator for those who would benefit from a supportive housing placement (LA County example). PRISM scores currently do this for healthcare costs, but would be great to include criminal justice system costs in their entirety.
- Health Homes will be implemented in King County in early 2017;
    - o Look at eligibility
    - o Track utilization, once implemented locally

        - Deb Srebnik to run data sets with eligibility criteria
- Police and EMS data reflect "downstream" costs.
    - City of Kent has hired a Lean specialist to look at jail and law enforcement contact. Kent wants to connect with this Familiar Faces work.
- This group should discuss hypotheses, what we know anecdotally and how we can use the data to help answer/support these.

Community Announcements & Updates 10:30 a.m.

Patty Noble-Desy noted that the Jail will be employing a new evaluation tool (data will be stored at George Mason). Data numbers can be used for this work, and tool also suggests interventions for inmates. Patty is willing to share more with this group at a future meeting.

Chloe Gale will connect with Michele Plorde around work in south King County and potential intersections with the Heroin Task Force's work.

Jesse Benet suggested this group revisit larger outcomes at a future meeting, to talk about at initiative level and to generate ideas for moving forward across sectors.

Meeting Adjourned 10:35 a.m.

Next Meeting:
June 2, 2016, 9-10:30 a.m.
Chinook 121/123, 401 5th Ave, Seattle.

New Meeting Time: 90 minutes

Familiar Faces Intensive Care Management Team

The Familiar Faces Intensive Care Management Team (ICMT) will provide comprehensive and integrated services to adults who are experiencing behavioral health challenges (mental health conditions and/or co-occurring substance use issues), need an intensive level of community-based support, and may be experiencing homelessness.

Provider Services will be provided by Evergreen Treatment Services REACH program in coalition with Harborview Behavioral Health. Initial housing units/housing case management will be provided by Plymouth Housing Group.

Enrollment of Participants begins in June 2016.

Background Behavioral Health and Recovery Division (BHRD) Diversion and Reentry Services (DRS) has conducted an literature review of evidence-based, best and promising practices related to services for individuals with behavioral health conditions, have high needs, may be experiencing homelessness, and coming into contact with the criminal justice system. New and innovative models of intensive care management services paired with supportive housing, exist for complex physical and behavioral health populations who are experiencing incarceration as a response to their behavioral health conditions, and lack of access to social determinants of health.

Target Population to be served is 60 adult individuals who have been previously identified as Familiar Faces based on meeting utilization criteria of four or more King County Jail bookings in two rolling twelve month periods over the course of three years. Individuals enrolled into ICMT services also will need the level of care provided by this intensive team and this will be assessed by BHRD DRS staff in collaboration with ICMT providers.

Services provided by the ICMT will be an intensive, flexible community-based team that provides mental health and substance use disorder treatment integrated with primary health care and life skills development. This comprehensive team-based approach will center the participants' self-determination and individual recovery goals. The ICMT will also provide ongoing coordination with criminal justice system partners in order to support reentry and reduce incarceration and crisis system utilization.

Housing A continuum of housing options may be used and some dedicated housing resources will be available to provide permanent supportive housing for individuals enrolled in Intensive Care Management Team (ICMT):

- 20 sponsor-based vouchers provided by the Seattle Housing Authority that will be contracted through King County Homeless Housing programs (via the fall 2016 Combined Notice of Funding Availability); and
- 20 set-aside housing units with a local housing provider, Plymouth Housing Group.

Diversion Framework via Law Enforcement Assisted Diversion (LEAD). The ICMT will be coordinated closely with the LEAD Operations group and will be able to staff referrals from law enforcement as well as have prosecutorial resources to assist with pre-filing diversion and other criminal justice navigation support (e.g. warrant quashing).

ICMT Staffing consists of a team of multi-disciplinary integrated staff

	REACH
	Harborview
	Plymouth Housing Group

Service Delivery Frameworks

All ICMT services and housing/housing support will be aligned and provided via the following core competencies:

1. Motivational Interviewing
2. Permanent Supportive Housing from a Housing First Approach
3. Assertive Outreach/Engagement
4. Trauma Informed Care
5. Harm Reduction
6. Integrated Care and Care Coordination
7. Culturally Responsive Services; Alignment with King County Equity and Social Justice

Funding provided by:
King County Mental Illness and Drug Dependency Action Plan
& King County Veterans and Human Services Levy

Program Administered by:
King County Diversion and Reentry Services
Behavioral Health and Recovery Division (BHRD)
Contact: Margo Burnison, margo.burnison@kingcounty.gov or Jesse Benet, jesse.benet@kingcounty.gov

2014 Familiar Faces
Medicaid ED and Hospital Summary

How many Hospitalizations and ED visits did 2014 FFs have and at what cost?

2014 FFs (N=1335)	# FF with any	% FF with any	Total utilization	Range	Medicaid paid claims
Hospital stays	44	3.3%	60	0-4	$457,856
Hospital days	44	3.3%	265	0-30	n/a
ED visits	245	18.4%	1164	0-56	$334,960

Only 249 of the 2014FFs (19%) had any ED or hospital use in 2014

How much of an underestimate is this? Potentially A LOT

-Only 647 (48.5%) of the 2014 FFs had ANY Medicaid eligibility in 2014; only 312 (23%) had 12 months

-However, of the 249 who had ED/hosp claims in 2014, a higher rate (n=163; 65%) had Medicaid for all 12 months (by definition, all had Medicaid at some point…)

-Of the highest ED utilizers - 35 FFs with 10+ ED visits - all but 2 had Medicaid for 12 months

What is the relationship between hospitalizations and ED visits?

-Nearly all of the 44 people who had hospitalizations had at least one ED visit (41 of 44)

-All people with 2+ hospital stays had at least 3 ED visits (7 of the 10 had 10+)

-Of the highest ED utilizers - 35 FFs with 10+ ED visits - only 10 had ANY hospital stays

Are the 82 people who are FFs in ALL 3 prior years more likely to be ED and hospital utilizers? NO

2014 Hospital Stays	2014 FFs (not in 3yr group)		FF 3 yr group		All 2014 FF	
0	1210	96.6%	81	98.8%	1291	96.7%
1	33	2.6%	1	1.2%	34	2.5%
2+	10	0.8%	0	0.0%	10	0.7%
	1253	100.0%	82	100.0%	1335	100.0%

2014 ED category	2014 FFs (not in 3yr group)		FF 3 yr group		All 2014 FF	
0 visits	1018	81.2%	68	82.9%	1086	81.3%
1-2 visits	120	9.6%	7	8.5%	127	9.5%
3-9 visits	83	6.6%	4	4.9%	87	6.5%
10+ visits	32	2.6%	3	3.7%	35	2.6%
	1253	100.0%	82	100.0%	1335	100.0%

Does high ED and hospital utilization continue over time? YES

-The 2014 FF cohort doubled their ED visits (2311 visits) and hospital stays (137 stays) between 2014 and 2015

-Part of this is due to increased Medicaid eligibility -- in 2014 49% had Medicaid for at least part of the year which increased to 57% in 2015; and 12-month rate increased from 23% to 47%

-While only 65% of the 249 people with claims in 2014 had Medicaid for all 12 months of 2014, nearly all (92%) had Medicaid for all 12 months in 2015

-Of the highest ED utilizers - 35 FFs with 10+ ED visits in 2014- 27 had 3+ in 2015 (17 had 10+)

What are the diagnoses associated with FF's ED and hospital utilization?

Five diagnoses were provided in the Medicaid claims files – with the first one labeled 'primary'

- Of the 1164 ED visits, 468 (40%) had at least one behavioral health diagnosis
- Of the 60 hospitalizations, 40 (66%) had at least one behavioral health diagnosis

Diagnoses for FF's ED and hospital visits

ICD category	ED			Hospital			total
	N	%	Cumulative%	N	%	Cumulative%	N
Injury_poisoning	235	20.2%	20.2%	12	20.0%	20.0%	247
Signs_symptoms	181	15.5%	35.7%		0.0%	20.0%	181
SUD	163	14.0%	49.7%	2	3.3%	23.3%	165
Skin	115	9.9%	59.6%	13	21.7%	45.0%	128
MH	101	8.7%	68.2%	6	10.0%	55.0%	107
Respiratory	63	5.4%	73.6%	4	6.7%	61.7%	67
Digestive	49	4.2%	77.9%	3	5.0%	66.7%	52
Musculoskeletal	97	8.7%	86.6%	1	1.7%	68.3%	98
Other	50	4.3%	86.5%		0.0%	66.7%	50
Circulatory	23	2.0%	92.4%	4	6.7%	75.0%	27
Infectious_parasitic	15	1.3%	93.7%	12	20.0%	95.0%	27
Nervous	20	1.7%	95.5%	2	3.3%	98.3%	22