King County Physical and Behavioral Health Integration Design Committee

CHARTER

Background

On March 12, 2014, the Washington State Legislature passed legislation, Senate Bill 6312 that will fundamentally change the way Medicaid-funded health services are purchased and delivered in the state. The legislation calls for the creation of new Regional Service Areas (RSA) for Medicaid purchasing by the state. There are 10 new RSAs. King County has been established as a single county RSA. The legislation calls for the integrated purchasing of behavioral health (mental health and substance use disorder) services through a single managed care contract by April 1, 2016 and for the full integration of physical health and behavioral health by January 1, 2020.

In addition to the enabling state legislation, there are two mechanisms being established by the state to further support the move towards full integration: the establishment of an Accountable Community of Health (ACH) in each RSA and the state's effort to pursue a global 1115 Medicaid waiver. Conceived as part of the "Healthier Washington" State Innovation Model proposal, the Accountable Communities of Health are a regionally governed, public-private collaborative tailored by the region to align actions and initiatives of a diverse coalition of participants in order to achieve healthy communities and populations. The King County ACH is currently in a design phase and is being governed by an Interim Leadership Council (ILC) that will define the governance structure of the ACH going forward. One of the key priorities for the King County ACH is to endorse a model of care for full physical and behavioral health integration that emerges from the work of the Physical and Behavioral Health Integration Design Committee. A second state effort underway that would help to support the move toward full integration is the state's effort to secure a global 1115 Medicaid waiver, which would allow for greater flexibility in how we transform the healthcare delivery system to better meet the needs of our residents. Any model that is developed will need to take into account the flexibilities and opportunities that would be allowed if such a waiver were obtained by the state.

Purpose of the Integration Design Committee

The Physical and Behavioral Health Integration Design Committee (IDC) will be responsible for developing a vision for a regional model of fully integrated physical and behavioral health for both children and adults. While the initial focus of the ESSB 6312 legislation is the population that receives care via Medicaid funding, the design work of this subcommittee will inform the delivery of integrated care for populations beyond those eligible for Medicaid. The development of this model will include:

- Identifying core components of integrated care,
- Distinguishing whether those components should be community-based, accessible to all and payer-blind,
- Ensuring the whole health needs of an individual are met regardless of where they seek services and what the level of those needs are,
- Ensuring that the model can be modified to address meeting the needs of individuals who identify from varying cultures and backgrounds,
- Analyzing and making recommendations for integrating financial processes,
- Providing a timeline and key milestones for implementation in the King County region.

The IDC will be a forum for open communication, shared expertise, and collective decision-making. It will provide a focal point for guiding the development of a model of integrated health care delivery into a design that is aligned with and encompasses other complex population health strategies and will leverage the opportunities that may be available through a potential state waiver. The IDC will engage in a transparent, robust, and collaborative process to produce a shared set of values, vision and outcomes, and a mechanism to hold each other accountable for achieving those outcomes.

Values

The following values express important, shared beliefs of the IDC and will guide its behaviors and decision-making over the course of the year. They are drawn from values and principles expressed in the ACH ILC, the King County Transformation Plan, and the Healthier Washington innovation plan.

The Integration Design Committee values:

- **Collective action to address complex problems by placing the individuals and the populations served at the center**. Collective impact is the commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem and in turn taking action to implement that collectively agreed upon agenda. In order to do this, it is critical to shift from an approach that is largely "program-centric" to one that is "people-centric". This will require that committee members leave their personal and organizational self-interests at the door and instead focus on the interests of shared clients, consumers, beneficiaries or patients. This shift will help to drive collective action towards the goals of improved individual and population outcomes, better quality of care and lowered costs. This shift is a change from the status quo and will involve difficult conversations at times.
- **Being adaptive.** Integration development is an iterative process with other IDC members other and with state partners and flexibility is critical in all aspects. New information, barriers, and opportunities will surface as the work goes along. Allowing for adjustments throughout the year will be expected to develop integrated care in a way that achieves buy-in from the many sectors that play roles in contributing to the health and well-being of county residents.
- **Building on previous work.** Consider and incorporate the work of, the Mental Health Integration Project (MHIP), Client Care Coordination, the Familiar Faces Initiative,

Screening, Brief Intervention and Referral to Treatment (SBIRT) and other integration initiatives as well as the ACH planning phases, including the community engagement team. Consider and incorporate the values and principles expressed in the King County Health and Human Services Transformation Plan.

- **Equity.** Work intentionally to eliminate racial, ethnic, socio-economic and geographic disparities in health and well-being. Without this focus, there is a risk that current power dynamics and structural racism in health care and governmental entities will drive toward roles and governance structures that perpetuate rather than eliminate inequities. For any given issue, this requires awareness and consideration of who decides, who provides, who benefits and who bears the burdens.
- **Engagement of those most affected**. Populations and communities in King County who are most impacted by health and health-related inequities (e.g., people with behavioral or chronic health needs, neighborhoods, low-income groups, communities of color, and people with disabilities) should be among those who are influencing the development of an integrated model of care and the associated strategies for improving their overall health. Putting this value into practice will entail intentional development and resourcing of capacity and mechanisms that support two-way communication so that on-the-ground context expertise is brought to bear in development, decision-making, and initiatives related to providing fully integrated care.
- **Transparency**. Work products associated with the IDC will be made available to all interested parties and the public.
- **Assuring that no one sector dominates.** No one participant or group of participants will control the direction, agenda, and decision-making of the IDC.
- **Respect.** IDC members come to the table committed to developing an integrated model of care that will work for the region and will work in the spirit of mutual agreement and accountability to each other. **A focus on outcomes, results, and scale.** Work in ways that are clear about intended outcomes, align resources to achieve them, move to pay for value not volume, measure progress toward outcomes, continually improve practice, and take improvement strategies to scale for broader population health impact and lasting change.
- **The "Triple Aim":** Recognition that new designs working to improve health outcomes must be developed in ways that simultaneously pursue three dimensions: improving the health of populations; improving the individual experience of care (including quality and satisfaction); and reducing the per capita cost of health care.
- **Accountability**. The IDC recognizes accountability to mean:
    - Accountable in the broadest sense to the King County community at large for assuring development of a model of care that will be effective over time at driving improved community health and well-being, reduce disparities, lower per capita costs and improve the value of care delivered;
    - Accountable to one another, as fellow members of the IDC, for what we may agree to, individually and collectively;

- Accountable to the ACH ILC for the recommendation of a model of integrated care for individuals and populations in our community.

Membership

Membership of the IDC will include a broad range of stakeholders from community-based organizations, health plans, social service agencies, and local and state government who have a key role in delivering whole person care in the King County region.

The Integration Design Committee will include representatives from the following sectors:

- Organizations serving people with developmental disabilities
- Long-term care providers including skilled nursing facilities and adult family home providers
- Community health centers (Federally Qualified Health Centers),
- Medicaid managed care plans,
- Community mental health centers,
- Community-based substance use disorder treatment providers,
- Human services,
- Housing,
- King County Government,
- University of Washington – AIMS Center,
- City of Seattle, Aging and Disability Services,
- Hospital systems,
- Tribal Communities
- School-Based Health Centers
- Consumers, and
- Others as determined by the Committee.

In addition to the above sectors, the IDC will ensure membership is geographically representative of the community, is able to address the needs of both children and adults, is able to be culturally responsive and incorporates the criminal justice system expertise learned from the Familiar Faces initiative.

Roles and Responsibilities

The primary goal of the IDC is to develop and recommend an integrated model of physical and behavioral health care for the King County region, with an initial focus on the Medicaid population. This recommendation will define core components of integrated care for both children and adults and include a timeline and milestones for implementation. The IDC will assure that the model aligns with other efforts in our region seek to leverage opportunities that might be available through a state 1115 global Medicaid waiver. The primary responsibilities of the IDC are as follows:

- Establish a vision of what fully integrated health care means in the region.

- Identify the core components of integrated, person-centered care that will drive towards the vision, improve health and social outcomes and achieve the Triple Aim.
- Use data and evidence to guide how a model of integrated care should be designed, deployed and implemented.
- Recommend how King County should approach the integration and procurement of physical health services, substance use disorder services and mental health services.
- Recommend how value-based purchasing that is based in prevention and is focused on achieving integrated care, improving equity and reducing disparities can be embedded into future procurement.
- Share relevant information and updates that potentially impact project stakeholders.
- Identify problems that impede progress toward the project's goals and make timely recommendations to overcome these challenges.
- Identify opportunities to advance the project's goals and make timely recommendations regarding their application.
- Identify, develop and test models that further the goal of integrated, whole person services that places the individual at the center, minimizes working in siloes and leads to measurable improvements in health and social indicators.
- Consider how to build upon, incorporate lessons learned and best practices from the region that are already underway that further the goal of integrated, whole person care.
- Maintain an open dialogue (in coordination with the ACH ILC) with leadership from the Washington State Health Care Authority and the Department of Social and Health Services about integration development in the region, including lessons learned and challenges to moving forward.
- Using the knowledge gained through testing these models, recommend a demonstration opportunity to the ACH ILC as part of a Delivery System Reform Incentive Payment Program under a state 1115 Medicaid waiver (should this opportunity become available).
- Serve as a representative to and for their sector to the IDC by acting as ambassador to their respective sector about the work of the committee and sharing important feedback from that sector to the IDC.
- Provide transparency to the community and stakeholders; acknowledge what is working well and where challenges remain.
- Be a learning community for integration.

Steering Committee

The work of the IDC will be guided by a steering group of advisors comprised of a subset of individuals from the IDC. Specifically, they will be engaged to help with agenda planning, anticipating challenges and providing guidance as necessary.

Project Management and Facilitation

Project staff to support the work of the IDC will be provided by King County with the Department of Community and Human Services serving as convener. Staff roles will include, but

are not limited to assuring timely communication, providing relevant background information and analyses, and supporting agenda development and meetings.

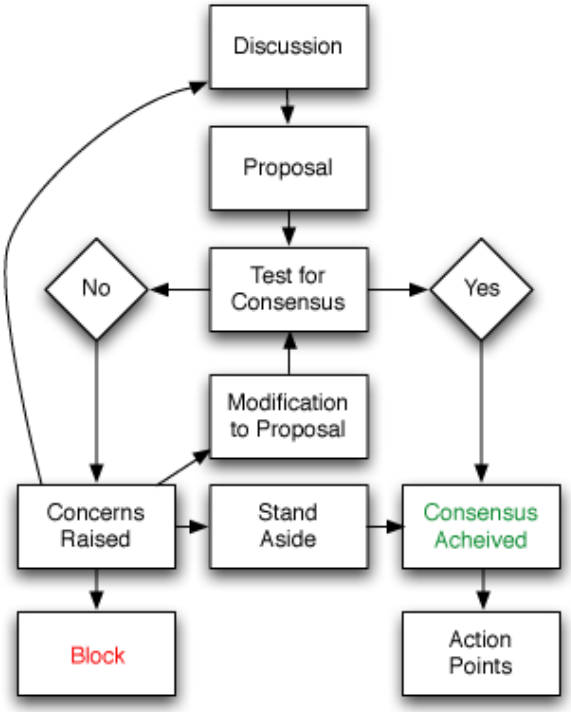
Facilitation of the IDC will be conducted by a consultant to be determined by the group.

Decision making

As a formal subcommittee of the ACH ILC, the IDC shall adopt the process to make decisions and recommendations by consensus. The approach encourages putting the good of the whole above the interests of a single individual or organization, and finding solutions that all parties support or at least can live with. Decisions will be documented in meeting summaries.

As part of a consensus decision making process, any sectors that have more than one representative in attendance will caucus as appropriate and participate as "one vote or one voice" when making consensus-based decisions.

The following outlines the process steps in consensus decision making:[1]



Levels of agreement:

- I can say an unqualified "yes."
- I can accept the decision.
- I can live with the decision.

[1] "Consensus-flowchart" by grant horwood, aka frymaster - http://en.wikipedia.org/wiki/Image:Consensus-flowchart.png. Licensed under CC BY-SA 3.0 via Wikimedia Commons - http://commons.wikimedia.org/wiki/File:Consensus-flowchart.png#/media/File:Consensus-flowchart.png

- I do not fully agree with the decision, however, I will not block it.
- I cannot live with the decision and will block it.

The IDC aims to reach decisions by full consensus. The IDC will work to understand and integrate perspectives of all members until an agreeable solution can be found in a reasonable amount of time. Consensus may not mean 100% agreement on all parts of an issue, but rather that all members have reviewed a decision and are fully supportive, can accept the decision, can live with the decision, or do not fully agree, but will not block a decision. In the event that consensus is not possible, the ACH ILC can invoke "consensus-minus-one" and move forward with a decision or proposal with a maximum of one seat not supporting the decision.

Key decisions will be made in person at IDC meetings. Members will be provided with adequate advance notice about decision items, and with a written "decision memo" that describes the issue, background, analysis including pros/cons, and staff recommendation.

Relationship to the ACH Interim Leadership Council

The IDC is a formal Committee of the King County ACH ILC. As such, the IDC shall provide regular information to the ACH ILC at a frequency that is mutually agreed upon by the ILC and the IDC. The ILC will provide additional leadership and support to the IDC by

- Helping to remove system barriers that impede the work,
- Leveraging the ACH structure to influence Medicaid purchasing of physical health and behavioral health services as recommended by the IDC,
- Ensuring activities and strategies under the ACH and its priority projects, including physical and behavioral health integration, are implemented consistent with the values and principles laid out in this charter and within the overall transformation goals.

The IDC also acknowledges the rapidly changing environment as well as the complexity and opportunity available with full integration and therefore, recognizes that the work of the IDC and the relationship of the IDC to the ACH ILC will change and evolve over time.

Work Groups

The IDC shall establish work groups, as needed and mutually agreed to among members, to research, analyze, and investigate specific issues related to physical and behavioral health integration. Workgroups shall include a minimum of two members from the IDC. The IDC may invite other non-committee members to serve as subject matter experts in the workgroups. Work groups shall provide the expertise and information necessary to help the IDC make informed recommendations and decisions. The membership, objectives, scope and timelines of each work group shall be included in the relevant meeting minutes.

Frequency and attendance

The IDC will meet on a monthly on the second Wednesday of the month from 1:30 – 4:00 PM.

Agenda

An agenda for the full IDC meetings shall be developed through mutual input of steering committee, the facilitator and staff and distributed to all members in advance of each meeting.

Meeting Summaries

Summaries of all the IDC meetings shall include, but are not limited to, the names of those present and absent as well as any action taken by the group. Preliminary reports of the summaries shall be distributed to members in a timely manner and posted promptly following approval by the IDC.

Duration of Committee

The charter shall remain in effect at minimum until September 2016. The IDC will determine the future applicability of the charter and the Integration Design Committee at that time.