

King County Health and Human Services Transformation: The Familiar Faces Initiative

Background

In 2013, King County, in partnership with community stakeholders, developed a plan for an accountable, integrated system of health, human services, and community-based prevention – referred to as the [King County Health and Human Services Transformation Plan](#). The Plan has the goal that 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.”

To catalyze improvement in the system’s performance for everyone, the plan called for an initial focus on areas where improved performance is most critical – for the individuals and communities experiencing the poorest outcomes. The plan also had to align with and be fundamentally committed to the larger County goal of achieving equity and social justice for county residents.

Following preliminary scoping conversations with several internal and community stakeholders during 2014 an initial population of focus emerged: individuals with a mental health and/or substance use disorder who are high utilizers of the criminal justice system – specifically, the King County Jail- the so-called “Familiar Faces”. Many of these individuals experience complex chronic health conditions, histories of trauma, and instability in housing and other aspects of their lives and are familiar to these various systems; hence the term “Familiar Faces”.

The Familiar Faces population was selected as an initial focus with the theory that if system improvements could be made that resulted in better health and social outcomes for these individuals, then the lessons learned would have much broader implications in how our region moves forward with the larger opportunities emerging as a result of the Affordable Care Act.

Working in a New Way

The implementation of the Affordable Care Act has brought new opportunities for the community to work together to achieve the Triple Aim of better health, better care, and lower costs for this initial focus population. These changes include expanded Medicaid coverage, the statewide move towards integration of the mental health, chemical dependency, and physical health systems, and the emerging Accountable Communities of Health and system delivery reform efforts. While there is no shortage of programs in the region to try to address the needs of the Familiar Faces, many of which produce excellent results as stand-alone programs, overall fragmentation, uncoordinated care, poor outcomes and growing costs to the health, social services, criminal justice systems, and our community at large continue to abound. Most importantly, despite the number of programs the overall health and social outcomes for the Familiar Faces has not improved.

To achieve the vision called for in the King County HHS Transformation Plan and improve health and social outcomes for the Familiar Faces population, it became clear that a new approach was necessary. Past efforts have generally occurred in silos and have been programmatically focused. In transforming how we do business, two key elements have helped to guide this new effort;

- Working across silos and sectors to partner in a better way,
- Putting the people and communities at the center of decisions about funding, policy and programs.

Working across Silos and Sectors

Collective Impact is the commitment of a group from across different sectors to a common agenda for solving a specific social problem. The Familiar Faces population is engaging in services across a number of different silos, funded by different sources, consisting of different programs. The question we are trying to answer is whether by bringing these different sectors together to focus on a set of shared outcomes, can we make lasting improvements for this population?

People and Communities First

A second aspect of the Transformation Plan is the importance of putting people and communities at the center of identifying and solving problems. This differs from past efforts to solve health and social problems, where focusing on filling gaps was the focus

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rather than improving client outcomes. This past approach has resulted in a patchwork of services that have been deemed “program-centric” rather than “people-centric”, which has ultimately not resulted in improved outcomes for the Familiar Faces.

Cross-Sector Design Team Convened

Following a meeting with senior leaders from organizations representing housing providers, substance use providers, mental health providers, community health centers, Medicaid Managed Care Organizations, the Washington State Health Care Authority and the Department of Social and Health Services, Public Health-Seattle & King County, the King County Department of Community and Human Services, the City of Seattle, criminal justice organizations including courts, police, and the King County Department of Adult and Juvenile Detention and others, a Design Team of individuals representing these organizations was convened. Their charge, to work collectively on designing a Future State Vision for the Familiar Faces in our region to achieve the following outcomes:

- Improved Health
- Improved Housing Stability
- Reduced ED Usage
- Reduced Criminal Justice Involvement
- Improved Client Satisfaction

Using Lean tools, the Design Team spent approximately five months between October 2014 and February 2015 developing a Current State Map of the various systems serving the Familiar Faces population. This was done primarily in three ways. First, by gaining a firsthand understanding of how the Familiar Faces were enrolled, treated, and referred by participating in “process walks” across the various systems. Next, some of the providers simply asked the Familiar Faces they work with, “What do you need to achieve more stability?” The third and final strategy was to gather data from the systems serving the Familiar Faces population to gain a better understanding of their lives, what services they use and how we might design a better system where there is improved health and stability.

Data Breakthrough

Data matching was a significant process victory for the Familiar Faces initiative, as King County Departments, City of Seattle, Department of Adult and Juvenile Detention, Jail Health Services and other housing and social service partners, broke down traditional data silos to share information. This exercise in gathering data gave the Design Team a much more comprehensive picture of the Familiar Faces population and showed the following:

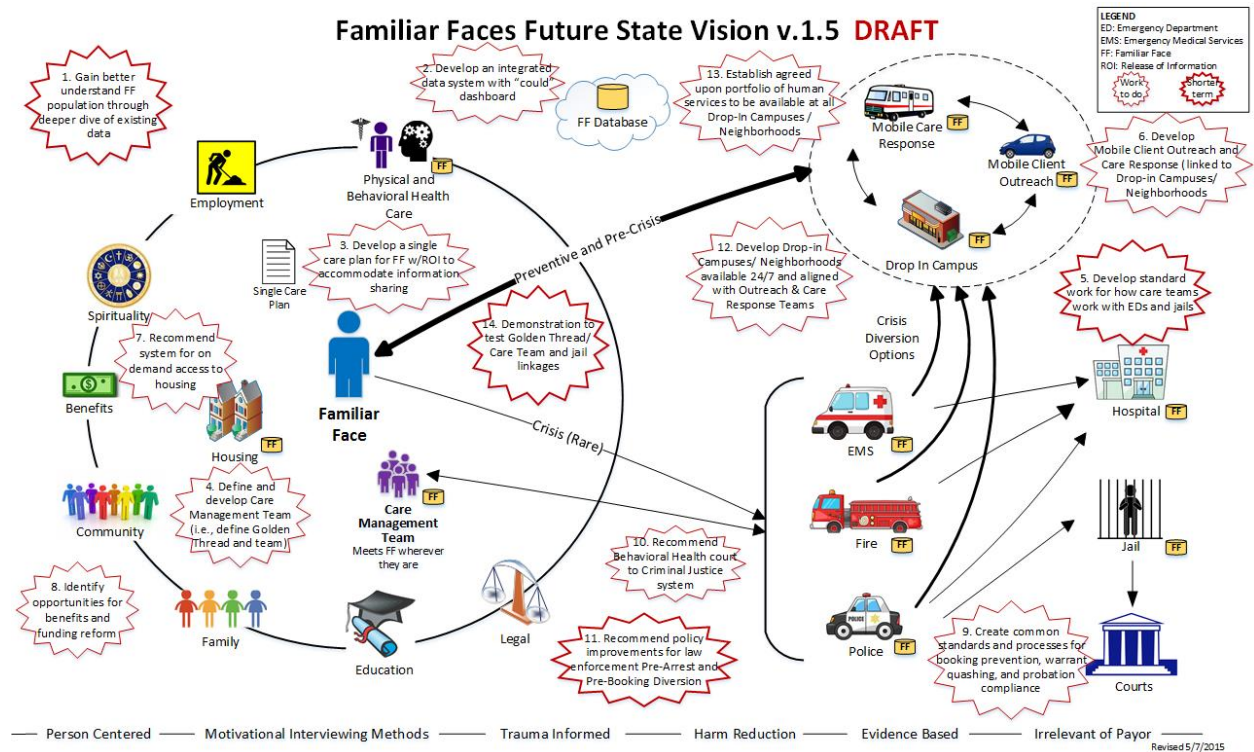
- In 2013, there were 1273 Familiar Faces. In 2014, there were 1252 Familiar Faces.
- 94% of all people with 4 or more jail bookings have a behavioral health indicator.
- 93% had at least one acute medical condition (average 8.7 conditions); 51% had at least one chronic health condition (average 1.8 conditions)
- More than 50% were homeless
- The Most Serious Offenses (MSO) were:
 - Non-compliance (41%) – Failure to appear for court, supervision violations, etc.
 - Property crime (18%)
 - Drugs (13%)
- The Familiar Faces are disproportionately people of color compared with King County as a whole and overall jail population

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Future State Event and a Path Forward

After the Current State Mapping exercise, the Design Team reconvened to rethink what they system needed to look like in a Future State Vision if the needs of the Familiar Faces were at the center of how our community responded.

The map that emerged looked quite different from the Current State Map.



The Future State Vision puts the Familiar Face at the Center of a care team that includes the flexibility to accommodate the level of care and specific needs the individual has at the time regardless of payer. The care team is one that uses a trauma informed approach, motivational interviewing methods and is evidence-based. General areas for improvement that have been identified so far by the Design Team can be seen in the "splats" above:

- The need for a single, standard and consistent care plan
- A cloud dashboard and system to address real-time issues
- An agreed upon portfolio of human services
- Development of outreach and quick response processes
- Unconditional and flexible funds regardless of payer
- Development of standard work for jails and emergency departments
- Drop-in campuses connected virtually with telehealth
- Development of standards and standard work for warrant prevention and quashing
- Policy Improvements for law enforcement
- Definition and development of a community support team
- Benefits reform
- A system for on-demand access to housing
- Definition and development of care team

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Next Steps

An implementation plan that lays out more specificity under each of these “splats” is being developed by the Design Team and will include a number of policy and programmatic recommendations. This implementation plan will be presented to the leadership team in early May and will make clear the implications of the work beyond just the initial focus population of Familiar Faces, specifically the work to integrate physical and behavioral health and the establishment of an Accountable Community of Health in the King County Region.

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