



King County

Metropolitan King County Council Committee of the Whole

Staff Report

Agenda item No:	5	Date:	January 14, 2008
Briefing No:	2007-0668	Prepared by:	Carrie S. Cihak

SUBJECT

An ORDINANCE making a 2008 supplemental appropriation of \$443,688 backed by donated funds for the Children's Health Initiative (CHI). This item is ready for action.

SUMMARY

Proposed Ordinance 2007-0668 would make a 2008 supplemental appropriation of \$443,688 to public health for the health innovation pilot project component of the CHI. The health innovation pilot projects are the third component of the CHI, as established in Motion 12507, the CHI policy framework, adopted by the Council in May 2007 (see pp. 2-3).

As required by the CHI policy framework, the proposed appropriation is backed by privately donated funds. In December 2007, the Council adopted Motion 12644, authorizing the Executive to accept these donated funds (see pp. 3-4). The CHI policy framework also established an oversight committee to guide design and implementation of the pilot projects. Three pilot projects have been recommended by the oversight committee for the CHI beginning in 2008 (see pp. 5-6 and Attachment A to the proposed ordinance):

- On-line insurance enrollment pilot
- Mental healthcare access and integration pilot
- Oral healthcare access and coverage pilot

The CHI policy framework also requires the Executive to provide information on the pilot projects to be funded and to demonstrate that they conform to the adopted CHI policy framework at the time appropriation of the funds is requested. In the transmittal package for the proposed appropriation ordinance, the Executive certifies that, and has provided information demonstrating that, these pilot projects conform to the adopted policies governing the CHI (see p. 6 and Attachment B to the proposed ordinance).

This item is ready for action by the Committee today. Should the Committee give a "do pass" recommendation to the ordinance, it would appear on the Council's Tuesday, January 22nd agenda.

BACKGROUND

Uninsured Children and State Health Insurance Coverage

The Department of Public Health estimates that, in 2006, there were approximately 15,000 children in King County who were uninsured. This is about four percent of children, which is consistent with the proportion of uninsured children in Washington State. Relative to other states, Washington has a fairly low percentage of uninsured children, in large part because the State-funded insurance programs cover a relatively higher proportion of children who would otherwise be uninsured.

In 2007, the State created one integrated, comprehensive insurance program for all children up to 250% of the federal poverty level (FPL), about \$52,000 for a family of four. The State also made this coverage an entitlement, thereby eliminating waiting lists for coverage. Beginning in January 2009, the State will cover all children at or below 300% FPL (about \$62,000 for a family of four). The coverage will be offered on a sliding scale based on income for children in families between 250% and 300% FPL. The State will also offer uninsured children in families over 300% FPL an option to purchase health care coverage from the State at full cost to the family.

Of the 15,000 uninsured children in King County in 2006, approximately 9,000 were in families at or below 250% FPL and hence would be eligible for coverage under the new 2007 program. In 2009, the increase in eligibility to 300% FPL is expected to qualify an additional 1,000 children in King County for State coverage, with a remaining 5,000 uninsured children having the option to purchase coverage from the State.

In 2007, the outreach component of the CHI enrolled over 1,400 children who were previously uninsured in the State health insurance program.

Adopted Motion 12507 – The CHI Policy Framework

In May 2007, the Council adopted Motion 12507 which establishes a policy framework governing the CHI. The CHI policy framework establishes the vision, mission and goals for the CHI and creates three program components:

1. Advocacy to ensure the State achieves its goal of health insurance coverage options for all children by 2010.
2. Outreach funded by the county to enroll eligible children in insurance programs and get them into preventive-focused primary care.
3. Health innovation pilot projects funded solely with private donations.

The CHI policy framework includes several policies specifically related to acceptance of private donations and implementation of the pilot projects:

1. Donated funds shall be accepted by motion and these funds shall be appropriated by ordinance before their expenditure.
2. The health innovation pilot projects shall be designed such that donated funds are assured to complete each project; no county funds shall be used for these projects.

3. The projects shall coordinate and support state and county efforts.
4. The projects shall include measurement and evaluation plans in order to develop an evidence base for future interventions by the state.
5. The projects shall be consistent with the Public Health Operational Master Plan.
6. In requesting appropriation of funds, the executive shall transmit to the council information demonstrating that the projects adhere to the adopted CHI policies.

Subsequent to the establishment of the CHI policy framework, the Council appropriated \$750,000 in 2007 General Fund reserves to the CHI, bringing the total 2007 appropriation to \$1 million. The 2008 adopted budget also includes a \$1 million appropriation from the General Fund for the CHI. The CHI policy framework designates these funds, as well as the commitment of \$1 million in County General Fund resources in 2009, for the outreach component of the CHI. This is a total commitment by the County to the CHI of \$3 million over three years.

Adopted Motion 12644 – Acceptance of Private Donations Supporting the CHI

In December 2007, the Council adopted Motion 12644, accepting or acknowledging \$3,000,300 in privately donated funds to support the third component of the CHI, the health innovation pilot projects. The \$3 million total in private donations for the health innovation pilot projects matches the County’s \$3 million General Fund contribution to the CHI over 2007-2009 (which is to be used solely to support the outreach component). The donations are likewise pledged over the period 2007-2009 and include:

- Group Health Cooperative - \$1 million
- Washington Dental Service - \$1 million*
- Children’s Hospital and Regional Medical Center - \$200,000
- W. K. Kellogg Foundation – \$148,800
- Community Health Plan - \$100,000
- Molina Healthcare of Washington - \$100,000
- Robert Wood Johnson Foundation - \$61,000
- Evergreen Medical Center - \$50,000
- Harborview Medical Center - \$50,000
- Swedish Medical Center - \$50,000
- University of Washington Medical Center - \$50,000
- Valley Medical Center - \$50,000
- Northwest Hospital - \$40,000
- United Way of King County - \$40,000
- Virginia Mason Medical Center - \$33,000
- Washington State Hospital Association – \$20,000
- First Choice Health - \$5,000

* The Washington Dental Service (WDS) pledge of \$1 million is the value of services that they intend to provide in support of the CHI health innovation pilot projects. WDS retains administration of their funds, so their donation is not included in the amounts the executive is authorized to accept nor would it be subject to appropriation or expenditure by the County.

- OneHealthPort - \$1,500
- Providence Health System - \$1,000

To date, the County has received a total of \$1,287,800 in donations. The remaining donations totaling \$712,500 are scheduled to be received later in 2008 or in 2009. All monies received by the County are tracked in a designated account in the Public Health fund.

ANALYSIS

Proposed Ordinance 2007-0668 would make a 2008 supplemental appropriation of \$443,688 to public health for the CHI health innovation pilot projects. The appropriation is backed by the privately donated funds. The table below shows the proposed budgets for the pilots and associated activities.

CHI Health Innovation Pilot Project Proposed Budgets

	2008	2009-2011	Total
Online enrollment	\$180,000	\$260,000	\$440,000
Mental Health	158,688	481,050	639,738
Evaluation	30,000	90,000	120,000
State Policy Congruence	75,000	125,000	200,000
Financial Sponsorship		515,100	515,100
TOTAL	\$443,688	\$1,471,150	\$1,914,838
Oral Health (WDS funded)	\$1,061,000		\$1,061,000

As shown in the table, the 2008 proposed supplemental appropriation would support two pilot projects: an online insurance enrollment pilot and a mental healthcare access and integration pilot. The appropriation would also support evaluation activities and consulting services to assure appropriate congruence between the pilot design and evaluation and State policies and efforts. As shown in the table, a third pilot on oral healthcare access and coverage would be funded directly by WDS in 2008. As WDS will be administering its own funds, no appropriation for this amount is necessary.

In accordance with the adopted CHI policy framework, the Health Innovation Implementation Committee (HIIC) was established to provide oversight for the pilot project component of the CHI (the HIIC membership roster appears as Attachment 3 to this staff report). The HIIC met several times to develop health innovation pilot projects, using the CHI policy framework as a guide. The goals and objectives, work plans, evaluation measures, and budgets for each of three pilot projects were approved by the HIIC at its November meeting and are included in Attachment A to the proposed ordinance. A brief description of each of the 2008 pilots appears below.

Online Insurance Enrollment Pilot

The online insurance enrollment pilot's goal is to facilitate families in applying and staying enrolled in public health insurance coverage and linking them to services through use of web-based processes. Currently, families face barriers in access to coverage and services related to paper application and enrollment processes.

In the short-term, the pilot will: (1) work with the State to develop the technical and policy changes needed for electronic submission of State health coverage applications by families, (2) develop a "super-user" version of current electronic application programs for use by application and outreach workers for enrolling families, and (3) link to an online enrollment process for the oral healthcare access and coverage pilot.

In the longer term, the online insurance enrollment pilot will explore using the web to connect families to a health plan, physician, and dentist right after the enrollment process. Another longer-term improvement to be explored is allowing families to re-certify for insurance coverage over the web, with the intent of reducing the number of families who lose coverage during the recertification process.

Mental Healthcare Access and Integration Pilot

The mental healthcare access and integration pilot's goal is to promote the healthy social and emotional development of underserved children in King County from birth to 12 years of age through increased mental health screening and linkage to mental health services in the primary care setting. Mental health issues are common in young children and often undiagnosed and families face barriers and difficulty in accessing mental health services that are often delivered through systems not integrated with the primary care system. This pilot supplements funding and services through the Veterans and Human Services Levy and will dovetail with the State's Mental Health Transformation project and the goal of the Legislature to create a better children's mental health system.

The pilot will be implemented through contracts covering five primary care practice sites which will embed mental health professionals within the primary care practice. The intent is to increase rates of screening for mental health issues in children and their mothers and increase primary care providers' ability to identify and treat mental health problems and facilitate referrals and follow up with patients when specialized services are needed.

Oral Healthcare Access and Coverage Pilot

The oral healthcare access and coverage pilot's goal is to expand oral health insurance coverage for children in King County. The pilot will be administered by Washington Dental Service. WDS will fund a dental coverage program for children in families between 250% and 300% FPL until January 2009 when the State will begin such coverage. WDS will also develop a buy-in plan for families above 300% FPL.

WDS hopes to pilot administrative efficiencies, including timely payments to providers, that are expected to increase provider participation and thereby access to services for families on subsidized insurance programs. The pilot is integrated with the outreach component of the CHI and with the online insurance enrollment pilot project.

Adherence of the Pilot Projects to the Adopted CHI Policies

Attachment B to the proposed ordinance transmitted by the Executive provides a detailed and reasonable analysis of how the three pilot projects adhere to the CHI policies adopted by Motion 12507. In sum, the pilot projects:

- Support the goals of the CHI and the Public Health Operational Master Plan
- Are funded solely with private donations that appear sufficient to assure completion of each project
- Coordinate with State efforts and goals
- Have defined goals, objectives, and measurement and evaluation plans

Next Steps

Should the proposed ordinance be adopted, the Department of Public Health will work with the HIIC to begin implementation of the three pilot projects in 2008. The CHI policy framework requires the Executive to submit an annual report on the CHI to the Council by August 15, 2008. The report is to include measurement and evaluation of both the outreach and pilot project components of the CHI in order to track progress toward goals. The report will also provide information that the Council may wish to use in reviewing CHI appropriation requests for 2009.

In addition to the pilots and activities for 2008, the HIIC approved a financial sponsorship pilot that would begin in 2009. As noted above, in 2009 the State will expand health insurance eligibility to children in families between 250% and 300% FPL. Initial State plans are to charge these families between \$35 and \$48 per month for children's coverage. The HIIC has allocated \$515,100 to fund a financial sponsorship mechanism that will assure that families in King County are charged no more than \$15 per child per month for State health coverage. The Council could expect to receive further information about this pilot in the annual report on the CHI to the Council or in the 2009 appropriation request for these funds.

Reasonableness

Action by the Committee on this ordinance would constitute reasonable policy and budget decisions. Should the Committee give a "do pass" recommendation to the ordinance, it would appear on the Council's Tuesday, January 22nd agenda.

INVITED

- Kurt Triplett, Chief of Staff, King County Executive's Office
- De'Sean Quinn, Council Relations Director, King County Executive's Office

- Rachel Quinn, Health Policy Liaison, King County Executive's Office
- Karen Merrikin, Executive Director for Public Policy, Group Health Cooperative
- Susan Johnson, Regional Health Administrator and Manager, King County Health Action Plan, Public Health – Seattle & King County
- Kirsten Wyses, Policy Analyst, Public Health – Seattle & King County
- Lisa Podell, Program Manager, Public Health – Seattle & King County
- Susan Thompson, Program Manager, Public Health – Seattle & King County

ATTACHMENTS

1. Proposed Ordinance 2007-0668, with Attachments A and B
2. Transmittal letter from Executive Sims, dated December 13, 2007
3. Health Innovation Implementation Committee Membership Roster



Signature Report

January 11, 2008

Ordinance

Proposed No. 2007-0668.1

Sponsors Gossett and Phillips

1 AN ORDINANCE making a supplemental appropriation of
2 \$443,688 to public health to allow for implementation of
3 three privately-funded health innovation pilot programs
4 under the Children's Health Initiative; and amending the
5 2008 Budget Ordinance, Ordinance 15975, Section 93, as
6 amended.

7

8 **STATEMENT OF FACTS:**

- 9 1. King County's mission for the health of the public is to identify
10 and promote the conditions under which all people can live within
11 healthy communities and can achieve optimum health.
- 12 2. It is the intent of the county to improve the health of children.
- 13 3. Significant disparities in children's health by race, ethnicity, region, and
14 income persist in King County and in some cases are growing.
- 15 4. Research shows that effective policy for ensuring healthy children,
16 resulting in healthy, productive adults, rests on removing barriers that

17 prevent children from achieving consistent access to comprehensive health
18 care.

19 5. The King County Children's Health Initiative ("CHI") was adopted
20 unanimously by the King County council in Motion 12507 on May 7,
21 2007, and includes vision and mission statements for the CHI, goals and
22 three program components including advocacy for insurance coverage for
23 children, outreach to children and health innovation pilot projects.

24 6. The CHI vision rests on a public/private collaboration and a blend of
25 public/private funds to turn the vision into reality.

26 7. The private funds necessary to implement the innovative pilot projects,
27 totaling over three million dollars, have been donated and the council
28 authorized the Executive in Motion 12644 on December 10, 2007, to
29 accept these donations.

30 8. The donor organizations have specified that funds be earmarked for
31 implementation of innovative pilot approaches to improve children's
32 health in King County that will dovetail with the state's timeline including,
33 but not limited to, such things as best practices in outreach and linkage,
34 oral health quality improvement and integration, mental health integration
35 pilot programs and on-line enrollment.

36 9. The health innovation implementation committee comprised of private
37 sector donors, child health experts, the health care system and public
38 health representatives has met three times in 2007, to design and provide
39 oversight to the implementation of the pilot projects that support and

40 adhere to the mission, vision and goals of the CHI and the policies in

41 Motion 12507, subsection G.

42 10. The health innovation implementation committee reviewed, discussed

43 and approved the pilot project plans and the overall health innovation

44 implementation committee budget that are presented in this ordinance, on

45 November 16, 2007.

46 11. Each pilot project includes a project description, work plan, budget and

47 evaluation plan which demonstrate that the projects adhere to the policies

48 adopted by Motion 12507, subsection G.

49 **BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:**

50 SECTION 1. Ordinance 15975, Section 93, as amended, is hereby amended by

51 adding thereto and inserting therein the following:

ATTACHMENT A

King County Children's Health Initiative
Health Innovation Implementation Committee



2007-668

Children's Mental Health/Primary Care Integration Pilot

Criteria for Pilot Project Design

1. *Be time-limited within the period 2007-2010*
2. *Utilize an evidence-based practice in an innovative way*
3. *Use private funding*
4. *Dovetail with the State's expansion of children's insurance coverage*

Goal

The goal of the children's mental health/primary care integration pilot project is to promote the healthy social and emotional development of underserved children in King County ages birth to 12. To meet this goal, the pilot will focus on:

1. Increasing rates of screening in primary care settings for social/emotional/mental health symptoms and issues for children ages birth to 12 and, when indicated, their mothers.
2. Associated with screening for 0-3, increasing rates of screening for maternal depression.
3. Increasing the ability of primary care providers to identify, treat, and/or facilitate referrals for social/emotional/mental health symptoms and issues for children age birth to 12.
4. Identifying barriers to sustainability of mental health integration in primary care and policy implications and/or strategies for removing the barriers.

Pilot Project Description

As the mental health pilot will be targeting the same population at the same safety net sites that the Veterans and Human Services Levy's Maternal Depression plan is targeting, and both programs will be implemented through Public Health-Seattle & King County, the funding sources have been combined into one program targeting maternal depression and early identification and treatment of children's behavioral and mental health issues at 5 primary care integration sites for 4 years. The outcomes and measures for the maternal depression portion of the pilot model are based on and identical to those in the Levy

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procurement plan. The combined program will leverage the two programs to achieve better outcomes, be a more effective and efficient use of funds and simplify the implementation and sustainability of the programs for the clinics.

The pilot design adopts best practice mental health integration strategies outlined in *The Best Beginning: Partnerships Between Primary Health Care and Mental and Substance Abuse Services for Young Children and Their Families*, Georgetown University National Technical Assistance Center for Children's Mental Health, 2005, including (1) medical home, (2) family-centered care, (3) mental health screening, (4) mental health services, (5) facilitated referrals, and (6) cultural and linguistic competence. Design of the pilot is also influenced by the National Initiative for Children's Healthcare Quality Learning Collaborative on Children's Mental Health.

1. What problem(s) are you trying to solve?

Recent data reveal the following trends related to children's mental health:

- Mental disorders gain the strongest foothold in youth: 50% of all cases start by age 14; 75% by age 24.¹
- Results from a recent study indicate that preschoolers have a much higher rate of expulsion than K-12 students. About 8% of all preschoolers exhibit behavioral problems severe enough to warrant a psychiatric diagnosis. Behavioral problems in preschoolers have been associated with later behavioral problems and poorer peer social standings during kindergarten, as well as decreased educational achievement test scores in kindergarten.²
- Washington State data reveals that more children are being treated in hospitals for mental illnesses than for injuries.³
- Behavioral and emotional problems are 1.5 to 2 times more frequent in households with lower family incomes, headed by a single parent, where a parent is unemployed, or where the parent(s) did not graduate from high school.⁴
- One in five children and adolescents experience the signs and symptoms of a DSM-IV mental disorder during the course of a year.⁵
- Fewer than 20 percent -- 1.2 million of the roughly 7 million children with mental disorders in the United States -- ever get professional treatment.⁶

¹ National Comorbidity Survey Replication (NCS-R) taken every 10 years

² *Preschool and Child Care Expulsion and Suspension Rates and Predictors in One State*, Walter S. Gilliam, PhD; Golan Shahar, PhD, *Infants and Young Children*, Vol 19, No. 3, pp. 228-245, 2006

³ Kids Count Study, University of Washington, Fall 2001

⁴ Kids County Study. University of Washington. Fall 2001.

⁵ 1999 *Mental Health: A Report of the Surgeon General*.

⁶ According to the National Institute of Mental Health, McCredie, Scott. "When a child is mentally troubled: Warning signs help parents know when to seek help." *Seattle Times*. September 18, 2002

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- Emotional problems in children often are both serious and long lasting, and can lead to tragic consequences: poor academic achievement, failure to complete high school, substance abuse, involvement with the correctional system, lack of vocational success, inability to live independently, health problems, and suicide.⁷
- Youngsters with emotional problems not only have diagnosable disorders but also show significant impairments in important life domains, such as family, education, peers, work, and community.⁷
- A disproportionate number of low-income children experience emotional problems and a disproportionate number of low-income and racial and ethnic minority children do not access services for their emotional problems.⁷
- Youth with emotional problems are invariably involved with more than one specialized service system, including mental health, special education, child welfare, juvenile justice, substance abuse, and health; but no agency or system is clearly responsible or accountable for them.⁷

Strategies for early recognition and intervention to prevent and treat mental and developmental disorders in children are desperately needed. While trends show increasing numbers of younger children requiring mental health services, primary care physicians are not well versed in what to screen for, where and when to refer, and what interventions can be helpful at a primary care visit. In addition, there is a general lack of knowledge about early recognition of problems associated with children's social and emotional development among parents (particularly from lower income families). Because of these missed opportunities (the average child sees a doctor 15-20 times before starting kindergarten), early developmental, emotional and behavioral disorders are not detected, resulting in delayed treatment and potentially higher health care costs.

There is congruence in focus and activities related to mental health of adults and children in Washington State and in King County. The Children's Health Initiative takes into account and is strengthened by the following efforts.

Washington State received a SAMHSA Mental Health Transformation State Incentive Grant in 2005. The state will receive \$2.73 million per year, for five years. The Mental Health Transformation Project (MHTP) grant requires extensive planning, community organization, research and evaluation, and will produce recommendations for change in service delivery as well as recommendations for policy, funding, and structural changes needed to improve services.

In 2007, the Washington State legislature took action to improve children's mental health. The legislative intent statement for children's mental health services was revised to place an emphasis on early identification, intervention, and prevention with a greater reliance on evidence-based and promising practices. The expressed goal of the Legislature is to create, by 2012, a children's mental health system with the following elements:

President's New Freedom Commission on Mental Health, Children and Families Subcommittee Summary Report, February 5, 2003.

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- a. a continuum of services from early identification and intervention through crisis intervention, including peer support and parent mentoring services;
- b. equity in access to services;
- c. developmentally appropriate, high-quality, and culturally competent services;
- d. treatment of children within the context of their families and other supports;
- e. a sufficient supply of qualified and culturally competent providers to respond to children from families whose primary language is not English;
- f. use of developmentally appropriate evidence-based and research-based practices; and integrated and flexible services to meet the needs of children at-risk.

The State's General Assistance Unemployable (GA-U) program provides financial assistance and limited medical care to low-income individuals who are unemployable for more than 90 days due to a physical or mental disability. The GA-U Mental Health Pilot establishes a mental health treatment and care coordination function in safety net clinics serving the GA-U population.

In April 2006, King County Executive Ron Sims asked the Department of Community and Human Services (DCHS) to convene a workgroup to identify service system needs, and possible ways of addressing those needs, for individuals impacted by mental illness and chemical dependency. In July of 2006, the King County Council approved a motion calling for the development of an action plan to "prevent and reduce chronic homelessness and unnecessary involvement in the criminal justice and emergency medical systems and promote recovery for persons with disabling mental illness and chemical dependency by implementing a full continuum of treatment, housing and case management services." Implementation includes school-based services focused on the mental health of adolescents.

Finally, the King County Veterans and Human Services Levy is funding two multi-year pilots beginning in 2008 related to mental health, covering veterans and their families, other high risk individuals and families, and pregnant women and parenting women at risk for depression and maternal mood disorder.

The CHI Children's Mental Health pilot project adopts screening and treatment strategies consistent with the GA-U and Veterans and Human Services Levy programs.

2. *What specific outcome(s) or result(s) do you want the pilot project to produce?*

See Draft Evaluation Plan

Outcomes and measures were developed in consultation with the following:

1. NCCBH Primary Care-Mental Health Collaborative
2. GA-U Mental Health – Primary Care Integration Pilot
3. Veterans and Human Services Levy – Draft Access Pilot
4. Veterans and Human Services Levy – Draft Maternal Depression Pilot

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Draft Outcomes:

Clinical Outcomes

- Improve mental health status and functioning
- Improve clients' capacity to reduce risk and address early symptoms of depression

Process Outcomes

- Improve access to standardized depression screening
- Improve linkage to specialty mental health services
- Assure access

Infrastructure Outcomes

- Improve capacity to treat mental health issues in the primary care setting

3. What methods or approaches are you testing through your pilot?

- *What processes, activities, and/or services will the project deliver?*

The pilot will fund and evaluate integrated mental health services using an embedded behavioral health specialist model in 2-4 primary care practice sites.

The pilot model includes the following elements:

Medical Home and Family Centered Care

"A medical home is not a building, house, or hospital, but rather an approach to providing comprehensive primary care. A medical home is defined as primary care that is accessible, continuous, comprehensive, family centered, coordinated, compassionate, and culturally effective. A medical home addresses how a primary health care professional works in partnership with the family/patient to assure that all of the medical and non-medical needs of the patient are met." (MassGeneral Hospital for Children's Center for Child and Adolescent Health Policy, http://www.massgeneral.org/children/professionals/ccahp/family_well_being_ma/ccahp_family_wellbeing_terms.aspx)

"The context of family and the relationship between parents and child are critical to a child's healthy development. The young child's well being is dependent on the well-being of his or her caregivers. **Family-centered care** supports the whole family by engaging parents as partners in their child's care, recognizing their strengths and role as decision makers, and empowering them to care for and support themselves and their child." (*The Best Beginning: Partnerships Between Primary Health Care and Mental and Substance Abuse Services for Young Children and Their Families*, Georgetown University National Technical Assistance Center for Children's Mental Health, 2005)

To be eligible for the pilot, sites will demonstrate their commitment to medical home and family centered care.

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Mental Health Screening in Primary Care

“Comprehensive screening facilitates early identification of concerns and early intervention to address those concerns for both caregivers and young children. It can also encourage and support conversations about child development, parenting, and ways to strengthen the whole family.”

The pilot will employ nationally recognized, evidence-based, standardized screening and assessment tools for children birth to age 3; children age four through twelve, and new mothers.

Mental Health Services

“Behavioral health services for young children and their caregivers include a wide array of mental health services for either the child or a member of his/her family, as well as substance abuse services provided to caregivers.” (Ibid.)

The pilot design includes mental health professionals embedded in the primary care practice and a stepped care model including services provided by the primary care provider, the embedded mental health professional, and specialists through facilitated referrals. Pilot sites will establish registries for those patients identified through screening as needing mental health services. The registry will enable practices to track patients and evaluate effectiveness of treatment.

Facilitated Referrals

“Facilitated referrals help families to access resources and supports that can promote health and wellness, child development, and intervention to benefit both caregivers and the very young child. The use of facilitated referrals has been identified as a key component of a true medical home. These referrals do not merely involve providing a family with the name of a community-based provider, but rather occur within the context of ongoing relationships to ensure that the referral is a good fit for the client and to ensure that the primary care provider receives information back from the referral provider. . . . Facilitated referrals increase the likelihood of follow-up as well as improve the match between families' needs and services provided.” (Ibid.)

Pilot sites will be expected to establish a primary relationship with a mental health agency for referrals to specialty care. Registries at the pilot sites will enable primary care practices to track referrals and assess patients' mental health status as a follow up to treatment by a specialist. Such assessments will result in modification of treatment plans as appropriate.

Cultural and Linguistic Competence

“Every family, including both immigrant and native-born families, has its own cultural and linguistic background and brings its unique experience, values, and beliefs to being a family and raising young children. The family's cultural influence on health, growth, and development; child-rearing; family relationships; and sense of community can shape the child's and family's health and development – including social and emotional health. Cultural factors can also impact the family's beliefs about health and wellness, health

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care and behavioral health process, and services and support in the community. . . . Culturally and linguistically competent health and behavioral health care services in primary care settings can help ensure access to, engagement in, and timely intervention for young children and their families. (Hepburn, 2004.)" (Ibid.)

Pilot sites will be expected to demonstrate cultural and linguistic competence.

▪ *What evidence-based practices are you building into your project design?*

The pilot design is based on best practices in mental health services integration into primary care using the elements described above.

▪ *How does your pilot project adapt these best practices in innovative ways?*

This pilot adds the following innovative aspects to best practice:

1. Standardization of screening and assessment tools for children birth to age three, children age four to twelve, pregnant and new mothers.
2. Use of registries (rare for children and rare for mental health conditions)
3. Evaluation of model sustainability, including barriers and policy implications for overcoming them.

4. *What is the staffing model for your pilot?*

The pilot design is for mental health providers to be embedded in the primary care setting. Pilot will include at least one full-time mental health or behavioral health specialist embedded in a primary care practice. The pilot may also include consulting specialist time for the embedded mental health provider and primary care providers, and/or support staff to coordinate care.

5. *What is the estimated annual cost for your pilot project?*

See Draft Budget.

Approximately \$600,000 over the life of the pilots.

6. *What organization(s) do you think should administer your pilot project?*

Public Health – Seattle & King County will administer contracts with the primary practice agencies.

7. *What indicators will you use to make your project's outcomes measurable?*

See Draft Evaluation Plan.

8. *What is the projected implementation schedule for your pilot project?*

See Draft Workplan

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Mental Health Subcommittee

Neil Baker, M.D., Quality Advisor, National Initiative for Children's Healthcare Quality
Children's Mental Health Collaborative

Kathy Barnard, Ph.D., University of Washington Family and Child Nursing, Center on
Infant Mental Health and Development

Kristen Callison, Ph.D., Puget Sound Neighborhood Health Centers

Abie Castillo, Community Health Plan of Washington

Theresa Clark, M.D., Public Health Seattle & King County

Mark Fadool, LMHC, Odessa Brown Children's Clinic

Charissa Fotinos, M.D., Public Health Seattle & King County

Richard Kellog, Mental Health Division, Department of Social and Health Services

Barbara Mauer, M.S.W. CMC, MCPP Healthcare Consulting

Suzanne Petersen, Children's Hospital and Medical Center

Lisa Podell, Public Health Seattle & King County

Jeff Reiter, Ph.D., Community Health Centers of King County

Kathy TeKolste, M.D., University of Washington Center on Human Development and
Disability

Staff: Sarah Hopkins, Public Health Seattle & King County

Children's Health Initiative Pilot Project Work Plan

Children's Mental Health Pilot			
Task or Activity	Individual Responsible	Schedule/Due Date	Deliverable, if appropriate
Design Pilot			
Complete design of pilot	Sarah Hopkins ("SH)/Subcommittee	November 2, 2007	Pilot template
Complete budget template	Lisa Podell ("LP")	November 2, 2007	Budget template
Complete evaluation template	SH/ subcommittee	November 2, 2007	Evaluation template
Pilot approval	HIIC committee	November 16 th , 2007	
	Levy Oversight Committee	November 15 th , 2007	
Award Contracts			
Develop RFP	Anne Shields ("AS)/LP	December 31, 2007	RFP
Let RFP	AS	January 2, 2007	
Review applicants and choose grantees	AS/Review Committee	Feb 15,2008	Award Letters
Award contracts	AS	March 30,2008	Contracts

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Children's Health Initiative Pilot Project Work Plan

Children's Mental Health Pilot			
Task or Activity	Individual Responsible	Schedule/Due Date	Deliverable, if appropriate
Implement Pilot			
Meet with contractors re SOW and implementation	AS	March 30, 2008	
Site training	AS	April 2008	Staff trained
Monitor progress	AS	April, 2008- contract end	Quarterly reports
Review invoices	AS	April, 2008- contract end	Quarterly Invoices
Evaluate	AS/LP/evaluator	April, 2008- contract end	Formative and final reports

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**King County Children's Health Initiative
Children's Mental Health Pilot Project Budget**

Pilot Project	2008	2009	2010	2011	4-Year Total
1. Personnel costs-benefits, supplies, travel, etc.	\$12,356	\$13,098	\$13,884	\$14,717	\$54,055
2. Contracted Services	\$125,000	\$125,000	\$125,000	\$125,000	\$500,000
3. Evaluation	\$10,000	\$10,000	\$10,000	\$10,000	\$40,000
4. Indirect @ 7.69%	\$11,332	\$11,389	\$11,449	\$11,513	\$45,683
5. Total Pilot Project Expenses	\$158,688	\$159,487	\$160,333	\$161,230	\$639,737

HIIC Measures and Evaluation Plan

Mental Health/Primary Care Integration Pilot			
Pilot Project Goal: To promote the healthy social and emotional development of underserved children in King County ages birth to 12			
Outcomes	Measures	Data Collection Source and Method	Data Collection Schedule
Clinical Outcomes			
Improve mental health status and functioning^{1,2,3,4}	Results of clients' periodic screening over time: PHQ-2; PHQ-9; GAD-7 (anxiety); ASQ-SE; Pediatric Checklist.	To be negotiated with pilot sites	To be negotiated with pilot sites
Improve clients' capacity to reduce risk and address early symptoms of depression⁴	# (%) Clients attending peer support groups or receiving other early intervention strategies during pregnancy or early in parenting years (0-3 years).	To be negotiated with pilot sites	To be negotiated with pilot sites
	# (%) children/and or their parents attending peer support groups or receiving other early intervention strategies.	To be negotiated with pilot sites	To be negotiated with pilot sites
Process Outcomes			
Improve access to standardized depression screening^{1,3,4}	# (%) mothers receiving depression screening at prenatal, postpartum, and well child visits (for mothers of birth to age three children).	To be negotiated with pilot sites	To be negotiated with pilot sites

1. Consistent with NCCBH Primary Care-Mental Health Collaborative
2. Consistent with GA-U Mental Health - Primary Care Integration Pilot
3. Consistent with Veterans and Human Services Levy - Access Pilot
4. Consistent with Veterans and Human Services Levy - Maternal Depression Pilot

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HIIC Measures and Evaluation Plan

	# (%) of children ages birth to twelve who received standardized mental health screening at well child visits.	To be negotiated with pilot sites	To be negotiated with pilot sites
Improve linkage to specialty mental health services^{1,2}	Increased primary care practice tracking and follow up assessments for children and families who are referred to mental health specialists for care.	To be negotiated with pilot sites	To be negotiated with pilot sites
Assure access^{3,4}	Demographic profile of clients served in pilot programs: Race/Ethnicity; Residence; Age; Insurance Status; Foster care/Intact family.	To be negotiated with pilot sites	To be negotiated with pilot sites
Infrastructure Outcomes			
Improve capacity to treat mental health issues in the primary care setting^{1,2,3,4}	# (%) clients receiving treatment and follow-up through integrated behavioral health programs.	To be negotiated with pilot sites	To be negotiated with pilot sites
	# visits per client	To be negotiated with pilot sites	To be negotiated with pilot sites
	Increased numbers of primary care providers trained to identify, treat, and facilitate referrals for children with mental health issues.	To be negotiated with pilot sites	To be negotiated with pilot sites

1. Consistent with NCCBH Primary Care-Mental Health Collaborative
2. Consistent with GA-U Mental Health – Primary Care Integration Pilot
3. Consistent with Veterans and Human Services Levy – Access Pilot
4. Consistent with Veterans and Human Services Levy – Maternal Depression Pilot

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Oral Health Pilot

Criteria for Pilot Project Design

1. *Be time-limited within the period 2007-2010*
2. *Utilize an evidence-based practice in an innovative way*
3. *Use private funding*
4. *Dovetail with the State's expansion of children's insurance coverage*

Oral Health Pilot Project: Goal

The goal of the oral health pilot project is to facilitate the expansion of oral health coverage for underserved children in King County. To meet that goal, Washington Dental Service (WDS) will fund an oral health pilot in King County that will improve the delivery of oral health services to kids.

Common objectives shared between WDS and King County are:

- Foster and support innovative outreach programs to assure eligible low income children are enrolled in effective oral health coverage programs;
- Implement an effective and efficient delivery model designed to improve oral health outcomes for low income children by providing effective, coordinated oral health care, including oral health prevention, with demonstrably high levels of quality and patient satisfaction;
- Develop an improved, streamlined enrollment process with reduced administrative burden to maximize resources;
- Act as a model for other private and public funding and partnership opportunities for sustainable health care coverage expansion; and
- Demonstrate the effectiveness of this new model at a County level, and as a model under which children in Washington can be assured access to quality, effective oral health care.

Pilot Project Description

Under new State law signed by Governor Gregoire in March 2007, the upper end of eligibility for children's medical and dental coverage in Washington State is raised to 250% of the federal poverty level (FPL) in July 2007, and to 300% FPL in January 2009.

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Health Innovation Implementation Committee**

The recommendation of the Children's Health Access Task Force (CHATF) was to cover children up to 300% FPL, which is of continuing importance since the new Act will leave an 18-month period during which many low income children in King County will not yet be eligible for coverage.

Washington Dental Service (WDS) proposes to respond to the recommendations of the CHATF by providing, in a collaborative pilot program with King County, \$1 million of "in-kind" services and coverage relating to provision of dental services to children in King County who are between 250% and 300% FPL until January 2009, and develop a buy-in plan for families above 300% FPL who would be able to purchase this coverage at full cost. This pilot will provide an effective demonstration of the program to be launched by the State in January 2009 which will extend medical and dental coverage for children between 250% - 300% FPL. WDS's contribution to the pilot program will include the development, marketing, administration and evaluation of a county-wide dental coverage program, establishing a provider network for access to care, and payment for services provided for children falling in the 250% - 300% FPL range until January 2009. WDS will work with the other Health Innovation Implementation Committees(HIIC) to identify and enroll eligible children into this oral health pilot program

1. *What problem(s) are you trying to solve?*

Potentially avoidable dental problems represent one of the most widespread health problems among low-income children. Innovations are needed to create systems that assure that more children receive the care they need.

- In 2000, the Surgeon General's report on oral health documented disparities in oral health and access to dental care among vulnerable populations—80% of tooth decay is experienced by 25% of children
- Dental-related illnesses cause U.S. children to miss more than 51 million hours of school per year
- In King County, data show the following:
 - Half of all children in King County do not receive regular oral health care
 - Children of color and those in low income families are at least twice as likely, and in Seattle are three times as likely, to have untreated decay. Children who do not speak English are about twice as likely to have untreated decay.
 - One out of six third graders has untreated decay.
 - Only 30% of Medicaid children under six and 40% of those under 19 in King County saw a dentist in 2005

2. *What specific outcome(s) or result(s) do you want the pilot project to produce?*

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Health Innovation Implementation Committee**

The King County Children's Health Initiative's (CHI) oral health pilot project has two desired outcomes: improved delivery of oral health services to children who are between 250% - 300% FPL, and establish a buy-in dental plan for families above 300% FPL.

Outcome 1: The provision of dental services at no cost for children between 250% - 300% of the FPL.

WDS will provide oral health services for children (0-18 years of age) in families at 250% - 300% FPL in King County until January 2009 when the State is slated to include these children in the state-funded dental program. The pilot will serve as a demonstration model for the private sector administration of publicly supported dental services. The key components of this pilot are:

- Underwriting of the cost of providing dental services for an estimated 1,000 children in King County in families at 250% - 300% FPL
- Development and administration of a subsidized dental product providing services for children falling between 250% -300% FPL
- Development of a marketing plan to get the word out about this new dental product
- Outreach that targets this unique population—largely working families—and gets children signed up for the program and into care
- Utilization of existing WDS provider networks to deliver services
- Demonstration that greater administrative efficiencies, including timely payments to dental providers result in increased provider participation in a dental program targeting low-income children
- Establishment of a database for tracking data on children enrolled in the program, those connected to services, and the type of services delivered
- Development of an online enrollment process for eligible kids in collaboration with CHI's Online Pilot and Within Reach via ParentHelp123.org
- Strong evaluation component to assess the success of the program in meeting its objectives and value to the State of private sector administration of publicly funded dental program

Outcome 2: The creation of a buy-in at full cost for individuals and families above 300% FPL.

WDS will develop a buy-in dental plan for families over 300% FPL. The key components of this effort are:

- Underwriting of the cost of a buy in plan for dental services for families higher than 300% FPL to determine the premium cost
- Development of a marketing plan to get the word out about this new buy -in dental plan
- Utilization of existing WDS provider networks to deliver services

3. *What methods or approaches are you testing through your pilot?*

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Health Innovation Implementation Committee**

- *What processes, activities, and/or services will the project deliver?*
 - The pilot will deliver two new dental products. The first, a WDS dental insurance card given to children in families at 250% - 300% FPL that will provide oral health services at no cost to families similar to that now provided to Medicaid-eligible children and thereby stepping in to cover these services in advance of state funding in January 2009. The WDS dental insurance card will be identical to private WDS-insured clients and thus not stigmatized as a subsidized or publicly-funded program. The second product, an individual buy-in plan for dental insurance coverage for families above 300% FPL.
 - WDS will use their existing dental provider network to offer these services improving access to oral health services for low-income families in King County.
 - As a demonstration pilot the project will evaluate the feasibility of private sector administration of a publicly funded dental program.

- *What evidence-based practices are you building into your project design?*
 - From a clinical perspective the project will incorporate many of the evidence-based practices that are included in WDS commercial dental programs. The evidence-based practices are focused on providing preventive care. Comprehensive as well as periodic exams will be available at the same frequency as provided in WDS commercial plans. The program will include coverage for the application of fluoride varnish for prevention of decay. X-rays will be provided based on the ADA/FDA recommendations. All restorative care will be provided based on the principles of the Dental Care Guidelines which were developed by WDS in conjunction with practicing dentists in Washington.
 - From a programmatic perspective, the pilot project is modeled after the successful private-public partnership between Delta Dental of Michigan and the State of Michigan in the provision of Medicaid dental benefits through the *Healthy Kids Dental (HKD)* program. HKD is administered by Delta Dental which was able to significantly broaden the network of dental providers serving Medicaid children by using Delta Dental providers to deliver Medicaid dental benefits. It also increased the Medicaid reimbursement to those providers equal to that paid for private Delta Dental clients. In the first year there was a 32% increase in utilization rates for children enrolled in the HKD program. The higher reimbursement rates and the administrative ease that Delta Dental brings to the program are credited with the success of the program, which has now expanded from 22 to 59 counties in Michigan.
 - Project design will build into the pilot WDS-standard administrative efficiencies that result in less burdensome paperwork and more timely payment for providers, which reduces barriers for dental providers to participate in programs providing dental services to low-income families.

**King County Children's Health Initiative
Health Innovation Implementation Committee**

- *How does your pilot project adapt these best practices in innovative ways?*
 - Best practices from a commercial program design will be introduced into a Medicaid environment. The innovation of introducing and implementing the pilot program in the same manner as a commercial program should increase access to care for all

4. *What is the staffing model for your pilot?*

WDS will use in-house resources for underwriting, development, and administration of the pilot project and the development of a marketing plan. WDS will avail itself of its existing network of dental providers to deliver services.

King County staff will work with WDS to develop the proposal for the Health Innovation Implementation Committee and staff the Oral Health Sub-committee. With funding from an overlapping program, PHSKC will hire an Outreach Coordinator to identify children from families at 250% - 300% FPL and facilitate enrollment of them into the WDS program.

5. *What is the estimated annual cost for your pilot project?*

A cost estimate is being developed by WDS.

- *Are there one-time start-up costs, capital costs, etc?*

There are one-time costs associated with the development of a subsidized dental product such as developing a marketing strategy, production of marketing materials and the creation of an online enrollment process.

- *Will personnel be on contract or on salary?*

It is anticipated that personnel will be on salary.

- *What are the revenue sources and amounts required to support your project?*

WDS is contributing \$1 million for the oral health pilot project. A full pilot budget is under development. PHSKC under a separate grant with overlapping focus areas will contribute \$60,000 in support of outreach efforts to locate and enroll eligible families that fall in the 250% - 300% FPL range.

6. *What organization(s) do you think should administer your pilot project?*

WDS will administer the pilot project.

7. *What indicators will you use to make your project's outcomes measurable?*

**King County Children's Health Initiative
Health Innovation Implementation Committee**

- *What data will you need to collect?*

Outcome 1: Data will be collected on the number of kids enrolled in the WDS subsidized program; of those kids signed up, how many access dental services; where services were accessed (were services delivered by a WDS network provider); what type of services were provided—restorative vs. prevention; dental home; financial data will include expense of the annual provision of services for how many children.

Once the online enrollment system is in place, data will be tracked on the number of applicants per month that fall between 250% - 300% FPL through that are enrolled through this system

Outcome 2: Data will be collected through existing WDS data systems to track access and utilization data for families that select to purchase a dental plan through the buy-in option.

- *What methods will you use to collect this data?*

WDS currently tracks access to care data such as utilization and type of services delivered for individual participants. This data can also be aggregated to develop population based metrics. The same tracking and reporting capabilities will be available for this pilot program.

The CHI Online Pilot will have built-in capacity to track applicants using the system.

8. *What is the projected implementation schedule for your pilot project?*

Summer 2007:

Underwriting for oral health pilot project
August 6, 2007: Initial meeting with State to discuss Oral Health pilot project concept
Sept 4, 2007 First meeting of Oral Health Sub-committee to present pilot ideas

September 24, 2007:

Presentation to, and adoption of oral health pilot project concepts to HIIC

September/October/November 2007:

Follow-up meeting with State
Oral Health Pilot Project design completed
Marketing plan developed
Marketing materials produced
Buy-in plan in development
Outreach strategy work plan developed

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Health Innovation Implementation Committee**

Outreach position hired
Link with ParentHelp123 and Online Pilot regarding online enrollment
Oral Health Sub-committee meeting
November 16, 2007: HIIC meeting

- December 2007:** Marketing materials field tested and finalized
- January 2008:** Kids begin to be enrolled in WDS oral health program
- February 2008:** Initial link between Within Reach and WDS websites functional

**King County Children's Health Initiative
Health Innovation Implementation Committee**

Members Oral Health Sub-committee

Dale Ahlskog, Molina Healthcare of Washington
Joel Berg, University of Washington School of Dentistry
Moffett Burgess, Public Health - Seattle & King County
John Caron, Community Health Centers of King County
Abie Castillo, Community Health Plan
Chris Delecki, Odessa Brown Children's Clinic, SKCDS
Jon Gould, Children's Alliance
Ron Inge, Washington Dental Service
Susan Johnson, Health Action Plan, Public Health - Seattle & King County
Marty Leiberman, Puget Sound Neighborhood Health Centers
Karen Merrikin, Group Health Cooperative
Laura Smith, Washington Dental Service Foundation

Staff: Susan Thompson, Health Action Plan, Public Health - Seattle & King County

Children's Health Initiative Pilot Project Work Plan

Oral Health Pilot			
Task or Activity	Individual Responsible	Schedule/Due Date	Deliverable, if appropriate
Enrollment, Eligibility, Claims			
Explore potential links with ParentHelp123	Nancy Carey/Susan Thompson	10/04/2007 Meeting Follow-up meeting November 2007	1) Shared eligibility criteria 2) Creation of link on ParentHelp123 to WDS web page—Feb 2008 3) Phase in online eligibility on ParentHelp123 site
Hire IT developer to create web site for the program. Develop online enrollment system	Nancy Carey/Gavin James	complete	Program web site will go live Dec 1 st 2007
Design eligibility criteria/application for enrollment into program	Nancy Carey/Gavin James/IT developer	complete	Application form
Hire TPA to handle enrollment and eligibility for the program	Nancy Carey	November 2007	System in place by and ready to activate by 1/1/08
Finalize lists of dental provider and prepare documents to send to providers	Nancy Carey/Darlene O'Neill	complete	PPO network in place and providers aware of new WDS program
Design and develop program for 300% and above and explore partnership with medical.	Nancy Carey Ron Inge	Spring 2008	Dental plan available for buy in for this group

Children's Health Initiative Pilot Project Work Plan

Oral Health Pilot:			
Task or Activity	Individual Responsible	Schedule/ Due Date	Deliverable, if appropriate
Prepare packet for new enrollees	Nancy Carey/Darlene O'Neill	December 2007	Enrollee packets
Marketing			
Hire marketing/communications person to design program materials (Gavin James)	Nancy Carey	complete	Consultant hired
Develop marketing materials in multiple languages	Gavin James	complete	Marketing materials
Print materials	Nancy Carey	December 2007	Final marketing materials
Outreach			
Hire outreach lead (Darlene O'Neill)	Nancy Carey	Complete	Staff hired
Hire Bilingual (Spanish speaking) outreach worker	Nancy Carey	Complete	Staff hired
Hire Outreach and Enrollment Specialist through the RWJF grant (Eugene Shen)	Susan Thompson	November 15, 2007	Staff hired
Design outreach strategies/plan to locate families and enroll children in program	Darlene O'Neill/Susan Thompson/Eugene Shen	November 2007	Coordinated outreach plan

Children's Health Initiative Pilot Project Work Plan

Oral Health Pilot:			
Task or Activity	Individual Responsible	Schedule/ Due Date	Deliverable, if appropriate
Meet with City of Seattle re: subsidized day care for families at 250% - 300% FPL. Provide listing of all facilities to be integrated with outreach plan	Susan Thompson/Darlene Oneill	11/2/2007 Follow-up meeting end of November 2007	Links established to City of Seattle programs
Deploy outreach team in community to disseminate program information to key contacts at schools, child care resources, small businesses, City of Seattle Programs, etc.	Darlene Oneill/Susan Thompson	December 2007	Contacts made-multiple programs, agencies, schools have program information
Community outreach work to locate families and enroll children	Darlene O'Neill/Eugene Shen	January 1, 2008	Children enrolled in program
Follow-up with enrolled families to assure access to services	Darlene O'Neill/Eugene Shen	Ongoing 2008	Children access services
Meetings:			
Quarterly meeting of the Oral Health Sub-committee	Susan Thompson/Nancy Carey	Ongoing 2008	
Participation in HIIC meetings	Susan Thompson/Nancy Carey	Ongoing 2007/2008	
Meetings with State to discuss pilot project	Susan Thompson/Ron Inge/Laura Smith	December 2007; spring and summer 2008	

Children's Health Initiative Pilot Project Work Plan

Oral Health Pilot:			
Task or Activity	Individual Responsible	Schedule/ Due Date	Deliverable, if appropriate
Evaluation			
Mid term evaluation of progress to date	Susan Thompson	June 2008	Report on # children enrolled and utilization of services
Final evaluation	Nancy Carey/Susan Thompson/WDS	Fall 2008; report due December 2008	Evaluation report

**King County Children's Health Initiative
Oral Health Pilot Project Budget**

Pilot Project:	2008	2009	2010	3-Year Total
1. Personnel costs-benefits, supplies, travel, etc.	200,000			
2. Contracted Services- Claims/Administrative	760,000			
3. Outreach Services	61,000			
4. Evaluation	40,000			
6 Total Pilot Project Expenses	\$1,061,000			

Children's Health Initiative Pilot Project Measures and Evaluation Plan

Oral Health Pilot			
Pilot Project Goal: To facilitate the expansion of oral health coverage for underserved children in Long County			
Outcomes	Measures	Data Collection Source and Method	Data Collection Schedule
Increased access to and use of dental services for children in families between 250% - 300% of FPL	<ol style="list-style-type: none"> 1) # of children enrolled in the program 2) # of children in program who access services 3) Type of services delivered: preventive vs. restorative 4) Number of participating dental providers 5) Cost of services delivered 	WDS and TPA* will establish a database to track children enrolled in the program. WDS has existing database that to track which enrollees access services, the type and cost of services delivered.	Data will be routinely collected on a monthly basis.
Increased access to and use of dental services for children in families above 300% FPL who take advantage of the buy-in option (Contingent on project offering this option)	<ol style="list-style-type: none"> 1) # of families enrolled in program 2) # of children who access services 3) Type of services delivered 	WDS will track data for families in the above 300% buy-in option in existing database system	Data will be routinely collected within WDS system on a monthly basis
Improved administrative ease of processing claims and reimbursing providers for services delivered	<ol style="list-style-type: none"> 1) Provider satisfaction 	Clegg and Associates with develop and administer a survey	Conduct survey November 2008

Clegg & Associates

October 2, 2007

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**Children's Health Initiative
Pilot Project Measures and Evaluation Plan**

Services are cost effective and feasible for replication statewide	Project costs compared to current state costs.	for participating Clegg and Associates	Conduct survey and analysis data by November 2008
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*Third Party Administrator



Online Enrollment Pilot

Criteria for Pilot Project Design

1. *Be time-limited within the period 2007-2010*
2. *Utilize an evidence-based practice in an innovative way*
3. *Use private funding*
4. *Dovetail with the State's expansion of children's insurance coverage*

Online Enrollment Project: Goal

The online enrollment subcommittee's goal is to facilitate families in applying and staying enrolled in public coverage and linking to medical and dental homes by supporting web-based processes that reduce barriers children face in accessing health care services, specifically those related to the paper application and enrollment process.

Pilot Project Description

The King County Children's Health Initiative (CHI) online enrollment project will use a public/private partnership to improve the ease of applicants in using the web to apply for public health coverage programs and access services. In the near-term the King County effort will work to support and augment existing online enrollment efforts (WithinReach's and DSHS') and in the longer term the King County CHI will pilot ways to expand the set of children's health coverage administrative transactions, such as selecting a health plan and providers, that families can accomplish online.

Specifically, King County CHI staff will work with WithinReach to accomplish three activities:

1. **Electronic submission** of applications through an e-submission pilot with a technical and policy development approach.
2. A **"super user"** version of ParentHelp123.org that application workers and other outreach staff can use with families to rapidly fill out an application for benefits.

**King County Children's Health Initiative
Health Innovation Implementation Committee**

3. An online enrollment process for the new King County dental program.

The King County CHI staff will provide input to the DSHS **ESA Online Application** by serving on the Business Requirements committee for the ESA online application project in 2007 and 2008.

Future online enrollment efforts will include developing a feasibility analysis of online health plan and provider selection.

1. What problem(s) are you trying to solve?

Current application processes and their barriers include:

- **Paper application**—While there is a uniform children's health application in Washington State, there are four children's programs in Washington State and three also have their own application. The Basic Health Plan application, for example, is nine pages long. The application turn around time can be lengthy.
- **Online CSO**—DSHS has an existing "online CSO" (community services office) application on its website that creates an e-mail from the data entered by a user. DSHS eligibility staff then must retrieve the e-mail and follow-up with the applicant to collect pay stubs, citizenship documentation and a pen-and-ink signature, which also can be a lengthy process.
- **ParentHelp123.org**—WithinReach has a new user-friendly web application that screens users for health coverage (Medicaid, SCHIP, Basic Health) and food assistance programs (Food stamps, WIC) and allows users to quickly and easily fill out multiple program applications. Users print the completed forms which must be signed and mailed with the appropriate documentation.
- **ESA's Online Application development**—The Economic Services Administration (ESA) of DSHS has a new online application project underway that will improve the functionality of the "online CSO." The new online application will transfer data directly into the Document Management System (DMS), which is used to establish eligibility for cash assistance and basic food, and has a goal to transfer data to the ACES system, which is used to determine eligibility for health coverage.

The ESA Online Application will improve on the current online CSO and will address how to collect electronic signatures. However, the project will not implement improvements to the current process of mailing or faxing income and citizenship documents. It is unclear how the applicants' documents will systematically be matched to the correct electronic application. The ESA online application is on a fast track at DSHS and is expected to be operational in the spring of 2008. It represents a partial improvement to current enrollment systems.

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2. *What specific outcome(s) or result(s) do you want the pilot project to produce?*

Near term: The first goal of the online enrollment project is to support the two new efforts to improve the online enrollment process in Washington State through WithinReach and through the Economic Services Administration of DSHS. There are four ways to further this goal:

1. Support Within Reach's capacity for **electronic submission** of applications by discovering and navigating the technical requirements and policy changes necessary to implement an e-submission pilot.

Technical capacity will be developed by researching current ParentHelp123 users' submission rates/practices and barriers to submission, designing e-submission functionality, developing a beta version and implementing user testing.

Policy changes will be explored by summarizing ParentHelp123's user data, demonstrating the value-added potential for statewide implementation, facilitating stakeholder conversations through sub-committee meetings and a California informational meeting and developing a concrete e-submission pilot plan. Note that one of the first sub-committee activities will be to host a site visit from technical and policy staff of the California Health-e-App website to learn from their successes and challenges.

2. Develop a "super user" version of ParentHelp123.org that application workers and other outreach staff can use with families to rapidly fill out an application for benefits. This streamlined provider interface will allow case managers, outreach workers, eligibility workers, community health clinics, community technology center staff and others to quickly and easily assess eligibility and enroll families in needed programs.

This task would entail: identifying "super users" (likely a group of King County application workers, health centers outreach staff and others) to gather input regarding needed functionalities (question format, stand-alone application, security, case-management tools), gathering input and developing draft user interface screens/modules and developing a demo prototype and training program.

3. Create an online enrollment process for the new King County **dental program** for children in families earning between 250% and 300% of the federal poverty level. This target group of middle income families is likely to have ready access to the internet. Outreach materials for this dental pilot project will refer interested applicants to the ParentHelp123 website.
4. Support DSHS' **ESA Online Application** by serving on the Business Requirements committee for the ESA online application project in 2007 and 2008.

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Health Innovation Implementation Committee**

Additional longer term online improvement possibilities include using the web to connect families with newly acquired coverage to a health plan, physician and dentist. This approach would pilot the ability to select a health plan, a regular physician and a dentist either during or right after the enrollment process. California's Health-e-App websites now allow families to do this. Another long term improvement includes allowing families to re-certify online for health coverage. This would reduce the number of families that lose coverage during the re-certification process.

The overarching objective of both near term and longer term goals is to increase the number of children who sign-up, are approved, and stay enrolled in publicly-funded health coverage and establish a medical and dental home to receive needed services.

3. *What methods or approaches are you testing through your pilot?*

a. What processes, activities, and services will the project deliver?

The King County CHI staff will work with WithinReach to accomplish three activities: **Electronic submission** of applications through an e-submission pilot with a technical and policy development approach, a "super user" version of ParentHelp123.org that application workers and other outreach staff can use with families to rapidly fill out an application for benefits (this work would occur in conjunction with the King County Outreach and Linkage Committee) and an online enrollment process for the new King County **dental program**. This work would be accomplished with the King County CHI dental pilot project.

The King County CHI staff will work with the DSHS ESA Online Application workgroups and other stakeholders to provide input to the **ESA Online Application** by serving on the Business Requirements committee for the ESA online application project in 2007 and 2008.

Next steps will include developing a feasibility analysis of online health plan and provider selection.

b. What evidence-based practices are you building into your project design?

Within Reach's ParentHelp123.org is a user-friendly website that screens clients for eligibility in food and health insurance programs, and helps parents fill out the application forms. To date, 11,000 people have been screened for program eligibility using ParentHelp123 and families have completed over 2,000 program applications. Several other states, including Pennsylvania's Commonwealth of Pennsylvania's Access to Social Services (COMPASS), have eligibility screening tools. Like ParentHelp123.org, COMPASS then prompts the parent to select which of the eligible programs they wish to apply for, and simultaneously enters all relevant information into the various applications, eliminating the need for the parent to fill out multiple forms.

**King County Children's Health Initiative
Health Innovation Implementation Committee**

Both California's Health-e-App and Georgia's online enrollment system offer online applications that parents may sign and submit electronically. All the information is transferred to and stored in an automated "back-end" without requiring excess or redundant data entry by staff. Georgia's system also allows parents to self-declare their income and does not require extra verification documents to be submitted.

- c. How does your pilot project adopt these best practices in innovative ways?

The online enrollment project will combine all of the above services, allowing parents to determine if they are eligible for health insurance and to complete the entire application process electronically. Electronic applications will be more easily entered into the state Document Management System without having to be manually scanned into the system. In addition, the project eventually will take this a step further. By giving parents the opportunity to select a health plan and provider and to schedule a first visit, it decreases the amount of follow-up needed. The time and confusion associated with the need for multiple phone calls to both outreach workers and doctor's offices or clinics is a major barrier to the use of health care services, even after the child is enrolled in health insurance. Decreasing the extra steps will increase the likelihood that parents will take their child to the doctor. Allowing re-certification online will increase the likelihood that children will remain enrolled in health care without gaps of coverage.

4. *What is the staffing model for your pilot?*

- a. What types of staff do you need? With what credentials? How many of each?

King County staff will work with Within Reach staff to develop specific proposals for each of the three activities. An estimate for the electronic submission work is \$80K to \$100K. An estimate for the super-user module development is \$75 to \$85K. The costs for developing the dental online enrollment module will need more scope definition before an estimate can be developed. Estimated costs for hosting three California Health-e-App staff to meet in October or November 2007 with Within Reach, ESA, HRSA, WDS King County staff and other interested parties are \$5K to \$8K.

In the longer term, staff and expert consulting will be needed to write a feasibility report for implementing the King County health plan, provider and dentist selection function.

5. *What is the estimated annual cost for your pilot project?*

**King County Children's Health Initiative
Health Innovation Implementation Committee**

a. Are there one-time start-up costs, capital costs, etc.?

In 2008, to support three WithinReach capability improvement total estimated costs are \$155K to \$185K, plus the costs of developing the dental module, plus about \$7K in 2007 for the California site visit. These all are start-up costs.

b. Will personnel be on contract or on salary?

Personnel will primarily be on contract through WithinReach. Some staff work will be provided through PHSKC on an on-going basis.

c. What are the revenue sources and amounts required to support your project?

In 2008, an estimated \$155K to \$185K will be needed to support the e-submission and super-user module development at WithinReach. An additional amount yet to be determined will be needed to develop the online dental enrollment process at WithinReach. In 2007, \$7K to support the CA site visit will be needed. In late 2008, costs to support the technical recommendations for a feasibility study for health plan, physician and dentist selection will be needed, estimated between \$30K and \$40K.

6. *What organization(s) do you think should administer your pilot project?*

Within Reach should administer the first three components of online activities. King County staff will work to host the California site visit and staff the ESA Business Requirements work-group.

7. *What indicators will you use to make your project's outcomes measurable?*

a. What data will you need to collect?

E-submission: the accomplishment of an electronic link between ParentHelp123 and a DSHS office will be the most basic measure of success for this activity. Additional measures of effectiveness will include the number of families who apply online and whose data is submitted electronically to DSHS per month.

Super-user module: the creation of the super-user test module will be the basic measure for this activity, with additional measurement of the number of applications submitted per month using the module.

Dental online application: the creation of the dental module will be the basic measure and the number of applicants per month will be measured over time.

**King County Children's Health Initiative
Health Innovation Implementation Committee**

The first measure of the pilot web capability for families to select health plan, provider and dentist will be the feasibility study. Eventually, the number of families per month who use this function will be reported.

b. What methods will you use to collect this data?

We will work with WithinReach to design a data collection plan for their activities. A separate data collection approach will be included as part of the feasibility study.

8. *What is the projected implementation schedule for your pilot project?*

September 24, 2007 HIIC meeting: initial presentation of the proposals to develop e-submission, super-user and dental enrollment capability for ParentHelp123 to the HIIC.

Fall 2007: King County staff participation with ESA online enrollment development

October 2007: site visit from California Health-e-App staff.

November 16, 2007 HIIC meeting: completed proposals, cost estimates. Launch research & development phase of e-submission.

December 2007: Planning meeting with WDS and WithinReach to develop dental modules

January 2008: Establish "super-user" test group, launch test, gather user feedback.

February 2008: Establish initial link between WithinReach and WDS websites.

March 2008: Pilot test of e-submission.

July 2008: ESA online application in operation. Develop and test "super-user" UI/modules.

**King County Children's Health Initiative
Health Innovation Implementation Committee**

Members Online Sub-committee

Kay Knox, WithinReach

Patty Hayes, WithinReach

Teresa Mosqueda, Children's Alliance

Manning Pellanda, DSHS Health and Recovery Services Administration

Scott Reese, DSHS Economic Security Administration

Susan Thompson, Public Health Seattle-King County

JoAnn Whited, WithinReach

Mary Winkler, DSHS Economic Security Administration

TBA, Washington Dental Services

Staff: Kirsten Wysen, Public Health Seattle-King County

**Children's Health Initiative
Online Application E-Submission Pilot Project Work Plan**

E-Submission Pilot:			
Task or Activity	Individual Responsible	Schedule/Due Date	Deliverable, if appropriate
Research current ParentHelp123 users' submission rates/practices and barriers to submission	WithinReach	1/1/2008	
Determine the process of e-submission with DSHS (PH123 → DSHS)	WithinReach/DSHS/PHSKC	3/28/08	E-submission Map
Facilitate stakeholder conversations	WithinReach/PHSKC		
Define policy changes needed to make the process work	WithinReach/DSHS/PHSKC	4/31/08	Report of findings
Design e-submission functionality and scope technical changes need to accomplish e-submission	WithinReach	5/15/08	Scope of functional requirements
Design the user interface	WithinReach		
Develop and test a beta version	WithinReach/DSHS	7/15/08	Beta version
Conduct user testing	WithinReach		
Launch PH123 e-submission pilot	WithinReach	9/1/08	E-submission live
Maintain/Support pilot functionality – and facilitate on-going stakeholder communication	WithinReach		
Evaluate e-submission pilot outcomes and develop timeline for statewide implementation	WithinReach	4/30/09	Outcome report

**Children's Health Initiative
Online Application Super User Pilot Project Work Plan**

Super User Pilot			
Task or Activity	Individual Responsible	Schedule/Due Date	Deliverable, if appropriate
Identify "super users"	WithinReach/PHSKC	2/01/08	
Design super user input plan	WithinReach/NPower	3/01/08	
Gather input regarding needed functionalities, including further research with One-e-App	WithinReach/Super Users	5/1/08	Super User Input Data
Define target audience and project scope	WithinReach	6/1/08	
Determine functionalities/technical requirements	WithinReach	7/1/08	Scope of functional requirements
Design the wire frames	WithinReach	7/15/08	
Develop and test prototype	WithinReach/Super Users	8/30/08	
Create a training protocol	WithinReach	8/1/08	
Develop user interface, in conjunction with Verizon grant work	WithinReach	10/01/08	
Develop and test a beta version	WithinReach	1/01/09	Beta version
Conduct user testing	WithinReach/Super Users	2/1/09	
Launch super user version	WithinReach	3/01/09	Super user version live
Develop print materials and market to target audience	WithinReach	4/01/09-6/01/09	Marketing material

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**King County Children's Health Initiative
Online Pilot Project Budget**

Pilot Project	2008	2009	2010	3-Year Total
1. Personnel costs-benefits, supplies, travel, etc.	\$ 102,000	\$ 79,576	\$ 68,000	\$ 249,576
2. Contracted Services	\$ 52,000	\$ 40,444	\$ 34,844	\$ 127,289
3. Evaluation	\$ 14,667	\$ 11,200	\$ 9,600	\$ 35,467
4. Indirect @ 17%	\$ 11,333	\$ 8,780	\$ 7,556	\$ 27,668
5. Total Pilot Project Expenses	\$ 180,000	\$ 140,000	\$ 120,000	\$ 440,000

Online Enrollment Measures and Evaluation Plan

Online Enrollment Pilot			
Pilot Project Goal: To facilitate families in applying and staying enrolled in public coverage and linking to medical and dental homes by supporting web-based processes that reduce barriers children face in accessing health care services, specifically those related to the paper application and enrollment process.			
Outcomes	Measures	Data Collection Source and Method	Data Collection Schedule
ParentHelp123.org establishes an electronic link to allow families the ability to submit applications to the state electronically	<ul style="list-style-type: none"> ParentHelp123's electronic submission feature is functional 		
Families are able to submit health/dental care coverage applications for their children online	<ul style="list-style-type: none"> Number of children that submit applications online via ParentHelp123.org 	Website data	Ongoing
Providers are able to use the "super user" version of ParentHelp123 to submit health/dental care coverage applications for their clients	<ul style="list-style-type: none"> Number of providers that use, "subscribe", or have a log-in to the super user version Number of children whose applications are submitted by providers via ParentHelp123.org 	Website data	Ongoing
Families enroll their children in the new King County dental program.	<ul style="list-style-type: none"> Number of children that are referred to the King County dental program website via ParentHelp123.org. 	Website data	Ongoing

Online Enrollment Measures and Evaluation Plan

Increased number of children who sign-up for publicly-funded health coverage	Number of children that submit applications online via ParentHelp123.org		
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Attachment B

Analysis of CHI Pilot Projects Adherence to Motion 12507

The May 7, 2007 King County Children's Health Initiative Motion 12507 set out three goals and six policies to govern the privately funded pilot projects.

The goals for the CHI pilot projects are to (page 6, lines 119 to 126):

1. Ensure that children receive appropriately integrated services for the mouth, the mind and the body by strengthening linkages in the health care system;
2. Reduce barriers children face in accessing health care services by developing systems that assure children receive timely coordinated preventive care; and
3. Leverage current opportunities to build evidence for future state-funded efforts by demonstrating innovative approaches and measuring effectiveness with carefully designed and implemented evaluations.

The policies governing the pilot projects in Motion 12507 follow (page 10, lines 199 to 219):

1. As county contributions are necessarily limited to the levels set forth in this motion, the county encourages public and private sector organizations to donate funds to supplement the county's contribution to this initiative. In accordance with K.C.C. chapter 2.80, the council shall accept such donations by motion and, recognizing the particular importance of such donations, shall appropriate the funds by ordinance before their expenditure;
2. Health innovation pilot projects shall be designed such that donated funds are assured to complete each project;
3. Health innovation pilot projects shall be designed to coordinate and support state and county efforts to increase children's access to preventive medical and dental care;
4. Health innovation pilot projects shall include defined goals, objectives and measurement and evaluation plans in order to develop an evidence base for future interventions by the state;
5. Health innovation pilot projects shall be consistent with the adopted Policy Framework for the Health of the Public; and
6. In requesting appropriation of funds donated to the county for health innovation pilot projects, the executive shall transmit to the council information that demonstrates the projects adhere to the policies adopted by this motion.

Policy 1 was addressed on Monday, December 10, 2007, when the King County Council accepted and acknowledged the donated private funds. Policies 2 and 3 are analyzed below for each component of the privately funded aspects of the CHI. Policy 4 is addressed by each of the pilot projects goals, objectives and measurement and evaluation plans in Attachment A. Policy 5 is addressed below and Policy 6 is implemented through this transmittal and ordinance.

In summary, the analysis below compares the design and implementation plans of the Children's Health Initiative pilot projects to the Motion 12507 pilot project three goals and remaining policies (2., 3., and 5. above).

I. Mental Health Pilot Project

The goals for the CHI pilot projects are to:

1. *Ensure that children receive appropriately integrated services for the mouth, the mind and the body by strengthening linkages in the health care system;*

The Mental Health pilot project focuses on integrating the mind and the body and strengthening linkages by placing behavioral health specialists in primary care offices.

2. *Reduce barriers children face in accessing health care services by developing systems that assure children receive timely coordinated preventive care; and*

The Mental Health pilot project will reduce barriers by providing mental health screening for children in primary care settings for social/emotional/mental health symptoms and issues for children ages birth to twelve. It will work to assure that children receive timely coordinated care by increasing the ability of primary care providers to identify, treat, and/or facilitate referrals for social/emotional/mental health symptoms and issues for children age birth to twelve.

3. *Leverage current opportunities to build evidence for future state-funded efforts by demonstrating innovative approaches and measuring effectiveness with carefully designed and implemented evaluations.*

The Mental Health pilot project will identify barriers to sustainability of mental health integration in primary care and policy implications and/or strategies for removing the barriers. By demonstrating the value of placing behavioral health specialists in five high-volume primary care practices in King County, it is anticipated that the project's final recommendations will focus on the benefits of replicating the model statewide.

The policies for pilot projects in Motion 12507 are:

1. *Health innovation pilot projects shall be designed such that donated funds are assured to complete each project;*

The mental health pilot project is 100% supported by \$639,737 of the private funds accepted by the County Council on Monday, December 10, 2007. Spending in 2008 will total \$158,688, with about one fourth of the funds spent in each of the four years.

2. *Health innovation pilot projects shall be designed to coordinate and support state and county efforts to increase children's access to preventive medical and dental care;*

There is a congruence in focus and activities related to mental health of adults and children in Washington State and in King County at this time. The CHI Mental Health pilot project takes several of these initiatives into account and is strengthened by the following efforts.

The King County Veterans and Human Services Levy is funding two multi-year pilots beginning in 2008 related to mental health, covering veterans and their families, other high risk individuals and families, and pregnant women and parenting women at risk for depression and maternal mood disorder.

The CHI Mental Health pilot project will be implemented jointly with the Veterans and Human Services Levy Maternal Depression program and the Mental Health pilot project uses screening

and treatment strategies consistent with the GA-U and Veterans and Human Services Levy programs.

In 2007, the Washington State legislature took action to improve children's mental health. The legislative intent statement for children's mental health services was revised to place an emphasis on early identification, intervention, and prevention with a greater reliance on evidence-based and promising practices. With the state examining how children's mental health services can be improved, the King County pilot projects will have a strong chance of positively influencing state policy.

3. *Health innovation pilot projects shall be consistent with the adopted Policy Framework for the Health of the Public*

Mental Health pilot project:

Based on Science and Evidence: *King County's public health strategies are based whenever possible on science and evidence.*

The Mental Health pilot project includes the following evidence-based elements: medical home and family centered care, mental health screening in primary care, mental health services in a primary care setting, facilitated referrals, and cultural and linguistic competence. The pilot design is based on best practices in mental health services integration into primary care using the elements described above. See the Mental Health pilot project description for citations and additional detail regarding the evidence basis of the approach.

Focused on Prevention: *King County recognizes that the best investments are those that prevent disease and promote good health. Prevention and promotion strategies achieve optimal health impact in the most cost-effective manner.*

The Mental Health pilot project will use comprehensive screening to facilitate early identification of concerns and early intervention to address those concerns for both caregivers and young children. The approach will be used to encourage and support conversations about child development, parenting, and ways to strengthen the whole family. The pilot will employ nationally recognized, evidence-based, standardized screening and assessment tools for children birth to age three; children age four through twelve, and new mothers.

Centered on the Community: *King County's public health solutions require collaboration of the entire community. In order to arrive at solutions which best meet the needs of all, King County's public health system must include partnerships with a wide variety of communities, government agencies and private organizations.*

The Mental Health pilot project will be wholly implemented by community partners, with the department providing contract administration and oversight. The Public Health department will release a joint Request for Proposals for the Veterans and Human Services Levy's Maternal Depression grant program and the CHI Mental Health pilot project since they targets families being treated by the same safety net primary care providers. The joint implementation reduces the county's program administration costs and allows more funding to flow to the grant recipients. The funding sources are being combined into one program targeting both maternal

depression and early identification and treatment of children's behavioral and mental health issues at five primary care integration sites for four years.

Driven by Social Justice: King County will proactively pursue the elimination of preventable differences in health among different population groups. Public health will be a voice for the needs of the weak, the poor, minorities and the disenfranchised.

The Mental Health pilot project addresses pursues the elimination of preventable differences in health among different populations groups in its design to provide an effective intervention for a health condition that places a greater burden on low-income residents and people of color. Behavioral and emotional problems are 1.5 to 2 times more frequent in households with lower family incomes, headed by a single parent, where a parent is unemployed, or where the parent(s) did not graduate from high school.

II. Online Enrollment Pilot Project

The goals for the CHI pilot projects are to:

1. *Ensure that children receive appropriately integrated services for the mouth, the mind and the body by strengthening linkages in the health care system;*

The Online Enrollment pilot project will work to improve the delivery of services to the whole child in its planned work for 2009 and 2010. The Online Enrollment pilot project will design and develop a web-based method for families to choose their child's physician and dentist and, ideally, schedule their first appointments online. With the family's permission, care coordinators can use the online tracking system to assure that children receive early preventive care. The Online Enrollment pilot project will strengthen linkages in the health care system using secure web-based information technology to quickly enroll children, assist in renewals and eventually assure that children are seen for preventive medical and dental care.

2. *Reduce barriers children face in accessing health care services by developing systems that assure children receive timely coordinated preventive care; and*

The time and confusion associated with the need for multiple phone calls to both outreach workers and doctor's offices or clinics is a major barrier to the use of health care services, even after the child is enrolled in health insurance. Decreasing the extra steps will increase the likelihood that parents will take their child to the doctor. In addition, allowing re-certification online will increase the likelihood that children will remain enrolled in health care without gaps of coverage.

3. *Leverage current opportunities to build evidence for future state-funded efforts by demonstrating innovative approaches and measuring effectiveness with carefully designed and implemented evaluations.*

The initial goal of the Online Enrollment pilot project is to further two statewide efforts to improve online enrollment capacity in Washington State through WithinReach and through the Economic Services Administration of DSHS. Improvements in these websites, such as creating an electronic submission process for WithinReach or assuring that income documents are

systematically connected to electronically submitted application data in the Online CSO, will build state-funded online enrollment efforts. The King County Online Enrollment pilot projects will first benefit King County residents, but the same architecture will easily be made available statewide.

The policies for pilot projects in Motion 12507 are:

1. *Health innovation pilot projects shall be designed such that donated funds are assured to complete each project;*

The Online Enrollment pilot project will be supported by \$440,000 in private funds over three years, with \$180,000 being spent in 2008.

2. *Health innovation pilot projects shall be designed to coordinate and support state and county efforts to increase children's access to preventive medical and dental care;*

The Online Enrollment pilot project will dovetail with the State's efforts to rebuild its Online Community Services Offices (CSO) website and will link the existing www.ParentHelp123.org website with the state. Expanding the avenues for families to enroll their children in state-sponsored coverage is a critical component of the state's expansion of children's insurance coverage.

3. *Health innovation pilot projects shall be consistent with the adopted Policy Framework for the Health of the Public*

Online Enrollment pilot project:

Based on Science and Evidence: *King County's public health strategies are based whenever possible on science and evidence.*

The Online Enrollment pilot project seeks to improve two existing efforts to allow consumers to apply on the Internet for public programs—the Within Reach ParentHelp123.org website and the state Department of Social and Health Services (DSHS) Online CSO website. These two online application websites were developed based on the evidence and experience other states have gained with online application websites for low-income populations. These include Pennsylvania's Commonwealth of Pennsylvania's Access to Social Services (COMPASS); California, Indiana and Arizona's Health-e-App, and Georgia's online enrollment system. These states have successfully demonstrated that many low-income residents are willing and able to use an online application system and that online applications offer an additional, convenient, secure way to apply for services. Please see the Online Enrollment pilot project description for citations and additional detail.

Focused on Prevention: *King County recognizes that the best investments are those that prevent disease and promote good health. Prevention and promotion strategies achieve optimal health impact in the most cost-effective manner.*

As one component of the Online Enrollment pilot project, a "super user" version of ParentHelp123.org will be developed which application workers and other outreach staff can use with families to rapidly fill out an application for benefits. This streamlined interface will allow

case managers, outreach workers, eligibility workers, community health clinics, community technology center staff and others to quickly and easily assess eligibility and enroll families in needed programs so that preventive care can be delivered as early as possible. Another improvement to online transactions includes using the web to connect families with newly acquired coverage to a health plan, physician and dentist and to develop a tracking system for first visits to these providers. This eventual use of web technology would create systems to identify children in need of preventive services and direct the use of care coordinators to those families.

Centered on the Community: King County's public health solutions require collaboration of the entire community. In order to arrive at solutions which best meet the needs of all, King County's public health system must include partnerships with a wide variety of communities, government agencies and private organizations.

The Online Enrollment pilot project will collaborate with two partners—the non-profit outreach organization, WithinReach, and with the State Economic Services Administration of DSHS.

Driven by Social Justice: King County will proactively pursue the elimination of preventable differences in health among different population groups. Public health will be a voice for the needs of the weak, the poor, minorities and the disenfranchised.

The Online Enrollment pilot project will provide an additional avenue for those eligible for public health and human services to apply online.

III. Oral Health Pilot Project

The goals for the Oral Health pilot projects are to:

- 1. Ensure that children receive appropriately integrated services for the mouth, the mind and the body by strengthening linkages in the health care system;*

Potentially avoidable dental problems represent one of the most widespread health problems among low-income children. Innovations are needed to create systems that assure that more children receive the medical and dental care they need so that their mouths and bodies can be healthy. Assuring access to dental services for low to moderate income children is a critical need in King County as it is throughout the country. Dental-related illnesses cause U.S. children to miss more than 51 million hours of school per year. In King County, half of all children do not receive regular oral health care, and children of color and those in low-income families are at least twice as likely to have untreated decay. A recent survey showed that one in six King County third graders has untreated decay. Only 30% of King County Medicaid children under six and 40% of those under 19 in King County saw a dentist in 2005. Creating integrated systems to assure that low to moderate income children receive dental care as early in their life as possible is an important part in assuring the health and ability to learn among King County youth.

- 2. Reduce barriers children face in accessing health care services by developing systems that assure children receive timely coordinated preventive care; and*

The Oral Health pilot project will reduce barriers to dental services by developing, administering and implementing no cost dental coverage for children falling between 250% -300% FPL; improving access to services by opening Washington Dental Service's PPO network in King County to serve children in the program; developing a marketing plan to get the word out about this new dental program; and conducting outreach that targets this unique population—largely working families—and gets children signed up for the program and into care. In addition, the Oral Health pilot project is linking with the CHI outreach teams and the Online Enrollment pilot project to create synergies across programs that will assure children are linked with programs for which they may be eligible.

3. *Leverage current opportunities to build evidence for future state-funded efforts by demonstrating innovative approaches and measuring effectiveness with carefully designed and implemented evaluations.*

The Oral Health pilot project will include a strong evaluation component to assess the success of the program in meeting its objective to demonstrate the value to the State of using a model of private administration of a publicly funded dental program.

The policies for pilot projects in Motion 12507 are:

1. *Health innovation pilot projects shall be designed such that donated funds are assured to complete each project;*

The Oral Health pilot project will be funded at the level of \$1,061,000 for the duration of the project and will be administered by the Washington Dental Service.

2. *Health innovation pilot projects shall be designed to coordinate and support state and county efforts to increase children's access to preventive medical and dental care;*

This pilot will provide an effective demonstration of an approach that could be expanded to other counties by the State in January 2009 when medical and dental coverage for children between 250% - 300% FPL are expanded statewide. The pilot's outreach efforts to locate and enroll children in families at 250% - 300% FPL will also produce new outreach strategies of accessing this rather unique demographic of working families who may not have previously accessed public programs.

3. *Health innovation pilot projects shall be consistent with the adopted Policy Framework for the Health of the Public*

Based on Science and Evidence: *King County's public health strategies are based whenever possible on science and evidence.*

From a clinical perspective, the Oral Health pilot project will incorporate many evidence-based practices to provide preventive dental care to children. The program will include coverage for the application of fluoride varnish for prevention of decay. X-rays will be provided based on the ADA/FDA recommendations. All restorative care will be provided based on the principles of the Dental Care Guidelines which were developed by the Washington Dental Service in conjunction with practicing dentists.

The pilot project is modeled after the successful private-public partnership between Delta Dental of Michigan and the State of Michigan in the provision of Medicaid dental benefits through the Healthy Kids Dental (HKD) program.

Best practices from a commercial program design will be introduced into a Medicaid environment. The innovation of introducing and implementing the pilot program in the same manner as a commercial program should increase access to care for the target population. See the Oral Health pilot project description for citations and additional detail.

Focused on Prevention: King County recognizes that the best investments are those that prevent disease and promote good health. Prevention and promotion strategies achieve optimal health impact in the most cost-effective manner.

The Oral Health pilot project will use evidence-based practices focused on providing preventive care to young children. Comprehensive as well as periodic exams will be available at the same frequency as provided in WDS commercial plans. The program will include coverage for the application of fluoride varnish for prevention of decay.

Centered on the Community: King County's public health solutions require collaboration of the entire community. In order to arrive at solutions which best meet the needs of all, King County's public health system must include partnerships with a wide variety of communities, government agencies and private organizations.

The Oral Health pilot project will be implemented in collaboration with the Washington Dental Service. This partnership will carry out an innovative approach to expanding access to needed dental care for children in working families.

Driven by Social Justice: King County will proactively pursue the elimination of preventable differences in health among different population groups. Public health will be a voice for the needs of the weak, the poor, minorities and the disenfranchised.

The Surgeon General's 2000 report on oral health documented disparities in oral health and access to dental care among vulnerable populations—80% of tooth decay is experienced by 25% of children. The Oral Health pilot project is designed to address a serious health condition that affects low-income children disproportionately.

IV. Additional Components of the CHI Pilot Projects

In addition to the three pilot projects, the CHI will fund financial sponsorship, assurance of policy congruence with the state and evaluation activities. These activities, which were the Health Innovation Implementation Committee approved on November 16, 2007, meet the CHI goals and criteria in the following ways:

Financial Sponsorship:

In January 2009, the state will expand health coverage to children in families earning between 250% and 300% FPL. This expansion is consistent with the recommendations of the King County Children's Health Access Task Force recommendations from August 2006. Initial state plans are to charge between \$35 and \$48 per month for children's coverage, substantially more

than the CHATF's recommendation of \$15 per child per month. The CHI HIIC Steering Committee has allocated \$515,100 for the three-year period from 2009 to 2011 to fund a financial sponsorship mechanism that will assure that families in King County are charged no more than \$15 per child per month for state-sponsored health coverage (includes medical, dental and vision coverage).

The Financial Sponsorship project will assure that coverage is affordable to families earning between 250% and 300% FPL, which will reduce barriers and leverage future state expansion efforts. The Financial Sponsorship project seeks to improve social justice by assuring that children's health coverage is affordable for all families.

The Financial Sponsorship project meets the criteria of the CHI Motion 12507 by making use of health services research that defines what is affordable to low-income families and using private funding and dovetails with state policies. It is hoped that evaluation results from the King County financial sponsorship demonstration will influence the state to assure that monthly premiums are set at affordable levels for all families in Washington State and be a model for other states.

Assurance of Policy Congruence with the State:

The CHI will contract with state health policy experts to assure that the King County pilot projects are designed and evaluated in ways that are the most compelling to state policymakers, including the Governor's Office, the state legislature and the state agencies. A contract will be let individually or in combination to policy consultants well connected to Olympia policy makers. A total of \$200,000 over a three-year period from 2008 to 2010 will be allocated to these contracts, with \$75,000 being spent in 2008.

The contract(s) to assure alignment with state policy fulfill the CHI goals because the consultants will advise the HIIC and the PHSKC about how linkages in the Washington State health care system can best be strengthened, how barriers to care can be reduced, how preventive care can be delivered on time, and how state opportunities can be leveraged.

The state policy congruence contracted expertise will be based on the evidence from the health services literature and other states; it will be supported by the private funds and it will offer guidance to assure the King County pilots design and evaluation results are linked to state programs and policies.

Overall CHI Evaluation Activities:

Each of the three King County pilot projects beginning in 2008 will be evaluated individually as included in their respective budgets and, in addition, an overall evaluation of all the components of the CHI and how they fit together will be conducted to assure that the components fulfill the policies laid out in Motion 12507. In addition, the overall evaluation will be structured to identify the most compelling lessons learned and how they can be best communicated in order to influence state policy. The overall evaluation is budgeted at \$120,000, with \$30,000 to be spent in 2008.

The overall CHI evaluation fulfills the CHI goals because its results will be used to strengthen integrated health systems; the results will be used to advocate for ways to reduce barriers to care; and the results will be strategically selected to leverage opportunities to better design state-funded systems.

The overall evaluation will continually assess the evidence-basis of the pilot projects and monitor the effectiveness of innovations. The overall evaluation will be funded by private funds, it will strive to assure that the King County CHI activities are designed in ways that can inform state programs and policies and it will work to communicate and disseminate evaluation results to the greatest effect.

December 13, 2007

The Honorable Larry Gossett
Chair, King County Council
Room 1200
C O U R T H O U S E

Dear Councilmember Gossett:

I am pleased to transmit for King County Council consideration and approval an ordinance to amend the 2008 adopted budget by appropriating \$443,688 to Public Health. The appropriation is backed by funds donated by community organizations and accepted by King County through Motion 12644 on December 10, 2007 and will be used to implement three health innovation pilot projects under the Children's Health Initiative (CHI). This appropriation requests funding for implementation of the pilot projects in 2008 only, and I will request the remaining funds for the pilot projects in subsequent budgets in 2009 and beyond. In requesting this appropriation of funds, I certify that the three pilot projects adhere to the policies adopted in Motion 12507, the Children's Health Initiative.

Approximately 15,000 children are living in King County without health insurance and consistent access to affordable health care services, according to 2005 data. In response to Governor Gregoire's pledge to cover all kids by 2010, I convened a Children's Health Access Task Force (CHATF) of child health experts in April 2006 to advise King County on the creation of an innovative county-based children's health program. The CHATF in June 2006 recommended the CHI, a local approach to improving the health of low-income children. The first component continues the county's advocacy to ensure the State meets its pledge. The second component proactively finds, enrolls, and links eligible low-income children to medical and dental homes, needed wrap around services and integrated preventive care. The third component consists of innovative pilot programs to improve the effectiveness of health coverage for low-income King County children.

In my 2007 State of the County Speech I first called for a Children's Health Initiative and in my 2007 budget I requested \$1 million to fund the first component of the CHATF, an investment in outreach activities. The council partnered with me and unanimously approved Motion 12507, the Children's Health Initiative, which establishes a vision, mission, goals and other policies governing the CHI, and has three program components:

- Advocacy for insurance coverage for children to ensure that children and their families have options for affordable health care coverage;

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- Outreach for children to enroll children in the state and federal insurance programs for which they are eligible; and
- Health innovation pilot projects that will strengthen linkages in the health care system and reduce barriers children face in accessing comprehensive health care.

Under Motion 12507, the county also expressed its intention to dedicate \$1 million for outreach and linkage annually in 2007, 2008, and 2009, for a total of \$3 million dollars.

King County's advocacy and outreach and access efforts began in January 2007. Currently four outreach teams are based in geographic areas with high numbers of uninsured and low income children. I am pleased to report that our investment in outreach has paid off. As of the end of October 2007, 1065 children who were previously uninsured prior to January 2007 are now enrolled in a public health insurance program and are accessing and receiving timely health care.

We are also making progress in our advocacy efforts. County staff continue to actively advocate for improved delivery of oral health and mental health screening and referral when well child visits are provided, online enrollment and renewal. The Seattle-King County Department of Public Health staff participate in several workgroups and coalitions that share the same goal of assuring that all children get the services they need. Last, King County has been actively involved in various advocacy efforts at the state and federal level to advocate for reauthorization and expansion of the federal State Children's Health Insurance Program (SCHIP) by writing letters of support and meeting with members of Washington's delegation.

We have also made progress in planning and raising private funds for the health innovation pilot projects. The county's \$3 million General Fund contribution for outreach activities motivated many private sector health care partners to support the Children's Health Initiative. As well, by donating \$3,000,300 over three years to fund the health innovation pilot projects, thereby totaling over \$6 million dollars. The donor organizations have specified that funds be earmarked for implementation of innovative pilot approaches to improve children's health in King County that will dovetail with the state's timeline including, but not limited to, such things as best practices in outreach and linkage, oral health quality improvement and integration, mental health integration pilot programs and on-line enrollment.

The following organizations have pledged donations over the period 2007-2009:

- Group Health Cooperative - \$1 million
- Washington Dental Service - \$1 million
- Children's Hospital and Regional Medical Center - \$200,000
- W. K. Kellogg Foundation - \$148,800
- Community Health Plan - \$100,000
- Molina Healthcare of Washington - \$100,000
- Robert Wood Johnson Foundation - \$61,000
- Evergreen Medical Center - \$50,000
- Harborview Medical Center - \$50,000
- Swedish Medical Center - \$50,000

- University of Washington Medical Center - \$50,000
- Valley Medical Center - \$50,000
- Northwest Hospital - \$40,000
- United Way of King County - \$40,000
- Virginia Mason Medical Center - \$33,000
- Washington State Hospital Association – \$20,000
- First Choice Health - \$5,000
- OneHealthPort - \$1,500
- Providence Health System - \$1,000

The Washington Dental Service (WDS) pledge of \$1 million is the value of services that they intend to provide in support the CHI health innovation pilot projects. WDS will retain administration of their funds, so this donation is not included in the amounts the Executive is authorized to accept. The W.K. Kellogg Foundation donation of \$148,800 came in the form of a grant which the County has already received and this amount is already included in the 2007 appropriation for Public Health.

The council acknowledged and authorized the Executive through Motion 12644 to accept these donations on December 10, 2007, per King County Code Section 2.80.010. The attached ordinance provides an amendment to the 2008 approved budget to appropriate to the Department of Public Health \$443,688, the amount donated for implementing the pilot programs in 2008.

Motion 12507 states that oversight of the health innovation pilot projects and approval processes be made by an oversight committee composed of children's health experts and the private sector funders. This oversight committee, the Health Innovation Implementation Committee (HIIC) has met three times since July 2007 and reviewed and approved descriptions, work plans, budgets and evaluation plans for three pilot projects: oral health quality improvement and integration, mental health integration pilot programs and on-line enrollment. The approved pilot project descriptions and accompanying documents are in Attachment A. The HIIC approved these final versions of the pilot project work plans, budgets and evaluation plans on November 16, 2007.

Motion 12507 also requires the CHI pilot projects to adhere to specific policies including demonstrating compliance with the Public Health Operational Master Plan. The policies governing the pilot projects in Motion 12507 follow.

1. As county contributions are necessarily limited to the levels set forth in this motion, the county encourages public and private sector organizations to donate funds to supplement the county's contribution to this initiative. In accordance with K.C.C. chapter 2.80, the council shall accept such donations by motion and, recognizing the particular importance of such donations, shall appropriate the funds by ordinance before their expenditure;
2. Health innovation pilot projects shall be designed such that donated funds are assured to complete each project;
3. Health innovation pilot projects shall be designed to coordinate and support state and county efforts to increase children's access to preventive medical and dental care;

4. Health innovation pilot projects shall include defined goals, objectives and measurement and evaluation plans in order to develop an evidence base for future interventions by the state;
5. Health innovation pilot projects shall be consistent with the adopted Policy Framework for the Health of the Public; and
6. In requesting appropriation of funds donated to the county for health innovation pilot projects, the executive shall transmit to the council information that demonstrates the projects adhere to the policies adopted by this motion.

Policy 1 was met on Monday, December 10, 2007, when the King County Council adopted Motion 12644 to authorize me to accept private funds donated to support the CHI. Policies 2 and 3 are analyzed in Attachment B for each component of the privately funded aspects of the CHI. Policy 4 is addressed by each of the pilot projects goals, objectives and measurement and evaluation plans in Attachment B. Policy 5 is addressed in Attachment B and Policy 6 is implemented through this transmittal and ordinance.

The pilot projects were chosen based on their ability to fulfill the CHI pilot project goals to ensure that children receive appropriately integrated services for the mouth, the mind and the body; reduce barriers children face in accessing health care services by developing systems that assure children receive timely coordinated preventive care; and leverage current opportunities to build evidence for future state-funded efforts by demonstrating innovative approaches and measuring effectiveness. A cross-walk of how each pilot project fulfills these three goals also can be found in Attachment B.

Pilot project highlights include the Mental Health pilot project which leverages additional outreach and effectiveness by partnering with the Veterans and Human Services Levy maternal depression grant program. The Online Enrollment pilot project will dovetail with the State's efforts to rebuild its Online Community Services Offices (CSO) website and will link the existing www.ParentHelp123.org website with the state. The Oral Health pilot project will use a private sector approach to test whether more preventive dental services can be delivered to underserved children in King County in a demonstration project that could be adopted by the state. The CHI staff and the HIIC used Motion 12507 policies and goals as each of the pilot projects was designed and developed and the projects are stronger for it. In summary, as directed by Motion 12507, the pilot projects were designed to comply with the goals and policies laid out in motion, and they rise to a high level public health priority when matched against the PHOMP Policy Framework criteria.

King County greatly values this type of community support and the guidance and expertise of the HIIC Steering Committee. Both the Steering Committee and the Department of Public Health are ready to implement the pilot projects once appropriation authority is granted. Moreover, I appreciate the support of council throughout this important endeavor to improve the health of our children. We have made a lot of progress in the first year of the CHI, and I look forward to watching the successes increase as the outreach strategies and advocacy efforts continue and the health innovation pilots are implemented.

The Honorable Larry Gossett
December 13, 2007
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If you have any questions, please contact Rachel Quinn, Health Policy Liaison in my office, at 206-296-4165.

I certify that funds are available.

Sincerely,

Ron Sims
King County Executive

Enclosures

cc: King County Councilmembers
ATTN: Ross Baker, Chief of Staff
Nancy Glaser, Interim Policy Staff Director
Anne Noris, Clerk of the Council
Frank Abe, Communications Director
Bob Cowan, Director, Office of Management and Budget
David Fleming, MD, Director, Seattle-King County Department of Public Health
Rachel Quinn, Health Policy Liaison, Executive's Office

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