



King County

King County Alcoholism and Substance Abuse Administrative Board (KCASAAB)

The Chinook Building, 401 Fifth Avenue, Suite 0400, Seattle, WA 98104
(206) 263-8965

August 20, 2012

Dow Constantine
King County Executive
King County Chinook Building
401 5th Avenue, Suite 800
Seattle, WA 98104

Larry Gossett, Chair
King County Council
516 Third Avenue, Rm. 1200
Seattle, WA 98104

Dear Executive Constantine and Chair Gossett,

I am writing on behalf of the King County Alcoholism and Substance Abuse Administrative Board (KCASAAB). The KCASAAB recommends policies and programs to King County that will ensure the availability and accessibility of alcohol and substance abuse services, including prevention, intervention, treatment, and rehabilitation. The KCASAAB supports King County negotiating with the state regarding potential agreement for participation in a demonstration project for individuals eligible for both Medicare and Medicaid. The demonstration includes a financially integrated care model in which medical, mental health, substance abuse, and long term care services would be purchased through a managed care organization. The goals of the demonstration are to improve the care experience and health outcomes of the dual eligible beneficiaries and decrease overall costs.

Currently, services for individuals eligible for both Medicare and Medicaid (also known as dual eligibles or duals) are provided through different federal and state financial mechanisms with differing eligibility and regulations that result in confusion, fragmentation of care, and poor health outcomes. A financially integrated service delivery model would improve health outcomes through improved financial flexibility, a single point of accountability over all services, and financially aligned incentives that allow for the right care, at the right time. It will also help to reduce overall costs by decreasing duplication of services and reducing unnecessary emergency department and inpatient hospital use.

The Honorable Dow Constantine
The Honorable Larry Gossett
August 20, 2012
Page 2 of 2

The substance abuse provider community has had representation in planning meetings regarding health care reform in general and this project in particular, and support King County continuing to explore all options for improving the health outcomes for individuals with mental illness.

Thank you for your ongoing efforts to improve the overall health and wellbeing of King County residents.

Sincerely,



Patrick Godfrey, Board Chair
King County Alcohol and Substance Abuse Administrative Board

PG:bb

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cc: Jim Vollendroff, Prevention and Treatment Coordinator, Mental Health, Chemical Abuse
and Dependency Services Division
Board Members

KING COUNTY MENTAL HEALTH PROVIDERS' ASSOCIATION

August 15, 2012

Dow Constantine
King County Executive
King County Chinook Building
401 5th Ave. Suite 800
Seattle, WA 98104

Larry Gossett, Chair
King County Council
516 Third Ave., Rm. 1200
Seattle, WA 98104

Dear Executive Constantine and Chair Gossett:

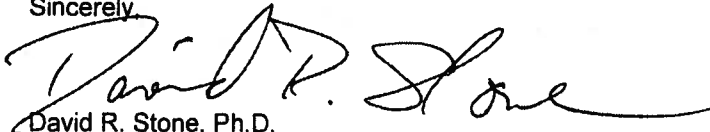
I am writing on behalf of the King County Community Mental Health Providers' Association (KCMHPA), representing the 20 community behavioral health centers that contract with the King County Department of Community and Human Services to provide mental health services for the King County Regional Support Network. The KCMHPA supports King County negotiating with the state regarding potential agreement for participation in a demonstration project for individuals eligible for both Medicare and Medicaid. The demonstration includes a financially integrated care model in which medical, mental health, substance abuse, and long term care services would be purchased through a managed care organization. The goals of the demonstration are to improve the care experience and health outcomes of the dual eligible beneficiaries and decrease overall costs.

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The KCMHPA has had representation in planning meetings regarding health care reform in general and this project in particular, and supports King County continuing to explore all options for improving the health outcomes for individuals with mental illness.

Thank you for your ongoing efforts to improve the overall health and wellbeing of King County residents.

Sincerely,



David R. Stone, Ph.D.
Chair, King County Mental Health Providers' Association

cc: Atlantic Street Center
Asian Counseling and Referral Service
Catholic Community Services of Western Washington
Center for Human Services
Community House Mental Health Agency
Community Psychiatric Clinic
Consejo Counseling and Referral Services
Crisis Clinic
Downtown Emergency Service Center
Navos

SeaMar Behavioral Health
Seattle Children's
Seattle Counseling Service
Sound Mental Health
Therapeutic Health Services
Transitional Resources
Valley Cities Counseling and Consultation
YMCA of Greater Seattle
Evergreen Healthcare
Pioneer Human Services



Community Health Council of Seattle & King County

Country Doctor Community Health Centers • HealthPoint • International Community Health Services
Neighborcare Health • Sea Mar Community Health Centers • Seattle Indian Health Board

August 20, 2012

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King County Executive
King County Chinook Building
401 5th Ave. Suite 800
Seattle, WA 98104

Larry Gossett, Chair
King County Council
516 Third Ave., Rm. 1200
Seattle, WA 98104

Dear Executive Constantine and Chair Gossett:

I am writing on behalf of the Community Health Council of King County to express support for the continued exploration of whether King County will agree to be a region that participates in a state-federal integrated care demonstration project for individuals who are dually eligible for both Medicare and Medicaid.

The proposed demonstration would test a financial integration model for medical, mental health, substance abuse, and long term care services that would be purchased through managed care plans contracted with the State of Washington. Community Health Council members have participated in the King County Health Reform Planning Team, and the Council recently endorsed a framework vision of a future health system that calls for greater integration across service silos and for moving toward a single a point of accountability—features that would be important within the dual eligibles managed care demonstration.

The Community Health Centers in King County are a critical part of today's care delivery system for Medicare/Medicaid dual eligible – as are other community providers. We believe that improved financial and clinical integration, **if done carefully and thoughtfully**, holds potential to produce better health outcomes and better control of future health costs among this highly vulnerable group of residents.

We support King County in taking steps that allow for the continued exploration of this important, innovative opportunity and that keep the door open for our region to participate. We look forward to continued opportunities to have a voice in the design of this potential demonstration.

Sincerely,

Thomas Trompeter, Chair
Community Health Council of Seattle and King County