



Members/ Designees: Adrienne Quinn, Ashley Fontaine, Judge Laura Inveen (designee for Judge Barbara Linde), Barbara Miner, Dan Satterberg, Brigitte Folz (designee for Darcy Jaffe), Dave Asher, Doug Crandall, Jeff Sakuma (designee for Jeanette Blankenship), Jeanne Kohl-Welles, John Urquhart, Lea Ennis, Anita Khandelwal (designee for Lorinda Youngcourt), Lynne Robinson, Mary Ellen Stone, Merrill Cousin, Mike Heinisch, Mario Paredes (designee for Norman Johnson), William Hayes

Other Attendees: Alex O'Reilly, Chris Verschuyl, Dan Story, Diane Phibbs, Don Clayton, Elly Slakie, Jim Vollendroff, June Lee, Kelli Carroll, Lan Nguyen, Laura Hitchcock, Mary Snodgrass, Mary Taylor, Renita Borders, Steve Andryszewski, Titus Chembukha

Notes by: Haley Raspet

Issues	Discussion	Action Items:
Welcome	Co-Chair Merrill Cousin led the meeting in introductions and welcomed all attendees to the meeting.	
Member/Staff Announcements	There are hard copies available of the King County Trans Resource and Referral Guide for attendees; if you need more please let King County staff know. You can view this online at https://kctransguide.org/ .	
Review/Approve Meeting Notes	No revisions were requested and there was consensus approval of the notes for June.	
Steering Committee Report	<p>Mike Heinisch reported what was discussed in the Steering Committee meeting on Monday:</p> <ul style="list-style-type: none"> • MIDD summer update letter sent on August 4 • Medicaid rate • There was discussion of starting new project in the face of these reductions • The name change for MIDD 2, to be completed by year-end • Coordination with Best Starts for Kids (BSK) and Veterans, Seniors, and Human Services Levy (VSHSL) • Planning a possible MIDD AC retreat for early 2018 <p>Dan Satterberg inquired about the reason for the name change; during renewal and the end of MIDD 1, feedback indicated the name does not support recovery and wellness and may be inadvertently stigmatizing. The desire is for the name to reflect a more positive direction of the work and be more recovery-oriented. Council staff is aware of the pending change. If you have any ideas, please contact a co-chair or MIDD Staff.</p>	
MIDD Financial Report	<p>Steve Andryszewski gave a review on the Financial Plan handout:</p> <ul style="list-style-type: none"> • The 'Current Budget' column now differs from the 'Adopted Budget' due to the approval of the supplemental ordinance that changes the funding appropriation for this fund. • There was a technical glitch that duplicated the \$2.5 million added in the supplemental; this is reflected in the third column and will be corrected on the next supplemental. • The estimated expenditure for the biennium is \$136 million 	

	<ul style="list-style-type: none"> • Medicaid Reconciliation reserve will likely change; this is being reviewed • ‘Estimated’ column contains new initiatives that have yet to begin, but are projected to be fully expended. 	
State Medicaid Budget Impacts	<p>As discussed at the MIDD AC meeting in June, King County has experience a Medicaid rate change that impacts the entire behavioral health system and the Workload Reduction initiative in particular. The MIDD summer update letter gave an overview of the situation and outlined how the County is addressing the loss of Medicaid match for the impacted initiative and its providers.</p> <p>Steve Andryszewski and Jim Vollendroff briefed the group on what led to this, the impacts of reduction, and answered the questions posed by the committee.</p> <p>To review, the Medicaid rate is set every two years by the State via an actuary. When the Affordable Care Act (ACA) added more clients to our system, this influenced the services hours per client, lowering them. This and other factors resulted in setting King County’s Medicaid rate in a lower band, but at the top of the range for that band. The unintended consequence of being moved to the top range is the elimination of the ability to receive Medicaid match. The rate reduction and loss of match has resulted in a loss of \$6 million per year, including a 50% reduction in funds for the Workload Reduction initiative.</p> <ul style="list-style-type: none"> • The top range of the Medicaid band King is in now is lower than the lowest range of the previous band. • The latest legislative session had significant impacts on the provider network in King County; BHRD is currently addressing these. • There are some good conversations happening with legislators regarding rates; many are concerned. • Legislators are looking into any fixes that can happen from the State to bring more funds to the system until the next actuary study. • There is discussion on using a value-based systems that are more outcomes-focused to increase revenue, but it could take two years to get a response form the federal government to that request. • Some providers are concerned about the validity of the data gathered by the actuary, due in part to the transitioning to electronic records. King County is looking at anomalies in the data to use moving forward. • King County’s capitated system model focuses on quality of care and not the quantity of hours that doesn’t match a fee-for-service care approach. • The change not only has a financial impact but a risk issue as well; as wages lower, staff turnover and vacancies increase, and less qualified staff that are willing to take the lower salary provide services. This leaves the community itself at more risk in general. • Considering the entire continuum of care, rates needed to be increased for residential mental health services as well as the opiate dose day programs. • Certain initiatives may be postponed; this is being discussed and any feedback is welcome moving forward. • The providers affected by the Workload Reduction changes were kept whole for three months, then reduced gradually until December 31. 	

	<ul style="list-style-type: none"> The increases in state funds in certain areas are categorical, with very narrow bands of eligibles. Also, the funding is given with the intention of reaching more people, which in turn increases expenses. <p>Jim informed the committee of a shift in funding between two strategies: Mental Health First Aid (MHFA) and Zero Suicide. There is a move of \$200,000 from Zero Suicide to MHFA over the biennium.</p>	List of providers impacted by the Workload Reduction change will be circulated to the committee.
MIDD Evaluation and Implementation Plan Updates	<p>Kelli Carroll confirmed the plans were transmitted to Council in early August. Changes to the draft the committee saw in June include:</p> <ul style="list-style-type: none"> Language regarding the transition to performance-based contracting and aligning that with value-based purchasing at the federal and state levels. Updated the initiative description for Workload Reduction, changed the name and noted the need for additional planning work. An RFP schedule. The change in funding from Zero Suicide to MHFA. <p>Both plans will go through the Regional Policy Committee as well as the Health, Housing and Human Services (HHHS) Committee.</p> <p>Councilmember Kohl-Welles reported the tentative dates for HHHS review: October 17 for the Implementation Plan and December 5 for the Evaluation Plan. Also, the MIDD Annual Plan is scheduled for review December 5 and does not have to go to the Regional Policy Committee.</p>	
MIDD Initiative Planning Update	<p>Kelli reminded the group of the meeting on August 31 for the Workload Reduction Initiative (or Quality Coordinated Outpatient Care as it is now called) design table for provider input. The Eventbrite registration was sent out on August 23.</p> <p>There is also work being done on a redesign of the Workforce Development issue and tentatively may discuss it at the October AC meeting.</p>	
Public Comment	None.	
Adjourned	1:20 p.m.	
Next meeting	Thursday, September 28, 2017, 12:15-1:45 p.m., Chinook Room 121	