



*Members/ Designees:* Denise Rothleutner (designee for Adrienne Quinn), Ann McGettigan, Judge Barbara Linde, Brigitte Folz (designee for Darcy Jaffe), Dave Asher, Judge Ketu Shah (designee for Judge Donna Tucker), Jeanette Blankenship, Paul Daniels (designee for Lea Ennis), Lynne Robinson, Mary Ellen Stone, Merril Cousin, Mike Heinisch, Jennifer DeYoung (designee for Patty Hayes)

*Other Attendees:* Anne Meegan, Chris Verschuyl, Dan Story, DeeDee Catalano, Ellie Wilson-Jones, Jessica Molberg, Jim Vollendroff, June Lee, Kapena Pflum, Kelli Carroll, Kimberly Cisson, Laura Hitchcock, Laurie Sylla, Lisa Kimmerly, Peggy Dolane, Sherry McCabe, Steve Andryszewski, Susan Schoeld

*Notes by:* Haley Raspet

Issues	Discussion	Action Items:
<b>Welcome</b>	Co-Chair Judge Barbara Linde led the meeting in introductions and welcomed all attendees to the meeting.	
<b>Member/Staff Announcements</b>	Kelli Carroll has accepted a position with the King County Executive’s Office. Jim thanked Kelli Carroll for her work with MIDD and the Behavioral Health and Recovery Division (BHRD) and welcomed Chris Verschuyl to the role as the MIDD lead.	
<b>Review/Approve Meeting Notes</b>	It was requested that “notes” be added to the title for clarification; there was consensus approval of the notes for August.	
<b>Steering Committee Report</b>	Ann McGettigan reported the Steering Committee reviewed the agenda for today’s meeting and had a discussion on behavioral health system rates and what MIDD resources might be available to offset or mitigate the difficulties the system faces.	
<b>Committee Briefing: Physical and Behavioral Health Integration</b>	<p>King County and its providers have worked hard on the integration of mental health and substance use services since 2014.</p> <p>Jim Vollendroff gave a brief overview of the background of Senate Bill 6312 (see handout). It is this legislation that moves the system towards full integration by January 1, 2020 for Medicaid recipients. King County considered becoming an early adopter, but instead choose to work on system design before opting in as mid-adopter to integrate purchasing of physical and behavioral health services by January 1, 2019.</p> <p>In order to become a mid-adopter, BHRD has made agreements with the five Managed Care Organizations (MCOs) and the Health Care Authority (HCA). They have agreed to re-contract back with King County for behavioral health services beginning January 1, 2019 for one year, while the County continues to design what the system will look like from 2020 onwards.</p> <p>The County wants to ensure those without access to Medicaid also have access to services as well.</p> <p>The five MCOs have to respond to a request for proposal (RFP) to HCA in order to be selected to provide services in a region. In order to respond to this RFP, they must demonstrate that they have the network adequacy to provide behavioral health services; they are using the network of providers of King County to do so. There is general recognition from all five MCOs that King County’s system is different than other regions.</p>	Jim will bring the Medicaid Demonstration Projects Fact Sheet to the group when it is complete.

	<p>There is a \$16.6 million incentive for King County as a region from the Accountable Communities of Health (ACH) that will help move forward towards integration.</p> <p>Overall, the system lacks capacity for some of the deeper end services. Currently, the vast majority of people who need substance use disorder residential services have to leave King County to get treatment services. Medicaid expansion reached those not previously covered; the challenge has been, due to serving many more people, the providers do not have an adequate workforce to meet the need. As a result, units of service per client goes down and the reimbursement rates do to.</p> <ul style="list-style-type: none"> <li>• Councilmember Lynne Robinson suggested the Military Health Services for Active Duty would be an excellent example to look at in terms of integration.</li> <li>• Mike Heinisch asked Jim to clarify what will happen to the access to care standards. The benefit system will not be going away. However, a person will not need to meet the higher level standards in order to receive some type of care in the integrated system. This is important in prevention, reaching people before they meet the access to care standards or are in a crisis and need deeper end system services. Part of the County’s job in the period from now to December 31, 2019 is to build what the system looks like, and one option might be to have the providers contract with the County for those low-level services (instead of the MCOs).</li> <li>• King County’s goal is to have nothing change for providers and clients; all that changes will be between the County and the MCOs.</li> <li>• King County does not want to have providers experience any differences or be required to have six contracts, all with different intake requirements, etc.</li> <li>• Steve Andryszewski pointed out one of the advantages of having King County still involved is the ability to braid funding behind the scenes.</li> <li>• Councilmember Dave Asher asked where integration is ultimately leading in the long-term. Jim answered in the best case, it will be bi-directional. Some people are better served in a behavioral health setting; integration would bring physical healthcare to that setting. Conversely, some people are better served in their doctor’s office and could get behavioral health services there instead of going to another location or office for those needs. Ultimately it comes down to reaching people earlier and more easily and building a system more like private insurance where people have the option to choose where they go for their services.</li> <li>• Co-Chair Merrill Cousin commented this is changing the funding so that funding drives the changes in practice.</li> </ul>	
<p><b>MIDD Financial Report</b></p>	<p>Steve Andryszewski gave a review on the Financial Plan handout, which has been revised since it was sent to the committee last week:</p> <ul style="list-style-type: none"> <li>• The 2017-18 Estimated column has been reduced with the Office of Economic Financial Analysis (OEFA) estimated sales tax of approximately \$1 million for the biennium.</li> <li>• The total estimated expenses have been reduced by \$8.7 million, which will be reflected by a new reserve.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Reserves in place now are: <ul style="list-style-type: none"> <li>○ System Incentives and Core Services (NEW)</li> <li>○ Emerging Issues</li> <li>○ Medicaid Reconciliation</li> <li>○ 2016 Invoices and Intensive Care Management</li> </ul> </li> <li>• There is currently an estimated undesignated fund balance of \$618,000.</li> </ul>	
<b>MIDD Initiative Planning Update</b>	<p>The new Medicaid reimbursement rates started July 1 and King County is currently experiencing reduced monthly revenue from the state.</p> <p>The proposed reallocation of MIDD 2017-2018 funding (see handout) tries to address:</p> <ul style="list-style-type: none"> <li>• Maintaining core services</li> <li>• Moving to a value-based payment system by creating incentives</li> </ul> <p>See second page of handout, under “Current Projected Funding Available for 2018” for a breakdown of the dollars. This creates pool of \$10.7 million of 2017 funds to use for any incentives designed and flexibility to shore up core services.</p> <p>The initiatives on hold could possibly go forward in the next budget. King County has heard clearly from providers that the core system services are more important than expanding programs.</p> <p>King County is trying to incentivize getting the service utilization hours up; the actuaries look at 2017 data to set the rates, but also data trends into 2018. There needs to be a huge shift over the next six months to be able to affect the rates in 2019.</p> <p>There is also work being done at the state-level to have short-term mitigation including possible reimbursement for the system’s work on the transition to electronic health records.</p> <p>Chris Verschuyl shared information about the design process for the Quality Coordinated Outpatient Care initiative. Providers are engaged in workgroup meetings try to envision what incentives might be related.</p>	
<b>Public Comment</b>	<p>Peggy Dolane, community member:</p> <p>Peggy has two children that have been consumers of the mental health system and is a tri-chair of the King County Family and Youth Council. The term “insurance” has been used in the county interchangeably with talking about Medicaid; she has heard it twice in the last three weeks, where people say insurance but mean Medicaid providers. She said she is considering signing her children up for Medicaid. She stated she feels as long as the Medicaid and personal insurance systems are seen as separate, system problems cannot solved. The thinking needs to change. She encouraged people to ensure they do not talk about the Affordable Care Act and Medicaid like they are the same thing or the same as private insurance.</p>	
<b>Adjourned</b>	1:40 p.m.	
<b>Next meeting</b>	Thursday, October 26, 2017, 12:15-1:45 p.m., Chinook Room 121	