

MIDD Advisory Committee (AC) June 22, 2017, 12:15-1:45 p.m., Chinook Building, Room 123

Members/ Designees: Ann McGettigan, Ashley Fontaine (phone), Barbara Linde, Mary Taylor (designee for Barbara Miner), Claudia D'Allegri, Leesa Manion (designee for Dan Satterberg), Brigitte Folz (designee for Darcy Jaffe), Dave Asher, Judge Donna Tucker, Doug Crandall, Jeanne Kohl-Welles, John Urquhart, Paul Daniels (designee for Lea Ennis), Lynne Robinson, Mark Putnam, Mary Ellen Stone, Alicia Glenwell (designee for Merril Cousin), Mike Heinisch, Mario Paredes (designee for Norman Johnson), Jennifer DeYoung (designee for Patty Hayes)

Other Attendees: Alex O'Reilly, Anne Meegan, Callista Wellbaum, Cathy Clem (phone), Chris Verschuyl, Dan Story, Dennis Higgins, Ellie Wilson-Jones, Emmy McConnell, Jennifer Wyatt, Josh Wallace, Kelli Carroll, Ketu Shah, Kimberly Cisson, Laura Hitchcock, Lauren Davis, Laurie Sylla, Lisa Kimmerly, Mary Snodgrass, Renita Borders, Steve Andryszewski, Steve Gustaveson, Susan Schoeld

Notes by: Haley Raspet

Item	Discussion	Action Items:
Call to Order – Welcome and Introductions	Co-Chair Barbara Linde led the meeting in introductions and welcomed all attendees to the meeting.	
Announcements	Lauren Davis has accepted a job as the Executive Director at the Washington Recovery Alliance; as such, she is no longer the Behavioral Health Advisory Board representative for the MIDD Advisory Committee (AC).	
	Mike Heinisch shared the story of a youth who started on diversion two years ago and graduated last month, motivated and sober.	
	Councilmember Robinson gave an update on the men's homeless shelter; the Eastgate site is moving forward, but also looking into other possible sites.	
	Lisa Kimmerly announced Titus Chembukha has been hired as career service employee and has also been accepted to the King County Bridges Program.	
Review/Approve Meeting Notes	No revisions were requested and there was consensus approval of the notes for April.	
Reports	The Steering Committee (SC) met June 19. Ann McGettigan reviewed both of the draft plans and also spoke about the Workload Reduction Medicaid Match change that Steve Andryszewski will cover for the AC today.	
	Steve Andryszewski gave a quick review on the Financial Plan handout and current status.	
	 The Estimated column (orange) tells where it is believed the fund will finish at end of the biennium. It appears the undesignated fund balance will be very small (\$198,000). 	
	Steve reported on the State budget; while not MIDD-specific, many agencies at the meeting receive state funding. The state legislature was in its third special session and a budget is not anticipated to be signed on June 30. King County Department of Community and Human Services (DCHS) has received assurances from the State that behavioral health funding will continue to flow and King County anticipates no service interruptions on July 1.	
	Steve further reported on a change to King County's Medicaid rates. Every two years, an actuarial firm sets the rate band (high/low) for all behavioral health organizations (BHOs) in the State. The current study has set the rate band lower than it currently is. The State is setting King County BHO at the	

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Item	Discussion	Action Items:
	high end of this new rate band to compensate, but as a result, the Medicaid match for the Workload Reduction initiative is no longer available. • A financial workgroup will be meeting over the next few months to address this. • DCHS is in the process of hiring its own actuary to help guide what decisions are made. • These funds are primarily used to fund full-time equivalent (FTE) positions at agencies; DCHS will be looking at ways to step down these positions instead of reducing funding immediately. • King County Council has given DCHS the authority to use the entire biennial fund; whatever spent from 2018 in 2017 means there is less to spend in 2018. • The major discussions of the financial workgroup will be: • The universe of behavioral health funding • What does the new universe look like? • What are the priorities to fund as a system? • What is affordable? • The Workload Reduction initiative; what funding is available to move forward and what the initiative looks like in 2018. • Steve invited the agencies to participate in the financial workgroup discussions. • The Workload Reduction initiative is the only MIDD initiative that was using Medicaid dollars in this way. • The Medicaid Reserve was created in part due to the uncertainty in Washington DC for federal funding. Doug Crandall stressed this is devastating news for the behavioral health provider community. These funds are for real positions and without these funds, those positions go away. Claudia D'Allegri commented it seems there is never the opportunity to sustain and build on what exists as a continuum. Mario Paredes recommended that there should be no new projects/initiatives considered and to use those funds to offset this reduction in Medicaid funds.	
Review and Discussion	 Kimberly Cisson guided the AC through the Evaluation Plan. Although the Evaluation Plan, Implementation Plan, and Service Plan are all parts of the same "whole," they are also designed to be standalone documents. As such, there is some repetition across the plans. The Executive Summary summarizes and highlights what is important in the plan. The Overview reviews: The Overview reviews: The Office of Performance, Strategy, and Budget (PSB) evaluation recommendations (see also Appendix C); Coordination and alignment with other levies (Best Starts for Kids, Veterans and Human Services); Changes in approach and methodology; Results-based accountability (RBA); 	

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Item	Discussion	Action Items:
	Changes in the behavioral health system; andOverarching principals.	
	The Components section is driven by the requirements contained in Ordinance 18407, including performance measures, targets, the overarching principals, and evaluation framing questions related to the MIDD policy goals.	The AC Evaluation subcommittee will convene in late summer or early fall. Please let Kimberly know if you are interested in participating if you have not already.
	The revised logic model was based on a PSB recommendation; it is a non-traditional structure, based on RBA. Improved data collection is being developed, moving away from individually submitted spreadsheets and moving towards the use sf a dashboard and alignment with the other levies.	
	Councilmember Lynne Robinson revisited the suggestion of developing a map of services. Alicia Glenwell appreciated the changes to data collection on the provider level and felt RBA is a better fit for the ways services are delivered.	
	Reporting will be moved to a calendar year period, aligning with contract periods and enabling a smoother process for comprehension, as well as eliminating the progress report to focus on the annual reporting. Appendix A details the performance measures for initiatives; for continuing MIDD 1 and new MIDD 2 initiatives, language was standardized.	
	Some changes to the MIDD 2 Framework (Appendix G of the Evaluation Plan) include the removal of the "overall health status" and "housing stability" from the population indicators and adding "suicide prevention" and "opiate use." Brigitte Folz commented she felt a nice balance was struck between overall King County indicators and individual indicators.	
	Both the Evaluation and Implementation Plans are called for in Ordinance 18407.	
	Kelli reviewed the Implementation Plan for the AC. The Implementation Plan details specific elements that are required by the Council:	
	 A schedule of implementation of initiatives; Discussion of needed resources; 	
	 Outcomes and performance measures; Procurement and contracting information; Community engagement efforts; How the initiative advances the County's behavioral health policy 	
	goals; and • Updated biennial spending plan and financial plans.	
	The majority of these elements are included within each initiative description.	
	It is important to think of the Implementation Plan as a "point in time" document; while creating this plan, the system is in the midst of many changes in the behavioral health and healthcare environments, both at the local and federal levels, including:	
	 Integration with physical health and behavioral health; Ongoing changes in the Affordable Care Act; 	
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Item	Discussion	Action Items:
	Medicaid rate band shift; andMedicaid waiver changes.	
	As a living document, it captures the work to date and identifies areas that need further work. Policymakers will continue to be updated formally through the annual report. Providers will be involved whenever feasible in the planning of changing existing initiatives as well as the implementation of new initiatives.	
	There are 22 new MIDD initiatives of the 53 total initiatives:	
	 14 of these will be directly allocated to providers based on a decision model included in the Service Improvement Plan (SIP); 9 of the 14 have already been contracted; and The remaining 8 initiatives will go through a procurement process. 	There was an RFP posted for the
	Councilmember Lynne Robinson noted the importance of talking about the successes of the programs and getting knowledge out; people do not tend to value the program if they do not know about it. Councilmember Lynne Robinson also requested that the AC be notified when RFPs are out. The MIDD staff are working with Procurement to get out notices as soon as possible; there is also a schedule contained within the Implementation Plan of anticipated times for RFPs.	Wraparound program. Information was sent out to AC members; information is also available on the King County Procurement
	All feedback from the AC thus far will be inserted into the plans and updating the narrative. There will be an update to the Workload Reduction initiative. The Executive Office will get the plan in early July, and transmitted to the Council August 3. Any changes will be cataloged and discussed in the August AC meeting.	website. Claudia will connect with MIDD staff about measurements of culturally appropriate
		practices.
Public Comment	None.	
Adjourned	1:45 p.m.	
Next meeting	Thursday, July 27, 2017, 12:15-1:45 p.m., Chinook Room 123	

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