



Members/ Designees: Adrienne Quinn, Michele Meaker (designee for Ashley Fontaine), Judge Barbara Linde, Barbara Miner, Councilmember Brenda Fincher (designee for Councilmember Dave Asher), Judge Ketu Shah (designee for Judge Donna Tucker), Doug Crandall, Jeanette Blankenship, Jeanne Kohl-Welles, Katherine Switz, Kelli Carroll, Melody McKee (designee for Krystal Livingston), Laura Smith, Lea Ennis, Deputy Mayor Lynne Robinson, Mario Paredes, Mary Ellen Stone, Merril Cousin, Mike Heinisch, Chief Deputy Sheriff Scott Somers (designee for Sheriff Mitzi Johanknecht)

Other Attendees: Alex O'Reilly, Carrie Russell, Chris Verschuyl, Cindy Olejar, Dan Story, Doug Lucas, Ellie Wilson-Jones, Elly Slakie, Jess Andre, Jesse Benet, Jim Vollandroff, Kapena Pflum, Kimberly Cisson, Laura Hitchcock, Lisa Kimmerly, Michael Della Santa, Michael Truong, Peggy Dolane, Ross Marzolf, Susan Schoeld, Steve Andryszewski, Wendy Soo Hoo

Notes by: Haley Raspet

Issues	Discussion	Action Items:
Welcome	Co-Chair Judge Barbara Linde led the meeting in introductions and welcomed all attendees to the meeting.	
Member/Staff Announcements	None.	
Review/Approve Meeting Notes	No revisions were requested and there was consensus approval of the notes for December.	
Member Financial Disclosure Forms	Annual financial disclosure forms have been sent to member's MIDD/King County emails. Kimberly Cisson offered assistance to anyone who needs help either accessing the email or the form. Members are asked to consider their answer to question C; contracted providers will need to identify that information for that question.	Contact Kimberly with questions.
MIDD Financial Report and Financial Plan	King County will be closing 2017 at the end of January. The handout reflects a "soft close" for 2017. Steve Andryszewski thanked the providers for their efforts and cooperation throughout the year in getting invoices in monthly; approximately 98% of all 2017 invoices are in.	
MIDD Steering Committee Report	The Steering Committee met on January 12 to review the Advisory Committee (AC) agenda for January and brainstormed future briefing or discussion topics for the AC. An email was sent January 10 regarding an equity and social justice training opportunity. This contained a survey for potential dates. It will be a two-day, 14-hour training (7 hours each day). If members are interested but did not receive or respond to the survey, please contact Kimberly Cisson.	Contact either co-chair if you have items or topics you would like to see brought to an AC meeting.
Behavioral Health Issues in State Legislative Session	The current legislative session began on January 8. See the packet handout for a preliminary sample of some of the bills the department is monitoring. Behavioral health items that have passed as of January 18 include: <ul style="list-style-type: none"> • Behavioral Health Supportive Housing • Psychiatric Residential Treatment Beds • Detoxification Facilities • Crisis Diversion or Stabilization Facilities The first cutoff is February 2 and there will be more opportunity for updates after that time.	If members are following bills not contained in the handout, please contact Chris Verschuyl with that information.

**Fully Integrated
Managed Care
Update**

Jim Vollendroff gave an update on the transition to fully integrated managed care (FIMC) including both physical and behavioral health. Jim will provide these updates to keep the AC up to date as things continue to develop.

Jim shared a PowerPoint slide detailing the current plan for the system structure beginning in 2019.

A few of the overarching goals include having a full continuum of services, ensuring access to all services regardless of funding stream, maintaining equity and social justice aspects to services, educating the managed care organizations (MCOs) on recovery, and demonstrating the value of including peers in the system. The work of the division has been focused on moving treatment upstream as much as possible for diversion of use of deeper end services.

When the division signed on to become a mid-adopter, a local leadership table was set up; the table consists of leaders and staff from the Department of Community and Human Services as well as Public Health – Seattle & King County; all five of the MCOs; the director from Accountable Communities of Health (ACH); and leadership from the Health Care Authority (HCA).

There is a consultant contract with Health Management Associates in place, and the kick-off meeting will take place January 26.

Adrienne Quinn added that, for well over a decade, the County – as the Regional Support Network (RSN) – performed a lot of work to ensure that local funds complemented Medicaid funds. Where there were gaps in what Medicaid would pay for, the County would find local funds to fill those gaps. The system right now consists of very integrated funding and the County is attempting to keep the system as whole as possible while integrating physical health care.

Deputy Mayor Lynne Robinson asked if there is a task force or group formed for the cities, to identify what they should be doing in tandem to coordinate with the County. Jim answered that is an excellent suggestion but is unaware of a no current effort; he is happy to follow-up. Adrienne suggested to coordinate with the Sound Cities Association on that.

Mario Paredes stressed the importance, as a provider, to know what challenges lie ahead. He feels this new model presented by Jim today is much better than the potential system of providers contracting with five different MCOs. It would lessen the challenge of having five different platforms, reporting sets, and administrative work for the providers. It would also remove the obstacle of requiring clients to choose which of the plans to use. Rather than creating an integrated system, it would create a segregated one.

Jim noted the providers have requested a meeting with the MCOs and HCA; the County has been invited to that meeting as well.

Doug Crandall commented, in this model, the providers are entrusting the BHASO to contract on their behalf and this will continue to be a concern until the providers are at the table at some level. Adrienne agreed and wants to bring the providers in during the contracting stage, but the County has not reached that stage yet.

	<p>Mike Heinisch voiced concern that, even if the MCOs adopt this model, they are not interested in the system as a whole. He worries that the system will fragment beneath the surface due to differences in philosophical beliefs.</p>	
<p>Initiative Funding Change: CD-06 Adult Crisis Diversion Center, Respite Beds, and Mobile Behavioral Health Crisis Team</p>	<p>Susan Schoeld gave a briefing on some budget change requests to initiative CD-06 (see memo handout).</p> <p>The Crisis Solutions Center (CSC), operated by the Downtown Emergency Service Center (DESC) has asked for help in the form of a one-time budget increase of \$1.8 million in MIDD funding. The County countered that request with a proposal of \$900,000 for 2018.</p> <p>Co-Chair Merrill Cousin asked why it would be a one-time request when it is due in part to substantial increases in rental costs and staff salaries. Steve clarified the County would like to work with DESC to find an alternative solution to their current location, but also the County cannot commit to anything further out than 2018 due to the nature of a biannual budget.</p> <p>Deputy Mayor Robinson noted that, from the City of Bellevue’s perspective, the CSC has been very successful; police feel it is a great asset and reduces 9-1-1 calls. She suggested maybe there is a County building that can be used to house this program. Steve answered the County is already exploring that.</p> <p>Jeannette Blankenship inquired what portion of the ask is salary versus rent; Steve responded he does not have that with him currently but can share it with the AC; the money will come from MIDD underspend and some Medicaid reserve. The MIDD 2 budget for this initiative was approximately \$1.2 million higher than it currently is; this was reduced due to an assumption made by the County that some CSC clients could be charged to Medicaid funding. However, there have been issues getting that resolved – for all of 2017 the County was not able to access Medicaid funding for any of the CSC clients.</p> <p>Mario asked, if this request is approved, how does it impact the bottom line. Steve answered there is some flexibility in MIDD spending, with 2% underspend on average historically. It is not expected to affect funding for any current programs. Adrienne added the County will be working collaboratively with DESC to find a longer-term solution.</p> <p>Jim commented the Designated Mental Health Professionals (DMHPs) are beginning to use the CSC more, thus saving on the legal side of things as well as providing better clinical care for those individuals diverted.</p> <p>Mary Ellen Stone stated she is not opposed to the request, but she does have a lot of concerns; she asks that there be a plan to show how DESC is to keep this going forward, beyond 2018.</p> <p>Councilmember Brenda Fincher noted the CSC has been invaluable in Kent and she feels the program needs expansion.</p> <p>Doug Crandall remarked that most providers struggle with workforce retention; that coupled with the discontinuation of workforce reduction funds feels like the funds are just being taken from other providers to give to DESC. It raises the question on how to address these fundamental issues that providers are facing. It is unclear what the process is to get those aired and get resolution to them in a more equitable way. Any provider in this county has the grounds to make such a request. There is no question the</p>	

	<p>CSC is invaluable, but it raises the question on how to manage these types of decisions.</p> <p>Adrienne stated the County has definitely had some lessons learned in the process with CSC; one issue was leasing the property. The County feels they have a responsibility to the community to keep this program going while trying to address outstanding issues.</p> <p>Mario stated that it is difficult to have a review and informed discussion like this in a few minutes and then decide on recommendation. He suggests, moving forward, to have proposals like this be reviewed by some members of this group prior to bringing to the full committee.</p> <p>Merril noted in the past under MIDD 1, there was a subcommittee that reviewed requests. She stated that it needs to be made clear what the pathway is to make requests. However, it is important to note that this committee is only advisory and ultimately the Council makes budget decisions. She suggests the AC review the need for establishing an ad hoc funding recommendation subcommittee. Also, she said the AC may have a role to play in community education, to address future siting issues for human services programs. With the current real estate market, location and siting are huge issues.</p> <p>Chief Deputy Sheriff Scott Somers noted the Sheriff's Office serves a population base about the size of the City of Seattle; he feels the CSC has been literal life savers.</p> <p>Doug recommend that AC approved recommendation on the funding ask for DESC; Mario seconded that recommendation. Mary Ellen asked to add a friendly amendment: that the AC agree to a process to have a sub-group meet to review these requests when they arise.</p>	
<p>Action item: Recommendation Regarding Changes to CD-06</p>	<p>The members of the Advisory Committee reached consensus to support the change in budget increase for CD-06.</p>	
<p>Public Comment</p>	<p>1) Doug Lucas: Doug was diagnosed with Type I Bi-Polar Disorder and has been involuntarily committed in King County psychiatric hospitals a few times. He explained that funding a peer respite in King County would help someone in his position. He said that, in order to spread the wealth of knowledge that peers have, King County should investigate establishing a peer respite.</p> <p>2) Cindy Olejar: Cindy is a Seattle resident and shared more about peer respites. Cindy said psychiatric hospitalization targets treatment of identified psychiatric symptoms without addressing the underlying causes of psychiatric crisis itself. Peer respites address the underlying causes, which helps a person learn what they can do now. Peer respites staff peers with lived experience, creating understanding and compassion, and modeling recovery, which can help prevent a person from going into crisis.</p>	

	<p>Michael Truong: Michael is thankful for the opportunity to speak and hopes his perspective is helpful. He is here to briefly share about peer-run respites, which are something like a bed and breakfast (B&B) where someone in crisis can get support from those who have already gone through some sort of mental health crisis. They are there to provide compassionate support, healing, and an optimistic community. He advocated for learning from peer-run respites and possibly setting up one or more in King County. He stated that peer respites are the kind of upstream spending that makes sense, and also peer-run respites are relatively cheap.</p> <p>3) Peggy Dolane Here to comment on her adventures as a parent and how it relates to the work of the committee. She felt today's discussion was great to hear. She feels it would be great if Clark County had a Crisis Solutions Center. She learned of Executive Function 15 years ago with her child and there was only one book on it at the time. Today she is here to talk about this. There are the five senses, and then there are vestibular and proprioceptive inputs, which are the ability to balance and the ability to manage a person's body in space. Oftentimes children with autism have issues with proprioception. There is something called the eighth sense, which is interoception. This is the ability to know what is going on inside a person's body. There is a single book on the topic, <i>Interoception: The Eighth Sensory System</i> and she encourages therapists to research the topic.</p>	
Adjourned	1:50 p.m.	
Next meeting	Thursday, February 22, 2018, 12:15-1:45 p.m., Chinook Room 121	