

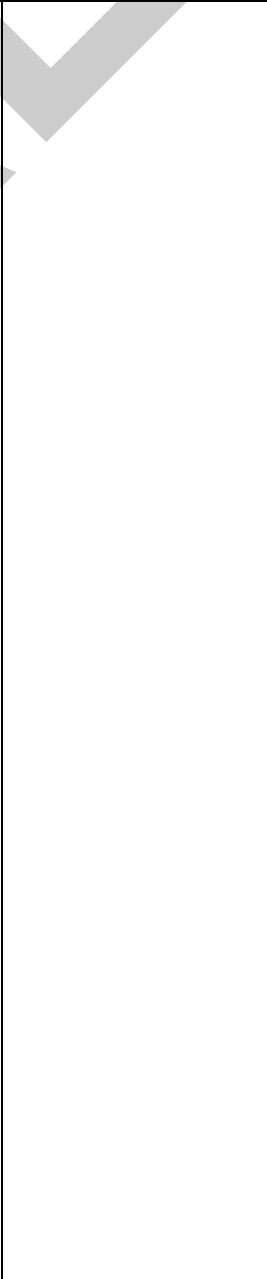


Members/ Designees: Alex O'Reilly, Ann McGettigan, Barb Donohue, Judge Barbara Linde, Barbara Miner, Chris Verschuyl, Claudia D'Allegri, Dan Satterberg, Councilmember Dave Asher, Denise Rothleutner, Jeff Sakuma, Jeanette Blankenship, Jim Vollendroff, Jorene Reiber, Karen Brady, Judge Ketu Shah, Lisa Kimmerly, Deputy Mayor Lynne Robinson, Mario Paredes, Mary Taylor, Merrill Cousin, Michele Meaker, Mike Heinisch, Steve Andryszewski, Wendy Soo Hoo, Joshua Wallace (phone)

Other Attendees: Alex Mehling, Anne Meegan, David Culp, Dwight Dively, Ellie Slakey, Emmy McConnell, Idabelle Foss, Kapena Pflum, Laura Van Tosh, Lauren Vlas, Madeline Carazos, Peggy Dolane, Scott McCall, Shelby Smith

Notes by: Alissa Latimer

Issues	Discussion	Action Items:
Welcome	Merrill Cousin welcomed all attendees and led the meeting with introductions. The agenda was rearranged to accommodate Dwight Dively's scheduling conflict. Item 9 will now come before item 4 on the agenda.	
Member/Staff Announcements	<p>Upcoming Events:</p> <ul style="list-style-type: none"> NAMI Eastside is hosting their Stepping into the Light Gala on October 6, 2018. Postcards with more information are available. King County's Behavioral Health Legislative Forum is scheduled for November 8, 2018. Registration will open on September 4, 2018. <p>Copies of the MIDD 2017 Annual Report are available.</p>	
Review/Approve Meeting Notes	Meeting notes were approved	
MIDD Financial Report	<p>Steve Andryszewski asked the committee to look at the handout, which reflects estimated spending through the 2017-2018 biennium at this time. Projections are improving as the end of the biennium approaches.</p> <p>There is an internal process in place in which each initiative is reviewed on a monthly basis by staff working with community-based service providers to see where the service providers are in terms of their spending plans and generally how they are doing. This has created a much more accurate and up-to-date picture of spending. These reviews will continue through the end of the year so that there is an accurate starting position for 2019-2020.</p> <p>At this time, there is a very slim undesignated reserve balance projected at the end of the year – approximately \$502,000. Current estimates for 2019-2020 indicate that MIDD will be left in a healthy position.</p>	
MIDD Steering Committee Report	<p>Mike Heinisch gave a brief update on the last MIDD Steering Committee meeting, as Dwight Dively was a guest at that meeting and will be speaking on the same topics today.</p> <p>Three new developments:</p>	Mike Heinisch, Claudia D'Allegri, and Kailey Fiedler-Gohlke will attend the Building a

	<ul style="list-style-type: none"> • At this point in time, a few of the community-driven grant initiatives that have been proposed are being supported by the King County Executive. The Steering Committee hopes to see these initiatives included in the next biennium budget. • There is potential for a significant expansion of the LEAD program. There are many questions about what this program will look like and what support it will have across various jurisdictions and interest groups. The committee is anticipating an update on LEAD sometime in the fall. • A request for a peer-run respite meeting is being considered. This is an excellent indication that the advocacy of this committee is having an impact. 	<p>Racially Just King County Training on behalf of the MIDD Advisory Committee.</p>
<p>Briefing/Discussion</p>	<p>Dwight Dively began with an explanation of how the budget development process works in King County. King County has a true biennial budget that spans a full two year period. Individual agencies develop their budgets and submit them by July. These budgets are reviewed by Dwight and his staff at the King County Office of Performance, Strategy, and Budget before being sent to the King County Executive. The County Council receives the budget proposal in late September. The Council makes adjustments and finalizes the budget before the Thanksgiving holiday break. There are opportunities throughout the biennium to amend the budget in response to changes in revenue, need, circumstances, state policies, federal policies, etc.</p> <p>The Department of Community and Human Services (DCHS) submitted proposals about the MIDD in July along with the rest of the budget. Since then there have been a variety of revenue and expenditure changes that are factored into the Executive’s review process. The July and August revenue forecast anticipates increases in the sales tax that supports the MIDD programs. Part of that is due to the continued growth in the economy, but changes in state law have had an impact as well. Effective 2018, the state has required remote vendors (out-of-state vendors) of a particular size to pay sales tax. The revenue increase from this has been larger than the state initially estimated in King County. At this point, it is known that there will be an under-expenditure of existing programs. All of these factors are being considered by the Executive, who is seriously contemplating drawing down some of the reserves in MIDD.</p> <p>The MIDD reserve was created to prevent MIDD funded programs from being affected by economic downturns. A standard recession was used as a model to predict how much money should be held in reserve to maintain programs without interruption during an economic downturn.</p> <p>The Executive is proposing a reduction in some of those reserves in order to address urgent problems being faced at this time. For example, there is a need to address the opioid and homelessness crises that are being experienced by the community now.</p>	

Changes and additions to DCHS's initial proposal are listed as items 1-15 in the packet. All of them but item 1 involve increased spending. The first has been reduced slightly to be consistent with other inflation related increases. This has reduced funding by around one million dollars. Quite a few ideas on this list have come from the One Table discussion around homelessness. Please note that the proposal concerning the LEAD expansion has a very wide range of funding associated with it. This is because the speed of expansion and the varying costs in different geographic regions will affect the level of funding required. The Executive will make a decision based on what the county can afford and what level of expansion is possible.

Dan Satterberg spoke about the LEAD expansion as an opportunity to build a model for a true paradigm shift in how individuals experiencing substance use disorders are treated. The goal is to provide an alternative to arrest for any police officer who encounters someone with a small amount of drugs in their possession. Referrals to treatment services will be made when possible, and in cases where resources are not available, the officer can refer them to the prosecutor's office. In return, the prosecution will decline to file charges.

Under the current system, these cases are put into district courts and placed on the expedited calendar, eventually resulting in a gross misdemeanor conviction. This process takes around a year, and often results in loss of resources and support while these individuals are in jail. At no point in this process are individuals offered access to treatment or other resources. The LEAD program will offer more immediate assistance to these individuals and divert them from involvement in the criminal justice system.

Councilmember Asher asked about how this would affect the municipal court system, and Dan clarified that while the courts will have to make their own decisions about their participation in LEAD, the ultimate goal is for every officer to have the ability to successfully refer individuals to case managers instead of arresting them.

Anne McGettigan expressed concerns about more funding from MIDD being allocated to the LEAD program, which has already received a significant investment of MIDD dollars. If possible, securing funding for another source would be preferable, especially since there are some concerns about how much money is being allocated to the criminal justice system instead of other programs. Dan said that investments in LEAD are an investment in building an alternative to the criminal justice system. The only way to reform the system is to build new alternatives. The population that LEAD serves closely aligns with the population served by the MIDD, and the goal is the same as many other programs. LEAD provides an

alternative to arresting individuals that are in need of treatment by providing access to that treatment.

After a question by Councilmember Asher Steve indicated that the current financial plan does not include this additional proposed investment in LEAD. Until the Executive finalizes the budget, it will be difficult to estimate the impact of changes to the program. Dwight added that it important to remember that the Executive is looking at making strategic investments, not looking to spend all of the MIDD reserve funds. The state might provide funding for some of the services that are currently funded by the county, but that is not certain.

Mario Paredes expressed that providers' concerns about changes coming up during the system transformation, especially in regards to the funding that will now go directly to the managed care organizations (MCO) and the extra burden on providers to make the necessary changes at their own agencies. When DCHS submitted their budget all of these things have been approved by the executive – hence them not appearing on the sheet of potential increases. There should be enough funding to cover anticipated technology infrastructure needs as providers make adjustments necessary for a successful transition to the new system. The behavioral health fund is covering several technology projects to support provider transition to integrated managed care at this time.

Deputy Mayor Robinson asked about the effectiveness of LEAD. The LEAD program has been established in Seattle, and its success makes it a candidate for expansion. Judge Linde identified that therapeutic courts are one of the most studied criminal justice intervention programs in use. They work well in many areas of the country under a variety of socioeconomic and political conditions. Individuals facing incarceration are eligible for participation which provides an accountability that studies show is part of what makes therapeutic courts successful. The LEAD population is a different population of individuals who could benefit from diversion services. Dan said if the committee is interested, analysts that have studied LEAD can be invited to answer these questions in more detail.

Judge Shaw commented that diversion programs can be effective but should be braided with treatment resources, so that people can get help the right way. There is a shortage of inpatient beds and intensive outpatient programs. Treatment programs need to be expanded along with LEAD so that there are places to refer clients to.

Merril suggested the group or a smaller group may wish to meet to discuss the issue of ensuring that diversion programs along with sufficient community-based services receive needed resources.

<p>Community Co-Chair Nominee Discussion</p>	<p>The end of Merrill’s term as community co-chair is approaching. At the last meeting, Claudia stepped forward and offered to serve as the next co-chair. Judge Linde will remain as the other co-chair.</p>	<p>Claudia D’Allegrì was selected to serve a term as the community co-chair, beginning in October.</p>
<p>One-Time 2018 Increase for RR-10 Supported Employment</p>	<p>Committee members were asked to refer to their packet of materials if they needed to review a funding request that was made during June’s meeting.</p> <p>At the last meeting, Lisa Floyd, who oversees this initiative, gave an overview of this funding request. Chris Verschuyf provided a brief recap of last month’s presentation. This program has been successful and has grown. Additional funding is needed to address a gap caused by a delay in Medicaid funding. This request is to support the growth of the program and avoid pulling back funding from this results-based program. This request is a one-time request based on the expectation that Medicaid funding will be available in 2019. The fiscal team indicated that there were underspent funds in MIDD administration during this biennium that could be used in this request.</p> <p>Those who attended June’s meeting were supportive of this initiative. This request is being reviewed with the new process, which requires any proposals to be presented a one meeting and voted on at the next meeting. There were no questions or concerns, and a formal endorsement was asked for. The committee approved this request.</p>	
<p>Integrated Managed Care Update</p>	<p>Jim Vollendroff provided a brief update on the status of Integrated Managed Care (IMC). As the providers around the table have already indicated this process is moving forward quickly. There are around four months left before a major transition on January 1, 2019, when the Medicaid money that comes to the county will start transitioning to the MCO’s.</p> <p>Most counties in the state have bowed out of the behavioral health care system, and money will flow directly to the providers from the MCO’s. King County has chosen to stay involved in the system. One important reason for this is the other resources that King County is able to bring to the table. These resources are being aligned with the strategies of the MCO’s and will assist them in meeting the outcomes they are expected to achieve. These resources include the MIDD, Best Start for Kids, and the Veterans, Seniors & Human Services Levy.</p> <p>Jim addressed the concerns expressed by Mario and the other provider representatives about the proposed strategies in the packet. Jim shares these concerns, and has been working with Adrienne Quinn and Steve to choose strategies that will put the providers in the best situation possible, including the bonus incentive dollars. It is clear that a full continuum of services needs to be available to clients so that all their needs can be</p>	

addressed. As an example, there has been a new position created in the department that coordinates care with the LEAD team. This position is relatively new, but the intention is to make sure that LEAD case managers have access to treatment options for their clients.

BHRD is working on a very tight timeline to finalize contracts with the MCO's and providers. The Office of the Insurance Commissioner (OIC) has to approve those contracts with the MCO's, and then BHRD has to turn around and contract with providers. The goal is to have these contracts in place by mid-September and to have services in place by January 1, 2019.

Committee Updates:

- The Financial Workgroup is looking at incentive funding and how it will be used. This money is coming from the Accountable Community of Health (ACH) because King County is a mid-adopter. Additional money is being set aside out of the MIDD to help incentivize the provider network during the transition, and one time investments in infrastructure and technology have been made as well.
- The Clinical Operations Workgroup is focused on identifying evidence-based strategies that can be used to reduce health care costs. At this time their primary focus is emergency department admissions, identifying which of these are behavioral health related, and what are the best strategies available to get clients into treatment, minimize interactions with the criminal justice system, etc.
- The Partnership Meeting has transitioned into an advisory council. This council receives a summarized monthly report from the various committees involved. Committee members interested in seeing this report should speak to Chris Verschuyt.

Independent Practice Association's (IPA's) exist in the physical health care sphere. The county is working to develop a similar entity, which will be called the King County Integrated Care Network, representing the network of providers in their relationship with the MCO's.

Claudia asked a question about the governor's plan to transition the individuals that are on civil commitment at Western State Hospital back to their own communities. Discussions of this plan will be a big part of the upcoming session. King County supports this plan but is concerned about the details and whether or not there will be enough capacity in the communities for these individuals. The current plan for opening 16-bed facilities does not create enough beds to support this transition. The Community Alternatives to Boarding Task Force (CABTF) is working with the governor's office on this issue to help this transition be a successful one.

	<p>The contracts signed with the MCO's give King County a year to demonstrate that this model will provide the outcomes they need to achieve with the Health Care Authority. If this year is successful, the department believes there is a strong chance that the MCO's will choose to continue working with the county.</p>	
Public Comment	<p>Laura Van Tosh, who is a peer and receives behavioral health services, came to this meeting to express support for the One Table recommendations on peer respite programs.</p> <p>David Culp, a member of the Community Peer Respite Planning Council also expressed support for peer respite programs. Peer respite programs are innovative and important because they are developed and lead by peers, who are in a unique position to provide support to other individuals who are using behavioral health services.</p> <p>Peggy Dolane provided an update on changes in the age of consent for behavioral health treatment in Washington state. Other progressive states, including those that have a lower age of consent than Washington, have parents involved in the treatment process. These states have provisions for parents to be involved in treatment even if their children request services without their permission. When both children and parents can consent to treatment there is an opportunity to make a family-based treatment plan. If this proposal succeeds it will be a huge change in the behavioral health system for children statewide. The biggest barrier in place currently is that parents are unable to get help for their children.</p>	
Adjourned	1:34	
Next meeting	Thursday, September 27, 2018, 12:15-1:45 p.m., Chinook Room 121	