



Members/ Designees: Denise Rothleutner designee for Leo Flor, Judge Laura Inveen, Mary Taylor designee for Barbara Miner, Claudia D’Allegri, Leesa Manion designee for Dan Satterberg, Brigitte Folz, Dave Asher, Karen Brady, Judge Ketu Shah, Jeanette Blankenship designee for Jeff Sakuma, Joshua Wallace, Katherine Switz, Laura Smith, Helena Stephens designee for Deputy Mayor Lynne Robinson, Mario Paredes, Mary Ellen Stone, Merrill Cousin, Mike Heinisch, Michele Meaker representing NAMI Seattle, Ingrid Ulrey designee for Patty Hayes, Steve Andryszewski, Chris Verschuyt, Kimberly Cisson, Ziyong Hu

Other Attendees: Cody West, Kayla Blau, Idabelle Fosse, Alex O’Reilly, Dave Murphy, Emmy McConnell, Sam Porter, Diana Phibbs, Madeline Cavazos, Callista Welbaum, Meghna Saleen, Anne Meegan, Christa Wallace, Lauren Vlas, Brenda Fincher designee for Dave Asher (phone)

Notes by: Ziyong Hu & Alissa Latimer

Issues	Discussion	Action Items:
Welcome	Co-Chair Judge Laura Inveen welcomed all attendees and made introductions around the table and via phone. Co-Chair Judge Inveen reminded everyone that the meeting is being recorded and advised a public comment session would be held at the end of the meeting.	
Member/Staff Announcements	Michele Meaker made an announcement about NAMI Eastside Youth Mental Health conference will be held on May 4 th , 2019.	
Review and Approve Meeting Notes	February and March meeting notes are approved.	
Briefing and Request for Applications (RFA) preview: PRI-03 Prevention and Early Intervention Behavioral Health for Adults over 50.	Anne Meegan from Public Health Seattle and King County gave a briefing and RFA Preview of PRI-03. An RFA is coming out for this initiative, scheduled in mid-May for contracts to begin in January 2020. This initiative provides behavioral health screening for older adults in a primary care in setting as part of the health safety net. It’s intended to be a short-term intervention (6 to 8 months) that occurs in the primary care setting. This funding has been braided with other funding sources like the Veterans, Seniors and Human Services Levy. This initiative has been very successful over the last decade, and King County has received statewide recognition for their integration of physical and behavioral health. Changes will be made in the scope of work of the RFA to reflect changes that have been made in the safety net environment since over the last decade, and to better align with the Medicaid transformation in King County. Patients are seen by a primary care physician, a behavioral healthcare specialist, and a consulting psychiatrist. This care team works together on a shared care plan. Treatments are actively changed if patients are not improving as expected. Michele Meaker asked if there was any funding for or accommodation for peer counseling or family involvement provided. Anne indicated that since this is a short-term intervention strategy, long-term supports like	

	<p>peer counseling are not included in the scope of work but some providers do have group peer support.</p> <p>Co-Chair Claudia D’Allegri provided further clarification about the options available for continued care of patients who are involved in this program.</p>	
<p>MIDD Financial Report</p>	<p>Steve Andryszewski provided an update on March MIDD Financial report. There were no changes from last month, but an increased sales forecast report was beneficial. This reduced the reserve shortfall significantly. The shortfall for the biennium is now projected of less than \$200,000, so that is positive news. All the additional programs that were funded will be within the budget.</p> <p>Steve thanked the providers for their efforts to submit their invoices in a timely manner. This allows the committee to make more strategic spending recommendations because they have more accurate information.</p>	
<p>Modification Review: RR-02 Behavioral Health Services at Community Center for Alternative Programs (CCAP)</p>	<p>Dave Murphy spoke about CCAP, beginning with a brief history of the program. One issue that this program has faced is insufficient enrollment of clients. To address this, they expanded referrals. This was still not enough to meet the threshold for a study of program effectiveness. As this program is winding down, this proposal is an attempt to continue to provide needed services to this population, in the form of mental health services in addition to substance use disorder treatment and domestic violence interventions. This request is to shift the flow of funds into different services for the same population, and is not a request for additional funding. Because no additional funding is being requested, this will not affect the budget.</p> <p>Co-Chair Claudia D’Allegri had a question about access to interpreters for non-Medicaid clients. Dave said that the money they are requesting will cover interpreters, although for non-Spanish speaking individuals needing an interpreter there might be some delay in services. Asian Counseling and Referral Service (ACRS) has also hired bilingual staff members.</p> <p>Co-Chair Judge Laura Inveen had a question about the Medicaid eligibility of individuals who are not enrolled at this time. Although there are no hard numbers, Dave estimated that up to 90% of these individuals might be eligible for these services, and that CCAP does work to enroll individuals who consistently report to the program in Medicaid. There are DCHS and ACRS staff members on site who are able to assist with enrollment.</p> <p>Helena Stephens asked if CCAP is only located in Downtown Seattle, is that a factor in the no show rate. Pretrial services in south King County are being planned.</p>	

	<p>Mario Paredes supported the proposal and it's reallocation of existing funds. He praised the work that ACRS is doing.</p> <p>Judge Ketu Shah had a question about existing programs that could take over the load, and Dave clarified that those who are already enrolled in the program will not stop receiving services at this time.</p> <p>Merrill Cousin asked where CCAP was originally placed within the MIDD plan. Chris Verschuyll indicated CCAP was continued from the original MIDD. Merrill expressed concern about the overall process of how programs become funded and how MIDD budget could be impacted.</p>	
ACTIONS: Support Changes to RR-02 BH Services at CCAP	<p>After some additional discussion, a modification to the use of funds was approved by consensus.</p> <p>Councilmember Dave Asher commented that the basic issue is the ongoing assessment of existing programs and the need of emerging programs that are coming up. Councilmember Asher indicated that MIDD is scheduled to run out of funds and set up competition among initiatives for continued funding. He stated that the AC needs good performance information and to regularly examine that as a body to understand which programs are working and which could work better. This process could be improved, and Councilmember Asher would like the AC to develop a way to begin to look at what is being done and how well it is being done. Chris Verschuyll indicated that DCHS is currently working on how to address these concerns at future meetings.</p> <p>Merrill Cousin commented that there have been two intensive planning processes to identify the continuum of services to be funded. Generally speaking, there are huge needs everywhere, and even if every program that is being funded is operating at maximum efficacy, they cannot all be funded. King County has added their own priorities, and this has been somewhat disruptive to the process of the committee. There was a significant increase in the LEAD program that is very heavily focused on diversion. Co-Chair Claudia D'Allegrri agreed and emphasized the importance of responding to the needs of the communities being served. Mario Paredes expressed support for Merrill and Claudia's comments.</p>	
State Legislative Session Update	<p>Chris Verschuyll spoke about State Legislation in Behavioral Health. Chris Verschuyll referenced at the handout <i>Behavioral Health Policy Legislation Update for Partners</i>, and provided a very brief overview of another handout, <i>Top Priority Community Behavioral Health Impacts of State Budget Proposals for King County</i>.</p>	
Public Comment	<p>No public comment.</p>	
Adjourned	<p>1:23 PM</p>	
Next meeting	<p>Thursday, June 27th, 2019, 12:15-1:45 p.m., Chinook Room 121/123</p>	