SALISH BHO

EXECUTIVE BOARD MEETING

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

DATE: **Friday, June 15, 2018**

TIME: **9:00 AM – 11:00 AM**

LOCATION: **Jamestown S'Klallam Tribe, Council Chamber**
1033 Old Blyn Hwy, Sequim WA

AGENDA

1. Call To Order
2. Announcements/Introductions
3. Opportunity to Address the Board on Agenda Topics (limited to 3 minutes each)
4. Approval of Agenda
5. Approval of Meeting Notes for April 20, 2018 (Attachment 5)
6. Action Items
   a. Annual Budget (Attachments 6.a.1, 6.a.2, 6.a.3, 6.a.4, 6.a.5)
7. Informational Items
   a. Health Care Authority
   b. Integration Issues
      - Selection of MCOs
      - MCO Discussions
      - Decision regarding Interlocal Leadership Table (Attachments 7.b.1, 7.b.2, 7.b.3, 7.b.4, 7.b.5)
      - Paths to 2020 (Attachments 7.b.6, 7.b.7)
   c. Western State Hospital Policy Change
   d. Jail Issues
   e. Criminal Justice Treatment Account
   f. OTP Update
   g. Advisory Board Update
8. Opportunity for Public Comment (limited to 3 minutes each)
9. Adjournment

ACRONYMS

ACH	Accountable Community of Health
ASAM	Criteria used to determine substance use disorder treatment
BHASO	Behavioral Health Administrative Services Organization
BHO	Behavioral Health Organization, replaced the Regional Support Network
CAP	Corrective Action Plan
CMHA	Community Mental Health Agency
CMS	Center for Medicaid & Medicare Services (federal)
DBHR	Division of Behavioral Health & Recovery
DCFS	Division of Child & Family Services
DDA	Developmental Disabilities Administration
DMHP	Designated Mental Health Professional
DSHS	Department of Social and Health Services
E&T	Evaluation and Treatment Center (i.e., AUI, YIU)
EBP	Evidence Based Practice
EPSDT	Early and Periodic Screening, Diagnosis and Treatment
EQRO	External Quality Review Organization
FBG	Federal Block Grant (specifically MHBG and SABG)
FIMC	Full Integration of Medicaid Services
FYSPRT	Family, Youth and System Partner Round Table
HARPS	Housing and Recovery through Peer Services
HCA	Health Care Authority
HCS	Home and Community Services
HIPAA	Health Insurance Portability & Accountability Act
HRSA	Health and Rehabilitation Services Administration
IMD	Institutes for the Mentally Diseased
IS	Information Services
ITA	Involuntary Treatment Act
LOC	Level of Care
MAT	Medical Assisted Treatment
LRA	Least Restrictive Alternative
MCO	Managed Care Organization
MOU	Memorandum of Understanding
OCH	Olympic Community of Health
OST	Opiate Substitution Treatment
PACT	Program of Assertive Community Treatment
PATH	Programs to Aid in the Transition from Homelessness
PIHP	Prepaid Inpatient Health Plans
PIP	Performance Improvement Project
P&P	Policies and Procedures
QA, QI	Quality Assurance, Quality Improvement
QUIC	Quality Improvement Committee
QRT	Quality Review Team
RCW	Revised Code Washington
RFP, RFQ	Requests for Proposal, Requests for Qualifications
SAPT	Substance Abuse Prevention Treatment
SBHO	Salish Behavioral Health Organization
SUD	Substance Use Disorder
UM	Utilization Management
WAC	Washington Administrative Code
WM	Withdrawal Management
WSH	Western State Hospital, Tacoma

Full listing of definitions and acronyms

June 15, 2018

6. Action Items

a. ANNUAL BUDGET

At its April meeting, the Board approved the proposed Medicaid rate split between mental health and substance use disorder services for the upcoming year. Based upon that split and last year's expenditures, staff has developed the attached budget for the Boards review and approval. The Advisory Board recommended approval of the budget at its June meeting.

7. Informational Items

a. HEALTH CARE AUTHORITY

MaryAnne Lindeblad, Medicaid Director for Washington State, will join the Board to discuss the changing landscape of behavioral health in Washington, and the potential role of Counties going forward, including the option to form an Interlocal Leadership Table.

b. INTEGRATION ISSUES

- **Selection of MCOs**

The Health Care Authority recently announced the 'apparently successful bidders' that will operate in our region beginning in January of 2020. The selected MCOs are United Healthcare, Molina, and Amerigroup/Anthem. In addition to potentially contracting with these three funders, agencies currently contracted with the SBHO will need to contract with the delegated Administrative Services Organization, as well as Coordinated Care, which is responsible for providing services to the Foster Care population. Plans will need to submit their provider networks for evaluation in May of 2019.

- **MCO Discussions**

Staff had an initial meeting with the chosen Managed Care Organizations and our contracted mental health providers on May 25 to discuss the enhancement plan. It was decided at that meeting to begin regular monthly meetings including Substance Use Disorder specialty agencies, and the first of those is scheduled for June 29. It is expected that these meetings will focus on some of the more technical aspects of integration, including payment mechanisms and reporting of services.

- **Decision Regarding Interlocal Leadership Table**

At the April board meeting, the Board chose to table the topic of asking to establish an Interlocal Leadership Table and was subsequently given an extension until June 15 to make a decision regarding this topic. Pertinent materials are re-attached for ease of reference to re-visit this question.

- **Paths to 2020**

There appear to be three alternative paths towards 2020, which must be traveled concurrently. 1. Successfully apply for a Pilot Project. 2. Become an Administrative Service Organization. 3. Cease operations. Staff will provide a timeline for the various options with key decision dates to discuss.

c. WESTERN STATE HOSPITAL POLICY CHANGE

On May 11, the Governor announced a policy change to close all Civil Commitment beds at the state hospitals (approximately 720 beds) by 2023 and move the effected individuals into facilities dispersed across the state. The announcement included a commitment to open twelve 16 bed state operated Evaluation and Treatment programs as part of the effort. The two state hospitals would remain in place and be converted to serve forensic patients only (individuals a. being evaluated for competency, b. working towards competency restoration to go to trial, or c. found not guilty by reason of insanity or guilty but insane). This is a major shift in policy, at a time when community behavioral health services are already going through immense change.

d. JAIL ISSUES

The SBHO is now receiving live booking data from the Kitsap County jail and is working on creating notification systems to alert our contracted providers when someone currently receiving their services is jailed. We will also be working on creating performance measures related to jail data and collecting data from the other jails in the region.

e. CRIMINAL JUSTICE TREATMENT ACCOUNT

The Criminal Justice Treatment Account is specific funding authorized by the legislature to provide services to individuals who have been charged with crimes or who are involved in therapeutic courts. Counties were given the option in April of directly contracting for these funds, but our counties opted to leave the funds with the BHO to manage. Expenditure of the funds is required to be overseen by a local committee, and the SBHO is participating with the Clallam and Kitsap committees in development of an expenditure plan that is in accordance with the state's requirements.

f. OTP UPDATE

The SBHO has finally finalized the contract with BayMark, and the agency is in negotiations with property owners in both Clallam and Kitsap Counties. In all likelihood, we will not be operational at least until the end of the year, as there are a number of required public events that need to occur prior to operations starting.

g. ADVISORY BOARD UPDATE

MINUTES OF THE
SALISH BEHAVIORAL HEALTH ORGANIZATION
EXECUTIVE BOARD

Friday, April 20, 2018
9:00 a.m. - 11:00 a.m.
Jamestown S'Klallam Tribe Council Chambers,
1033 Old Blyn Highway, Sequim, WA 98382

CALL TO ORDER – Commissioner Mark Ozias, Chair, called the meeting to order at 9:00 a.m.

INTRODUCTIONS – Self introductions were conducted around the room

OPPORTUNITY FOR PUBLIC TO ADDRESS THE BOARD ON AGENDA TOPICS

Dunia Faulx, Jefferson Healthcare, encouraged the Executive Board to make a decision regarding the Jefferson Healthcare MAT proposal as Jefferson Healthcare would like to start providing MAT services as soon as possible. Jefferson Health Care is already working on coordinating with Discovery Behavioral Health and Beacon of Hope.

APPROVAL of AGENDA
The order of the agenda was amended to start with Informational Item, 7.f Advisory Board Update to accommodate Salish BHO staff.

MOTION: Commissioner Robert Gelder moved to approve the amended agenda. Commissioner Kathleen Kler seconded the motion. Motion carried unanimously.

APPROVAL of MINUTES

MOTION: Commissioner Kathleen Kler moved to approve the meeting notes for the February 16, 2018 meeting as submitted. Commissioner Robert Gelder seconded the motion. Motion carried unanimously.

INFORMATIONAL ITEM

- **Advisory Board Report**
  - The Advisory Board voted and approved the board priorities for 2018. The top priorities and areas to focus on for the next year will be Integration, Quality Issues, and the Pilot Project.
  - The Jefferson Healthcare Medication Assisted Treatment Proposal was discussed at the April Advisory Board meeting and met with a lot of concerns; concerns specifically involved the proposed budget and the coordination of care. The action was tabled at the meeting and a subcommittee was formed to meet with Jefferson Healthcare, Discovery Behavioral Health, and Beacon of Hope to address concerns and issues with the proposal.
  - The MHBG proposal was reviewed and approved as submitted.
  - A discussion was held over the Salish BHO performance Reports and outcomes and how it can start measuring success.

ACTION ITEMS

- **July 1 Funding**

  Program Enhancement Funding

  - The legislature included substantial new funding, a total of over $69,000,000, for community based behavioral healthcare in the supplemental budget. The Salish BHO allocation of these funds will be approximately $3,600,000, and we have embarked upon

preliminary discussions with our providers on their use. Planning for the funds is required to be accomplished in collaboration with the MCOs and can focus on the following items:

- Reduction and the use of long-term commitment beds through community alternatives.
- Compliance with the requirement to transition state hospital patients into community settings within 14 days of the determination that they no longer require active psychiatric treatment at the inpatient level of care.
- Improvement of staff recruitment and retention at community behavioral health facilities
- Diversion of individuals with behavioral health issues from the criminal justice system
- Efforts to improve recovery-oriented services.

- Salish BHO staff recommended recruitment and retention for an area of focus. Staff reported that high turnover rates at the agencies make it extremely difficult to provide a high level of service. The four mental health agencies in our region were also unanimously supportive of focusing on recruitment and retention; this would focus on providing higher salaries. Since the funds would be received through the rates, this would allow for sustainability.
- A meeting with the MCOs is scheduled for May 25th to start the collaboration process. At least one MCO had vocalized concerns with putting the funds towards recruitment and retention. The Salish BHO will have a developed plan for recruitment and retention to take into the meeting in hopes of showing MCOs that the region is in consensus for use of these funds.
- Concerns were raised over the number of requests for decisions with very quick deadlines. This issue is on the agenda for the State BHO meeting as a lot of BHOs are struggling to meet the requested deadlines and make educated decisions.
- The Executive Board discussed how it could support the Salish BHO on the issue as the board. The board decided that each commissioner will draft a letter for the HCA expressing concerns over the requests and deadlines.

Rates

- The Actuarial Rate Certification for the period beginning July 1 has been submitted to the Centers for Medicaid and Medicare Services, and the news for the SBHO is very good. Our total rate increases from $49.03 to $58.12, though most of this funding is targeted at specific projects or expenses.
- Salish BHO staff reviewed the tables of the proposed rates for July 1, 2018 through June 30, 2019 and requested the approval of the Executive Board.

MOTION: Commissioner Kathleen Kler moved to approve the submitted rates for July 1, 2018 through June 30, 2019. Commissioner Robert Gelder seconded. <u>Motion carried unanimously.</u>

➢ **Integrated Managed Care**

<u>Mid Adopter Status Update</u>

- The five BHO regions (North Sound, King County, Greater Columbia, Spokane, and Pierce) that agreed to be mid-adopters have begun to run into a variety of issues, with adequate funding being the primary issue.
- King County is transitioning into an Independent Practice Association (IPA) model. This model forces the MCOs to contract with the county for the administration of all Medicaid behavioral health funds.
- The Executive Board requested Salish BHO staff to research the IPA model to see if this model would work for our region. This is a potential fall back to the Pilot Project. The Pilot Project will still be the priority and the preferred way to move forward.

- Concerns were raised over the retirement of Salish BHO staff, Anders Edgerton, in the middle of the entire integration process. There are plans to have a two month overlap window for training will be retiring in September and Anders will stay on staff and work one day a week to continue to assist with the pilot project.

Behavioral Health Administrative Services Organization Discussion

- Negotiations between several of the mid-adopters have led to a change in how funding is distributed, with the current split in State funding being 65 percent going to the Administrative Services Organization. The budget distributed last meeting had a 50/50 split, so this would result in slightly more funding to support the administrative structure. However, the larger BHASO regions feel that they need 90 percent of the funds to adequately provide services.
- The Administration Service Organization RFP is out for bid; this is for the BHO regions who do not plan on assuming the role of the ASO. The successful bidders will be announced May 22.

Interlocal Leadership Structure

- On April 11, counties not currently involved in active discussions regarding full integration of Medicaid services received a letter from MaryAnne Lindeblad presenting the opportunity to create Interlocal Leadership Structures in conjunction with the MCOs and the Health Care Authority. In seeking further information from the Health Care Authority, staff was told that the May 11 date for a response was not a hard deadline.
- The Interlocal Leadership Structure idea was developed through House Bill 1388, which removes behavioral health services from DSHS and moves them under the Health Care Authority. BHOs in the state requested a proviso in House Bill 1388 that would allow each BHO region to develop an Interlocal Leadership Structure. Each Interlocal Leadership Structure would include representatives from physical and behavioral health care providers, tribes, and other entities serving the regional service area. The Interlocal Leadership Structure must be chaired by the counites and jointly administered by the HCA, MCOs, and counties. The bill did not pass in 2017, but it did pass in the 2018 session.
- The Executive Board liked that the idea that the structure would bring the physical healthcare providers and the MCOs to the table for collaboration on integration issues. However, the Executive Board voiced its concerns over developing an Interlocal Leadership Structure as the board didn't feel like this was pertinent to our region; it would be a lot of work for a project that would end in January 2021.
- Concerns were raised over the fact that our region has not started to collaborate with the MCOs. The Olympic Community of Health offered to assist with the collaboration between the Salish BHO and MCOs. Salish BHO staff suggested to wait until the MCOs for our region are announced on May 22.
- The Olympic Community of Health (OCH) has been having regular meetings and discussions with physical and behavioral health care providers, tribes, MCOs, HCA, and other entities serving the regional service area. County officials are the only missing component in the discussions. It was suggested that our region look at adding county officials to the OCH discussions as this would allow for collaboration in our region without going through the formal development of an Interlocal Leadership Structure. The OCH is going to check with its Executive Committee to see if they would be open to bringing county officials into their discussions. The OCH will bring the Executive Committees response to the June Salish BHO Executive Board meeting.
- The Executive Board all supported working with the OCH. However, they recommended the meetings be held in a separate forum and venue from its regular meetings to bring more value to the conversations and to push our region in the appropriate direction.

- After discussing, the Executive Board agreed to table the issue until the June meeting. Salish BHO staff will request an extension on the deadline from the Health Care Authority.

INFORMATIONAL ITEMS

➢ **Jefferson Healthcare Medication Assisted Treatment**

- At its meeting in February, the Executive Board considered a proposal from Jefferson Healthcare to provide funding to that agency to fund training for some of their clinical staff to be certified to prescribe Suboxone, a primary medication used to treat opiate use disorders. Following the discussion, the Board referred the proposal to the Advisory Board for a recommendation.
- Jefferson Healthcare clarified the proposal and budget, and the revised proposal was considered by the Advisory Board on April 6. The Advisory Board voted to establish a subcommittee to work with the hospital to refine the proposal and bring it back to a future meeting. The Advisory Board had concerns over the budget, access to care, coordination of care, and the cost of backfilling hourly employees at $600/hour.
- Jennifer Wharton and Dunia Faulx, both from Jefferson Healthcare, discussed the proposal and shared their plans for coordinating services with Beacon of Hope and Discovery Behavioral Health.
- The updated proposal included the Salish BHO submitting a one-time payment of $46,800 out of its reserve accounts.
- The Executive Board raised its concerns over the timeline of the process and potentially waiting until June to pass the issue. Additional concerns were raised over the board making a decision without the approval of the Advisory Board. After discussing and reviewing the proposal, the Executive Board decided that it was essential to make a decision on the issue instead of waiting two months.
- Salish BHO staff will continue working with the Advisory Board subcommittee to address its concerns within the contract.

MOTION: Commissioner Kathleen Kler moved to fund the Jefferson Healthcare Medication Assisted Treatment proposal of $46,800. Commissioner Robert Gelder seconded. <u>Motion carried unanimously.</u>

➢ **Western State Hospital Access Issues**

- The log jam that is Western State Hospital continues to inspire innovation in how our communities treat mental health disorders. The Salish BHO has only received one civil admission to Western State since November 2017; providers in our region are doing an incredible job of stretching funds and services to meet the needs of our communities without having that resource.
- Salish BHO recently reached agreements with the Kitsap County Jail and the Clallam County Jail to receive live booking data so that we can match with the SBHO database to better monitor our performance programs.
- Salish BHO staff was approached by one of our state representatives regarding the serious backlog of individuals in County jails waiting for evaluation at Western, and if we could come up with a pilot project to address this issue. Staff is currently waiting on clarification of the direction of the project;
- There have been talks of closing Western State to all civil admissions by 2022. Our region would need to create two Evaluation and Treatment Facilities in the next four years to make up for the beds we would lose at the State Hospital. We do not know if this will go through.

➢ **AI/AN**

<u>Tribal Operated Evaluation and Treatment Program</u>

- Vicki Lowe, from the American Indian Health Commission, provided an update on the tribal operated Evaluation and Treatment centers. The Legislature committed $95,000 for this year and $100,000 for next year to evaluate the feasibility of opening a tribal

Evaluation and treatment Center. They are considering three options: new construction, remodel existing facility, or renting beds from hospitals.
- Five subcommittees of the workgroup are working on various aspects and will submit its initial report to the State by June 15, 2018.

Tribal Legislative Request
- Vickie Lowe presented an update on the Washington Indian Health Care Improvement Act that was introduced in the 2018 session. The goal of the legislation is address the negative impacts Medicaid waivers and the implementation of managed care have had on the Indian Health System in our State.

➢ **Opioid Treatment Program Update**
- BayMark is very close to signing a lease in Port Angele. Representative from BayMark are coordinating a meeting with the Mayor of Bremerton prior to signing a lease for the Bremerton location.
- BayMark must have three public forums prior to opening each agency; the Salish BHO is working with BayMark to plan and coordinate those.

➢ **Performance Metrics**
- Salish BHO staff provided the board with the Quality Assurance Program Evaluation to review.
- The outward facing dashboard for the Salish BHO website is not going to happen due to HIPPA and 42 CFR regulations. However, the website has been updated with static performance reports.
- The Salish BHO performance measures were reviewed and discussed.

PUBLIC COMMENT

➢ **Lois Hoell (SBHO Advisory Board, Kitsap County 1/10th of 1%) –** The Kitsap County Jail has a project to work on developing a special unit for the mentally ill that is supported by the 1/10th of 15.

GOOD OF THE ORDER

➢ None

ADJOURNMENT – Consensus for adjournment at 11:35 a.m.

ATTENDANCE

BOARD MEMBERS	STAFF	GUESTS
Present:	Doug Washburn, KC HS Director	Vicki Lowe, AIHC
Commissioner Robert Gelder	Anders Edgerton, SBHO Admin	Joe Roszak, KMHS
Commissioner Kathleen Kler	Alexandra Hardy, Recording Secretary	Wendy Sisk, PBH
Liz Mueller, Jamestown S'Klallam Tribe		Lisa Rey Thomas, OCH
Commissioner Mark Ozias		Dunia Faulx, Jefferson HC
Russ Hartman, SBHO Advisory Board		Jennifer Wharton, Jefferson HC
Elya Moore, Olympic Community of Health		
Excused		

NOTE: These meeting notes are not verbatim

Behavioral Health Revenue FY 2019	
Medicaid	$50,500,000
WISe	FFS
State	$4,925,088
Line Item Revenues	
Dedicated Marijuana Account	$226,560
CJTA	$472,680
Secure Detoz	$46,584
Jail MH Services	$116,268
PACT	$173,748
5480 (PACT and Triage)	$163,260
Misc MH	$104,700
E&T Discharge Planners	$162,132
ECS	$100,000
State Enhancements	$219,916
Triage	$504,924
State IMD (MH)	$47,016
Total	$7,262,876
HARPS	$500,000
Triage Start Up	$446,000
Federal Block Grant	
Mental Health	$332,696
Substance Abuse Prevention and Treatment	$1,209,620
TOTAL REVENUE	$60,251,192

SBHO FY 2019 Substance Use Disorder Budget						
Estimated Revenue						
	DMA	State	SAPT	CJTA	Medicaid	Total
Revenue	$226,560	$826,038	$1,209,620	$452,000	$11,230,000	$13,944,218
Total Expenditures						
	DMA Funding	State	SAPT	CJTA	Medicaid	Total
Total Outpatient		**$285,000**	**$600,000**	**$452,000**	**$5,050,000**	**$6,387,000**
Residential		**$374,000**	**$360,000**		**$4,000,000**	**$4,734,000**
Withdrawal Management		**$50,000**			**$590,500**	**$640,500**
Admin		**$77,500**			**$531,000**	**$608,500**
Special Projects/Unallocated	**$226,560**		**$248,743**		**$1,050,000**	**$1,525,303**
Total Expenditures	**$226,560**	**$786,500**	**$1,208,743**	**$452,000**	**$11,221,500**	**$13,895,303**

SBHO FY 2019 Mental Health Budget	
Medicaid Revenue	
Medicaid Base	$33,071,200
Medicaid PACT	$412,562
Medicaid PACT II	$697,841
Medicaid Triage	$271,383
2019 Triage	$1,497,000
WISe	$6,524,136
2019 MH Enhancement	$3,300,000
Total Local Plus Federal Match	$236,412
Total Medicaid	$46,010,534
State	
Base Funding	$4,191,749
Jail	$112,308
ECS	$100,000
PACT	$173,750
PACT II	$117,547
Crisis Stabilization	$45,713
E&T Discharge Planners	$162,132
State Enhancement Funding	$219,916
Triage Ongoing Support	$504,924
Triage One-Time	$446,000
2019 Enhancement	$219,916
Total	$6,293,955
FBG	$332,696
Overall Total	$52,637,185

SBHO Budget for FY 2019
Twelve Month Funding Levels

				Medicaid Add-ons						
	Medicaid	AIAN Compensation	Actual Medicaid Revenue FY 18	WISe	PACT	PACT II	Crisis Center	Triage	Local Match	Medicaid Total
KMHS	$22,928,754		$20,177,604	$4,384,500	$412,562	$698,000		$1,497,000	$140,054	$30,060,870
PBH	$7,151,128		$5,869,713	$1,683,648			$271,000			$9,105,776
JMHS	$3,170,845		$2,598,750	$455,988					$56,022	$3,682,855
WEOS	$996,517	$200,000	$1,181,988						$40,336	$1,236,853
RMH Services	$16,068									$16,068
RSN Administration	$1,530,966									$1,530,966
CommCare (Utilization Management subcontract)	$425,000									$425,000
NAMIs	$0									
Dispute Resolution Center Ombuds	$84,000									$84,000
DRC QRT	$75,000									$75,000
Tribes										
TOTAL	$36,378,278			$6,524,136	$412,562	$698,000	$271,000	$1,497,000	$236,412	$46,217,388

	State Distribution	State Funding Add-ins										
	FY 19	ECS	PACT	PACT II	Crisis Center	E&T Discharge Planners	State Enhancement Funding	Triage	Jail Services	FBG	Total add-ins	FY 19 TOTALS
KMHS	$2,776,600	$50,000	$173,750	$117,547		$162,132	$156,800	$950,924	$78,726	$182,328	$1,872,207	$34,709,677
PBH	$681,494	$25,000	$0		$45,713		$38,485		$18,756	$56,875	$184,829	$9,972,099
JMHS	$319,328	$12,500	$0				$18,033		$8,985	$25,036	$64,554	$4,066,737
WEOS	$116,827	$12,500	$0				$6,598		$5,841	$7,892	$32,831	$1,386,511
RMH Services											$0	$16,068
RSN Administration	$199,500									$1,500	$1,500	$1,731,966
CommCare (Utilization Management subcontract)	$15,000										$0	$440,000
NAMIs	$8,000										$0	$8,000
Dispute Resolution Center Ombuds										$59,065	$59,065	$143,065
DRC QRT												$75,000
Tribes	$75,000										$0	$75,000
TOTAL	$4,191,749	$100,000	$173,750	$117,547	$45,713	$162,132	$219,916	$950,924	$112,308	$332,696	$2,214,986	$52,624,123

SBHO Administrative Budget FY 2019	
Salaries	$1,050,000
Benefits	$380,000
Supplies	$23,000
Professional Services	$100,000
Communications	$25,000
Travel	$45,000
Advertising	$3,000
Rentals	$8,500
Miscellaneous	$450,000
Training	$10,000
TOTAL	$2,094,500

STATE OF WASHINGTON
HEALTH CARE AUTHORITY
626 8th Avenue, SE • P.O. Box 45502 • Olympia, Washington 98504-5502

April 11, 2018

Dear Partners:

SUBJECT: DEVELOPMENT OF REGIONAL INTERLOCAL LEADERSHIP STRUCTURE UNDER HOUSE BILL 1388

The Health Care Authority (HCA) is sending this letter to draw your attention to Second Engrossed Substitute House Bill 1388, which the legislature passed during the 2018 legislative session. Section 4062 of the bill contains county-requested language regarding the development of an optional Interlocal Leadership Structure.

Specifically, Section 4062 states:

> (1) The authority shall, **upon the request of a county authority or authorities within a regional service area, collaborate with counties to create an interlocal leadership structure...** The interlocal leadership structure must include representation from physical and behavioral health care providers, tribes, and other entities serving the regional service area as necessary.
>
> (2) The interlocal leadership structure… **must be chaired by the counties and jointly administered by the authority, managed health care systems, and counties.** It must design and implement the fully integrated managed care model for that regional service area to assure clients are at the center of care delivery and support integrated delivery of physical and behavioral health care at the provider level.

Some regions have already developed oversight or advisory groups to oversee the design and implementation of integrated managed care in their regions. Attached to this letter is a summary of the groups that have been set up across the State.

By May 11, 2018, please let HCA know if you would like to develop an Interlocal Leadership Structure or similar group in your region. We are happy to assist you with this process and answer any questions you may have.

HCA looks forward to continuing to work with you on integrated managed care.

Please contact Isabel Jones, Integration Policy Manager, by telephone at (360) 725-0862 or via email at Isabel.Jones@hca.wa.gov if you have any questions.

Sincerely,

MaryAnne Lindeblad, BSN, MPH
Medicaid Director

By email

cc: Isabel Jones, Integration Policy Manager, HCA

Integrated Managed Care Regional Advisory & Interlocal Governing Bodies

Southwest	The Southwest region uses a regional health care oversight committee as an avenue to maintain and improve communication between local and state elected officials with HCA and the MCOs. This cross-sector leadership group consists of the following membership from: a County Commissioner/Councilor from each County, a State Senate local district, a State House of Representatives local district, Tribe(s) in the region, and a Consumer representative from the regional Behavioral Health Advisory Board. The intent of this committee is not to duplicate the work of Accountable Communities of Health (ACH) but to interact in a complimentary way to help ensure that health transformation remains a locally directed priority. See the attached document for more information.
North Central	North Central created a Committee of the Accountable Community of Health (ACH) to focus on the transition. This group's purpose was to serve as the local advisory board for providing stakeholder input on implementation. The group included a variety of stakeholders included physical health and behavioral health providers, law enforcement, the BHO, consumer advocates, housing and employment agency representatives and the BH ombuds. This group is not currently active. See attached charter.
North Sound	North Sound has developed an Interlocal structure to coordinate on the design and implementation of integration in the North Sound Region. The group consists of the BHO director and representatives from: HCA, the counties, MCOs, the ACH and the North Sound Tribal Authority. See the attached charter for more information.
King	King has developed a FIMC Regional Leadership Table. Membership includes county staff from behavioral health and public health, MCO reps, an ACH rep, and HCA representation. The purpose of the group is to oversee the transition to, and implementation of FIMC. See the attached charter for more information.
Pierce	Pierce County has established a Pierce County Oversight Integration and Oversight Board. The Board may consist of members from the behavioral health provider community, physical health providers, County Executive, County agencies, County Council, tribal community and Pierce County ACH. The County Executive shall appoint the chair and all members of the Board, other than the member from the Council or the ACH Director. HCA will provide up to two non-voting members to participate in the Board, and the Board will collaborate with the MCOs serving Pierce county on issues related to integration. See attached Agreement.
Spokane	Spokane has formed a multi-county governing group (MCGG) comprised of Commissioners from each of the 7 counties, for the purpose of engaging with HCA on the implementation of integration in the Spokane Regional Service Area. See attached Agreement.
Greater Columbia	Greater Columbia is currently using its BHO Board for integration planning, and has developed a Transition Committee to include the ACH Director and providers.

North Sound Interlocal Leadership Structure
Charter

1. PURPOSE

a) To provide a structure for the North Sound County Authorities, North Sound Behavioral Health Organization [North Sound BHO], the Apple Health Managed Care Organizations [MCOs], and the state Health Care Authority [HCA], to jointly coordinate the design and implementation of the fully integrated managed care model for the North Sound region that assures clients are at the center of care delivery and that supports integrated delivery of physical and behavioral health care at the provider level.

b) The North Sound Interlocal Leadership Structure [NSILS] Core Group will include representatives from the North Sound Accountable Community of Health [NSACH] and a North Sound Tribal Authority.

c) The NSILS will also create a structure and process to actively engage other key stakeholders.

2. COMPOSITION

- Interim Chair: BHO Director
- HCA Representative (s)
- Counties – One Representative from each county [with alternates]
- MCOs – One Representative from each MCO [with alternates]
- North Sound Accountable Community of Health (NSACH) Executive Director and one representative from Board of Directors
- North Sound Tribal Authority

3. KEY DELIVERABLES [see attached timetable and milestones]

a) Vision for the North Sound Integrated Care Model

b) Criteria to include in the North Sound "Addendum" to the February 2018 Integrated Care RFP [*only the Counties can participate in this discussion since the MCOs would be part of the competitive process*]

c) System design:
   - Incorporates the NSACH proposed model for "bi-directional" integration of care
   - Proposes a "braided funding" fiscal model

d) Stakeholder engagement plan

e) Proposed Role for the BH-ASO during the 2019 Transitional Year and beyond

f) Criteria for MCO-BH-ASO contract structure that supports alignment of contracting and administrative functions, and other processes to minimize administrative burden at the provider level

g) Implementation Plan including a provider readiness plan

h) A plan to coordinate capital infrastructure requests, local capacity building, and other community investments

i) Plan for ongoing monitoring including:
   - design of an early warning system to monitor ongoing success to achieve better outcomes and to make adjustments to the system as necessary
   - identifying, using and building on measures and data consistent with, but not limited to, RCW 70.320.030 and 41.05.690, for tracking and maintaining regional accountability for delivery system performance.

4. MEETING STRUCTURE

- The North Sound ILS Core Group will meet at least monthly with additional meetings scheduled as necessary to meet deliverable timeframes.
- The ILS will create ad-hoc subgroups as necessary to develop specific proposals and will also rely on the North Sound Accountable Community Health Program Council and workgroups for some of the design work consistent with the NSACH workplan.
- Time will be set aside on the ILS regular meetings for stakeholder input and dialogue.
- Representatives of the ILS will also attend stakeholder meetings as requested.
- A County Representative will be selected as Chair and a MCO Representative will be selected as Vice-Chair. These appointments may rotate on an annual basis or as needed.

5. DECISION MAKING

a) Consensus is the preferred model for decision making

b) If voting is necessary:
   - Counties – One Vote each
   - MCOs – All MCOs will share one vote between them
   - NSACH – Advisory Vote only
   - Tribal Authority – Advisory Vote only

6. REVISIONS TO CHARTER

This Charter will be reviewed and revised as necessary, including at transition points, e.g., selection of MCOs, beginning of 2019 Transition Year, beginning of 2020 transition.

Charter
King County Region - Leadership Table
For Fully Integrated Managed Care (FIMC)

Committee Name: King County FIMC Regional Leadership Table

Date Chartered: October 25, 2017

Chairs/Co-Chairs: The Table will be jointly lead by a DCHS/BHRD Leadership staff and a designated MCO CEO.

Membership: The members of the Leadership Group will include five County staff (DCHS and BHRD leadership—4 staff; and Public Health Leadership—1 staff), the CEO of each of the five Medicaid MCOs, the Executive Director of the King County Accountable Community of Health (ACH), the Washington State Health Care Authority Medicaid Director, or any other mutually agreed upon different inter-local leadership structure. Each MCO may identify one delegate to participate in meetings in the absence of the CEO. A delegate must be authorized to make decisions on behalf of their MCO at meetings in order to keep planning and design work moving forward. The Leadership Group may establish other ad-hoc groups as necessary to implement FIMC.

Timeline: The Leadership Group will meet, at a minimum, monthly during the planning phase and first year of implementation of the FIMC contracts. Meetings may be reduced to no less than once per quarter in subsequent years at the discretion of the Leadership Group. Agendas for the Leadership Group meetings will be set jointly between the MCOs and the County.

Background: In September 2017 an Memorandum of Understanding (MOU) was entered into by King County, Washington State Health Care Authority (HCA), and Managed Care Organizations: Amerigroup Washington, Inc.; Community Health Plans of Washington; Coordinated Care of Washington, Inc.; Molina Health Care of Washington, Inc.; United Healthcare of Washington, Inc.; for the purposes of establishing a leadership group to oversee and ensure a successful transition to fully integrated managed care (FIMC) in the King County region no later than January 1, 2020.

Charter Statement: The County, MCOs and the Healthcare Authority agree to form a FIMC Leadership Group to accomplish elements outlined in the King County Region FIMC MOU, and to serve as the primary avenue for County, MCO, and State communication, coordination, and decision making throughout the course of the transition to, and implementation of, the FIMC contract. The Leadership Group will be jointly convened and managed by the County and MCOs. The purpose of the Leadership Group is to oversee the transition to and implementation of FIMC. Roles and responsibilities of the Leadership Group include, but are not limited to:

- Provide collective ownership of the integration model (clinical and financial) that places individuals at the center of focus and ensures implementation of best practices across the health care system.
- Develop a set of agreed-upon outcomes and associated metrics, milestones, and performance indicators on the path to full integration that will be used to inform changes to the current funding model including the move towards value-based contracting.
- Align and standardize processes, where appropriate, across providers (primary care, FQHC's, behavioral health), Medicaid MCO's, and others to minimize administrative burden and to support successful integration at the clinical level.
- Develop and/or implement shared or interoperable data systems and evaluation across MCOs and the County in coordination with statewide efforts to foster health care system transparency and oversight, to minimize duplication, and to support providers to ensure outcomes are achieved.
- Develop and set investment priorities that support the health care system and direct mutual financial investments and resources toward shared priorities including value based purchasing (VBP) and shared savings arrangements where appropriate.
- Connection and alignment with the King County Accountable Community of Health for collective action to accomplish regional FIMC and the Healthier Washington Medicaid Transformation initiative.

Guiding Principles: The work and recommendations of this Leadership Group will be informed by the following guiding principles:

1. Family and individually focused/centered
2. Consumer and provider informed
3. Based in the principles of recovery and resiliency and trauma informed
4. Shared ownership of the system and continuum of care for Medicaid and non-Medicaid eligible low income individuals.
5. Collective action to address complex problems for the community
6. Leverage other resources whenever possible
7. Build on previous work, integration experience and learnings
8. Equity and social justice oriented
9. System focused, emphasizing increased efficiencies and effectiveness
10. Shared or interoperable data and information systems
11. Shared care management systems
12. Alignment of outcome measures and incentives
13. Leverage of County resources to support desired outcomes.
14. Integration best occurs in a bi-directional manner
15. Work towards the Triple Aim of better care, better outcomes and lower cost
16. Accountability to the larger community, individuals, one another and the State for deliverables.

MULTI-COUNTY GOVERNMENTAL GROUP

MEMORANDUM OF UNDERSTANDING BETWEEN THE COUNTIES OF ADAMS, FERRY, LINCOLN, OKANOGAN, PEND OREILLE, STEVENS, AND SPOKANE REGARDING EDUCATION AND INFORMATION ON ISSUES RELATED TO BEHAVIORAL HEALTH AND PRIMARY CARE INTEGRATION

This Memorandum of Understanding (MOU) is made by and between Adams County, Ferry County, Lincoln County, Okanogan County, Pend Oreille County, Stevens County, and Spokane County (hereinafter referred to jointly as the "COUNTIES" or "PARTIES" or "PARTY"), each individually political subdivisions of the State of Washington. This MOU shall become effective August 1, 2017 upon the signature of the duly authorized representative of all PARTIES, indicating the approval of this MOU by the governing bodies of each PARTY hereto.

RECITALS

1. The Washington Healthcare Authority (HCA) is working towards the goal of integrated purchasing of physical and behavioral health services for Apple Health (Medicaid) eligible individuals. In 2014, the legislature mandated that this integrated purchasing model take full effect in all Washington regions by no later than January of 2020.
2. The state has offered financial incentives to regions that implement fully-integrated managed healthcare (FIMC) in 2019, rather than 2020; the so called "mid-adopter" option.
3. All the county authorities in a region, within the region at the time, must agree to go forward with "mid adoption" of fully-integrated health care.
4. On July 10, 2017, following a presentation in Spokane by HCA, the County Commissioners of the COUNTIES tentatively agreed not to support the mid-adopter FIMC option.
5. The County Commissioners of the COUNTIES agreed to go ahead and establish a Memorandum of Understanding (MOU) structure for educating commissioners on integration, as well as monitor and address the communities' need for a stable system of care throughout the region.
6. As a result, the County Commissioners of the COUNTIES will need to meet as needed in the future to:
   - 6.1. Further evaluate state and other organizations' healthcare proposals and plans;
   - 6.2. Understand the impacts of integration of primary and behavioral healthcare, as well as dental and other social determinants of health;
   - 6.3. Understand state healthcare reform initiatives to assure people in the region receive the best care possible;

6.4. Set additional meetings with the HCA, the Department of Social and Health Services (DSHS), and other stakeholders to better understand potential plans and funding;

6.5. Evaluate such topics as care coordination, hospitalization, and authorizations, lengths of stay, and monitoring;

6.6. Evaluate existing and future data received from organizations, formulate new data requests to submit to organizations;

6.7. Assess supported housing/employment programs and needs;

6.8. Examine system of care performance, outcomes, and monitoring results; and

6.9. Conduct meetings with health plans on specific services and work with service providers, as well as community needs and impact issues that arise from the integration to fully-integrated managed care.

NOW, THEREFORE, the undersigned PARTIES agree as follows:

The County Commissioners of Adams County, Ferry County, Lincoln County, Okanogan County, Pend Oreille County, Stevens County, and Spokane County will meet as needed in the future to further evaluate federal, state, regional, and local healthcare proposals and plans, promote the Integration of primary and behavioral healthcare as appropriate for each county to assure people in the region receive the best care possible.

Salish Behavioral Health Organization – Integration Pilot

Whereas the State of Washington's vision for full financial integration of health care is within Managed Care Organization by January of 2020, therefore eliminating county behavioral health organizations and ceasing the accountability and oversight of local authorities in the planning and management of behavioral health care in the region;

Whereas it has been a long-held value of Kitsap, Jefferson and Clallam Counties that, if possible, behavioral and physical health care should be delivered locally;

Whereas the unique geographic areas within the Salish BHO region have distinct community based nonprofit behavioral health providers, hospitals, and health clinics working with the vast majority of the region's Medicaid clients;

Whereas the geographically isolated Salish BHO region is connected by more ferries than roads to the rest of the state, the provider community has long standing linkages and relationships that facilitate strong community collaborations and the coordination of care central to improving consumer focused, whole person care;

Whereas there are significant benefits to having local oversight and accountability of behavioral health care services and outcomes;

Whereas the Salish BHO region has been a leader in the planning necessary to bring on new innovative programs, including integrated care, to address behavioral health needs;

Whereas the Salish BHO maintains strong relationships between health and behavioral health providers throughout the Region; and

WHEREAS: The Salish BHO supports continuing its long-standing practice of full clinical integration of behavioral health services; now, therefore, be it

Resolved, that the Salish BHO Board of Directors requests the Washington State Legislature to create a legislatively approved pilot region in a geographically isolated area that provides for the clinical integration of Medicaid behavioral and physical health care services without full financial integration; and, be it, further

Resolved, that the pilot project shall, (1) measure the effect of maintaining separate funding streams for Behavioral Health Organizations and Managed Care Organizations on the overall clinical integration of care; (2) use standards for measuring clinical integration that shall be negotiated between the HCA, the existing BHO, and partnering MCOs and that are comparable to fully integrated regions; (3) provide annual detailed analysis of its ongoing integration efforts; and (4) be terminated at the end of 2024, should the region be comparatively unsuccessful in its service delivery and outcome levels.

THE PATH TO 2020

Salish BHO

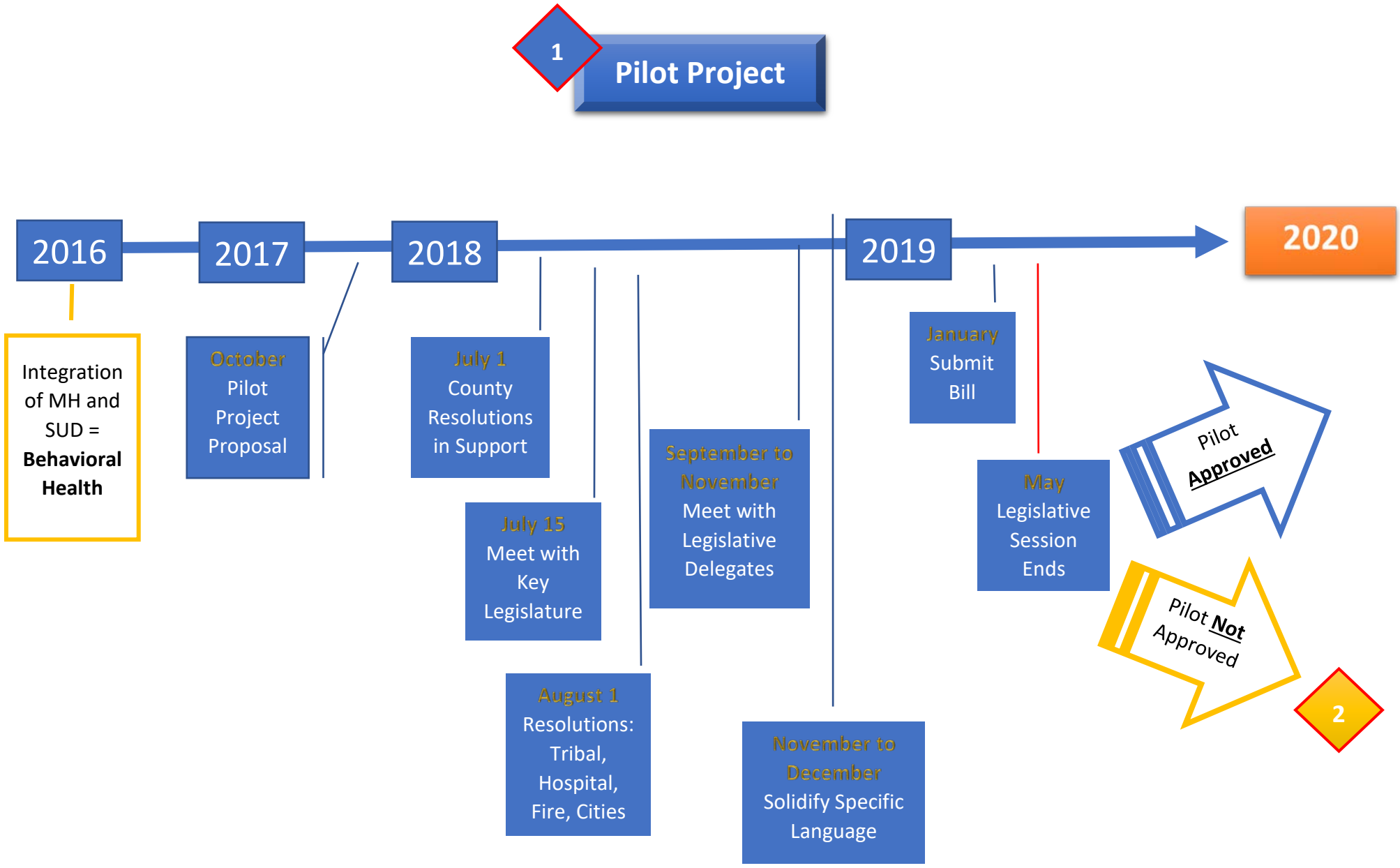
3 ROUTES TO 2020:

1) SBHO PILOT PROJECT
2) SBHO-ASO
3) FIMC

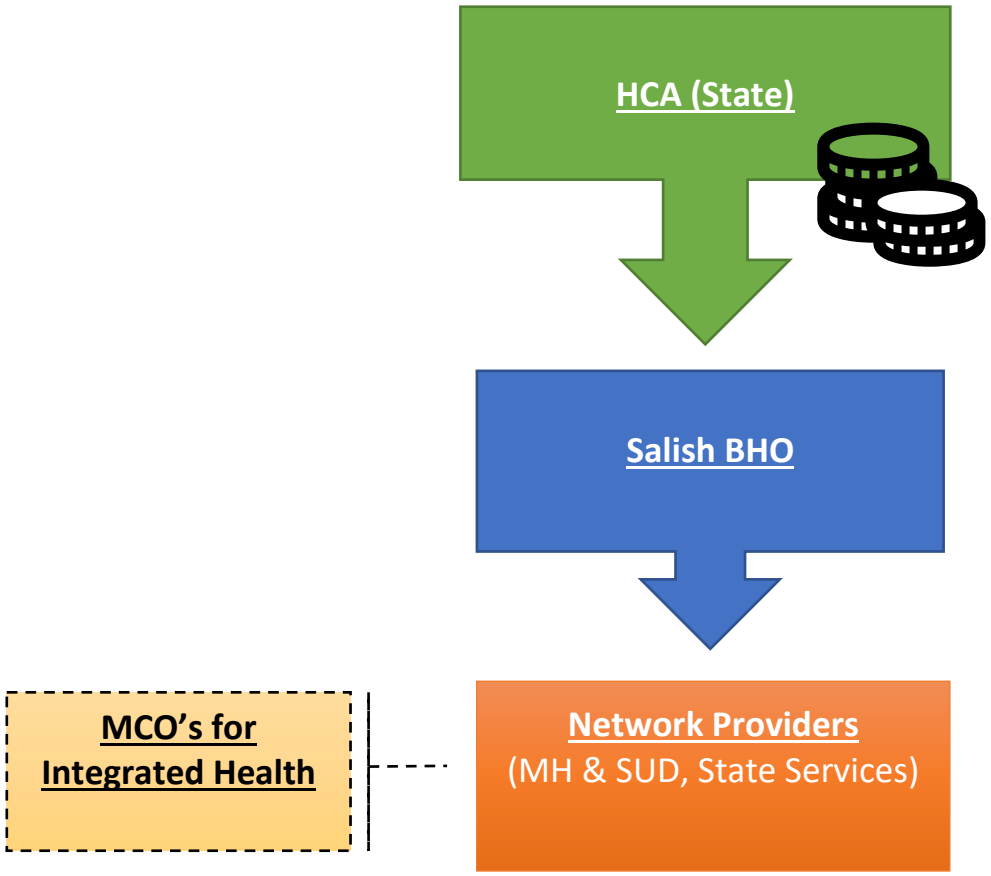
In 2016, Salish BHO integrated Mental Health and Substance Use Disorders into what is now referred to as Behavioral Healthcare. As we move towards 2020, there are three (3) paths towards full integration.

Anders Edgerton
SBHO Regional Administrator

The Path to 2020
Salish BHO

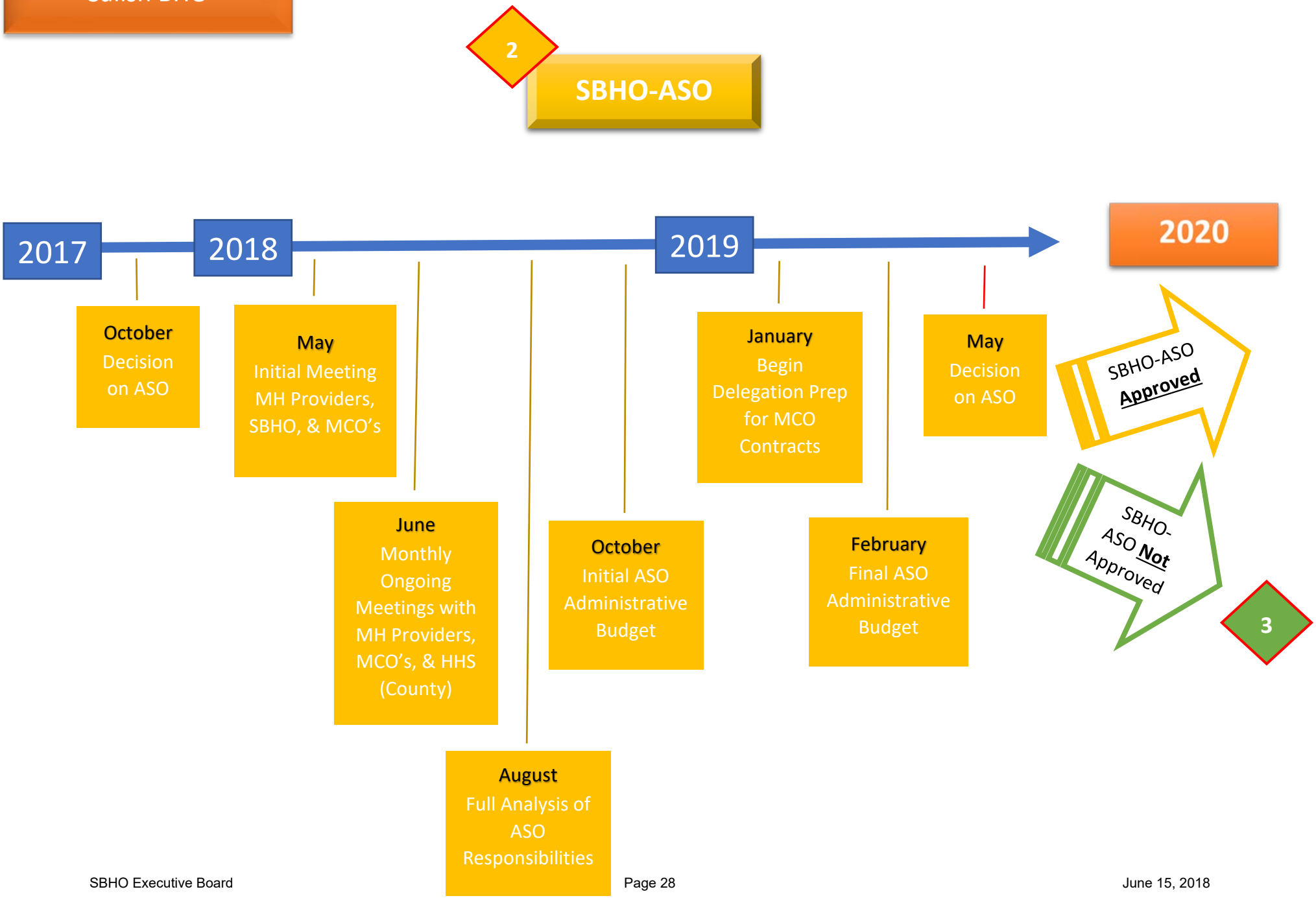


Pilot Project Financial Responsibility

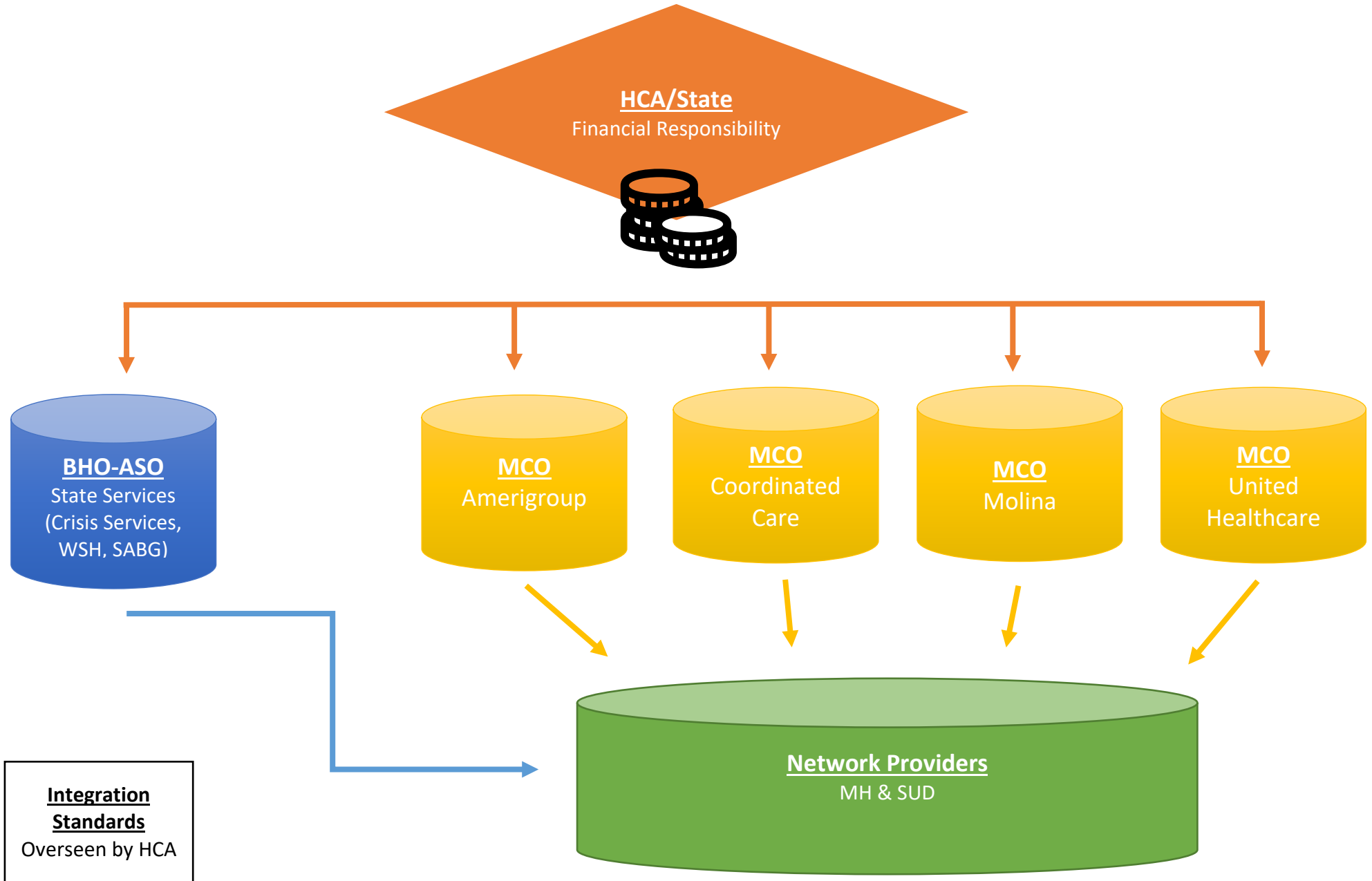


Integration Standards
Overseen by HCA

The Path to 2020
Salish BHO



SBHO-ASO & FIMC Financial Responsibility



The Path to 2020
Salish BHO