Olympic Community of Health

Agenda

Board of Directors Meeting

July 9, 2018, 1 pm to 3 pm

Location: Kitsap Regional Library; 700 NE Lincoln Rd, Poulsbo

Web: https://global.gotomeeting.com/join/937538149

Phone: +1 (872) 240-3311

Access Code: 937-538-149

KEY OBJECTIVES

- Common understanding of the Olympic HIT Digital Commons
- Begin strategic planning for future role of OCH

AGENDA (Action items are in red)

#	Time	Topic	Purpose	Lead	Attachment	Page #
1	1:00	Welcome and Approve Agenda	Action	Roy		
2	1:05	Consent Agenda	Action	Roy	1. DRAFT: Board Minutes: June 11, 2018 2. Executive Director's Report 3. MTP Timeline Graphic	1-3 4-7 8-9
3	1:10	Olympic HIT Digital Commons*: Update and Next Steps	Information	Elya Rob		
4	1:35	All-Payer Collaborative	Information	Roy Elya	4. MEMO: All-Payer Collaborative	10
5	1:50	Board Alternates	Action	Elya	5. SBAR: Board Alternates	11
6	2:00	Strategic Partnership: OCH and the ARCORA Foundation	Action	Elya	6. SBAR: OCH-Arcora Partnership	12
7	2:20	Integration Pilot Proviso	Information	Anders	7. Salish Behavioral Health Organization – Integration Pilot	13
8	2:40	Planning for the Board Retreat - Housing - Health Equity	Information	Elya Dale Chris Bobby		
9	3:00	Adjourn		Roy		

** formerly called Apple Integrator*

Acronyms
HIT: Health Information Technology
MTP: Medicaid Transformation Project
SBAR: Situation. Background. Action. Recommendation.
SBHO: Salish Behavioral Health Organization

Olympic Community of Health
Meeting Minutes
Board of Directors
June 11, 2018

Date: 06/11/2018	**Time:** 1:05 pm	**Location:** Poulsbo Library

Chair: Roy Walker, *Olympic Area on Aging*

Members Attended: Hilary Whittington, *Jefferson Healthcare*; Bobby Beeman, *Olympic Medical Center*; Gary Kriedberg; David Schultz, *CHI Harrison Medical Center*; Anders Edgerton, *Salish Behavioral Health*; Jennifer Kreider-Moss, *Peninsula Community Health Services*; Libby Cope, *Makah Tribe*; Thomas Locke, *Jamestown Family Health Clinic/Jefferson County Public Health*; Andrea Davis, *Coordinated Care*; Meriah Gille, *Lower Elwha Klallam Tribe*; Dale Wilson, *Olympic Community Action Program*; Gill Orr, *Cedar Grove Counseling*; Joe Roszak, *Kitsap Mental Health Services*; Karol Dixon, *Port Gamble S'Klallam Tribe*; Andrew Shogren, *Suquamish Tribe*

Non-Voting Members Attended: Michael Maxwell, *North Olympic Healthcare Network;* Jorge Rivera, *Molina*; Laura Johnson, *United Healthcare*;

Guests: Stephanie Lewis, *Salish Behavioral Health Organization*; G'nell Ashley, *Reflections*

Members Attended by Phone: Tim Cournyer, *Forks Community Hospital*; Kat Latet, *Community Health Plan of Washington*

Guests Attended by Phone: Heidi Berthoud, *Center of Communication Health & Evaluation*

Contractors: Amy Etzel, *Department of Health;* Tom Dingus, *DZA;* Nathanael O'Hara, *Gooding, O'Hara & Mackey*

Staff: Elya Prystowsky, JooRi Jun, Margaret Hilliard, Grace McCallister, Lisa Rey Thomas

Person Responsible for Topic	Topic	Discussion/Outcome	Action/Conclusions
Roy Walker	**Welcome and Introductions**		
Roy Walker	**Consent Agenda**	BoD approval of consent agenda and minutes from May 14, 2018.	May 14th Board Minutes **APPROVED** unanimously
Hillary Tom (DZA)	**Independent Audit**	Board Communication letter (DZA): • Key points: revenue recognition considerations, no complications, no issues or deficiencies. Audited Financial Statements:	Board to accept correction: Add Quinault into description. Correct on the audit next year. **Motion Moved.**

		• Independent Audited Report: Financial Statements are fairly stated. One year of information. The biggest consideration of the audit was the revenue recognition. It's not cost based contracts but the best way to measure performance is to recognize revenue based on costs. • Approximately $4000 deficit for 2017 due to HCA funding restrictions. Earning new revenue to cover this net loss. There were no last-minute changes which would have affected the audit substantially. All net assets are unrestricted.	Board to accept Audit – **Motion Moved and Approved Unanimously**
Elya	**Officer Positions**	SBAR- Officer Positions: • Andrew Shogren nominated Sammy Mabe, Suquamish Councilman, for Secretary, to replace Chairman Forsman • All other officer positions remain unchanged	Proposed Motion: July 2018- June 2019 **Motion Moved and Approved Unanimously** Current officers abstain
Jennifer Elya	**Funding Allocation Planning**	MTP Payment Policy. • Since the beginning of the MTP, total funding estimates available from the state have been reduced by 42%. Difficulties in potential fund allocations have lead the Funds Flow Workgroup to recommend certain restrictions to ensure that there is enough money for partners to affect Transformation and meet the metric goals of the MTP. • Proposed recommendation from the Funds Flow Workgroup (FFWG): Setting caps on the amount of money or the number of partners. Looking to Board to make recommendation on desired direction. Does OCH underfund and risk everyone's project, or reduce the number of partners with CPs, or hope they could be funded in other projects. There is not enough money to go around. • The numbers are concerning enough that FF chose to delay making payments	**Motion Moved and Approved Unanimously** to move forward with Medicaid Transformation Payment Policy as revised.

		to ensure that the model the best possible scenario for the Olympic region.
		• OCH staff have developed activities that will be sustained for all implementing partners through 2023 will become a requirement.
		• Summary of proposed revisions:
		  ○ Call out SUD providers
		  ○ Allow for consultation with each Tribe
		• FFWG to move forward with modeling based on recommendations from the BoD discussion.	

Roy	**Board Alternatives**	SBAR: Board Alternatives • Wendy Sisk alternate for Joe Roszak.	Motion Proposed- **Motion Moved and Approved Unanimously**
Roy	**Anti-Discrimination Policy**	DRAFT: Anti-Harassment Policy • Requested to add more, beyond personnel & conflict of interest policies. • OCH has an internal procedural document to support the policy	Revised to Harassment, not Discrimination Motion Proposed- **Motion Moved and Approved Unanimously**
Roy Walker	**Adjourn**	Meeting Adjourn: 2:57	

Executive Director's Report
Prepared for the July 9, 2018 Board Meeting

Top 3 Things to Track #KeepingMeUpAtNight

1. OCH is balancing multiple state deliverable deadlines with internal deadlines to such as MTP payment, Change Plan completion, and contract execution, all in the summer months of the Pacific Northwest, which is proving near impossible!
2. The Funds Flow Workgroup has a tall order at its July 13th meeting (see summary below).
3. OCH is one of only three ACHs that has yet to issue a payment to Implementation Partners. While I stand behind our approach and careful planning, I worry that we may lose some of the momentum we had coming into the summer.

OCH Meetings

- June 18, 3 County Coordinated Opioid Response Project (3CCORP) Treatment Workgroup meeting, Jamestown
- June 21, 3CCORP Prevention Workgroup meeting, June 21, Jamestown
- June 26, Executive Committee, virtual
- July 9, 1-3 pm, Board of Directors Meeting, Poulsbo
- July 13, 9:30-12:30 pm, Funds Flow Workgroup Meeting, Port Angeles
- July 24, Executive Committee, virtual
- July 26, Finance Committee, virtual
- October 17, Regional Opioid Summit, Kingston
- November 2, Board Retreat, Lower Elwha Klallam Tribe, Little Boston

New Additions to the OCH Team

OCH has hired two new team members.

- *Welcome Miranda Burger*, *Program Coordinator*!
  Miranda has diverse background providing direct social services care in a variety of settings, as well as experience in training and education around sensitive wellness issues. Miranda is excited to improve healthcare throughout the region she calls home. In her spare time Miranda loves to explore the beautiful Olympic Peninsula with her husband and two dogs, Ollie and Oscar.

- *Welcome Daniel Schafer*, *Communications and Development Coordinator*!
  Bio coming soon!

Payments through the Financial Executor Portal

$184,779,251 Medicaid Transformation Project incentive dollars have been earned to-date across all nine ACHs. Of these, $61,123,579 (33%) have been distributed by six of the nine ACHs. The three ACHs that have not yet distributed incentives include OCH, Healthier Here (King), and SW WA ACH. Of the distributed funds, 67% have gone towards Domain 1 Shared Investments (IGT contributors), 13% towards provide engagement, participation, and implementation, 5% towards administration, and 5% towards preparation for integrated managed care (IMC).

UPDATE: Funds Flow Workgroup

The next Funds Flow Workgroup could not be scheduled until after the July Board meeting. The next meeting, July 13, is scheduled for three hours. Due to the timing of the meeting, the Board will not take action on MTP incentive payments to OCH Implementation Partners until the August 13 Board meeting, at the earliest. The goals for the July 13 Funds Flow Workgroup meeting include:

1. Recommendation of a minimum set of standard metrics to drive towards

2. Recommendation of a minimum set of strategies and tactics that must be required of physical and behavioral health Implementation Partners to drive towards selected metrics
3. Agreement on large scale shifts to the original MTP payment algorithm

Given these ambitious goals, staff is teeing up preparatory materials to help make the meeting a productive. We are relying heavily on MCO partners to share data and insights.

UPDATE: OCH Approach to the Medicaid Transformation Project

1. Change Plans

After completing two rounds of pilots with partners across the three Natural Communities of Care (NCCs) and receiving their input, OCH is close to releasing a final version of the OCH Physical Health/Behavioral Health Change Plan (PHBH CP). This Change Plan is for partnering providers offering physical health and/or behavioral health (mental health and/or SUD) services, including hospitals. The Change Plan details outcomes and tactics that these partners can sign up for to meet Medicaid Transformation Project goals. A final version of the PHBH Change Plan will be released July 17th and due August 20th.

A separate Change Plan for community-based organizations and social services will be developed in August based on submissions of PHBH Change Plans and due in September. OCH will provide an opportunity for feedback on the Community-Based and Social Services (CBOSS) Change Plan.

2. **OCH Medicaid Transformation Payment Policy**

In June 2018 the OCH board adopted a policy outlining guidelines and expectations for implementing partners of the MTP. This policy will likely affect which providers will be eligible to submit a Change Plan and become an Implementation Partner. A decision on the minimum set of requirements for eligibility will be made based on recommendations by the Funds Flow Work Group, which is scheduled to meet on July 13th.
This will not affect any partners participating in the NCC Shared Change Plans.

3. Timeline

Please refer to attached timeline graphics.

UPDATE: OCH Policy and Statewide Engagement

- OCH has been asked to facilitate a meeting with Olympic Medical Center and Director Sue Birch and her team on August 6 in Clallam County to discuss rural hospital payment and global budgeting.
- OCH has been invited with North Central ACH to meet in Olympia on July 19 with the Joint Select Committee on Health Care Oversight. The draft meeting agenda is below:
    - Rural Hospital Payment & Global Budgeting
        - Overview of Hospital Payment Models
        - Pennsylvania Rural Health Model
        - Delivery and Access to Care at Rural Hospitals
    - Transformation Waiver Implementation & Accountable Communities of Health Update
        - Update on Implementation of the Medicaid Transformation Waiver
        - Accountable Communities of Health Update
- OCH participated on two panels at the Rural Hospital CEO Retreat in Chelan organized by the Washington State Hospital Association. The first panel related to our efforts to address the opioid crisis and the second related to the interplay between housing and health care.
- OCH participated in several meetings hosted by the Salish Behavioral Health Organization, including the executive board meeting and provider meetings. Additionally, OCH attended an SBHO-led forum including the Medicaid Managed Care Organizations MCOs and all of the SBHO-contracted behavioral health providers in the region. The purpose of this meeting was to begin a dialogue between the MCOs and providers regarding preparations for integrated managed care in 2020.

- OCH continues to participate in monthly meetings in SeaTac with all nine ACH executive directors. This last meeting included MCO partners with a discussion about data sharing, a meeting with Collective Medical Technologies about a statewide approach to HIT, and a visit from director Sue Birch from the Health Care Authority.
- OCH is a member of the Performance Measurement Coordinating Committee hosted by the Washington Health Alliance. On July 23 committee members are meeting in Seattle to review the Common Measure Set.

UPDATE: OCH Development Activities

- OCH met with leadership from the Arcora Foundation in Seattle to discuss a potential strategic three-year partnership between our two organizations to increase access to healthcare and integrate oral health services into primary.
- OCH met with three other ACHs and leadership from Premera in Bothell about investments in rural health. Premera received a significant tax credit due to the 2017 Tax Cuts and Jobs Act and plans to invest $200 million in Washington State over the next five years. The intent is to heavily leverage existing investments, hence Premera's interest in leveraging investments from the MTP. Premera has asked OCH to set up a site visit with healthcare leadership from Jefferson and Clallam counties in August to learn more about the work currently underway. Two examples of Premera tax refund uses include:
    - Delivery System: Improve access to health care in rural areas (e.g., initiatives to attract and support health care providers in rural areas as well as offering enhanced telemedicine and telepsychiatry programs)
    - Communities: Enhance funding for a wide variety of behavioral health issues such as addiction and adverse childhood experiences, with a specific focus on how these issues impact homelessness

UPDATE: Three County Coordinated Opioid Response Project (3CCORP)

- 3CCORP Steering Committee met on May 24. The Steering Committee reviewed the work to date and received updates on current opioid work being done by OCH and across the state. The Steering Committee also reviewed the opioid section of the OCH Change Plan and provided some guidance. Finally SAVE THE DATE!! The Steering Committee set the date for the second annual OCH opioid summit for October 17, 2018. More to come!
- 3CCORP Treatment Workgroup (WG) met on June 18. The Treatment WG reviewed the goals and strategies previously set and drafted a work plan for 2018. The Co-chairs acknowledged the accomplishments of the WG to date, including aligning of MAT prescribers and SUD providers and strengthened coordination of care for community members with opioid use disorder.
- 3CCORP Prevention Workgroup met on June 21. The Prevention WG also reviewed goals and strategies previously set and drafted a plan for 2018. Notably the Prevention WG has been successful in facilitating the 6 Building Blocks being implemented across the region over the next 2-3 years.
- 3CCORP Overdose Prevention Workgroup meets July 11 and is looking forward to resuming the great work!
- The regional Opiate Treatment Network (also known as the Hub & Spoke system) has added West Sound Treatment and the Jamestown Family Health Clinic as new spokes. The Discovery Behavioral Health spoke has moved to Jefferson Healthcare.

UPDATE: Community and Tribal Engagement

- OCH distributed a health equity survey (closed June 25) to better understand the challenges and strengths in our region for addressing health equity effectively. We will be summarizing the results and sharing with the region in late July or early August. The results will inform the work we do and also inform OCH Board decision making.
- OCH is in the process of establishing the Community and Tribal Advisory Committee. The purpose of CTAC is to proactively engage community-based organizations, Tribes, and the beneficiaries of services to ensure that their voice guides and informs the decision making of OCH.

- OCH scheduled a meeting on July 9 with the Tribes/Indian Health Care Providers that we share the region with, AIHC, and the Tribal Liaison from HCA to provide updates and prepare for meetings to be scheduled the second week of August to coordinate OCH and IHCP change plan development.
- OCH and Mary Catlin (DoH) visited the Makah Sophie Trettevick Wellness Center's new MAT/HCV case manager and part of their team to learn about the work being done and provide networking and shared learning opportunities.

Community Partner Meetings

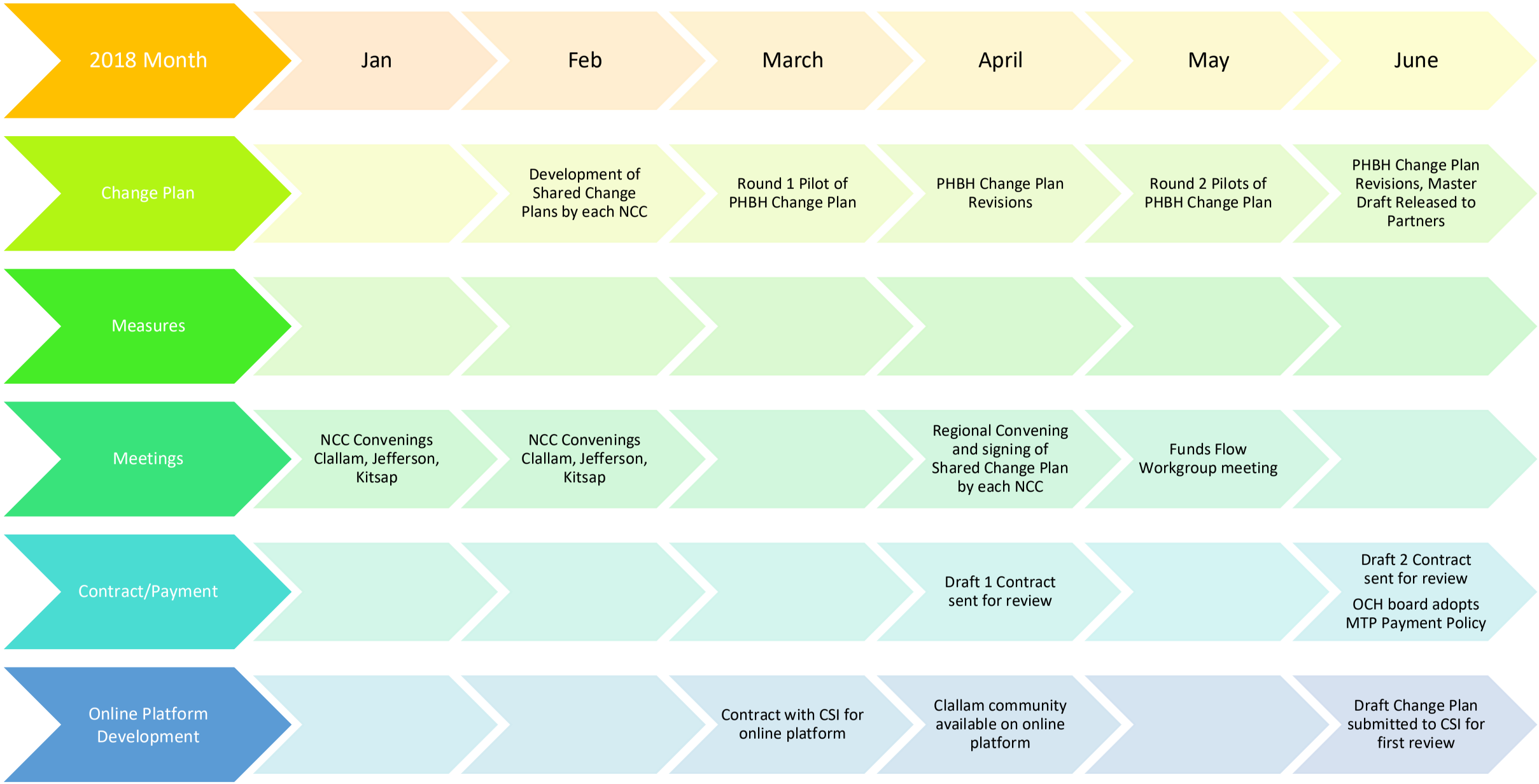
- June 12, SBHO Providers Meeting, Sequim
- June 13, Monthly Tribal/IHCP/HCA/DOH meeting, webinar
- June 14, Criminal Justice Opioid Workgroup, webinar
- June 15, SBHO Executive Board meeting, Jamestown
- June 18, Premera and rural ACH leads, Bothell
- June 19, Tribal Prevention Conference, Suquamish
- June 19, Integration assessment meeting with West Sound Treatment Services, Port Orchard
- June 19, Kitsap Children's, Silverdale
- June 20, Health Systems Capacity Building, Kent
- June 20, Olympic Peninsula Healthy Communities Coalition meeting, Port Angeles
- June 21, Jefferson Community Health Improvement Plan, Port Angeles
- June 27, Monthly Opiate Treatment Network meeting, Port Orchard
- June 28, Arcora Foundation, Seattle
- June 29, SBHO Providers and MCO meeting, Sequim
- July 2, Makah MAT/HCV case manager and team, Neah Bay
- July 2, Dale Wilson and Kay Kasinger re: housing as a strategic priority, Port Angeles
- July 2, Chris Frank and Bobby Beeman re: health equity as a strategic priority, Port Angeles
- July 3, Tribal/IHCP/HCA/DOH meeting, webinar
- July 6, Roy Walker re: end-of-life-planning as a strategic priority, Port Hadlock
- July 9, Regional Tribes/IHCP/HCA/AIHC meeting, Jamestown

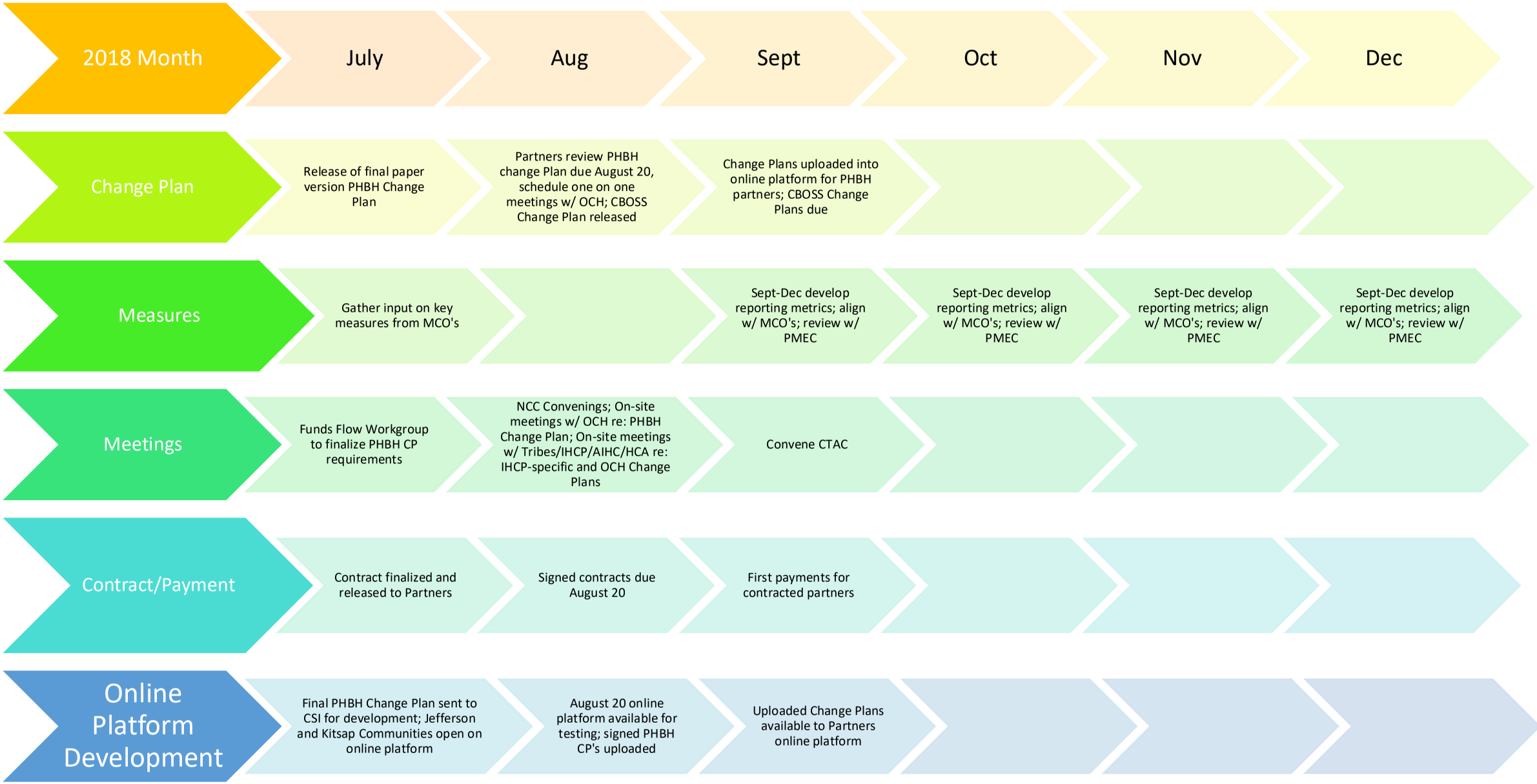
UPDATE: 1st Semi-Annual Report Due July 31

The OCH Team gathers together once a week to collaborate on the first semi-annual report. This report will be evaluated by an independent assessor and form the basis of the first pay-for-reporting requirement for the Medicaid Transformation Project. The next pay-for-reporting requirement of 2018 will be the Implementation Plan, due October 1st. A semi-annual report will be due every six months throughout the Transformation.

Executive Director Happenings

- As many of you may have noticed, I changed my surname from Moore to my given name, Prystowsky. This is pronounced "priss-tau-ski". Feel free to ask me or any member of the OCH team for pronunciation tips or other details.
- I am taking off August 1-5 to visit family in North Carolina.


2018 Month
Jan
Feb
March
April
May
June
Change Plan
Development of Shared Change Plans by each NCC
Round 1 Pilot of PHBH Change Plan
PHBH Change Plan Revisions
Round 2 Pilots of PHBH Change Plan
PHBH Change Plan Revisions, Master Draft Released to Partners
Measures
Meetings
NCC Convenings Clallam, Jefferson, Kitsap
NCC Convenings Clallam, Jefferson, Kitsap
Regional Convening and signing of Shared Change Plan by each NCC
Funds Flow Workgroup meeting
Contract/Payment
Draft 1 Contract sent for review
Draft 2 Contract sent for review
OCH board adopts MTP Payment Policy
Online Platform Development
Contract with CSI for online platform
Clallam community available on online platform
Draft Change Plan submitted to CSI for first review


2018 Month
July
Aug
Sept
Oct
Nov
Dec
Change Plan
Release of final paper version PHBH Change Plan
Partners review PHBH change Plan due August 20, schedule one on one meetings w/ OCH; CBOSS Change Plan released
Change Plans uploaded into online platform for PHBH partners; CBOSS Change Plans due
Measures
Gather input on key measures from MCO's
Sept-Dec develop reporting metrics; align w/ MCO's; review w/ PMEC
Sept-Dec develop reporting metrics; align w/ MCO's; review w/ PMEC
Sept-Dec develop reporting metrics; align w/ MCO's; review w/ PMEC
Sept-Dec develop reporting metrics; align w/ MCO's; review w/ PMEC
Meetings
Funds Flow Workgroup to finalize PHBH CP requirements
NCC Convenings; On-site meetings w/ OCH re: PHBH Change Plan; On-site meetings w/ Tribes/IHCP/AIHC/HCA re: IHCP-specific and OCH Change Plans
Convene CTAC
Contract/Payment
Contract finalized and released to Partners
Signed contracts due August 20
First payments for contracted partners
Online Platform Development
Final PHBH Change Plan sent to CSI for development; Jefferson and Kitsap Communities open on online platform
August 20 online platform available for testing; signed PHBH CP's uploaded
Uploaded Change Plans available to Partners online platform

Olympic COMMUNITY of HEALTH

834 Sheridan Street
Port Townsend, WA 98368

CLALLAM • JEFFERSON • KITSAP

To: OCH Board of Directors
From: Executive Director
Re: Olympic All-Payer Collaborative, a potential initiative of Olympic Community of Health
Date: July 2, 2018
Purpose: To introduce a new concept to the Board and begin discussion

OCH, healthcare practices, community organizations and Tribes are poised to launch healthcare coordination, integration and transformation initiatives funded by the Washington Health Care Authority Medicaid Transformation Project (MTP). Many partnering practitioners participate in multiple segments of the Washington healthcare marketplace, and as a result MTP impacts a small portion of their practice. The impact of the MTP on healthcare delivery will not be fully realized within these practices and across the region until all payers of healthcare are actively engaged.

MTP is redesigning care delivery for less than 20% of the region's population. The project will actively engage only 3 of 6 managed care organizations that currently serve Medicaid enrollees. And these three MCOs represent a small fraction of the number of payers serving people and practices in the region's entire health marketplace.

The concept of an All-Payer Collaborative in the Olympic region grows out of the efforts of the Colorado Multi-Payer Collaborative (MPC), a multi-payer network fostering collaboration between public and private health care payers to strengthen primary care. Established in the spring of 2012, the Collaborative originated as part of CMS' Comprehensive Primary Care (CPC) initiative. The Collaborative is governed by a charter agreed to by all health care payers in Colorado. The Collaborative is currently working with the following initiatives: 1) the Comprehensive Primary Care Plus initiative, 2) data aggregation, and 3) Colorado SIM.

Many, if not most, partnering practitioners serve a diverse population of clients and are compensated by multiple health insurers and payers. For these practitioners, participation in the MTP will be more substantive and sustainable if their care redesign efforts are endorsed and supported by all other healthcare payers. Collaboration across sectors of the healthcare marketplace will provide lasting benefits to practitioners and the populations they serve. Such collaboration can be particularly impactful if it promotes a common set of quality measures to drive value-based payment contracts and accelerates the effective aggregation and use of claims and clinical data to inform care integration and coordination.

At the November Board Retreat, Directors will discuss whether OCH should host an All Payer Collaborative, an ongoing series of convenings of payers that serve the entire population of the region through their contracts with the region's healthcare practitioners. Through these convenings, and the initiatives they foster, OCH and the region's payers can pursue projects of common interest to (1) promote improved health outcomes; (2) address obstacles that limit access to quality healthcare; (3) engage community resources to address social economic and environmental impacts on population health; (4) take full advantage of Washington's all-payer claims database to inform healthcare delivery; (5) shape policy; and (6) reduce healthcare costs for clients and practitioners. The size, shape, scope and organization of the collaborative shall be determined by participating organizations.

Olympic Community of Health

S.B.A.R. Board Alternate

Presented to the July 9 Board of Directors Meeting

Situation

In accordance with our bylaws, "A sector may designate an alternate member if desired".

Background

Currently the *Oral Health* sector is represented by Dr. Tom Locke with no Alternate member designated.

The current Alternate for the *Community Action/Housing* sector is no longer with the organization.

Action

Scott Kennedy, MD, CMO of Olympic Medical Center, replaced Tom Locke on the Board of the Arcora Foundation, formerly the Washington Dental Service Foundation. He has convened Clallam county dentists around access, oral health integration and addressing overprescribing of opioids.

David Wunderlin, formerly the Executive Director of Kitsap Community Resources, is no longer working in the area. A new executive director has not yet been named.

Proposed **Recommendation**

1. The Board approves the nomination of Scott Kennedy to serve as Tom Locke's Alternate for the *Oral Health* sector seat on the OCH Board of Directors.
2. The Board approves the removal of David Wunderlin as Dale Wilson's Alternate for the *Community Action/Housing* sector.

Olympic Community of Health

S.B.A.R. Arcora Foundation Strategic Partnership

Presented to the July 9 Board of Directors Meeting

Situation

OCH identified oral health care access as a critical health need in all three Natural Communities of Care. Partners from across the region are working on increasing access to oral health care. Resources, both financial and technical, from Arcora Foundation, would support these activities would accelerate and align these efforts.

Background

Arcora Foundation is funded by Delta Dental of Washington, and is guided by the belief that everyone deserves good oral health. The Foundation improves oral health by partnering with communities and transforming systems. Several partners in the Olympic region have received grant funding from the Foundation and OCH Board Member Tom Locke served on the Foundation's Board as president for several years.

The Foundation is piloting a bold new model of funding called Local Impact Networks (LIN). This model is defined by significant community investment dollars, on the order of $300-$500 thousand per year, directed towards locally-tailored anchor strategies to meet the community's unique oral health needs.

Action

Tom Locke and Elya Prystowksy have had several meetings with staff from the Arcora Foundation to discuss a potential partnership between the two organizations. OCH envisions a model that:

(1) braids LIN funding to shore up Medicaid Transformation Project incentive payments for Implementation Partners, focusing on integration of oral health in primary care; and
(2) directs LIN funding towards critical oral health improvement activities that cannot by covered by MTP payments.

For (1) above, this could mean shoring up resources to:

- Place-based integration of dental into primary care
- Integrate ABCD into MTP clinical-community linkage
- Referral and case management of special populations with oral health needs
- Enhance emergency department diversion strategies for patients presenting with dental pain

For (2) above, this could mean resources to:

- Increase access to oral health services for the dually eligible and Medicare populations
- Provide sealants in school-based settings
- Community campaigns and consumer education

Next steps:

- Tom, Scott, and Elya will work with Foundation leadership to flesh out potential anchor strategies
- Invite leadership from the Arcora Foundation to co-present strategies at the August OCH Board of Directors meeting
- Enter into a memorandum of understanding with the Arcora Foundation

Proposed **Recommendation**

The Board authorizes OCH to explore a strategic partnership between OCH and the Arcora Foundation to increase our investment in oral health integration and access.

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.