

The Human Services Commission approved these minutes on January 15, 2013

CITY OF BELLEVUE
HUMAN SERVICES COMMISSION
MINUTES

November 20, 2012
6:30 p.m.

Bellevue City Hall
City Council Conference Room 1E-113

COMMISSIONERS PRESENT: Chairperson Bruels, Commissioners McEachran, Perelman, Plaskon, Stout, Yantis

COMMISSIONERS ABSENT: Commissioner Beighle

STAFF PRESENT: Emily Leslie, Alex O'Reilly, Joseph Adriano, Jennette Folta, Camron Parker, Department of Parks and Community Services; Janet Lewine, Department of Planning and Community Development

GUEST SPEAKERS: Jennifer DeYoung, Public Health Seattle/King County; Susan McLaughlin, King County Department of Community and Human Services

RECORDING SECRETARY: Gerry Lindsay

1. CALL TO ORDER

The meeting was called to order at 6:37 p.m. by Chair Bruels who presided.

2. ROLL CALL

Upon the call of the roll, all Commissioners were present with the exception of Commissioner Plaskon, who arrived at 6:41 p.m., and Commissioner Beighle, who was excused.

3. APPROVAL OF MINUTES

A. October 2, 2012

A motion to approve the minutes was made by Commissioner Stout. The motion was seconded by Commissioner Yantis and it carried unanimously.

B. October 16, 2012

A motion to approve the minutes was made by Commissioner Yantis. The motion

was seconded by Commissioner Perelman and it carried unanimously.

4. PETITIONS AND COMMUNICATIONS – None

5. STAFF AND COMMISSION REPORTS

Emily Leslie reported that she attended the ribbon cutting ceremony for the new Sophia Way shelter at St. Luke's. A number of dignitaries attended.

Commissioner McEachran said he attended the ground breaking ceremony for the South Kirkland park and ride affordable housing project by Imagine Housing. Several elected officials participated.

Ms. Leslie invited the Commissioners to the annual holiday gathering with the Parks and Community Services Board on December 4 at the Mercer Slough Environmental Center. She said the Commission will not meet again in December.

Answering a question asked by Commissioner McEachran regarding the Safe and Sound event, Grant Coordinator Joseph Adriano said it appears that some of the funding Sound Mental Health applied for from local jurisdictions did not come through so the pilot program will not be expanding to include Bellevue. The program is not the only one Sound Mental Health will be letting go. The Behavioral Responsibility Program, funded for many years by Bellevue, will also not be operated, at least not on the Eastside.

6. DISCUSSION

A. Health Care Reform Update

Ms. Leslie said a group of King County staff have been working for the past year to sort through the complicated issues around implementing the Affordable Care Act. She introduced Jennifer DeYoung from Public Health Seattle/King County; and Susan McLaughlin with the King County Department of Community and Human Services, to provide an update.

Ms. DeYoung explained that there are four key strategies woven throughout the Affordable Care Act: insurance reform, coverage expansion, delivery system redesign and payment reform. Taken together, the strategies will result in improved outcomes, increased quality of care, and reduced costs.

The Affordable Care Act was signed into law in March 2010. On January 1, 2014, the requirement for most everyone to have health insurance will kick in. To help with that there will be an expansion of Medicaid and the exchange system will be implemented.

A number of provisions of the Affordable Care Act have already been implemented.

Most have been very technical and have had to do with things such as insurance rating laws and regulations. Residents of King County have already started to see the benefits of the shifts, including the lifting of lifetime caps on health benefits, and allowing young adults up to the age of 26 to be covered on the health plans of their parents. Preventive care is also covered without a co-pay.

Ms. DeYoung said after January 1, 2014, people will be able to access healthcare coverage through a variety of venues, including through employers, the Medicaid program for those up to 133 percent of the federal poverty level, and a state-run exchange program. The exchange program will be an online marketplace where people will be able to plug in their information, receive a portfolio of different health insurance plans at different price points, and make their purchases. Those between 100 and 400 percent of the federal poverty level will qualify for subsidies to help bring the premium costs down. Those not comfortable with or lacking access to a computer will have a number they can call and will be provided with one-on-one assistance. Accessibility will also be provided in languages other than English.

The expansion of Medicaid will provide access to insurance for 79,000 uninsured King County residents. The exchange program will provide coverage for an additional 117,000 uninsured individuals in King County.

Commissioner Perelman asked what qualifies as "affordable." Ms. McLaughlin said the State is still in the process of defining what the plans to be offered will be. There will be several price points with increasingly more comprehensive coverage. The subsidies will help to buy down the cost. Generally, persons whose premium will work out to be more than nine percent of their income will be excluded from the mandate and the penalties under the mandate. The actual price points have yet to be defined.

Ms. DeYoung said there are some other initiatives being rolled out by the State that will have big impacts. The State has already begun the shift to providing Medicaid services through managed care organizations. There are currently five managed care plans serving Medicaid clients in King County. The State has also been rolling out new initiatives to take a look at the systems of care that have been established to provide services, particularly in the high-cost and high-needs populations; the focus is on creating a more integrated system and possibly generate some savings.

The next fourteen months leading up to January 1, 2014, will be a critical time for King County to engage the State and partners at the local level to understand what the changes will mean, and to provide input that will help shape the changes in a way that will benefit the safety net populations.

Ms. DeYoung said King County recognizes that it cannot act alone and will only be effective insofar as it works with its partners and the community as a whole. To that end Public Health Seattle/King County and the Department of Community and Human Services co-convened a group called the King County Health Core Reform

Planning Team. The team, which has been meeting for over a year, is a diverse group made up of funders, consumers and health providers. The group has come together wanting to shift the way care is delivered in King County. In the summer of 2012 the group adopted a framework that articulates a new system of care. With everyone on board with the vision, the group has turned its attention to prioritizing the activities necessary for implementing the vision; the focus is on access, capacity, delivery system integration, resources, and education.

Human Services Planner Alex O'Reilly asked if any changes are anticipated that will provide access to dental services. Ms. DeYoung said her understanding was that Medicaid would not make that shift, but the exchange will offer some stand alone dental plans.

Ms. DeYoung said in addition to the health benefit exchange, the team is working on the essential health benefits package, which is a requirement included in the Affordable Care Act. All of the health plans offered through the exchange must include a benchmark level of benefits identified by the federal government, though it is up to the State to define the specific services that fall under each of the ten specific categories. The Office of the State Insurance Commissioner is working on what the services portfolio will look like.

Ms. McLaughlin added that what is offered in each category will ultimately determine the cost of the plan; the more that is offered, the greater the premium will be.

Ms. O'Reilly allowed that one area of access entails getting people enrolled in programs, but asked if access has been looked at in terms of transportation, which is a barrier for many. Ms. DeYoung said currently access is focused on the enrollment piece. Transportation access almost crosses into the capacity question. She added that the conversations about capacity are only just getting started.

Answering a question asked by Commissioner Bruels regarding watering down services for reimbursement as part of the Medicaid expansion, Ms. DeYoung said the benefits will remain the same. The Affordable Care Act includes a requirement for the reimbursement levels for Medicaid to be raised to the level of Medicare. Commissioner Bruels said that is one thing that might help address the transportation issue because it will help to cover the gap.

Ms. DeYoung said people will be able to enroll in health plans starting October 1, 2013. Prior to that time work will be done to identify the groups that will most need to be educated regarding the coverage options. With that information in hand, serious outreach will be undertaken.

Ms. McLaughlin said King County has also been focused on delivery system reforms. The state in the near future will be rolling out managed care and the health homes initiative and the county will take the opportunity to be part of the design work aimed at breaking down the silos between systems and pushing toward integration of

services and finances. With regard to managed care, three of the five companies operating in the State are new. The companies are managing the Medicaid program for healthy options. Currently mental health and substance abuse treatment services are carved out and they will continue to be administered through the regional support network. The biggest change is that the State has been phasing in a movement of clients who are on Social Security incomes, those who are blind or disabled and who are on Medicaid but not the Medicare program, from receiving services through the fee-for-service model into the managed care model. The SSI population is considered to include some of the most vulnerable individuals, and the concern with the transition is there will be a disruption in care.

Commissioner Bruels asked if providers are stepping up and agreeing to take some Medicaid patients in need of specialty care given the expansion of Medicaid and hopefully an increase in the reimbursement rates. Ms. McLaughlin said she has not heard of any yet, but said the hope is that the work around looking at capacity will shed light on where the specific needs are, information that will help guide the State.

Ms. Leslie asked how many of the five managed care providers are for-profit and how many are non-profit organizations. Ms. McLaughlin said Community Health Plan Washington is the only one of the five that is a non-profit plan.

Ms. McLaughlin said health homes are authorized under the Affordable Care Act. Washington State passed a bill in 2011 that allows the State to pursue looking at the option. The option does come with some additional federal funding support, which is certainly one reason the State is interested; another reason is that the program presents an opportunity to lower costs, which will allow the State to generate some savings. The health home program is targeted at the highest risk individuals. Under the criteria defined in the Affordable Care Act, the program is for individuals who have two or more chronic conditions, or who have one chronic condition and are at risk for a second, or who have a serious and persistent mental illness. In addition, the individuals must meet the state-determined bar of being high risk using a predictive model called the Prism Data System. Those with a Prism score of 1.5 or above will be eligible to be referred into the health home program.

Commissioner Bruels said Swedish Medical Center has a medical home program. It is evidence-based and they have found that when folks who have problems like schizophrenia come in and receive treatment they also do a better job of managing other conditions, such as diabetes. The model brings together a number of services under a single roof.

Ms. McLaughlin said the medical home models that are being pushed through the Affordable Care Act are different from the health home initiative, which is not a place but rather is a set of care coordination functions. The six models identified in the Affordable Care Act focus on chronic disease management, patient and family education, linkages to community and social support, transitions from hospital settings to the community, and immediate follow-up care. The State intends to

develop and establish health home networks regionally around the State. Within each network there will be an agency or organization identified as the lead entity that will have the responsibility of all the administrative functions. The lead entity will subcontract with other care coordination organizations, including community health and mental health clinics, the Area Agency on Aging, and others. Those care coordination organizations will then hire the nurse care managers and social workers needed to do the care coordination functions. The State is working to set up a payment structure. The anticipation is that the lead agency will receive the state payment and then be responsible for disbursing it out to the care coordination organizations. In King County there are some 18,000 individuals who meet the high risk criteria and thus are eligible for the health home service. The program is, however, voluntary and individuals may elect not to participate in it. The State will be qualifying health home networks based on a set of standards and guidelines. King County as a governmental agency is exploring whether or not it should serve as a lead entity for a health home network; the County through its various entities already provides or contracts with agencies to provide the bulk of the groups that will be in the high risk category. The State is implementing health home networks through a phased approach, and King County will be Phase 4, and the applications for King County will come out in May 2013, and the implementation date is set for November 1, 2013.

Ms. McLaughlin said some of the work being done by her department is focused on how to deliver human services and how to do a better job of building a bridge between human services and the healthcare world. Currently the two operate as completely different service systems, yet the research points out the need to meet the social and environmental needs of individuals in trying to achieve better outcomes and reduce costs. Research and evaluation done in King County demonstrates that getting individuals into housing and surrounding them with support services aimed at maintaining stability results in healthcare cost savings.

The work being done by King County is focused on integration and addressing persons from a holistic approach instead of focusing on specific medical conditions. The concept developed involves a model of care centered around the community hubs and the notion of one-stop shops in which a full range of health and human services are available and accessible in a seamless way, either in a single location or through virtual partnerships.

Ms. McLaughlin said the King County Council recently approved the Health and Human Potential motion that directs the Executive's office, Public Health Seattle/King County and the Department of Community and Human Services, along with a panel of community stakeholders, to develop a plan for an accountable and integrated system of health, human services and community based prevention. The plan must include a vision, a mission statement and an implementation plan, and it must culminate in recommendations for strategic investments to achieve the accountable integrated system of care.

Ms. Leslie asked what process will be used for appointing stakeholders, and if there will be representatives from the Eastside. Ms. McLaughlin said she did not know the answers to those questions yet. The motion passed by the King County Council does identify what stakeholder groups are to be involved, but the process for making appointments has not yet been decided.

Commissioner Bruels said he was proud to live in a State that is out ahead of the curve. Many states have been dragging their feet in even deciding if they want to have an exchange.

Commissioner McEachran said he had no idea how much mail he would begin receiving as he entered the world of Medicare. The community centers often act as the distributors of mail for their elder clients, who in turn are not routinely accessing the internet. The question is how to get information out to those in homeless shelters and the like.

7. DISCUSSION

A. Bellevue Comprehensive Plan Update

Senior Parks & Community Services Planner Camron Parker said beginning in 2013 Bellevue will begin the process of updating the Comprehensive Plan. He explained that the Comprehensive Plan is a 20-year projection that captures goals and policies covering the array of city services and community vision statements. The plan includes a series of chapters that cover everything from utilities to transportation, economic development, human services, parks, open space and recreation, and urban design; each chapter has goals and policies spelled out. The subarea plans focus on specific areas and lay out the visions and goals for each neighborhood.

Mr. Parker said Bellevue has a long history of comprehensive planning going back to its incorporation. Following passage of the Growth Management Act, jurisdictions were required to have comprehensive plans and to update them every ten years.

Currently underway is a scoping process that will essentially determine the degree to which the plan should be opened in terms of making changes. The city's boards and commissions are being looked to to help make those decisions, though the City Council will have the final say. All boards and commissions are invited to an event slated for January 24 at which the topic will be the Comprehensive Plan update process.

Commissioner Perelman asked how much of what was put into the plan ten years ago has come to fruition. Mr. Parker said every action taken by the Council has ties to the Comprehensive Plan and the policies it contains.

Ms. Leslie said the human services and housing elements in the Comprehensive Plan will be of particular interest to the Commission. She said during the update

meeting time will be given over to reviewing those two elements. Associate Planner Janet Lewine added that during the scoping period the Commission likely will see a number of issues that need to be updated in addition to issues that need to be expanded.

Answering a question asked by Commissioner Perelman, Mr. Parker said the City Council will decide where the line should be between making complete changes and making only necessary tweaks. The conventional wisdom is that a major rewrite is not needed.

8. OLD BUSINESS

Commissioner Bruels reported that he recently attended the Redmond Human Services Commission meeting to connect with them and to hear a bit about their funding cycle and decision-making process. He said they expressed a desire to continue dialoging with Bellevue on how to be more strategic and collaborative in making funding decisions. They proposed scheduling a joint meeting with the leadership of all the Eastside cities human services commissions and staff to set an agenda for the next full commissions joint meeting.

Answering a question asked by Commissioner Plaskon, Commissioner Bruels suggested the joint meetings should occur at least annually and possibly quarterly. Commissioner Plaskon commented that the community hub concept would be a good place to start the discussion.

Commissioner Bruels asked if there has been any consideration given to developing a truly integrated funding system. Commissioner Plaskon suggested that each community has strengths when it comes to providing human services and each jurisdictions should primarily focus on what they are best at. Commissioner Bruels commented that while Bellevue is the largest funder in the region, it cannot get away from the notion of funding the continuum of services. However, there may be opportunities for some of the other players in the region to take the pressure off of specific areas, leaving Bellevue free to focus on other things.

Ms. Leslie commented that Bellevue is the only city in King County that produces a comprehensive needs assessment. The document is widely used by other jurisdictions because it is a great tool. A regional approach would be welcomed.

Commissioner Bruels noted that the nearly every year the Commission comes back around to the same discussion of what can be done in terms of focusing the funding on one service or program, and can programs be funded beyond what has been requested. If there were opportunity to do that, the Commission might be motivated to seek a more collaborative approach with other jurisdictions.

Commissioner Yantis said the problem is that the ability to fund programs above and beyond what they requested is unclear, and if it were possible there would always be

the political question of who is going to fund what. Commissioner Plaskon suggested it would be difficult to depend on other jurisdictions and their funding strategies, but at the very least the various cities could work together to align their visions.

Commissioner Yantis suggested some preparation time might be in order prior to meeting jointly with other human services boards and commissions. Absent a sense of potential direction that might be advantageous, there could be little more than a lot of conversation.

Ms. Leslie said staff from the various cities have not had the opportunity to talk about the issue. She said a North/East funders meeting is coming up and the conversation could be started there. Mr. Adriano added that a discussion of what the Commission thinks should be brought to the joint table could be included on an agenda early in 2013.

Commissioner Yantis said he was intrigued by the Affordable Care Act presentation and the focus on the issue of the community hub as a place for people to go to both physically and figuratively to get their needs addressed. He suggested the Commission might have a part to play in making the hubs effective. Commissioner Plaskon said it would be a great thing if someone in need to could visit a single office and meet with someone who has the credentials and understanding to navigate the programs offered by all providers operating in the area.

Ms. Leslie noted that the Eastside has had the Together Center, formerly the Family Resource Center, for many years, and it was established initially around the one-stop-shopping concept. Similar services are offered through the mini City Hall in the Crossroads Shopping Center.

9. NEW BUSINESS

Human Services Planner Alex O'Reilly briefed the Commission on the work to update the needs assessment for 2013-2014. She said intern Jennette Folta created a survey for providers and emailed it to some 60 organizations.

Ms. Folta said 22 of the 29 who responded said they use the Needs Update to support their funding requests. Fourteen of the respondents said they use the document to direct projects within their programs. Twenty-five of the 29 indicated they rely on the demographic information the document contains. Agencies said they found the hard data contained in the graphs and tables very useful, along with the shorter bullet points. Several agencies indicated they would like to see the document include trends and forecast information. Two agencies indicated it would be helpful to include crime data in the document.

Ms. O'Reilly said an RFP was issued two weeks ago for the phone and online surveys. The due date was November 19 at 4:00 p.m. and two proposals were received.

Ms. O'Reilly said the Cultural Diversity Plan is still alive and being developed by a staff team. She said some of the work will include community conversations so it will make sense to link that effort with the work to update the needs assessment.

Commissioner McEachran suggested information from the faith communities should be included in the Needs Update. Ms. O'Reilly said staff did not have much success during the previous round in getting information through the faith community survey. The return rate was so small that the information collected was not even reported. She said the recommendation has been made for the current round that something should be done in the January or February timeframe instead.

Ms. Leslie informed the Commission that the Council would on December 3 be voting on the city's budget, which includes the human services funding recommendations.

Ms. Leslie reminded the Commissioners that the annual joint gathering with the Parks and Community Services Board, and that the second Commission meeting in December was canceled. She asked the Commissioners to hold open January 8 as a possible date for the training session called for by the City Clerk.

10. PETITIONS AND COMMUNICATIONS -- None

11. ADJOURNMENT

Commissioner Bruels adjourned the meeting at 8:36 p.m.

Secretary to the Human Services Commission

Date

Chairperson of the Human Services Commission

Date