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| **Agenda Item No.:** | 5 | **Date:** | March 15, 2016 |
| **Proposed No.:** | 2016-0116 | **Prepared by:** | Scarlett Aldebot-Green |

**SUBJECT**

A MOTION accepting the Department of Community and Human Services (DCHS) Behavioral Health Integration IT Data Consolidation project’s second status report.

**SUMMARY**

Ordinance 18810, Section 60, Proviso P10, passed by the council on September 2015, required the executive to develop and submit for council review and approval two reports on the status of the Behavioral Health Integration IT Data Consolidation project. Specifically, the proviso required the report to include an enumeration of expenditures to date; the status of state of Washington dependencies and their impact on the IT project including the status of the state database and the status on guidelines around federal confidentiality rules; and the status and timeline of provider readiness. The proviso encumbered $400,000 appropriated to DCHS for the behavioral health integration IT project, $200,000 of which shall be released for expenditure upon transmittal of each report. The first of these reports, due Nov. 16, 2015, was transmitted to council before the deadline and was briefed before this committee on December 15, 2016. Proposed Motion 2016-0116 concerns the second of these reports, 2016-RPT0022. The latter report meets the proviso requirements.

**Background**

In 2014, the Washington State Legislature passed Senate Bill 6312, which directed the state Department of Social and Health Services (DSHS) to restructure how it purchases chemical dependency and mental health services. Presently, the process for purchasing mental health services and chemical dependency services are separate and different. Per Senate Bill 6312, the state will be purchasing both of these services through regionally operated Behavioral Health Organizations (BHOs) via a managed care structure, or integrated purchasing, by April 1, 2016.

The Behavioral Health and Recovery Division (BHRD) [[1]](#footnote-1) of the Department of Community and Human Services (DCHS) has been approved by WA State to serve as the Behavioral Health Organization (BHO) for the King County Region. To serve as such, BHRD must upgrade its system for managing mental health services (MH) to allow for client recordkeeping, authorization of benefits, billing and payment for Substance Use Disorder (SUD) providers contracting with the county under integrated care. BHRD sought to do this through the Behavioral Health Integration IT Data Consolidation project. That project also aimed to modify the system to facilitate its interfacing with new and modified databases.

The project proposed a range of changes to the mental health data system in order to adequately expand that system to serve the needs of the integrated BHO IT system. In September 2015, Council approved a $982,633 appropriation request from DCHS to complete the project.

Council provisoed $400,000 of that appropriation contingent on the transmittal of two reports on expenditure status, state dependencies that could potentially impact the project and provider readiness. Upon transmittal of each report, $200,000 of the encumbered funds shall be released for expenditure. The first of these reports was transmitted in late 2015 and was briefed before this committee on Dec. 15, 2015. The second report is the subject of today’s proposed motion, which would accept the report.

**ANALYSIS**

The proviso required the status reports to include an enumeration of the expenditures on the project to date; the status of state dependencies and their impact on the project; and the status and timeline of provider readiness. Below is an analysis of each of these requirements:

**Expenditures to Date.** According to the second report, of the total Capital Appropriation of $982,633, total project spending through the end of December was $227,544.

**Status of State Dependencies.** The proviso required a report on two state dependencies: the status of the state database with which the county database must interface and state guidance to the county on federal confidentiality rules around patient information sharing.

Status of the State Database

The status report notes that on January 4, 2016 the state Division of Behavioral Health and Recovery (DBHR) held a meeting where final requirements for interfacing with the state data system were expected to be provided. The state further delayed the release of the final versions of certain elements (BHO Data Dictionary, BHO Access to Care Guide, and Service Encounter Reporting Instructions) until January 15, 2016. The report notes that the BHI IT team mitigated delays by moving forward with development of a King County internal provider data dictionary, a draft version of which was provided to partner providers on January 8, 2016.

Since the writing of the report, executive staff indicate that the county has received the final SERI and Access to Care Guide and have confirmed that there will be no significant impact on providers.

Confidentiality

Absent state guidance on the issue of confidentiality vis a vis sharing client data between substance use providers and mental health providers in light of more stringent Federal guidelines with respect to substance use provider data, the BHRD has moved forward with the process it outlined in the prior status report. Namely, the division, in consultation with the prosecuting attorney’s office, has determined that it can receive substance use data and store it in a single database with the mental health data. King County Information Technology is modifying the current data system to accommodate the collection of substance use disorder (SUD) data as required by the state and the King County BHO operational needs.

It is contemplated that a release of information (ROI) form, which has already been developed, will provide authorization from patients to providers to share confidential SUD data with BHRD. The ROI was shared with providers in a preparation for transition forum in January. Providers were trained on the use of the ROI at this forum as it will be required in order for clients to receive services through the BHO. Refusal to sign the ROI by a client means that the provider agency will not be able to share client data with the BHRD, thus benefits will not be able to be approved nor payment to providers rendered.

Also in consultation with PAO, BHRD has created another ROI (providers had this provided and were trained on the same date as they were on the prior ROI) that authorizes BHRD to make a certain amount of limited client information available to other providers in the network in order to coordinate care. This ROI is not required to receive services. If a client refuses to sign this document, the system will have safeguards to guard against sharing limited client info with the provider network.[[2]](#footnote-2)

Lastly, for SUD providers who do not submit electronic data to BHRD, the division has created a new Business Associate Agreement (BAA) that will allow these providers to connect with the data system to test data transactions and submissions before April 1, 2015. Executive staff indicate that this BAA is required for all new SUD only providers, the agreements were mailed out on Feb. 3 to eleven providers, all of whom have signed and returned the BAA.

**Status and timeline of provider readiness.** DCHS reports that at this final stage, it is working closely with providers to mitigate any delays including development of a manual web form to enable some SUD providers to enter data manually. That data will then be loaded into the IT system. Because this web form interface is similar to the present (TARGET) system already in use by the state, the usage of the web form should not be burdensome to SUD providers. Additionally, IT and business exec. staff are acting as provider liaisons to continue to provide support during the transition.

The information furnished in the report is complies with the proviso requirement.

**INVITED**

1. Susan McLaughlin, Health and Human Services Integration Manager, DCHS

**ATTACHMENTS**

1. Proposed Motion 2016-0116
   1. Behavioral Health Integration IT Data Consolidation Project, Status Report 2
2. Transmittal Letter, February 11, 2016

1. See Ordinance 18171 renaming the Mental Health, Chemical Abuse and Dependency Services Division the Behavioral Health and Recovery Division (BHRD) passed by the King County Council on Nov. 23, 2015. [↑](#footnote-ref-1)
2. Executive staff note that while the state did not provide specific guidance, it has acknowledged the county’s process by developing a similar protocol at the state. County staff indicate that the state has since developed a sample ROI and created a data flag in the state’s TARGET system (akin to the flag in the KC BHRD system) and has confirmed the need for a separate ROI for data sharing with the BHO. [↑](#footnote-ref-2)