Spokane County Regional Interlocal Leadership Structure (SCRILS) Charter

1. PURPOSE
   a. To provide a leadership structure for the Spokane County Region chaired by the County Authorities, jointly administered by the County Authorities of the six-county region, the state Health Care Authority (HCA), the Apple Health Managed Care Organizations (MCOs), and the Behavioral Health-Administrative Service Organization (BH-ASO), regarding the vision for integrated health care in the region, which includes Medicaid purchasing for physical health, mental health, and substance use disorder treatment, to ensure the full continuum of care. The six counties include: Adams, Ferry, Lincoln, Pend Oreille, Spokane, and Stevens.

   b. The interlocal leadership structure will include representation from physical and behavioral health care providers, tribes, and other entities serving the Regional Service Area (RSA) as necessary.

   c. To provide a structure for the Spokane County Regional Authorities, Spokane County Regional Behavioral Health Organization (SCRBHO), the region’s selected MCOs, BH-ASO, and HCA to plan, design and implement the integrated managed care model for the Spokane County RSA to assure clients are at the center of care delivery and the system supports integrated delivery of physical and behavioral health care at the provider level.

   d. The Spokane County Regional Interlocal Leadership Structure (SCRILS) will include advisory representatives from the Governor’s Office, the Spokane Regional Area’s Accountable Community of Health (Better Health Together – BHT), the Spokane County Region’s tribes and Recognized American Indian Organizations (RAIOs), the Division of Social and Health Services (state hospitals), and the critical access and community hospitals. The Governor’s Office liaison will work with the SCRILS to ensure a smooth transition.

   e. The SCRILS will also create a structure and process to actively engage and receive feedback from other key stakeholders, including physical and behavioral health care providers, state, critical access and community hospitals, as well as the Spokane Regional Area’s Accountable Community of Health (Better Health Together – BHT), the region’s selected Apple Health Managed Care Organizations (MCOs), the region’s Behavioral Health – Administrative Service Organization (BH-ASO), the Health Care Authority (HCA), the Governor’s Office, and the Department of Social and Health Services (DSHS) for the purposes of strategic planning for both the transition and the evolution of the integrated managed care model in the region.

   f. Key considerations of the Spokane County Regional Service Area (RSA):
      i. Facilitate and develop community-based systems of care to ensure quality services are available and accessible to individuals and families in all counties, including rural and frontier rural areas.
      ii. Overcome barriers to access (rural and/or population health disparities, transportation, employment, housing)
Spokane County Regional Interlocal Leadership Structure (SCRILS)
Charter

iii. Incorporate goals of the local law and justice council into behavioral health system expectations
iv. Collaborate with the Criminal Justice System – specialty courts, prosecuting attorneys representing the actions of Designated Crisis Responders (DCRs)’s, public defenders representing individuals detained under the Involuntary Treatment Act (ITA), law enforcement and diversion programs, jail and juvenile detention
v. Connect fully integrated managed care and the Foundational Community Supports into homeless housing efforts
vi. Collaborate with emergency management systems and hospital emergency departments
vii. Perform shared planning across all counties within the Spokane County Region

2. COMPOSITION
a. Chair: Spokane County Board of County Commissioners Chairperson
b. Counties – All County Commissioners from each county [with designees allowed]
c. Governor’s Office Liaison
d. Health Care Authority (HCA) Representative(s)
e. Division of Social and Health Services (DSHS) Representative(s) – state hospitals
f. Behavioral Health-Administrative Service Organization (BH-ASO) – Spokane County CSHCD Director and Assistant Director [with designees allowed]
g. Managed Care Organizations (MCO) – One Representative from each of the four MCOs [with designees allowed]
h. Accountable Community of Health (ACH) – Better Health Together Executive Director
i. Tribal Authority – One Representative from each tribe and RAIO (five total)
j. Behavioral Health Provider Representatives for the six counties:
   i. Pend Oreille County Counseling Services
   ii. Adams County Counseling Services
   iii. NEW Alliance Counseling Services (Ferry, Lincoln, Stevens Counties)
   iv. Spokane County – 3 separate behavioral health provider agency representatives (to be determined)
k. Primary Health Care Provider Representative (to be determined)
l. Note: This will be one representative self-selected from among the following:
   i. Community Health Association of Spokane (CHAS Health)
   ii. NATIVE Project, Spokane, WA
   iii. North East Washington Health Programs, Colville, WA
   iv. Lake Roosevelt Community Health Centers, Ferry County, WA
   v. Columbia Basin Health Association, Othello, WA
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m. Critical Access and Community Hospital Representatives from the six counties:
i. Othello Hospital and East Adams Hospital - Adams County
ii. Memorial Hospital - Ferry County
iii. Lincoln Hospital – Lincoln County
iv. Odessa Hospital – Lincoln County
v. Newport Hospital - Pend Oreille County
vi. MultiCare Health System and PSHMC – Spokane County
vii. Providence Health & Services Mt. Carmel – Stevens County

3. KEY DELIVERABLES

   a. Establish a vision for the Spokane County Regional Service Area (RSA) integrated care model;
   b. Provide oversight for regional resources to ensure integrated system of care is working effectively for all counties and communities in the region;
   c. Discuss and identify region’s performance gaps and capacity/access/growth planning needs.
   d. Discuss and identify integrated managed care resource priorities among regional stakeholders.
   e. Discuss how to address integrated managed care resource priorities.
   f. Discuss policy change ideas, if needed, to address the region’s priorities and collaborate on how to communicate and implement the policy changes at various levels within the system of care.
   g. Act as a collective regional voice regarding the region’s integrated managed care resource priorities and needs.
   h. Provide oversight for the regional integrated system of care design and ensuring an optimal transition. Spokane County RSA has the following measurable milestones for transitioning to fully integrated managed care:
      1. Fully Integrated Managed Care model integrated and implemented with the MCOs and BH-ASO by January 1, 2019.
      2. SCRBBHO ends contracts on December 31, 2018, performs close out activities through June 30, 2019.
      3. Spokane County Region’s BH-ASO implemented and effective by January 1, 2019.
      4. Support the efforts of the BHT proposed model for “bi-directional” integration of care.
      5. RSA integrated care model and plan does not necessarily include a “braided funding” model involving local funding from any of the counties in the Spokane County Region. It may include braided funding from among the MCOs, BH-ASO, and possibly BHT.
   i. Establish stakeholder engagement;
   j. Identify and eliminate service gaps in the system of care, collaborate to responsibly address and close service gaps.
Spokane County Regional Interlocal Leadership Structure (SCRILS) Charter

k. Oversight and ongoing monitoring of the fully integrated managed care model including:
   1) Alignment, contracting, administrative functions, and other processes to minimize administrative burden at the provider level to achieve outcomes;
   2) Implementation of fully integrated managed care in the regional service area, including design of an early warning system to monitor ongoing success to achieve better outcomes and to make adjustments to the system as necessary;
   3) Development of regional coordination processes for capital infrastructure/information technology (and other “soft” capital infrastructure) requests, local/regional capacity building, work force adequacy, health information and exchange technology and other community investments related to behavioral health (and integration with Primary Care);
   4) Identify, use, share, monitor and build 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; and
   5) Collaboration with regional stakeholders to determine which value-add services will best support a bidirectional system of care among the MCOs and BH-ASO.

4. MEETING STRUCTURE
   a. The chairman of the Spokane Board of County Commissioners (BoCC) will be the Chair of the SCRILS; another County Authority from the Spokane County RSA may act as the SCRILS chair in the BoCC chairman’s absence.
   b. The Spokane County Regional Interlocal Leadership Structure (SCRILS) will meet at least quarterly with additional meetings scheduled as necessary to meet deliverable timeframes.
   c. The SCRILS will create ad-hoc subgroups as necessary to develop specific proposals, and will also rely on the Spokane County Region’s Accountable Community Health (BHT) and its workgroups when appropriate, and in order to avoid duplication of efforts.
   d. Representatives of the SCRILS will also attend ad-hoc subgroup meetings as requested.
   e. Time will be set aside during the regular SCRILS meetings for stakeholder input and dialogue.

5. DECISION MAKING
   a. Consensus is the preferred model for decision making.
   b. If voting is necessary:
      i. Counties – One vote from each of the six counties;
      ii. MCOs – All MCOs will share one vote between them. In the event that the MCOs are unable to come to consensus, the MCOs will abstain from voting;
      iii. BH-ASO – One vote;
      iv. Governor’s Office Liaison – Advisory vote only;
      v. HCA – Advisory vote only;
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vi. DSHS – Advisory vote only;
vii. ACH – Advisory vote only;
viii. Tribal Authorities – Advisory vote only; and
ix. Behavioral Health Provider Representatives – Advisory vote only;
x. Primary Health Care Provider Representative - Advisory vote only; and
xi. Critical Access and Community Hospitals – Advisory vote only.

6. REVISIONS TO CHARTER
This Charter will be reviewed and revised as necessary by a simple majority of all voting members, including at transition points, (e.g., selection of MCOs, beginning of 2019) and annually thereafter.

7. EXPIRATION
The Spokane County Region Interlocal Leadership Structure (SCRILS) expires December 1, 2021, unless the interlocal leadership group decides locally to extend and fund it.
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Charter

Signature Page

County and State Authorities

Refer to individual signature pages which follow for these counties:

Adams County Authority
Ferry County Authority
Lincoln County Authority
Pend Oreille County Authority
Spokane County Authority
Stevens County Authority

_________________________  ______________
Governor’s Office Liaison  Date

_________________________  ______________
Health Care Authority  Date
Spokane County Regional Interlocal Leadership Structure (SCRILS)
Charter

PASSED AND ADOPTED this 4th day of September, 2018.

BOARD OF COUNTY COMMISSIONERS
ADAMS COUNTY, WASHINGTON

Chair

Vice Chair

Commissioner

Resolution No. R-033-2018

Attest:

Patricia Phillips
Clerk of the Board
Spokane County Regional Interlocal Leadership Structure (SCRILS) Charter

PASSED AND ADOPTED this 17 day of September, 2018.

BOARD OF COUNTY COMMISSIONERS
FERRY COUNTY, WASHINGTON

Chair

Vice Chair

Commissioner

Resolution No. 2018-47

Attest:

Amanda Rowton
Clerk of the Board
Spokane County Regional Interlocal Leadership Structure (SCRILS)
Charter

PASSED AND ADOPTED this 4th day of September, 2018.

BOARD OF COUNTY COMMISSIONERS
LINCOLN COUNTY, WASHINGTON

Chair

Vice Chair

Commissioner

Resolution No. 18-18

Attest:

Marcia Patterson
Clerk of the Board - Deputy
Spokane County Regional Interlocal Leadership Structure (SCRILS)
Charter

PASSED AND ADOPTED this 21 day of August, 2018.

BOARD OF COUNTY COMMISSIONERS
PEND OREILLE COUNTY, WASHINGTON

Chair

Vice Chair

Commissioner

Agreement
-Resolution No. 2018-52

Attest:

Crystal Zieske
Rhonda Cary
Clerk of the Board
Spokane County Regional Interlocal Leadership Structure (SCRILS) Charter

PASSED AND ADOPTED this 28th day of August, 2018.

BOARD OF COUNTY COMMISSIONERS
SPOKANE COUNTY, WASHINGTON

Chair

Vice Chair

ABSENT

Commissioner

Resolution No. 18-0610

Attest:

Ginna Vasquez
Clerk of the Board
Spokane County Regional Interlocal Leadership Structure (SCRILS)
Charter

PASSED AND ADOPTED this 27th day of August, 2018.

BOARD OF COUNTY COMMISSIONERS
STEVENS COUNTY, WASHINGTON

Chair

Vice Chair

Commissioner

Resolution No. 56-2018

Attest:

Polly Coleman
Clerk of the Board
Spokane County Regional Interlocal Leadership Structure (SCRILS)
Charter

ACKNOWLEDGEMENT

The undersigned acknowledge they have reviewed the SCRILS Charter and support the purpose, key deliverables and structure of the SCRILS. The undersigned agree to participate in the SCRILS in a voting or advisory capacity as identified within the Charter. Any changes to the charter will be coordinated with and approved by the county authorities in collaboration with SCRILS participants.

Department of Social and Health Services

Date 11/30/18

BH-ASO - Spokane County CSHCD

Date 9/18/2018

MCO - Amerigroup

Date 11/30/2018

MCO - Community Health Plan of Washington

Date

MCO - Coordinated Care Corporation

Date

MCO - Molina Healthcare of Washington

Date

MCO - United Healthcare Community Plan

Date 11/30/2018

ACH - Better Health Together

Date

Tribal Authority

Date

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Charter

Newport Hospital, Pend Oreille County

MultiCare Health System, Spokane County

Providence Health & Services (PSHMC), Spokane County

Providence Health & Services (Mt. Carmel), Stevens County

Date

1/14/18

DAVID O'BRIEN

SVP/C E Ml h 26

Inland NW