

**North Sound Behavioral Health Organization**  
301 Valley Mall Way, Suite 110, Mount Vernon, WA 98273

**ADVISORY BOARD AGENDA**

August 2nd, 2016

1:00 pm – 3:00 pm

**CALL TO ORDER & INTRODUCTIONS**

**REVISIONS TO THE AGENDA**

**OMBUDS**

**ANNOUNCEMENTS**

**APPROVAL OF MINUTES FROM PREVIOUS MEETING**

Approval of June Minutes and Review of July Minutes.....TAB 1

**EXECUTIVE/FINANCE COMMITTEE REPORT**

Approval of the July Expenditures.....TAB 2

**PRE MEETINGS**

Pre Meetings.....TAB 3

Site Visits

**STANDING COMMITTEE REPORTS (Briefs from Each Committee Attached)**

- Planning Committee (No July Meeting)
- Quality Management Oversight Committee (QMOC) .....TAB 4

**EXECUTIVE DIRECTOR’S REPORT & ACTION ITEMS**

**Executive Director’s Report Items (Available at Meeting)**

- Report from Joe .....TAB 5

**Executive Director’s Action Items**

- No Action Items/Memorandum due to the cancelled August County Authorities Executive Committee meeting

**OLD BUSINESS**

Discussion of mission, vision, and values (Joe)

**NEW BUSINESS**

- Performance Improvement Projects (PIPs) – Charles DeElena
- August AB Meeting date change due to the COD Conference October 3<sup>rd</sup> – 4<sup>th</sup>
- Conferences – NAMI, Tribal, and Co-Occurring Disorder and Treatment

**REPORT FROM ADVISORY BOARD MEMBERS**

**Island**

**San Juan**

**Skagit**

**Snohomish**

Marie - A Brief Comment on the Snohomish County Drug Court

Marie – Community Meeting regarding the Carnegie Building

Greg – Family Youth System Partner Round Table (FYSPRT)

**Whatcom**

**BRIEF COMMENTS OR QUESTIONS FROM THE PUBLIC**

Behavioral Health Conference scholarship attendees

**REMINDER OF NEXT MEETING**

- September 6<sup>th</sup>, 2016

**ADJOURN**

# ADVISORY BOARD PRE-MEETING

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August 2<sup>nd</sup>, 2016

12:10-12:50PM

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**North Sound Behavioral Health Organization**

Advisory Board Orientation

Joe Valentine and Joanie Williams

North Sound Behavioral Health Organization Staff

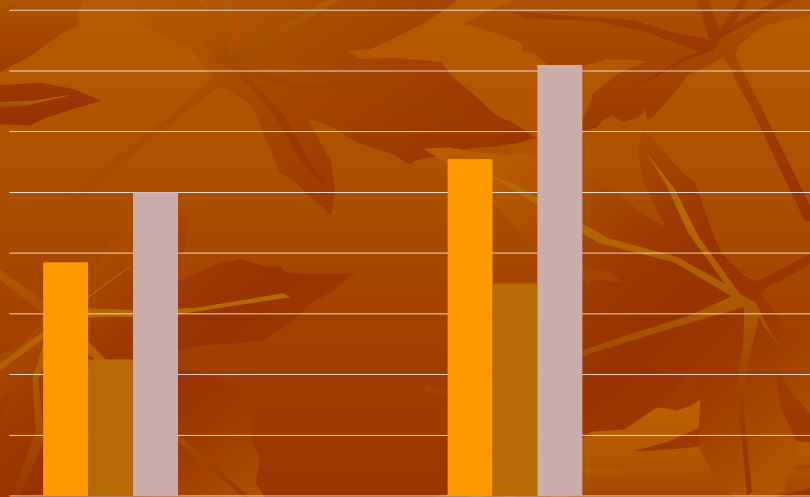
# NORTH SOUND REGIONAL OMBUDS REPORT

April 1 – June 30, 2016

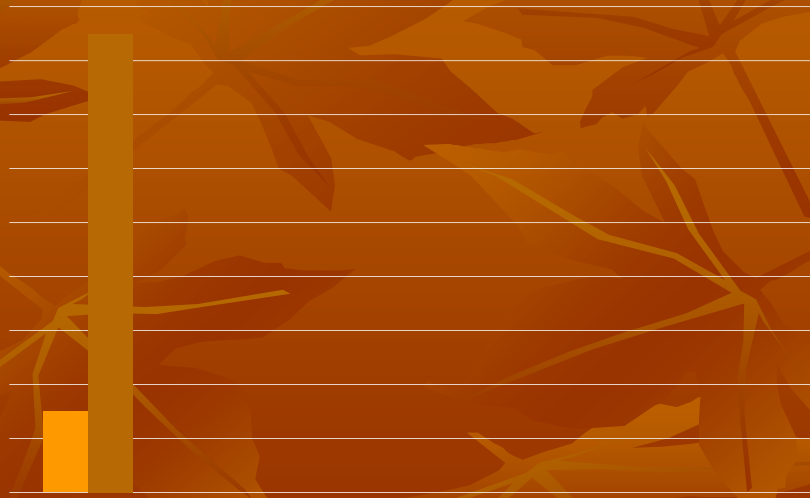
## Past Three Quarters

People:

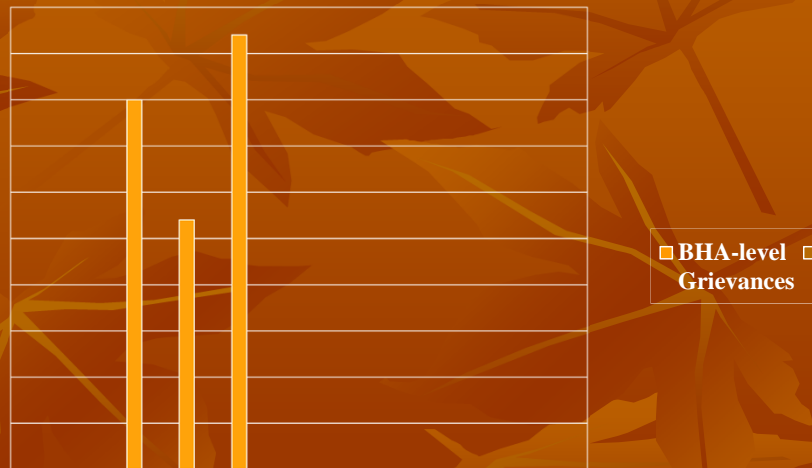
Issues of Concern:



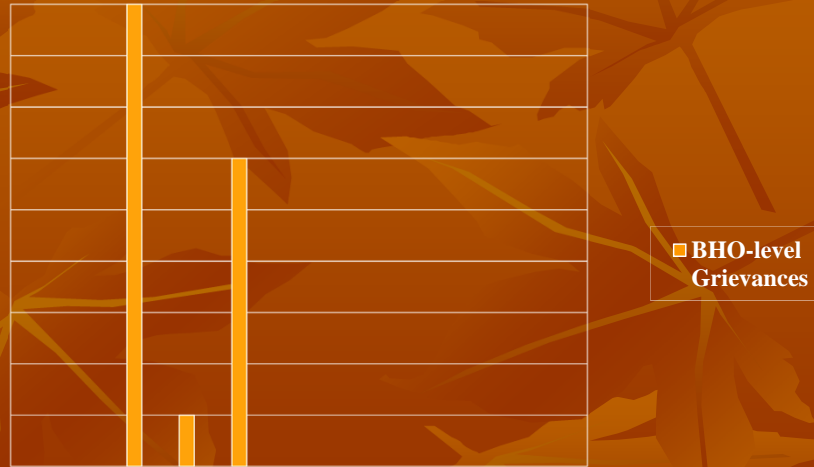
## SUD/Co-occurring vs Mental Health Clients



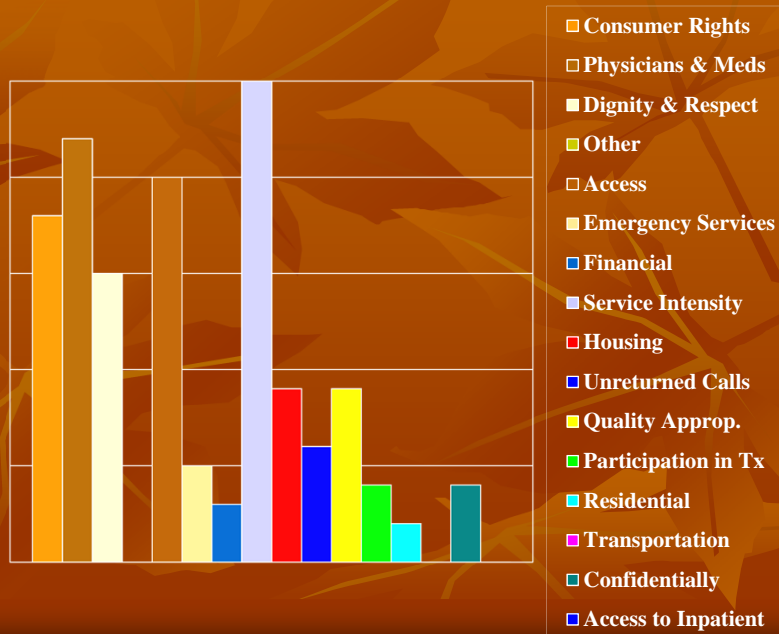
## BHA-level Grievances, Past 3 Quarters



## BHO-level Grievances Past 3 Quarters



## Issues of Concern



## Appeals & Administrative Hearings

- One Appeal
- No Administrative Hearings

## Ethnicity Demographics

- Latino: 2
- African American: 5
- Native American/Alaskan Native: 12
- Asian/Pacific Islander: 4
- 23% non-Caucasian!

## Outcomes of Cases

- Open cases (no release form yet): 10
- Open grievance/appeal cases: 19
- Resolved by information & referral: 17
- Resolved by conciliation & mediation: 34
- Family member issues worked: 14
- Not pursued: 6

## Comments & Recommendations

- Customer service, dignity & respect, family involvement and confidentiality
- Few youth detox facilities state-wide
- Medicaid transportation issues
- Success stories



# Quarterly Ombuds Report

QUESTIONS or COMMENTS?

## APRIL - JUNE 2016 OMBUDS REPORT

**Slide #1:** We are Chuck Davis and Kim Olander-Mayer from North Sound Regional Ombuds. This is our first Behavioral Healthcare quarterly report, covering April 1 through June 30, 2016.

**Slide #2:** We opened case files on **100** people and had **142** issues of concern. Numbers are going up! The previous quarter saw only 45 people and 70 issues...and before this quarter 77 clients was the highest number we ever had in a quarter. There were **39** male and **61** female clients. We assisted **7** children and several seniors this quarter. We helped **14** family members submit their issues. Besides these statistics, this quarter we helped an additional **13** people deal with concerns about hospitals, Medicaid Transportation and other agencies on the periphery of the community behavioral health program. These **13** people are not included in this report, nor are the estimated **170** people to whom we provided information and referral services.

**Slide #3:** On April 1<sup>st</sup> “mental health” merged with “substance use disorder” and formed “Behavioral healthcare.” Accordingly, **15** clients (**15%** of our clients this quarter) had issues dealing with substance use disorder or co-occurring (mental health and substance use) disorder. We served **6** clients with Substance Use Disorder only and **9** clients with co-occurring (mental health and substance use) disorder. We have broken those cases out here:

- a. A client disabled by substance abuse is involuntarily committed in another region’s hospital. The family fears lack of coordination between regions and lack of focus on follow-up treatment.
- b. A family member said a co-occurring disorder client went through a 27-day treatment program for substance abuse but started actively using opioids upon release. The mental health clinician is on vacation for two weeks without back fill. The family member wants attention and more intense treatment for the substance use disorder.
- c. A client reports her substance use is affecting her mental illness and causing very bad symptoms. She isn’t receiving enough attention for suicidal ideation, auditory hallucinations and anxiety.
- d. A client reports she had a substance use disorder evaluation for entry into residential treatment and has done everything else required but still can’t get a bed date.
- e. A client said he didn’t receive his necessary psychiatric meds while in substance abuse residential treatment. He said on one occasion all residents were disciplined for infractions of 2 residents. He further accuses the residence of not giving him the medical release forms Ombuds faxed to him.
- f. A family member reports that the crisis prevention and intervention (CPIT) team didn’t take sufficient action to help them during the client’s bouts with substance abuse.
- g. A client self-referred for detox and residential treatment. Lack of a proper BHO referral number made her miss a bed date.
- h. A developmentally disabled client actively using opioids attempted suicide. Family members want substance abuse treatment provided and a follow-on residence at an adult family home.
- i. A senior client and her family seek substance use disorder treatment as quickly as possible and a follow-on residence at an adult family home.
- j. The CPIT was called to a hospitalized client who had attempted suicide. The team heard he was served by Catholic Community Services (CCS) and left. Later, the team found that CCS treats him for substance use disorder rather than mental health, and came back. A designated mental health professional conducted what the family considers an inadequate evaluation and released the client.
- k. A youth client addicted to heroin, marijuana and a benzodiazepine needs detox desperately. He is willing to go to detox but encounters a lack of children’s detox facilities state-wide.
- l. The family of a developmentally disabled client actively using substances blames the provider agency for not striving hard enough to get the client into developmental disabilities services. Family members also want substance abuse treatment.
- m. A single mom is having trouble getting a prescription for ADHD meds and is using opiates to deal with that disorder. She needs assistance.

- n. A client wants to enter a crisis center for stabilization and referral to treatment. After several calls telling her to call back later, the facility finally tells her to go to the emergency room. Since her last visit to the emergency room resulted in involuntary treatment, she refuses to go. Now she is homeless and still actively using.
- o. A clinician won't allow a client access to a residential treatment agency she wants treatment from.

**Slide #4:** This quarter **47** people initiated behavioral health agency-level grievances.

**Slide #5:** And **6** people initiated behavioral health organization-level grievances.

**Slide #6:** As noted, we opened **142** issues of concern for **100** people: **25** in Services coordination/intensity; **22** in Physicians & meds; **20** in Access; **18** in Other (consumer) rights violations; **15** in Dignity & respect; **9** in Quality appropriateness; **9** in Housing; **6** in Unreturned phone calls; **5** in Emergency services; **4** in Participation in treatment; **4** in Violation of confidentiality; **3** in Financial & Administrative services; **2** in Residential; and none in Transportation or Other type.

**Slide #7:** We helped **1** person initiate an appeal of a formal action. We initiated no administrative hearings.

**Slide #8:** Concerning our ethnicity demographics: **23** of our **100** clients (**23%**) are non-Caucasian. **2** are Latino, **5** are African American, **12** are Native American/Alaskan Native and **4** are Asian/Pacific Islander. We worked with **2** people who were associated with or received support from local tribes.

**Slide #9:** We had good outcomes again this period. Of our **100** clients we have **10** open cases for which no release form has been received yet; and **19** open grievance cases that are currently being worked. **17** cases were resolved without a grievance by helping the client work the issue out or by providing information and referral. **34** cases were closed through conciliation and mediation. **14** family member issues were worked through information or referral. **6** people made the decision not to pursue their issue.

**Slide #10:** Here are our comments. The first are Chuck's parting comments.

- (1) Having had the opportunity to spend time at Swedish-Cherry Hill Medical Center in Seattle recently as a family member I was thoroughly impressed by their strong efforts in customer service, dignity & respect, fostering family member involvement and maintaining confidentiality. Some of our North Sound behavioral health agencies do the same but we need to continue our efforts to ensure that we all reach that level.
  - a. Many behavioral health staff are marvelous at interacting with clients and families. All the North Sound's efforts to foster customer service and dignity & respect over the years have had positive effect. We recommend strongly continuing those efforts while also concentrating on keeping staff from burning out and attending to those who have reached that point.
  - b. Many behavioral health staff closely involve family members in their clients' treatment but there is room for improvement system-wide. A quote from the National NAMI Board of Director's President (Ms. Marilyn Ricci): *"When family members become ill, families rally around to give love and support. Health care providers and the community would be horrified if a family wasn't involved with the care of an ill member. The family is, in many cases, valued as part of a successful recovery. But if the illness is mental illness, health care providers more often than not see the family as 'other.' Family is often not welcomed into the care circle."* HIPAA presents challenges; and it takes an effort to welcome family members into the care circle but we recommend concentrating on providing consideration and caring to family members and involving them in the treatment process.
  - c. Over the years Ombuds has heard many allegations of problems with protecting the confidential health information of patients in psychiatric wards and emergency treatment facilities. Of

particular concern is discussing patients' protected health information in the hearing of other patients. Let's concentrate on honoring our clients' confidentiality!

- (2) Bottom line for youth with substance use disorders: there are woefully few medically-covered, youth detox facilities in the state. We need more and we need them quickly!
- (3) There are problems with Medicaid transportation in Snohomish County. While this isn't necessarily a North Sound behavioral health program responsibility we need to be aware of it because it adversely affects our clients and is beginning to affect services. Ombuds routinely submits complaints to the Medicaid transportation agency on behalf of individual clients. Recently a behavioral health agency began logging problems and noted that it is restricting late-hour appointments for clients relying on Medicaid transportation because of unreliable pick-up by Medicaid transportation sources. We submitted a complaint to the transportation agency and two administrators came out to confer with the behavioral health provider about a resolution. They also promised to call the behavioral health provider weekly for a month to see how the resolution is working.
- (4) Success Stories:
  - a. A substance use disorder client had voluntarily self-referred for detox and follow-on residential treatment. Unfortunately a snag in the BHO authorization referral process caused the person to miss their first bed date. A proper BHO referral number was obtained and the client quickly entered treatment.
  - b. A mental health client (single mom with two children) was about to lose her housing and greatly feared her children would be taken from her as a result. She had no transportation and her emotional disorder kept her from capably dealing with the situation. Ombuds helped her transfer to a larger treatment facility where she was assisted with finding new housing and meeting her other needs.

**North Sound Behavioral Health Organization**

301 Valley Mall Way, Suite 110, Mount Vernon, WA 98273

**ADVISORY BOARD MINUTES**

June 7<sup>th</sup>, 2016

1:00 p.m. – 3:00 p.m.

**ATTENDANCE**

**Advisory Board Members Present**

Island: Candy Trautman

San Juan: Peg Leblanc (By phone)

Skagit: Ron Coakley, Susie Spencer

Snohomish: Carolyn Hetherwick Goza, Greg Wennerberg, Fred Plappert, Carolann

Sullivan, Jennifer Yuen, Marie Jubie, Joan Bethel, Pat O’Maley-Lanphear

Whatcom: David Kincheloe, Michael Massanari, Mark McDonald

**Excused Advisory Board Members**

Island:

San Juan:

Skagit: Joan Lubbe

Snohomish:

Whatcom: Rachel Herman

**Absent Advisory Board Members**

Island:

San Juan:

Skagit: Faviola Lopez

Snohomish:

Whatcom:

**NSBHO Staff Present**

Joe Valentine (Executive Director)

Joanie Williams (Advisory Board Coordinator)

Maria Arreola (Administrative Assistant)

**Guests Present**

None

**CALL TO ORDER & INTRODUCTIONS**

The Chair called the meeting to order at 1:00 p.m. and initiated introductions

**REVISIONS TO THE AGENDA**

- The Chair inquired regarding changes to today's agenda

**APPROVAL OF MINUTES FROM PREVIOUS MEETING MINUTES**

- A change was requested by Candy to add Betsy Kruse (Deputy Director) to the North Sound Behavioral Health Organization (North Sound BHO) staff attendees

- No other revisions were made
- Revised Minutes approved by motion and vote

<b>STANDING COMMITTEE REPORTS (Briefs from Each Committee Attached)</b>
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- Planning Committee (No May Meeting)
- Quality Management Oversight Committee (QMOC) Report

<b>EXECUTIVE DIRECTOR'S REPORT &amp; ACTION ITEMS</b>
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**Reports**

**Action Items**

- Joe reviewed each of the Action items with the Advisory Board
- A motion was made to move the Action items to the County Authorities Executive Committee for approval. Motion was seconded and approved
- Motion approved to forward the Action Items to the County Authorities Executive Committee for approval

<b>OLD BUSINESS</b>
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- **Lake Whatcom Center – Picnic June 23<sup>rd</sup>, 2016**  
Advisory Board Members that will attend:  
David and Marie
- **Lake Whatcom Center – Tour**  
Has been moved to 2017
- **July Retreat**  
Timothy Corey has been confirmed to attend the retreat to assist in creating the BHO mission statement, values, and vision
- **Performance Improvement Projects (PIPs) – Advisory Board Member Participation**  
Open Access:  
Fred, Greg, Mark  
  
SUD Penetration:  
Jack and Pat  
  
Kids PIP:  
Mark, Carolyn, and Jennifer, Greg  
  
Charles DeElena will be invited to the August meeting to present on the status of the PIPs. It was suggested to have Charles send out information on all three PIPs to all Members.

## NEW BUSINESS

### Announcements

Greg spoke regarding the June NAMI Newsletter. The newsletter was distributed to Members.

Fred spoke about a news article on Crisis Intervention Training (CIT) for Everett Police Department.

Individuals attending the Behavioral Health Conference will be receiving details

## ACTION ITEMS

### Executive & Finance Committee

The May Expenditures were reviewed and discussed. A motion was made to move the Expenditures to the County Authorities Executive Committee (formally known as the Board of Directors) for approval. Motion was approved.

### Advisory Board Pre-Meetings

- No Pre-Meeting in July due to the July Retreat
- The North Sound BHO Advisory Board Orientation will take place during the August Pre-Meeting
- Crisis Intervention Team (CIT) Pre-Meeting will take place in 2017
- Pioneer Center North – Substance Use Disorder Residential Treatment Orientation Pre-Meeting is potentially set for September
- Lake Whatcom Center (LWC) – Picnic is June 23<sup>rd</sup>, 2016
  - Advisory Board Members that will attend the LWC Picnic:
    - David and Marie
- October Pre-Meeting Options:
  - Mark Smith of the Housing Consortium of Everett and Snohomish County. If Mark from Snohomish County is unable to present, Whatcom County Housing Authority will be an alternative.
  - SeaMar Co-Occuring Outpatient Treatment
- Mukilteo Evaluation and Treatment Center (E&T) moved to 2017
- No Pre-Meeting in December due to the holiday potluck

### Site Visits:

- (First option) Pioneer Center North and E&T on the same day
- (Second option) Separate Pioneer Center North and E&T if unable to get the site visit on the same day
- (Third option) Lake Whatcom Center will be the second option, or move to 2017 if option one is feasible

**ADVISORY MEMBERS' COUNTY REPORTS**

**Island**

**San Juan**

**Skagit**

**Snohomish**

Marie gave a brief comment regarding Sober Housing for the Drug Court Clients in Snohomish County.

**Whatcom**

**BRIEF COMMENTS OR QUESTIONS FROM THE PUBLIC**

**Name**

**Name**

**ADJOURNMENT**

The Chair adjourned the meeting at 3:02 p.m.

**NEXT MEETING**

The next **Advisory Board meeting** the July 5<sup>th</sup> Retreat at the Skagit Resort



# Advisory Board Retreat Meeting Notes

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July 5th, 2016 9:00am – 4:00pm, Skagit Resort, Bow Washington

**Members Present:** Carolann Sullivan, Carolyn Hetherwick-Goza, Greg Wennerberg, Marie Jubie, Mark McDonald, Joan Bethel, Pat O'Maley, Peg LeBlanc, David Kincheloe, Michael Massanari, Betty Rogers

**Members Excused:** Ron Coakley, Rachel Herman, Susie Spencer, Candy Trautman, Fred Plappert, Jack Eckrem, Jennifer Yuen

**Members Absent:** Faviola Lopez, Joan Lubbe

**Staff:** Joe Valentine, Betsy Kruse, Joanie Williams, Maria Arreola

**Facilitator:** Timothy Corey

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## **Welcome/ Introductions /Agenda Review:**

David welcomed the North Sound Behavioral Health Organization Advisory Board Members to the July Retreat and introductions were made.

Timothy Corey facilitated the Retreat by guiding the Advisory Board in conversation, via a graphic representation, which included Pre-Service, System/Community Response, Current State and Future State of Mental Health and Substance Use Disorder.

As the day's work unfolded, each member offered their input on the Four Circle Process, BHO Mission Statement, Current and Future Advocacy Priorities, followed by a brief Business Meeting at the close of the day.

Below are the bullet notes compiled from each of the topics.

## **Four Circle Process:**

### **Pre-Service:**

- Stigma
- No Medications
- Families Manage People
- Warfare
- Substance use for religious purposes
- People projecting stuff on others
- Ignorance
- Superstition
- Communism findings gifts of each person
- Abuse neglect
- Poverty
- Race

### **System/Community Response:**

- Community Mental Health
- Social approach
- De-institutionalization
- DSM
- Homelessness
- Socialization medication
- Introduction medication
- Pre-World War 2 cognitive approach to Mental Health
- People institutionalized in grim settings
- Eugenics
- AA and NA
- TB institutions
- The village concept "rural support"

# Advisory Board Retreat Meeting Notes

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- Counties push for RSN's
- Social/system approach to MH and substance use
- Commercialization of drugs
- People receive treatment from MH and substance use
- VA System
- Treatments limited
- WWII veterans (PTSD, veterans care)

## Current State:

- Biopsychosocial Model
- DSM 5
  - ICD
  - Somatic Care
- Evidence Based Practices
- Trauma Informed Care
- Increased Heroin Use
- Criminalization of Mental Illness
- Break down of family structure
- Access to care
- Integrated funding
- Pain clinics
- Emergence of community faith based organizations
- Suicide epidemic
- Defining service delivery within current resources, money and staffing
- Complex economic and social conditions, substance use of MH depression
- Research drives treatment modalities
- No statewide insured care
- ACEs
- Currently working with local tribes
- Funding drives program structure to integrated funding
- Support to multiple communities
- Criminalization of mental health
- Refinement of medications
- Disparities in care
- Restructure of family forms
- Internet/public knowledge
- Whole person model
- Self-medicating

## Future State:

- Person centered wellness
- Telling stories at policy, political, and community level
- More funding for ADL classes day and evening classes
- More funding for services
- Locate services near people
- Reducing barriers to receive services
- Early integration recognize signs of early trauma
- More school services
- Expanded parent community advocacy
- BHO parent consultation
- Outcome measurement and training to promote based practices
- Long term inpatient funding
- Optimize use of social media and technology
- Collaboration with manage care plans

# Advisory Board Retreat Meeting Notes

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- Direct parent education
- Tele psych services
- System navigators
- External variables (state, federal, medical etc.)

## **Mission Statement Key words for the BHO:**

- Person centered
- Recovery
- Family Centered Wellness
- Excellence
- Integrated
- Evidence based
- Early and continual
- Early intervention
- Leadership
- Funding
- Collaborative
- Flexible unordinary services
- Increased Access
- Linkage

## **Advocacy Priorities Update:**

- ET not happening
- RCW changed
- MH services expanded in schools
- Seamless system of funding developed worked with counties
- Initiated advocacy campaign in Olympia
- Telling personal stories
- Integrate health with healthcare in schools
- Target legislature who have experience in mental health
- Seek ways to foster wellness
- Take integrated approach
- Early intervention and early support
- No reduction of stigmas at legislative level

## **Advocacy Priorities 2016-2017**

- Recovery
- Wellness
- Children and Youth
- Transportation and infrastructure
- Funding for co-occurring treatment at all ages
- Access to services
- Increase state and general fund dollars for state services
- Housing
  - Community protection
  - Out of residential treatment
- Workforce
  - Co-Licensing CDPs and MHPs
  - Workforce compensation
  - Rates for services

# Advisory Board Retreat Meeting Notes

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## Business Meeting:

The June Expenditures were reviewed and discussed. A motion was made to move the June expenditures to the County Authorities Executive Committee (formerly known as the Board of Directors). Motion was approved.

Joe reviewed the Action Items with the Advisory Board. A motion was made to move the Action items to the County Authorities Executive Committee. Motion was seconded and approved to forward the Action Items to the County Authorities Executive Committee.

## Wrap Up:

Thank you, again, for being here today. Those of you who couldn't make it (Margaret Rojas!) were missed. Joanie and Maria sure did a good job, didn't they? How many of you stuffed food in your pockets to take home? hahahaha

You all produced a lively discussion and lots of great ideas. Here's what I wrote down, though Tim's beautiful graphic and Maria's and Joanie's notes will probably have more info than I wrote down. But, I thought that you'd like to have this info, nonetheless.

Again, thank you all!

Best,

David

NSBHO AB RETREAT — July 5, 2016

BHO Theme: "To Make Ourselves Indispensable" (if we have to contract all services out to MCOs....?)

Discussion was focused by Tim Corey using the 4-Circle Process (which he got from Willie Jones, Lummi Nation)

## WHAT INSPIRES US:

- Advocacy/Voice
- Social Work Effects
- Substance Use
- Children, Youth
- Integration "Indispensable Presence"
- Care about Care in our Communities
- Family Struggle/Container/Cause
- Access and Quality of Dual-Disorder Tx
- Knowledge/Information/Conferences/Learning
- Us and Our Hope/Optimism/Determination to Improve the System
- Relationships/Empathy/Helping us be better humans

4-CIRCLE FOCUS: Pre-Service Past; Recent Past; Current State; Future State.

PRE-SERVICE/PAST (LONG-PAST; before we were alive?)

- Families / Villages
- Ignorance
- Superstition
- Stigma
- No Meds
- Hidden Illness
- Alienation/Marginalization
- Projection of others' problems onto the ill

# Advisory Board Retreat Meeting Notes

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- No fiscal support
- Poor Houses
- Torture / Punitive Approach
- Heyoka / Shaman / Visions /
- Religious Institutions (Asylums)
- Child Abuse/Neglect
- Drugs as Ritual / War —> Social Issue
- Poverty / Race / Children / Vets seen as Social Issues

## NEAR PAST / SYSTEM & COMMUNITY RESPONSE

- Community Mental Health Act
- Institutionalization
- Commercialization
- Surgical Response
- Eugenics
- WWII - PTSD / Shell Shock (Veteran Care)
- Medical Model
- Separation of SUD and MI (Concrete Silos)
- Tx Options were limited (institutionalization or mutual help / AA)
- Deinstitutionalization w/o Community-Based Services
- Policy/Law w/o Budgets/Funding
- Tx Theories /
- VA System
- Diagnostic Manual (DSM)

## CURRENT STATE

- Biopsychosocial Model
- VA System
- Early Integration of MH/SUD Care (California)
- RSNs formed in response to lack of funding - Moving system to county level
- Funding framed system, rather than needs framing funding
- NIH / NIMH / SAMHSA / NREPP / EBPs
- "Treating the Target"
- Refinement of available Psychopharmaceuticals
- ACEs
- Trauma-Informed Care
- Genetics
- Neurology
- Criminalization of Mental Illness and SUDs (Institutions to Jails)
- ITA Changes — MI —> MI+SUD
- Social Effects
- Academia / Research / Data
- Internet / Public Knowledge
- Peer-Delivered
- Service-Delivery w/ Limited Resources
- Drug Epidemics (Opioids)
- Suicide and Awareness
- Pain Mgt Model
- Complex Social Structure & Socioeconomic Issues ==> Greater Incidence/Prevalence of MIs and SUDs
- Access and Disparities in Care (by geography, ethnicity, SES)

# Advisory Board Retreat Meeting Notes

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- Homelessness / Housing
- Restructuring of Family Forms
- Industrialization / Urbanization / Population Growth

## CURRENT NEEDS/PROBLEMS

- Funding for Community Services
- Funding for Integrated Care
- Workforce Insufficient
- Non-Profit Funding Model Is Limited/Wrong
- Providers Don't Want to be Medicaid/Medicare funded
- Fully Integrated Care (MIs, SUDs, Somatic)
- Rural Service Delivery
- Telehealth Service Delivery
- Politics / Codes / Funding / State Structure / BHOs / Regulations / Silos (e.g., No codes/funding/payment model for Co-Occurring Tx)
- Hard to Create Pilots w/ Constraints/Boxes
- Integration is Unidirectional, toward Primary Care, not the other way
- Disparities/Conflicts of Values/Roles/Opportunities — Patient-Centered Care, Stigma, Funding, Peer-Delivered Services, Coding, MIs v. SUDs v. Somatics
- Wage Disparities
- Cultural Disparities between SUD Tx and Clients and MI Tx and Clients

## DESIRED FUTURE:

- CD-ITA + MH-ITA RCWs Implemented BUT Funding, Facilities, Workforce have NOT changed
- Seamless-Funding of Non-Medicaid School-based Services (except Island County)
- Rural Area Tx Professionals
- "Community in Schools" Model (Boeing Foundation in 1990s in Snohomish)
- Student-Support Advocates (SSAs) - Professionals in Schools
- Snohomish Social Worker w/ Police - CPITs
- Neighborhood Support Systems - Healthcare/Education/Recreation for Seniors/Youth/Kids
- Substance Use Tx/Assistance for Adolescents
- Legislative Advocacy (Stigma Reduction among Legislators? No apparent reduction in stigma; Legislator turn-over; Lack of Awareness; Criminalization; Fear)
- Separate Stigma focus on Children/Youth and Seniors, not on 25-60 yo adults, to promote compassion/assistance, not criminalization/fear (avoid politically charged issues)
- Early Intervention Funding and Policies
- Family Involvement at early stages
- Care Delivery at first indicator of need, not at Dx (in schools, in community, at faith-based orgs, etc.)
- Wellness, not Illness, focus with Early Identification of Need
- Neighborhood Focus on Wellness/Illness

QUESTION: "WHAT WOULD A SUCCESSFUL BEHAVIORAL HEALTH SYSTEM LOOK LIKE (IN THIS REGION, AT THE END OF THE NEXT 4 YEARS?)"

- No Wrong Door - Access Routes thru Early Constant Screening, Early ID, and Early Constant Access to Care — Re-evaluate access-to-care standard - everyone gets care?

# Advisory Board Retreat Meeting Notes

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- Stigma-Removal: Education; Parents will seek Tx/Assistance; Child Services; Neighborhood Supports; No stigma; Early intervention with kids in challenged families
- Building Linkages and Collaboration: The BHO cannot be a stand-alone organization:
- Linkages/Collaboration needed across entire community: Schools at all levels - Nurses - Pediatricians - Ob/Gyns - Planned Parenthood - PCPs - Health Dept - Faith-based Orgs - Law Enforcement - Apple Health Plans - Neighborhood Associations - Civic Facilities & Integrated Law Enforcement / Health / BH / EMS / Fire - Peer Services - Small Businesses - Other non-profits - foundations — Imagine a “Social Work Educator/Missionary Movement”
- Continuum of Recovery Supports — Recovery Coaches, Housing, Peer Counselors, at Agencies, outside agencies, outside 9-5 hours
- Focus on Person-Centered Wellness (not Tx, not Illness) — professionals and consumers and peer specialists
- Embedded Social Workers - Located everywhere, Educating Everyone
- Telehealth and Mobile Teams
- Housing

## KEY WORDS/THEMES:

- COLLABORATIVE, LINKED CARE ACROSS \_\_\_\_\_
  - Community
  - Integration
  - Intersection
  - Collaboration (all other systems, managed care plans, businesses, non-profits)
  - Linkages
  - Existing Infrastructure
  - No Wrong Door
- COMMUNITY FOCUSED
  - Person-Centered
  - Social Isolation
  - Stigma
  - Reaching hard-to-reach populations (LGBT, Rural, Senior, TAYs)
- ACROSS THE SPECTRUM
  - Continuum of Recovery Supports
  - Continuum of Care
  - Early Education
  - Early Intervention
  - Early Treatment

“EVERYTHING WE DO IS IN SERVICE TO CULTURALLY APPROPRIATE, PERSON-CENTERED WELLNESS THROUGH COLLABORATIVE, COMMUNITY-WIDE, INTEGRATED LINKAGES AND EARLY AND CONTINUAL, EVIDENCE-BASED PROGRAMS, EDUCATION, AND INTERVENTIONS.” The question, then, is “What do we do?”

## HOW WILL WE KNOW IF WE’RE SUCCESSFUL?

- More of every type of services
- More community meetings
- More support groups
- More funding for services/interventions
- Consultation with Parents re Needs, Learned Helplessness, Services access, Education re Early ID and Access
- Greater reduction in Access-to-Care Barriers (e.g., telehealth, open access, different standards of care)
- Training in EBPs / Best Practices, and Outcome Measures to ensure implementation fidelity and appropriateness

# Advisory Board Retreat Meeting Notes

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- If MCO provision of services is a threat to the BHO, what would minimize that threat to the BHO? What can the MCOs NOT do? Or not do well?
- Use Tech: Social Media, Telehealth, Existing Public Transport, Existing Infrastructure, Neighborhood Association, Civic Facilities, School Facilities, Other Healthcare Facilities
- Early Intervention: Recognize early signs of trauma, cradle to death.
- Familial and Intergenerational Community Supports (childcare, no gender restrictions, transport)
- More Flexibility with Expenditures from Existing Funding Streams through Collaborative Linkages with other systems
- Community-Level Resource Navigators / CHWs / Peer Specialists
- Briefly Telling One's Own Story (e.g., NAMI's IOOV Pgm) as Advocacy / Policy Shift / Cross-system Linkage / Collaboration (e.g., Whatcom County Community Resource Network meetings and email list)

## ADVISORY BOARD ADVOCACY:

- Housing
- Transport
- Infrastructure
- Recovery
- Wellness
- Children and Youth
- Access to Services
- Funding and Policy Changes for Co-Occurring Tx at ALL Ages
- Workforce Supply Issues:
  - Co-Licensing CDPs and MHPs
  - Use of Private Practitioners Sub-Contracted to Public Agencies
  - Workforce Compensation
  - Rates for Services



## Advisory Board Budget July 2016

	All Conferences	Board Development	Advisory Board Expenses	Stakeholder Transportation	Legislative Session	
	Project # 1	Project # 2	Project # 3	Project # 4	Project # 5	
Total						
Budget	\$ 42,000.00	\$ 16,736.00	\$ 1,910.00	\$ 19,329.00	\$ 225.00	\$ 3,800.00
Expense	(20,011.75)	(4,109.92)	(2,500.00)	(12,136.62)		(1,265.21)
Under / (Over) Budget	\$ 21,988.25	\$ 12,626.08	\$ (590.00)	\$ 7,192.38	\$ 225.00	\$ 2,534.79

BHC , NAMI, COD, OTHER	BOARDS SUMMIT (RETREAT)	Costs for Board Members (meals mileage, misc.)	Non- Advisory Board Members, to attend meetings and special events	Shuttle, meals, hotel, travel
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**Behavioral Health Organization, LLC**  
**Warrants Paid**  
**July 2016**

	Type	Date	Num	Name	Memo	Amount
<b>Advisory Board</b>						
<b>Professional Services</b>						
	Bill	07/26/2016	7970	ColibriFacilitation	Batch # 115357	1,800.00
Total Profesional Services						<u>1,800.00</u>
<b>Travel</b>						
	Bill	07/07/2016	JUNE2016	AA Dispatch	Batch # 115133	1,279.95
	Bill	07/07/2016	June2016	Bracht, Laura	Batch # 115133	331.27
	Bill	07/07/2016	YKO-3137	Oxford Suites Yakima	Batch # 115133	2,727.69
	Bill	07/07/2016	APR-JUN2016	Sullivan, Carolann	Batch # 115133	97.20
	Bill	07/07/2016	JULY2016	Sullivan, Carolann	Batch # 115133	28.08
	Bill	07/20/2016	June2016	City Cab, Inc.	Batch # 115289	179.40
	Bill	07/20/2016	July2016	LeBlanc Peg	Batch # 115289	79.20
	Bill	07/20/2016	May/June2016	LeBlanc Peg	Batch # 115289	416.08
	Bill	07/20/2016	July2016	McDonald, Mark	Batch # 115289	90.43
	Bill	07/20/2016	June2016	Enterprise Rent a Car	Batch # 115289	720.23
	Deposit	06/28/2016		Arreola, Maria	change from Ad Trav	-159.00
Total Travel						<u>5,949.53</u>
<b>Miscellaneous</b>						
	Bill	07/20/2016	547946	Mister T Trophies	Batch # 115289	20.07
	Bill	07/20/2016	548615	Mister T Trophies	Batch # 115289	184.99
Total Miscellaneous						<u>205.06</u>
Total Advisory Board						<u>7,954.59</u>
						<u>7,954.59</u>
						<u><u>7,954.59</u></u>

## 2016 Pre-Meetings, Site Visits, Conferences and Advocacy

Date	Pre-Meeting Topics	Note
January 5th, 2016	SUD Opioid Epidemic and Strategies	Dr. Gary Goldbaum
February 2nd, 2016	SUD/Juvenile Justice/Recovery Services	Lisa Tremblay and Lex Rivers
March 1st, 2016	Phoenix Recovery Center - SUD Services	Corky Hundahl
April 5th, 2016	Adult and Youth Access to Care Standards & SUD	Julie de Losada & Sharon Toquinto
May 3rd, 2016	Northwest Youth Services Housing/Homelessness	Riannon Bardsley
June 7th, 2016	Alternatives to Jail	Ron Coakley
<b>July</b>	<b>Retreat/No Pre-Meeting</b>	
August	Orientation Manual Discussion with Full Board	Joe/Joanie
September	Pioneer Center North (Focus on SUD Residential)	Rob Sullivan
Oct (Pending)	Housing Consortium of Everett and Snohomish County	Mark Smith (425) 339-1015
Nov (Pending)	Seamar Co-Occurring OutPatient Treatment	
<b>December</b>	<b>Holiday Potluck - No Pre Meeting</b>	
	Crisis Intervention Team (CIT) Training in 2017	
	North Sound BHO Tribal Coordination	
	Tele-Psychiatry Webinar	
	Dispute Resolution	Chuck Davis and Pat Morris
	Evergreen Detox Center	
	Tribal Centric Behavioral Health System	
	Lummi and Tulalip Tribes BHO Programs	
	Qualifying Factors of a Co-Occurring Disorder	
	Center for Human Services (Children)	
	Phoenix Recovery Center	
	Therapeutic Health Services	
	Peer Support Model Presentation	
	Crisis Redesign	
	Everett De-Tox Center	
	North Sound BHO Funded School Based MH Services	
	Co-Occurring Disorders	
	Eating Disorders	
	LGBT Committee	
	Tribal Mental Health Overview	
	Joel's Law	
	Medicaid Assisted Treatment	
	Involuntary Treatment Act	
	Psychological First Aid Training	
	Peer Specialist and Recovery Coach Integration	
Date	Site Visits	Note
Thursday, June 23rd	Lake Whatcom Treatment Center/Picnic	Marie & David attending (Same day as BHC)
September	Pioneer Center North	
September or October	North Sound E&T	Same day Site Visit as Pioneer if possible
October or November	Lake Whatcom Treatment Center Site Tour (Open House?)	Early 2017 when new facility opens
Date	Advocacy	Note
February 23 & 24	Legislative Session Visit	

## 2016 Pre-Meetings, Site Visits, Conferences and Advocacy

Date	Conferences	Location
June 23-24	Behavioral Health Conference	Yakima
Sept. 30 - Oct. 2	NAMI Conference - The Road to Recovery: Mental Health Matters	Red Lion Hotel - Port Angeles
Sept. 7-8	Tribal Conference - Building Community Resiliency	Skagit - Bow
Oct. 3- 4	Co-Occurring Disorders Conference	Yakima



## **North Sound Behavioral Health Organization, LLC**

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### **QMOC Brief July 13, 2016**

#### **Policy 1561 – Revocation of Less Restrictive Orders (LRO) / Conditional Release (CR) Orders**

This policy was due for revision, and there were substantial changes to language with regard to revocation procedures. The policy established criteria to consider prior to use of a revocation, revocation criteria, and procedures for notification of the DMHP if there is a need for an evaluation for a petition for revocation. The policy also defines the expectations of the courts. This policy was reviewed, revised and approved by ICRS. Minor additions were submitted by QMOC and the policy was approved.

#### **Policy 1562 – Monitoring of Conditional Release (CR) / Less Restrictive Orders (LRO) / Assisted Outpatient Treatment (AOT)**

This policy provides a process for individuals on CR / LRO court orders or AOT order. Changes in the laws for monitoring of the order were put into effect, with the assignment of care coordinators, clinical practitioners who coordinate the activities of LRA treatment at the Behavioral Health Agency (BHA). This change includes specific responsibility to the courts responsible for assignments of the order. This policy was reviewed and revised to reflect the changes by ICRS, approved by ICRS and due to rapid implementation needs, fast tracked. A numbered memo was sent to providers reflecting the changes in policy and procedures for both inpatient facilities as well as the BHA. QMOC discussed the policy revisions.

#### **Policy #1563 – Program of Assertive Community Treatment (PACT)**

This was a revision to the existing PACT policy, including updates to “BHO” language; revisions for clarity, and some additions to better explain existing process. The largest change in the policy was the ability for the PACT Advisory Committee can be integrated into BHO Advisory Board. Discussion ensued regarding the aforementioned change. This policy was approved with the quantifier that Jessica Ellis will work with David Kincheloe to clarify Advisory Board Language.

### **QMOC Charter**

The QMOC charter was due for revision and update. Important changes included reorganizing the document to make it more readable, incorporating SUD providers, adding language regarding County Authorities Executive Committee representation and County Coordinators, and adding Reviewing Clinical policies and procedures to accountable functions. Discussion ensued regarding County Coordinator language and what constitutes a Quorum. Betsy Kruse will continue to revise and bring back to August meeting.

### **Ombuds Quarterly Report**

Ombuds Chuck Davis gave a presentation of Ombuds’ grievances, appeals, administrative hearings and recommendations for the period of April 1, 2016 to June 30, 2016. It was noted that this was the first quarter with both Mental Health and Substance Use Disorders.



## 2016 Consumer Roundtables Healthcare Integration Speak Outs

Please join us for a lively discussion of integration topics  
\*5 dates and locations statewide!

- Discuss recovery goals with Mary Jadwisiak, Holding the Hope
- Hear from Jennifer Bliss, Manager of the Office of Consumer Partnerships
- Talk with the Healthcare Authority, including MaryAnn Lindeblad (Olympia)
- Listen to a panel of MCO representatives and ask questions
  - How will recovery oriented services be maintained?
  - How will consumer voice be included?
  - How will peer services be included?

8/9/2016	8/19/2016	9/8/2016	9/9/2016	9/30/2016
OLYMPIA 9 a.m. – 3 p.m.	TACOMA 1 p.m.-5 p.m.	YAKIMA 1 p.m. -5 p.m.	SPOKANE 8:30-12:30 P.M.	SEATTLE 10 a.m. – 3 p.m.