

ADVISORY BOARD PRE-MEETING

April 4th, 2017

12:10-12:50PM

North Sound Behavioral Health Organization

Medical Director

Diagnostic Criteria for Co-Occurring Disorder &
Assessment

Dr. Keith Brown

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

ADVISORY BOARD AGENDA

April 4th, 2017

1:00 p.m. – 3:00 p.m.

CALL TO ORDER & INTRODUCTIONS

REVISIONS TO THE AGENDA

APPROVAL OF MINUTES FROM PREVIOUS MEETING

Approval of March Minutes.....TAB 1

ANNOUNCEMENTS

2017 Washington State Co-Occurring Disorder & Treatment Conference – Save the Date

Duncan West – Skagit County

Natasha Raming – Whatcom County

Arlene Feld – Whatcom County

BRIEF COMMENTS OR QUESTIONS FROM THE PUBLIC

STANDING COMMITTEE REPORTS (Briefs from Each Committee Attached)

- Planning Committee (No March Meeting)
- Quality Management Oversight Committee (QMOC).....TAB 2

EXECUTIVE/FINANCE COMMITTEE REPORT

Approval of the March ExpendituresTAB 3

EXECUTIVE DIRECTOR’S REPORT & ACTION ITEMS

Executive Director’s Report Items – Bill Whitlock

- Report from Joe.....TAB 4
- Shelli Young – Opioid Reduction Plan.....TAB 5

Executive Director’s Action Items

- Action Items/Memorandum.....TAB 6
- Mental Health Block Grant – Matthew Rudow – North Sound BHO Contracts Specialist

OLD BUSINESS

2017 Washington Behavioral Healthcare Conference – Registration

NEW BUSINESS

Behavioral Health Organizations – Advisory Board Membership WAC 388-865-0252

Policy 4515.00.....TAB 7

North Sound Behavioral Health Organization Advisory Board Policy 4511.00 – Purchasing and Other Expenses.....TAB 8

North Sound Behavioral Health Organization Advisory Board Policy 4510.00 – Attendance and Participation at Conferences, Seminars, and Trainings.....TAB 9

North Sound Behavioral Health Organization Advisory Board Policy 4509.00 – Development of Annual Advisory Board Expense Projection.....TAB 10

July 11th, 2017 Advisory Board Retreat.....TAB 11

2017 Visual Art/Poetry Contest

REPORT FROM ADVISORY BOARD MEMBERS

REMINDER OF NEXT MEETING

- The next scheduled meeting is May 2nd, 2017 in the Snohomish Conference Room

ADJOURN

FINAL approved by Advisory Board

North Sound Behavioral Health Organization

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

ADVISORY BOARD MINUTES

March 7th, 2017

1:00 p.m. – 3:00 p.m.

ATTENDANCE

Advisory Board Members Present

Island: Jo Moccia, Chris Garden, Candy Trautman

San Juan:

Skagit:

Snohomish: Marie Jubie (Phone), Pat O'Maley-Lanphear, Carolyn Hetherwick Goza,
Jennifer Yuen, Carolann Sullivan, Jack Eckrem

Whatcom: David Kincheloe, Mark McDonald

Excused Advisory Board Members

Island: Betty Rogers

San Juan: Theresa Chemnick

Skagit: Ron Coakley

Snohomish: Fred Plappert

Whatcom: Michael Massanari, Stephen Jackson

Absent Advisory Board Members

Island:

San Juan:

Skagit: Joan Lubbe

Snohomish: Greg Wennerberg

Whatcom:

NSBHO Staff Present

Joe Valentine (Executive Director)

Maria Arreola (Advisory Board Coordinator)

Sandy Whitcutt (Crisis Services Manager)

Guests Present

Arlene Feld – Perspective Member Whatcom County

Susan Wood – Perspective Member Whatcom County

Natasha Raming – Perspective Member Whatcom County

Duncan West – Perspective Member Skagit County

CALL TO ORDER & INTRODUCTIONS
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The Chair called the meeting to order at 1:07 p.m. and initiated introductions

REVISIONS TO THE AGENDA

The Chair inquired regarding revisions to the Agenda. None mentioned

FINAL approved by Advisory Board

APPROVAL OF MINUTES FROM PREVIOUS MEETING MINUTES

February minutes were approved by a motion and vote

STANDING COMMITTEE REPORTS (Briefs from Each Committee Attached)

- Planning Committee (No February meeting)
- Quality Management Oversight Committee (QMOC) Report (No February meeting)

EXECUTIVE DIRECTOR'S REPORT & ACTION ITEMS

Executive Director Report

Joe reported on the following topics:

- Behavioral Health Integration Update
- Legislation
- "1115 Medicaid Waiver" Funding for Supportive Housing and Supportive Employment Services
- Implementation of New IMD Rule for Managed Care Plans
- Behavioral Health Facilities Plan
- Medicaid Rate Re-Base
- Rainbow Center Transition Plan Update
- Opioid Reduction Plan
- North Sound Accountable Community of Health (NSACH) Update
- Mental Health Legislation

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

OLD BUSINESS

Advisory Board Legislative Session

Marie gave a brief update regarding the Legislative Session trip. She stated the Advisory Board Members who attended were granted access to speak collectively and individually with the Legislators during the pre-scheduled appointments she arranged with Legislative Aids. Mark and Joe spoke on the successfulness of the trip

Planning Committee and QMOC Open Seats

The Chair announced the number of seats on the Planning Committee and QMOC. Joan Bethel was appointed to the QMOC seat. QMOC seats have been fulfilled. Interested members for the Planning Committee seat should notify The Chair

NEW BUSINESS

Site Tour – Phoenix Recovery Needle Exchange

It was determined March 25th, 2017 to have the Mobile Needle Exchange Bus arrive at North Sound BHO

North Sound BHO Advisory Board Policy 4514.00 Advisory Board Functions

Revised and updated policy was introduced to the Board. The Chair asked if any revisions or questions to the policy. None mentioned

Advisory Board Allocated Lunch Amounts

It was determined to have an attendance email sent to members prior to meetings, to ensure quantity of food to be ordered

2017 Behavioral Health Conference

Discussion took place regarding the 2017 Behavioral Health Conference. Advisory Board Members that are interested in attending are: Candy, Fred, Stephen, Mark, Pat, Duncan, Meg, Joan Bethel, and Meg. Perspective members Arlene and Natasha are interested. The Washington Council for Behavioral Health is awarding scholarships to the North Sound BHO for the conference. Scholarship registrations must be completed by May 10th, 2017

Announcements

Peg LeBlanc – San Juan County

Resigned from the Board due to growing professional obligations

Theresa Chemnick – San Juan County

Appointed to the Board on February 15th, 2017. Theresa serves on the Human Services Board for San Juan County

Meg Massey – San Juan County

Barbara LaBrash San Juan County Coordinator is moving forward to appoint Meg to the Board

Faviola Lopez – Skagit County

Resigned from the Board as of February 2017

Duncan West – Skagit County

Rebecca Clark Skagit County Coordinator is moving forward to appoint Duncan to the Board

ACTION ITEMS

Executive & Finance Committee

The February Expenditures were reviewed and discussed. A motion was made to move the Expenditures to the County Authorities Executive Committee for approval. Motion was approved

FINAL approved by Advisory Board

REPORT FROM ADVISORY BOARD MEMBERS

None

BRIEF COMMENTS OR QUESTIONS FROM THE PUBLIC

None

ADJOURNMENT

The Chair adjourned the meeting at 3:00 p.m.

NEXT MEETING

The next **Advisory Board meeting** is April 4th, 2017 in Whatcom Conference Room



North Sound Behavioral Health Organization, LLC

301 Valley Mall Way, Suite 110, Mount Vernon, WA 98273
<http://northsoundbho.org> • 360.416.7013 • 800.684.3555 • F 360.416.7017

Quality Management Oversight Committee (QMOC) Brief March 8, 2017

2016 Annual Second Opinion Report

Kurt Aemmer, North Sound BHO

Kurt Aemmer presented an overview of the 2016 Annual Second Opinions Report. There eight second opinions requested in 2016; of those, all were external, two (2) were rescinded and six (6) were completed. The agreement rate between the first and second opinions was 100% for the first time. All requests pertained to questions regarding diagnosis and/or medications. All requests met the requirement for being completed within 30 days of the request.

2016 Annual Critical Incident Review Committee Report

Kurt Aemmer, North Sound BHO

Kurt Aemmer presented an overview of the 2016 Annual Critical Incident Review Committee (CIRC) Report. The North Sound Behavioral Health Organization (North Sound BHO) Behavioral Health Agencies (BHAs) reported 40 critical incidents (CI) in 2016. Of those, three (3) were screened-out and 37 were reported to DBHR. It was noted that the number and rate of CI involving violent behavior has increased in each of the last four (4) years. Conversation continues around risk assessments and a recommendation was made to bring the topic of risk assessments to the April 2017 Quality Management Oversight Committee (QMOC) meeting after internal discussion.

Policy 1515.00 – Interpreter and Translation Services

Kurt Aemmer, North Sound BHO

This policy was updated to reflect language changes from North Sound Mental Health Administration (NSMHA) to North Sound BHO. Also, due to an External Quality Review Organization (EQRO) corrective action plan (CAP), language was added stating that these services are to be provided at no additional cost to the individual. Brief discussion ensued regarding adding clarifying language around billing. This policy was approved with the amended language.

2017 Clinical Practice Guidelines

Kurt Aemmer, North Sound BHO

Kurt Aemmer provided an overview of the update to the 2017 Clinical Practice Guidelines. Diagnostic related guidelines are delineated in the manual and can be found in their entirety on the American Psychiatric Association (APA) and the American Academy of Child and Adolescent Psychiatry (AACAP) websites. Also included was an update to Policy 1508.00 Clinical Practice Guidelines to reflect language changes from NSMHA to North Sound BHO. The 2017 Clinical Practice Guidelines and Policy 1508.00 were approved as written.

Policy 1576.00 – Medicaid Personal Care

Terry McDonough, North Sound BHO Medical Director

This policy was updated to reflect the current practices in place at North Sound BHO and describes the process North Sound clinical staff employ when reviewing requests for Medicaid Personal Care (MCP) services. Requests for MCP come from Home and Community Services staff throughout the Region and are for individuals currently receiving outpatient mental health (MH) services from one of North Sound BHO's contracted providers. This Policy was approved as written.

Policy 1502.00 – Engagement of High-Need Individuals at Risk of Prematurely Terminating Services

Val Jones, North Sound BHO

This policy was updated to reflect language changes from NSMHA to North Sound BHO and incorporate considerations unique to substance use disorder (SUD) services. The original intent of promoting engagement for at-risk individuals is still address and has been expanded to include the recognition that there are both internal and systemic barriers to engagement that must be addressed in the effort to promote recovery. Criteria for identifying individual in need of further engagement and suggestions for reaching out to individuals who are ambivalent about services was also expanded. This policy was approved as written.

Policy 1536.00 – State Hospital Admission, Care and Discharge Coordination

Val Jones, North Sound BHO

This policy was updated primarily to reflect language changes from NSMHA to North Sound BHO and the original intent is unchanged. Differences in the updated policy include the elimination of the requirement that outpatient providers contact Western State Hospital (WSH) within three (3) days of admission and the elimination of references to defunct programs like Washington Medicaid Integration Program (WMIP). There was a recommendation to clarify language if applicable to criminal or civil and to emphasize that the North Sound BHO Hospital Liaison is responsible for scheduling a 'Hospital Discharge Assessment'. This policy was approved with the recommended changes.

Policy 1560.00 – Care Coordination

Val Jones, North Sound BHO

This policy was extensively updated to reflect the role of North Sound BHO's care coordinators. Formerly called Care Advocacy, this policy has been updated to incorporate more specific details about the Care Coordination process, including the major functions of identifying and addressing systemic barriers and facilitating access to services by sharing information with members of an individual's Service Team. This policy was approved as written.

Policy 1556.00 – Clinical Eligibility and Care Standards

Jessie Ellis, North Sound BHO

This policy was recommended to be archived as it was extremely out of date and was primarily a summary document that referred to other policies. Content that does meet a contract requirement will be met through a revision of the quality management policies, which is currently in process. This policy was approved to be archived.

Policy 1564.00 – Day Support Services

Jessie Ellis, North Sound BHO

This policy was recommended to be archived as it is out of date. While Day Support Services are a covered treatment modality, North Sound BHO does not currently have these services within our network. It is also not necessary to have a policy for each covered modality. If in the future if there is a program within our network, the policy may be un-archived and revised. It was also noted that we can provide day support services through our Out-of-Network policy in cases where they are medically necessary. This policy was approved to be archived.

Open Access Workgroup Follow-Up

Jessie Ellis, North Sound BHO

In October 2016, North Sound BHO held an Open Access Workgroup and identified a number of action items. Jessie Ellis provided a status report on those items.

**Advisory Board Budget
March 2017**

	Total	All Conferences	Board Development	Advisory Board Expenses	Stakeholder Transportation	Legislative Session
		Project # 1	Project # 2	Project # 3	Project # 4	Project # 5
Budget	\$ 42,000.00	\$ 15,000.00	\$ 3,545.00	\$ 20,200.00	\$ 255.00	\$ 3,000.00
Expense	(3,897.70)			(3,462.88)		(434.82)
Under / (Over) Budget	\$ 38,102.30	\$ 15,000.00	\$ 3,545.00	\$ 16,737.12	\$ 255.00	\$ 2,565.18

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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North Sound
Behavioral Health Organization, LLC
Warrants Paid
March 2017

	Type	Date	Num	Name	Memo	Amount
Advisory Board Supplies						
Deposit	Dep	02/22/2017		Advance Travel		-61.06
	Bill	03/21/2017	551224	Mister T Trophies	Batch # 118337	20.07
Total Supplies						<u>-40.99</u>
Travel						
	Bill	03/07/2017	Feb2017	AA Dispatch	Batch # 118140	232.75
	Bill	03/14/2017	Jan-Feb2017	McDonald, Mark	Batch # 118252	99.64
	Bill	03/14/2017	Mar2017	Yuen, Jennifer	Batch # 118252	144.45
	Bill	03/14/2017	Mar2017	Double Tree Hotel	Batch # 118252	434.82
	Bill	03/21/2017	Feb2017	City Cab, Inc.	Batch # 118337	427.60
Total Travel						<u>1,339.26</u>
Total Advisory Board						<u>1,298.27</u>
						<u>1,298.27</u>
						<u>1,298.27</u>

Behavioral Health Facilities Plan

- On March 16, Joe was invited to brief a meeting of the Snohomish County Legislative delegation in Olympia on the status of our Behavioral Health Facilities capitol request. Ten legislators were in attendance and all were extremely supportive of the request. Two of the legislators attending the briefing, Norma Smith and Strom Peterson, have leadership positions on the Capitol Budget Committee and are actively working to see how much of our budget request can be accommodated.
- Also on March 16, Joe and Al Aldrich, the lobbyist retained by the Port of Skagit to assist with our legislative efforts, met with Andi Smith, one of the Governor's chief advisors. They walked through our capital budget request and pointed out areas where our proposed facilities are in alignment with the Governor's goals to increase community based treatment capacity. In particular, they emphasized that a number of our projects can be initiated quickly due to the level of planning that has already taken place. Andi was very positive in her response to their presentation.
- We have been working with Skagit County Public Health and Community Services staff to narrow down the possible list of sites to explore in Skagit County based on size, cost, proximity to sensitive community areas, and transportation access.
- BHO staff have met with the leadership from Pioneer Human Services to begin discussing ways of diversifying treatment modalities at the existing Pioneer Center North site in order to make better utilization of their current beds, which have seen a decrease in admits for the traditional "60" and "90" day stays. They are also interested in exploring creating a new 16 bed "co-occurring" treatment facility as part of our planned behavioral health facilities expansion plan.

Behavioral Health Integration Update

- A new amendment was added to a Senate Bill – SB 5894 – which would require HCA to establish a workgroup to examine multiple options for integrating behavioral health and health care services. The workgroup would include representatives of BHOs and Counties. The overall bill was passed by the Senate and referred to House Appropriations.
- Since HB 1388, which authorizes the transfer of DBHR to the Health Care Authority has stalled in the Senate, this creates the opportunity for a possible compromise between the House and Senate that would include this language in the final legislation authorizing the transfer.
- On March 22, Joe and Susan McLoughlin from King County, and the BHO legislative liaison, Brad Banks, met with Representative Cody, Senator Oban, Jason McGill from the Governor's Office, and MaryAnn Lindeblad and Nathan Chase from the Health Care Authority. The purpose of the meeting was to see if there was some compromise language that could be acceptable to HCA, the Governor's Office, and the BHOs regarding the options to design a model for fully integrated managed care in the other regions of the state. There seemed to be some movement on the part of the HCA to accept more of a regionally driven approach to development the integration plan with the BHOs and Counties as equal partners. The sticking point for HCA was the requirement for the MCOs to contract back the BHOs. HCA at the urging of the legislators, especially Senator Oban who is very supportive of the need to maintain

a county role, agreed to further meetings with BHO representatives to work towards an acceptable compromise.

- Subsequent to this meeting, Senator Oban agreed to sponsor budget proviso language that would go further and require HCA to *collaborate with regions to create an interlocal leadership structure administered by the County Behavioral Health Organizations and the Apple Health MCOs serving that region if requested by the counties of that region. This structure would have primary responsibility for the design and implementation of the full integration model for that region that assures clients are at the center of care delivery and that it supports integrated physical and behavioral health care at the provider level.* This amendment would also require the MCOs to contract back with the BHOs for a 2-year period of time. [see attached]

Legislative Update

- The House released its budget on March 27. Among other things, this budget assumes a one-time “savings” from shifting all funding from BHOs to MCOs in 2020, including recouping all of the remaining reserves that BHOs have.
- SB 5894 is a large complex bill that among other things call for increased community capacity to provide involuntary treatment services. It also directs the Health Care Authority to establish a workgroup to explore multiple options for fully integrated managed care.
- The Senate released its Capital Budget on March 28 [SB 2369]. It includes funding for “crisis stabilization” and “detoxification facilities”, which would align with our request for new Triage facilities in Whatcom and West Skagit County, and new Detox facilities in Whatcom and Skagit Counties.

Rainbow Center Transition Plan Update

- We have sent a letter to Compass advising them that we will not continue to contract for operation of the Rainbow Center beyond June 30, 2017.
- Compass has prepared a detailed proposal for re-deploying the Peer Counselors as part of an Intensive Outpatient and Homeless Outreach Team to engage high risk community members. [see attached – this is the same proposal that was shared at the March Advisory Board and Executive Committee meetings].
- On March 27, BHO staff met with Tom Sebastian and Anne Deacon from Whatcom County to review and agree on the transfer of the funds currently allocated to the Rainbow Center to support this new plan.

Implementation of new IMD rule for managed care plans

- As we shared last month, effective July 1, the temporary waiver to the IMD rule for both mental health and SUD treatment facilities will end. This means that any stays in an “IMD” treatment facility longer than 15 days will not be eligible for Medicaid coverage for the entire length of the stay. Initially, we were also told that this would result in a loss of all Medicaid coverage for that month – for all Medicaid services and benefits – and possible termination of Medicaid coverage. However, the State is now trying to clarify this with CMS and it’s possible that a person’s Medicaid coverage would still be in effect for the following month.
- However, this limitation on the use of Medicaid will still have a significant impact on our State General Fund and Substance Abuse Block Grant funds – most of which will have to be re-allocated to support SUD residential treatment.

North Sound Accountable Community of Health [NSACH] Update

- In preparation for taking on the required projects for the ACHs, as well as for selecting and implementing optional projects, the NSACH is creating “project workgroups”. The initial workgroups will design the plan for the two required projects: “bi-directional integration” and “Opioid reduction”. The North Sound BHO is helping sponsor and support both workgroups. We are also inviting our providers to participate either in the workgroups themselves or in occasional all provider meetings to review and provide input to the developing project plans.

(DRAFT Date – March 27, 2017)

BHO Recommended Amendment or Proviso Language:

The Health Care Authority (HCA) shall collaborate with regions to create an interlocal leadership structure administered by the County Behavioral Health Organizations and the Apple Health MCOs serving that region if requested by the counties of that region. This structure would have primary responsibility for the design and implementation of the full integration model for that region that assures clients are at the center of care delivery and that it supports integrated physical and behavioral health care at the provider level. To ensure an optimal transition, MCO's shall contract with BHO's for a minimum of two years from the launch date of fully integrated managed care in the region.

After the transition period, the MCOs awarded the contract, must offer BHOs right of first refusal to sub-contract as a Behavioral Health Administrative Service Organization (BHASO) for non-Medicaid and certain Medicaid clients. The MCOs and BHASO shall determine, in partnership, which services shall be administered by each entity to fully support a "bi-directional" system of care. The HCA shall administer and manage the contracts between the MCO's and BHASOs

In regions that make such an agreement, MCOs and the contracted BHASO would jointly develop accountability measures and health outcome goals and agree upon common performance measures that include reductions in costly services, including, but not limited to, jail services, emergency department utilization, and inpatient hospitalization.

Compass Health - Whatcom

Community Outreach and Recovery Support (CORS) Proposal

3/3/2017

The Community Outreach and Recovery Support (CORS) team will facilitate support for individuals in the community who are struggling with homelessness or unstable housing due to mental illness. The team will be a part of a continuum of services provided for individuals in the community who need additional supports to access and maintain benefits, food, vocational support, healthcare and housing.

The CORS team will function as a specialty team embedded within the existing IOP Team. They will provide services to IOP clients, individuals not enrolled in IOP who would benefit a higher level of care but need additional engagement, and un-enrolled individuals.

The newly formed CORS team will consist of the following positions:

- 1 FTE Clinician III/Supervisor (.5 Supervision,.5 Direct Service)- To be hired
- 1 FTE Housing Outreach Clinician I
- 1 FTE Certified Peer Counselor
- 1 FTE hour Certified Peer Counselor

The existing IOP Team consists of:

- 4 FTE Clinician I

A full-time **Program Manager** directs the ongoing operation of the IOP team, including the newly formed CORS specialty team and another team of outpatient clinicians who work with high-need clients (not included in this proposal). The Manager provides clinical and administrative supervision to staff, ensuring that quality clinical services are provided in an efficient and cost effective manner, ensuring the smooth and efficient functioning of administrative operations of assigned program(s), and facilitating and enhancing collaborative relations between internal and external teams/clinics/stakeholders in the assigned geographic region.

The **Masters Level Clinician III/Supervisor** will be responsible for the supervision of Certified Peer Counselors and a BA/BS level Clinician. Approximately 50% of their time will involve direct clinical work which may include outreach and engagement, assessments, and behavioral health screenings to assist with access to care and case management. The Supervisor will also provide treatment planning, brief therapy, group counseling, and consultation to community providers when appropriate.

The **Housing Outreach Clinician I** will be the primary CORS Team Whatcom liaison with homeless shelters, supported housing, the jail, the Homeless Coalition, the Whatcom County Health Department and other programs serving the mentally ill. The Clinician I will work closely with Outreach and Recovery Peers as well as Compass Health Teams including PATH, Intensive Outpatient Program (IOP), Crisis/Triage, CPIT, outpatient clinicians and medical providers, to facilitate comprehensive and

coordinated support to clients experiencing housing instability and homelessness due to their mental health condition.

The role of **Certified Peer Counselors** include, but not limited to, the following:

- Peer counseling and support with an emphasis on enhancing access to and retention in permanent supportive housing.
- Assistance to find and maintain a safe and affordable place to live, finding an apartment/roommate, and provide resources for furnishings, utilities, etc.
- Assist individuals with access to job training and Division of Vocational Rehabilitation (DVR).
- Assistance with reading, comprehension and completion of applications for services that suit that individual's recovery needs.
- Provide skills assessment, problem solving, modeling, skill attainment and support in activities for daily living services.
- Assisting clients in building social skills in the community that will enhance integration opportunities.
- Informing clients about community and natural supports and how to utilize these in the recovery process
- Timely communication with treatment team members to facilitate integrated care and safety planning.
- Facilitation of recovery oriented support groups.

The CORS team will be based at the Compass Health Whatcom Main Clinic on McLeod Avenue in Bellingham, however, the majority of the work will be performed in the community and at sites serving the homeless (E.g. Mission Drop-in Center). They will work closely with other Compass Health departments and service areas including psychiatric services, outpatient therapy, Crisis Triage, CPIT, etc. Services will include outreach case management and peer support activities, and will include the use of EBPs such as Motivational Interviewing, Illness Management and Recovery (IMR), and Wellness and Recovery Planning (WRAP).

Community Outreach and Recovery Support Clinicians and Peers will be available to partner with other IOP team members, PATH and OP Clinicians to provide peer support with specific client needs as approved and directed by the CORS supervisor. The CORS Team will provide flexible supports to ensure our continuum of intensive services are as responsive and accessible as possible.

NORTH SOUND BHO OPIOID REDUCTION PLAN

KEY ACTIVITIES



YOUTH - Bring partners together for better coordination to increase youth services and catch problems early (screening, case management and early intervention), such as counselors and youth advocates in schools and youth shelters, and youth SBIRT programs

FAMILIES - Create new and connect existing services for family members affected by OUD to promote healing and family wellness, such as offering services to children, parents and spouses of people in treatment; start with a regional workgroup to develop a workplan

WHERE SERVICES ARE DELIVERED – Make services easier to access:

- Create incentives to co-locate services in centralized locations, such as mental health and primary care in treatment agencies
- Explore the feasibility of mobile services and other innovative solutions, such as mobile outreach/treatment at homeless camps

CONNECT RESOURCES – Work with partners to coordinate and expand resources:

- Vocational services on-site at treatment facilities and other strategic places
- Start conversations between treatment stakeholders and the larger recovery community like 12 Step groups, Recovery Cafes and faith-based recovery programs

STRENGTHEN WORKFORCE – Increase the pool of highly trained workers:

- Broker distance learning options and advocate for tuition waivers for CDPs to pursue degree programs
- Advocate for the certification of Recovery Coaches and Behavioral Health Aides to increase case management/care coordination/recovery coaching supports

PREVENT OVERDOSE DEATHS

- Help identify resources to increase naloxone supplies
- Support hospitals and public health as they expand outreach and engage people who have overdosed in services, such as Snohomish County’s collaboration with local hospitals to connect emergency department patients to outreach workers, naloxone and hopefully treatment

EXPAND RECOVERY HOUSING and advocate for statewide increases in **OXFORD HOUSING**

ENGAGE PARTNERS at a regional Opioid Summit and ask them to join us!

Priority Goals

GOAL 1: Prevent opioid misuse and abuse.	GOAL 2: Treat opioid dependence.	GOAL 3: Prevent deaths from overdose.	GOAL 4: Use data to monitor and evaluate.
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MEMORANDUM

DATE: April 4th, 2017

TO: North Sound BHO Advisory Board

FROM: Joe Valentine, Executive Director

RE: Thursday, April 13th, 2017 County Authorities Executive Committee Agenda

Please find for your review the following that will go before the North Sound BHO County Authorities Executive Committee Meeting at the Thursday, April 13th, 2017 meeting:

For Executive Committee Approval:

Mental Health Block Grant (MHBG)

- Snohomish County is unable to spend down \$150,000 of their funding and is offering it to the other MHBG programs, listed below.
- Compass Health is receiving \$50,000 for the Rainbow Center operations which is running a deficit of \$300,000
- Skagit County is receiving \$50,000 for the REACH Peer Center operations
- Whatcom County is receiving \$50,000 for Sun Community transitional housing services

North Sound BHO-Snohomish County-MHBG-16-17 Amendment 1 for the purpose of reducing funding by \$150,000. The new maximum consideration on this contract is \$639,639 with the term remaining the same April 1, 2016 through June 30, 2017.

North Sound BHO-Compass Health-MHBG-16-17 Amendment 2 for the purpose of increasing funding by \$50,000 for a new maximum consideration of \$162,273 with the term of the contract remaining the same, April 1, 2016 through June 30, 2017.

North Sound BHO-Skagit County-MHBG-16-17 Amendment 1 for the purpose of increasing funding by \$50,000 for a new maximum consideration of \$177,343 with the term of the contract remaining the same, April 1, 2016 through June 30, 2017

North Sound BHO-Whatcom County-MHBG-16-17 Amendment 1 for the purpose of increasing funding by \$50,000 for a new maximum consideration of \$208,854 with the term of the contract remaining the same, April 1, 2016 through June 30, 2017

San Juan School Based Services

- Compass Health has hired therapists to provide school-based services in San Juan County. The services will be available on Lopez, Orcas and the San Juan Islands. San Juan County is providing \$16,200 in local funds for these services.

North Sound BHO-Compass Health-BHSC-16-18 Amendment 7 for the purpose of increasing funding by \$32,400 for a new maximum consideration of \$11,835,076.98 with the term of the contract remaining the same April 1, 2016 through March 31, 2018.

North Sound BHO-Compass Health-Medicaid-16-18 Amendment 6 for the purpose of increasing funding by \$147,600 for a new maximum consideration of \$53,999,289 with the term of the contract remaining the same April 1, 2016 through March 31, 2018

Lake Whatcom Center Residential Services

- Lake Whatcom Center (LWC) has experienced an increase in costs at their residential facility due to changes in the type of staffing required by the Department of Health at its Agate Heights facility.

North Sound BHO-LWC-BHSC-16-18 Amendment 1 for the purpose of increasing funding by \$24,960 for a new maximum consideration of \$1,199,400 with the term of the contract remaining the same April 1, 2016 through March 30, 2018.

North Sound BHO-LWC-Medicaid-16-18 Amendment 1 for the purpose of increasing funding by \$99,912 for a new maximum consideration of \$6,165,768 with the term of the contract remaining the same April 1, 2016 through March 30, 2018.

Professional Services Agreement

- Lake Whatcom Center (LWC) is receiving funds to pay for additional training needs due to the changes in the Department of Health staffing requirements. This funding in this PSC is being provided for all current staff training needs. Ongoing training funds is provided in the BHSC and Medicaid contracts listed above.
- Sea Mar is migrating to an Electronic Medical Record to incorporate all behavioral health services, this funding is being provided to augment their internal resources for the EMR. This funding covers previous expenditures, dating back to April 1, 2016.

North Sound BHO-LWC-PSC-17 for the purpose of providing training funds in the amount of \$30,500 for the period of March 1, 2017 through June 30, 2017.

North Sound BHO-Sea Mar-PSC-17 for the purpose of providing funds for an EMR in the amount of \$711,404 for the period of April 1, 2016 through September 30, 2017.

For Executive Committee Ratification:

10B Housing Funds

- 10B funds are housing funds for the development of master leasing, landlord incentives and rental assistance prioritized for individuals who are homeless existing inpatient facilities. Snohomish County has designated Sunrise Services as the recipient of the County's 10B allocation. The funding is available through June 30, 2017.

North Sound BHO-Island County-Admin-17 Amendment 1 for the purpose of providing 10B funds in the amount of \$13,800 for a new maximum consideration of \$345,506 with the term of the contract remaining the same January 1, 2017 through December 31, 2017.

North Sound BHO-Skagit County-Admin-17 Amendment 1 for the purpose of providing 10B funds in the amount of \$36,800 for a new maximum consideration of \$611,412 with the term of the contract remaining the same January 1, 2017 through December 31, 2017.

North Sound BHO-Whatcom County-Admin-17 Amendment 1 for the purpose of providing 10B funds in the amount of \$11,150 for a new maximum consideration of \$510,017 with the term of the contract remaining the same January 1, 2017 through December 31, 2017.

North Sound BHO-Sunrise Services-BHSC-16-18 Amendment 3 for the purpose of providing 10B funds in the amount of \$69,000 for a new maximum consideration of \$1,477,770 with the term of the contract remaining the same April 1, 2016 through March 31, 2018.

North Sound Behavioral Health Organization MHBG 7/1/2017 – 6/30/2018

Tulalip:

Mental Health Intensive Outreach Program to serve at-risk male youths and reintegrate them into the social system. It will serve 12 people at a time and provide individual encounters and group sessions. One year program and a budget of \$74,849.

Island County:

Housing Plus Program will provide housing and supportive employment services to individuals and families in Island County. The goal is to provide stable housing for at least a 6-month period and transition them into permanent housing and employment. Budget of \$69,610

Skagit County:

Fund the Skagit Valley Reach Center. Provide recovery-oriented peer supports to individuals with mental illness. The Reach Center is a Peer-run agency that have firsthand experience facing the challenges of recovery. The goal is to provide a facility and activities to help people improve their lives. Budget of \$96,899.

Snohomish County:

This program is to fund supportive housing through Hope Options a program of the permanent supportive housing. Hope Options will serve older adults with a diagnosed serious mental health illness. The program has a Geriatric Mental Health Specialist who will try to keep seniors in their homes. Bailey Center is Peer Support and Peer Recovery Center. During the 12 month contract, the Bailey Peer Center will move towards the Center's purpose toward a peer run recovery center. Budget \$600,861

San Juan County:

This program is to help fund mental health counselors in schools on San Juan and Orcas Island. This will pay for services for clients who are not Medicaid eligible and less than 220% of poverty. This program is combined with Medicaid and state and local funds. Budget \$37,963.

Whatcom County:

This program provides food, shelter, treatment, and community connection resources. to help fund housing for homeless and transitional individuals coming out of institutions, post-crisis emergency housing. The goal is to stabilize and social reintegrate people. Budget \$168,339

Swinomish Tribe:

This is to fund a pilot program to train and certify tribal members as Behavioral Health Aides. These positions would be similar to certified peer counselors but would also be trained in culturally specific strategies for supporting American Indians/Alaskan Natives with mental illness. Budget \$50,000.

Effective Date:
Revised Date:
Review Date:

North Sound Behavioral Health Organization

Section 4500 – Advisory Board: Advisory Board Representation

Authorizing Source: WAC 388-865-0252
Cancels:
See Also:
Responsible Staff: Administrative Manager
Advisory Board Coordinator

Approved by: Executive Director

Date:

Signature:

POLICY #4515.00

SUBJECT: ADVISORY BOARD REPRESENTATION

PURPOSE

The North Sound Behavioral Health Organization Advisory Board will be representative of the demographic character of the service area.

POLICY

The North Sound Behavioral Health Organization. The below verbiage is referenced from the new WAC 388-865-0252.

- (1) A behavioral health organization (BHO) must appoint advisory board members and maintain an advisory board in order to:
 - (a) Promote active engagement with individuals with behavioral health disorders, their families, and behavioral health agencies; and
 - (b) Solicit and use the advisory board members input to improve service delivery and outcome.
- (2) The BHO must appoint advisory board members and maintain an advisory board that:
 - (a) Broadly represents the demographic character of the service area;
 - (b) Is composed of at least fifty-one percent representation of one or more of the following:
 - (i) Persons with lived experience;
 - (ii) Parents or legal guardians of persons with lived experience; or
 - (iii) Self-identified as persons in recovery from a behavioral health disorder;
 - (c) Includes law enforcement representation; and
 - (d) Includes tribal representation, upon request of a tribe.
- (3) When the BHO is not a function of county government, the advisory board must include no more than four county elected officials.
- (4) The advisory board:
 - (a) May have members who are employees of subcontracted agencies, as long as there are written rules that address potential conflicts of interest.
 - (b) Has the discretion to set rules in order to meet the requirements of this section.
 - (c) Membership is limited to three years per term for time served, per each advisory board member. Multiple terms may be served by a member if the advisory board rules allow it.

PROCEDURE

The North Sound Behavioral Health Organization in accordance with the Counties Interlocal Agreement and with Advisory Board By-Laws, will ensure that at least fifty-one percent 51% of the Advisory Board individuals with current or past behavioral health disorders, and/or family members or caregivers of individuals with current or past behavioral health disorders. Each member of the Advisory Board shall be recruited by each county's usual and customary method of appointment.

ATTACHMENTS

None

WAC 388-865-0252**Behavioral health organizations—Advisory board membership.**

(1) A behavioral health organization (BHO) must appoint advisory board members and maintain an advisory board in order to:

(a) Promote active engagement with individuals with behavioral health disorders, their families, and behavioral health agencies; and

(b) Solicit and use the advisory board members input to improve service delivery and outcome.

(2) The BHO must appoint advisory board members and maintain an advisory board that:

(a) Broadly represents the demographic character of the service area;

(b) Is composed of at least fifty-one percent representation of one or more of the following:

(i) Persons with lived experience;

(ii) Parents or legal guardians of persons with lived experience; or

(iii) Self-identified as persons in recovery from a behavioral health disorder;

(c) Includes law enforcement representation; and

(d) Includes tribal representation, upon request of a tribe.

(3) When the BHO is not a function of county government, the advisory board must include no more than four county elected officials.

(4) The advisory board:

(a) May have members who are employees of subcontracted agencies, as long as there are written rules that address potential conflicts of interest.

(b) Has the discretion to set rules in order to meet the requirements of this section.

(c) Membership is limited to three years per term for time served, per each advisory board member. Multiple terms may be served by a member if the advisory board rules allow it.

(5) The advisory board independently reviews and provides comments to either the BHO, the BHO governing board, or both, on plans, budgets, and policies developed by the BHO to implement the requirements of this section, chapters **71.05**, 71.24, **71.34** RCW, and applicable federal laws.

[Statutory Authority: RCW **70.02.290**, **70.02.340**, **70.96A.040**(4), **71.05.560**, **71.24.035** (5)(c), **71.34.380**, and 2014 c 225. WSR 16-13-087, § 388-865-0252, filed 6/15/16, effective 7/16/16.]

Effective Date:
Revised Date:
Review Date:

North Sound Behavioral Health Organization

Section 3000 – Fiscal: Conflict of Interest

Authorizing Source:
Cancels:
See Also:
Responsible Staff: Fiscal Officer

Approved by: Executive Director
Motion #:

Date: 11/19/98

DRAFT POLICY #3010.00

SUBJECT: CONFLICT OF INTEREST

POLICY

The NORTH SOUND BHO shall ensure that its officers, employees and any agent shall not have a fiduciary interest in any procurement process, appointments to Advisory Boards or other matters that may have the “appearance of conflict”.

PROCEDURE

The NORTH SOUND BHO shall conduct its business in accordance with adopted Policies and Procedures. **Including Policy 2001.00** Business Ethics and Regulatory Compliance Program, Procedures and Plan.

The NORTH SOUND BHO shall comply with all applicable Local, State and Federal laws, rules and/or regulations governing the operations of an entity such as the NORTH SOUND BHO created by Interlocal via RCW 39.34.

The NORTH SOUND BHO may have members who are employees of subcontracted agencies as members of the Advisory Board. The individual should not be an owner or have a controlling interest in the subcontractor’s company or be a member of senior management of the subcontractor’s company. An individual who works for an agency should recuse themselves for any issue/discussion that presents a potential conflict of interest.
NORTH SOUND BHO employees are precluded from membership on any Board that contracts with the NORTH SOUND BHO.

NORTH SOUND BHO employees shall not receive any gift, gratuity, or special favor from a contractor in the performance of their duties on behalf of the NORTH SOUND BHO from a contractor/subcontractor in excess of the requirements of RCW 42.52.150. Any attempt to provide a NORTH SOUND BHO employee with a gift or gratuity above the RCW 42.52.150 requirements must be immediately reported to the Compliance Officer. The Compliance Officer will report said incidents to the Chairperson of the County Authorities Executive Committee.

NORTH SOUND BHO employees who have or may have an interest either directly or indirectly with any contractor or potential contractor must state this interest at the time it is known and not participate in any meeting related to procurement or contract compliance.

ATTACHMENTS

None

Conflicts of Interest

In accordance with applicable local, state and federal laws, rules and/or regulations governing the operations of the North Sound BHO, and in accordance with the North Sound BHO's Conflict of Interest Policy #3010. The members of the North Sound BHO Advisory Board (AB) shall have an AB member who serves on the Board and is employed by a subcontractor agency. The person should not be an owner or have a controlling interest in the subcontractor's company or be a member of senior management of the subcontractor's company. A person who works for an agency should recuse themselves on potential conflicts of interest. Any conflict of interest must be explicitly declared by the AB member.

Effective Date:
Revised Date:
Review Date:

North Sound Behavioral Health Organization

Section 4500 – Advisory Board: Purchasing and Other Expenses

Authorizing Source:
Cancels:
See Also:
Responsible Staff: Administrative
Manager, Advisory Board
Coordinator

Approved by:

Date:

POLICY #4511.00

SUBJECT: PURCHASING AND OTHER EXPENSES

PROCEDURE

The purpose of this document is to govern development of the Advisory Board annual estimated expenses and use of funds. It describes allowable purchases and reimbursements, limiting conditions, required authorizations, and administrative processes regarding Purchasing and other Expenses.

It is intended that all policies and procedures set down comply with the policies and procedures of the North Sound Behavioral Health Organization (North Sound BHO), the State of Washington, and the US Federal Government. If a conflict occurs between policies and procedures in this document and those of the North Sound BHO, State, and/or the Federal Government, those of the North Sound BHO, State, and/or Federal Government will apply.

POLICY

Advisory Board members (or individuals designated by the Advisory Board) shall be reimbursed for non-travel expenses that have been approved by the Advisory Board and provided for in the Advisory Board budgeted line item.

Purchase orders are not required for purchases of supplies, materials, and equipment under \$250, but all purchases on behalf of the Advisory Board must be approved by the Advisory Board or the Executive Finance Committee, prior to the purchase. Purchases need to follow Policy #3028.00 Purchases and Leasing of Equipment, Materials, Supplies and Routine Services

PROCEDURE (for reimbursement)

Submit *Request(s)* for non-travel related expenses (supplies, postage, etc.) to the Advisory Board Coordinator. The Coordinator North Sound BHO Advisory Board Finance Committee shall review all requests and present to the Advisory Board with their recommendation to approve/deny. The Executive Committee of the Advisory Board may act on behalf of the Advisory Board when time does not allow requests to come to the full Advisory Board.

Advisory Board members (or designees) shall submit receipts for any pre-authorized purchases made on behalf of the Advisory Board to the Advisory Board Finance Committee using the ***Advisory Board Monthly Reimbursement Request*** (Enclosure 1) with the receipt(s) or other documentation attached.

ATTACHMENTS

4511.01 – North Sound BHO AdB Mthly Reimbursement Request Form

North Sound Behavioral Health Organization

301 Valley Mall Way, Suite 110, Mount Vernon, WA 98273 Phone 360-416-7013 Fax 360-416-7017

Advisory Board Monthly Reimbursement Request

Name: _____

Month/Yr. _____

Address: _____

Authorized by: _____

Date	Miles	Destination	Meals/Other*	Purpose

***Please attach a receipt for each expense you list.**

I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof.

Signature: _____

Date Submitted: _____

North Sound Mental Health Administration
Section 3000 – Fiscal: Purchases and Leasing of Equipment, Materials,
Supplies and Routine Services

Authorizing Source: RCW 36.32.245; State Auditor Requirements
Cancels:
See Also:

Approved by: Board of Directors
Motion #12-003
Signature:

Responsible Staff: Fiscal Officer

Date: 5/3/2012

POLICY # 3028.00

**SUBJECT: PURCHASES AND LEASING OF EQUIPMENT, MATERIALS, SUPPLIES AND
ROUTINE SERVICES**

POLICY

All purchases will be made with approval of the Executive Director and/or NSMHA Board of Directors.
All purchases must be approved in the budget.

PROCEDURES:

1.0 Purchases of Equipment, Materials, and Supplies Totaling Less than \$2,500

Purchases of equipment, materials, and supplies (like items) totaling less than \$2,500 (excluding freight, excluding sales tax) do not require a formal bid process. However, it is the RSN's goal to purchase supplies, equipment, and services of the necessary quality at the lowest possible cost. Purchases may not be split to avoid bid requirements.

1.1 Purchases of Equipment, Materials, and Supplies between \$2,500 and \$25,000

Purchases of equipment, materials and supplies totaling between \$2,500 and \$25,000 (excluding freight, excluding sales tax) require quotes from three (3) different vendors with the selection of the lowest responsible bidder. (Exceptions may apply, but must be documented.) Three (3) quotes may be obtained by telephone, email, written letter, internet quotes, catalogs, or similar pricing information.

1.1.1 Quotation Process

- a. Whenever possible, not less than three (3) prospective vendors shall be contacted as to the specification for the item or items for which quotations are being sought. The number of vendors contacted may be reduced if the materials, equipment, supplies, or services being sought are available from a smaller number of vendors. A written explanation shall be attached to the quote when fewer than three (3) proposals are requested, or if there are fewer than three (3) replies.
- b. Quotations shall include the following information.
 - i. Materials, equipment, supplies, or services to be purchased
 - ii. Freight costs if applicable
 - iii. Sales or use tax
 - iv. Delivery time requirements
 - v. Point of delivery
 - vi. Terms of payment
 - vii. Total cost

- c. The materials, equipment, supplies, or services shall be ordered from the lowest responsible bidder whose quotation meets all specifications established for the item or items being purchased.
- d. Written confirmation of telephone quotations from responsible vendors is not required.
- e. A copy of the quotes shall be given to the fiscal department. They will be attached to the purchase order.

1.1.2 Exceptions to Obtaining Competitive Bids (\$2,500- \$25,000)

Competitive bidding may be waived and/or is not required for the following:

- a. Purchases involving an intergovernmental sale. (RCW 36.34.130)
- b. Purchases involving an Interlocal agreement
- c. Purchases in the event of an emergency. (RCW 39.04.280; Board resolution required within two weeks of award of the contract)
- d. Purchases involving special facilities or market conditions. (RCW 39.04.280) (Board resolution required.)
- e. Purchases that are clearly and legitimately limited to a single source of supply. (RCW 39.04.280) (Board resolution required.)
- f. Electronic data processing and telecommunications equipment and services may be purchased through competitive negotiation. (RCW 39.04.270)

1.2 Purchases of Equipment, Materials and Supplies over \$25,000 (RCW 36.32.245)

Purchases of equipment, material and supplies over \$25,000 must be formally bid.

1.2.1 Competitive Bidding Process

- a. Bid specifications (i.e., the requirements for the intended purchase) must be submitted in writing to the RSN and kept for public inspection.
- b. An advertisement shall be published in the local newspaper with the current County publishing contract stating the time and place where bids will be opened. The time by which bids are due, the materials, equipment, supplies and/or services to be purchased, and that the bid specifications may be obtained contacting the Clerk or department initiating the bid. The bid specification should be sufficiently certain and definite in order to form a fair basis for competitive bidding. This advertisement must be published at least once 13 days before the date by which the bids are due.
- c. The bids must be in writing and filed with the Clerk of the Board of Directors. The bids must be opened and read in public at the time and place advertised. The contract must be awarded to the lowest responsible bidder. No contract should be awarded to a bidder whose bid was not in substantial accordance with the terms of the call for bids. This shall be recorded in the minutes of the Board and shall be open to public inspection and available by telephone inquiry. Any bid may be rejected for good cause.

1.2.2 Exceptions to Competitive Bidding Process

Competitive bidding may be waived or is not required for the following:

- a. Purchases involving an intergovernmental sale. (RCW 36.34.130)
- b. Purchases involving an Interlocal agreement.
- c. Purchases in the event of an emergency. (RCW 39.04.280; Board resolution required within two weeks of award of the contract).
- d. Purchases involving special facilities or market conditions. (RCW 39.04.280) (Board resolution required.)
- e. Purchases that are clearly and legitimately limited to a single source of supply. (RCW 39.04.280) (Board resolution required.)
- f. Performance-based contracts as defined in RCW 39.35A.020(3) that are negotiated under Chapter 39.35A RCW (RCW 36.32.245)
- g. Electronic data processing and telecommunication equipment and services may be purchased through competitive negotiation. (RCW 39.04.270)

1.3 Professional Services Contracts

1.3.1 Professional services in excess of \$10,000: Require board approval. Professional services include, but are not limited to, services from architects, engineers, attorneys, physicians, trainers, planners and systems designers and management, financial, or labor relations consultants.

1.3.2 Professional services less than \$10,000: The Executive Director may sign contracts for professional services less than \$10,000 without board approval.

ATTACHMENTS

None

Effective Date:
Revised Date:
Review Date:

North Sound Behavioral Health Organization

Section 4500 – Advisory Board: Conferences Seminars and Trainings

Authorizing Source:

Cancels:

See Also:

Responsible Staff: Advisory Board Coordinator

Administrative Manager

Executive Director Signature:

Approved by:

Date:

Motion #:

Date:

POLICY #4510.00

SUBJECT: ATTENDANCE AND PARTICIPATION AT CONFERENCES, SEMINARS, AND TRAININGS

PURPOSE

The purpose of this document is to govern the development of the Advisory Board annual estimated expenses and use of funds. It describes allowable purchases and reimbursements, limiting conditions, required authorizations, and required administrative processes regarding attendance and/or participation at Conferences, Seminars, and Trainings.

It is intended that all policies and procedures set down comply with the policies and procedures of the North Sound Behavioral Health Organization, the State of Washington, and the US Federal Government. If a conflict occurs between policies and procedures in this document and those of the North Sound BHO, State, and/or Federal government regulations, those of the North Sound BHO, State, and/or Federal governments will apply.

POLICY

Advisory Board Members, individuals with a behavioral health disorder, and advocates shall be reimbursed from the Advisory Board Budget for all allowable expenses when attending and/or participating in pre-authorized behavioral health and substance use disorder-related conferences, seminars, and trainings.

PROCEDURE

To request authorization to be reimbursed for attending or participating in a specific conference, seminar or training, the individual must complete the *Advisory Board Training/Conference Request* (Enclosure 1), and submit the completed Request form to the Advisory Board Coordinator.

A Travel Advance is available to cover projected allowable expenses, including registration, lodging, meals, and transportation. To request a Travel Advance, the individual must complete the *Advisory Board Travel Advance/Reimbursement Request* (Enclosure 2) and submit the Request form in addition to submitting the approved *Training/Conference Request* form (Enclosure 1) to the Advisory Board Coordinator.

ATTACHMENTS

4510.01 – NSMHA AdB Training and/or Conference Request Form

4510.02 – NSMHA AdB Advance Travel and/or Reimbursement Request Form

Advisory Board Travel Advance/Reimbursement Request

To assure that your travel advance will be ready in time for your travel, please submit travel advance requests to North Sound BHO Fiscal Officer **at least four** weeks before anticipated travel.

Today's Date: _____

Name: _____

Address: _____

Phone: _____

Name of Conference/Event: ____

Location of Conference: _____

Date(s) of Conference: From _____ To _____

Planned Arrival Date: _____ Planned Departure Date: _____

Anticipated Expenses:

Round-Trip Transportation		\$ _____
Registration Fee		\$ _____
Lodging: ____ nights	@ \$ _____/night	\$ _____
Meals:		
____ No. Breakfasts @ \$12 each	\$	
____ No. Lunches @ \$17 each	\$	
____ No. Dinners @ \$27 each	\$	
Total Meals: _____		Total Cost: \$ _____
Total Advance Requested:		\$ _____

Expenses Not Reimbursable:

- Hosting (meals for or entertainment of others)
- Alcoholic beverages or tobacco
- Fines, penalties, etc.
- Any unreasonable, unnecessary costs or personal preference items such as first-class travel.

Washington State Law requires that any travel performed outside the State of Washington be justified. If your travel will take you out of state, please explain briefly why your objective could not be met in Washington State:

Authorized By: _____
 Signature

ENCLOSURE 1

**North Sound Behavioral Health Organization
Advisory Board Training/Conference Request Form**

Name: _____

Title: _____

Title of Training/Conference: _____

Date(s) of Training/Conference: _____

Circle Day(s) of Conference: Mon Tue Wed Thur Fri Sat Sun

Location of Training/Conference: _____

Application of knowledge gained at Training/Conference: _____

Total Travel/Registration Fee/Lodging/Meals Expenses: \$ _____

Will you be requesting a Travel Advance Yes [] No []
If "Yes," please attach Travel Advance Request Form

Please do not write below this line. _____

Approved Disapproved

Advisory Board Authorization

Date

North Sound BHO Executive Director Authorization

Date

Effective Date:
Revised Date:
Review Date:

North Sound Mental Health Administration

Section 4500 – Advisory Board: Annual Advisory Board Expense Projection Development

Authorizing Source:

Cancels:

See Also:

Responsible Staff: Administrative Manager,

Advisory Board Coordinator

Executive Director Signature:

Approved by:

Date:

Motion

POLICY #4509.00

SUBJECT: DEVELOPMENT OF ANNUAL ADVISORY BOARD EXPENSE PROJECTION

PURPOSE

The purpose of this document is to govern the development of the Advisory Board annual estimated budget, and use of funds.

It is intended that all policies and procedures set down comply with the policies and procedures of the North Sound Behavioral Health Organization (BHO), the State of Washington, and the US Federal Government. If a conflict occurs between policies and procedures in this document and those of the North Sound Behavioral Health Organization, State/Federal Government, the policies and procedures of the North Sound Behavioral Health Organization, and of the state and federal governments will have precedence and will apply.

POLICY

The initial estimation of the annual budget of the North Sound BHO Advisory Board will be presented for discussion to the Executive-Finance Committee of the Advisory Board no later than November each year, presented in its revised form for discussion to the full Advisory Board in November, and voted on in final form in November. The Advisory Board Executive-Finance Committee will have developed its projected expenses for the coming year to present for approval by the North Sound Behavioral Health Organization County Authorities Executive Committee at their November meeting.

PROCEDURE

The Advisory Board shall itemize the projected operating costs of its members and North Sound Behavioral Health Organization consumer participation. The recommended expenses shall be incorporated into the North Sound Behavioral Health Organization annual proposed budget and presented by North Sound Behavioral Health Organization staff to North Sound Behavioral Health Organization County Authorities Executive Committee Governance and Operations in November of each year.

ATTACHMENTS

None

Previous Years Retreat Locations, Guest Speakers, Topics

2014 – La Connor Civic Garden Club

▪ Topics

- Strategic plan
- Peer Initiatives
- Integration
- Advisory Board Representation and Role
- Advisory Board Advocacy
 - Areas of Focus
 - Effective Messaging

▪ Guest Speakers

- Accountable Communities of Health (ACH) – Elya Moore
 - ACH Planning Process
 - Peer Involvement/Input

2015 – Everett Community College, Gray Wolf Hall

▪ Topics

- ByLaws Review
- AB Attendance Policy Review
- Local Participation in Activities
- Role of Advisory Board Members with Contracted Providers
- Accountable Communities of Health
- Advisory Board Configuration
- Criteria
- How Large Should the Board Be?
- Discussion of WAC Requirements
- Nomination Process
- Membership Make-up and Representation
- Role of the North Sound BHO Advisory Board

▪ Guest Speaker

- Dr. Ries spoke about dual diagnosis, integration of services, medications, and individuals with behavioral health disorders

2016 – Skagit Resort

▪ Topics

- Four Circle Process
- Pre-Services, System/Community Response, Current State, and Future State
- Strategic Priorities
- Mission Statement
- Advocacy Priorities

▪ Guest Speaker

- Timothy Corey Facilitator

INTEGRATION OF SUBSTANCE ABUSE AND MENTAL HEALTH

MH Disorders and DSM-5
Substance Use Disorders
Principles of Integration

What is a mental Disorder?

A disturbance of one or more of the following:

- ▶ Thoughts, or perceptions
- ▶ Mood
- ▶ Behavior

The symptoms must create some degree of maladaptive function or impairment

- ▶ Symptoms may be episodic or chronic
- ▶ Recovery if possible and treatments are effective

DSM IV Terminology

- ▶ Psychotic disorders
- ▶ Mood disorders
- ▶ Delirium and dementia
- ▶ Anxiety disorders
- ▶ Adjustment disorders
- ▶ Dissociative Disorders
- ▶ Somatoform Disorders
- ▶ Personality disorders
- ▶ **Substance abuse disorders**
- ▶ Impulse control disorders
- ▶ Disorders usually arising in infancy, childhood, adolescence

DSM 5: Basic Concepts

- ▶ Like DSM-IV; DSM-5 is atheoretical = etiology is not a factor in diagnosis
- ▶ Research diagnostic criteria
- ▶ The Order of Disorders reflects the Lifespan approach
- ▶ Within each chapter, disorders are organized according to a lifespan approach

Elimination of Multiaxial System

- ▶ No more 5 Axis
- ▶ Former Axis I through III are now combined
- ▶ Former Axis IV now is psychosocial and contextual factors which includes cultural formulation. Also takes into consideration age and gender.
- ▶ Axis V is eliminated (no GAF) but level of disability is assessed by WHODAS

DSM -5 Categories

- ▶ Neurodevelopmental Disorders
- ▶ Psychotic Disorders
- ▶ Bipolar and related Disorders
- ▶ Depressive Disorders
- ▶ Anxiety Disorders
- ▶ OCD and related Disorders
- ▶ Trauma and Stress related disorders
- ▶ Somatic Symptom and related disorders

Categories Continued

- ▶ Feeding and Eating Disorders
- ▶ Elimination Disorders
- ▶ Sleep wake disorders
- ▶ Sexual dysfunctions
- ▶ Gender Dysphoria
- ▶ Disruptive, impulsive, and conduct disorders
- ▶ **Substance use disorders**
- ▶ Neurocognitive disorders

Categories Continued

- ▶ Personality Disorders
- ▶ Paraphilic Disorders
- ▶ Medication induced movement disorders
- ▶ Other conditions which may be a focus of clinical attention

Substance Related and Addictive Disorders

- ▶ Substance Related and Addictive Disorders
- ▶ The terms abuse and dependence have been eliminated; New disorder-gambling disorder

DSM 5 Criteria for Substance Use Disorder

- ▶ Recurrent use-failure to use fulfill major obligations
- ▶ Persistent use despite consequences
- ▶ Tolerance
- ▶ Withdrawal
- ▶ Using larger amounts than intended.
- ▶ Unsuccessful efforts to reduce or stop
- ▶ Cravings or urges to use

Substance Use Disorders

- ▶ Alcohol
- ▶ Stimulants: Amphetamines & Cocaine
- ▶ Cannabis
- ▶ Hallucinogens (including PCP)
- ▶ Inhalants
- ▶ Opioids
- ▶ Sedative, hypnotic, & anxiolytics
- ▶ Nicotine
- ▶ Caffeine
- ▶ Non Substance Disorder: Gambling Disorder

Terminology

- ▶ Substance Abuse
- ▶ Substance Dependence
- ▶ Substance Intoxication
- ▶ Substance Withdrawal
- ▶ Substance Use Disorder
- ▶ Substance Induced Mood Disorder
- ▶ Substance Induced Psychotic Disorder

Substance Induced MH Disorders

- ▶ Symptoms of diagnosable MH disorder
- ▶ Symptoms arise within one month of substance intoxication or withdrawal
- ▶ Symptoms were not present before intoxication or withdrawal
- ▶ The substance is capable of producing that disorder
- ▶ Symptoms have persisted for at least one month

Co Occurring Disorders

- ▶ SMI 4.1 % US adults
- ▶ Any MH disorder 18.6% US adults (13.4% receive treatment)
- ▶ Substance Abuse: 8% of Americans age 12 and older
- ▶ 9 Million people in US: both MH and SU disorder
- ▶ Only 7% receive treatment for both issues
- ▶ Homelessness in COD: 23%
- Substance Abuse patients: 45% have a comorbid MH disorder
- ▶ MH consumers: overall 18.5 % have active SU
 - ▶ Young adults 55%
 - ▶ Personality disorder 34%
 - ▶ BH inpatient: 28%

Most Common Co Occurring MH Issues

- ▶ Depression
- ▶ Anxiety
- ▶ PTSD
- ▶ ADHD
- ▶ Conduct Disorder (Adolescents)

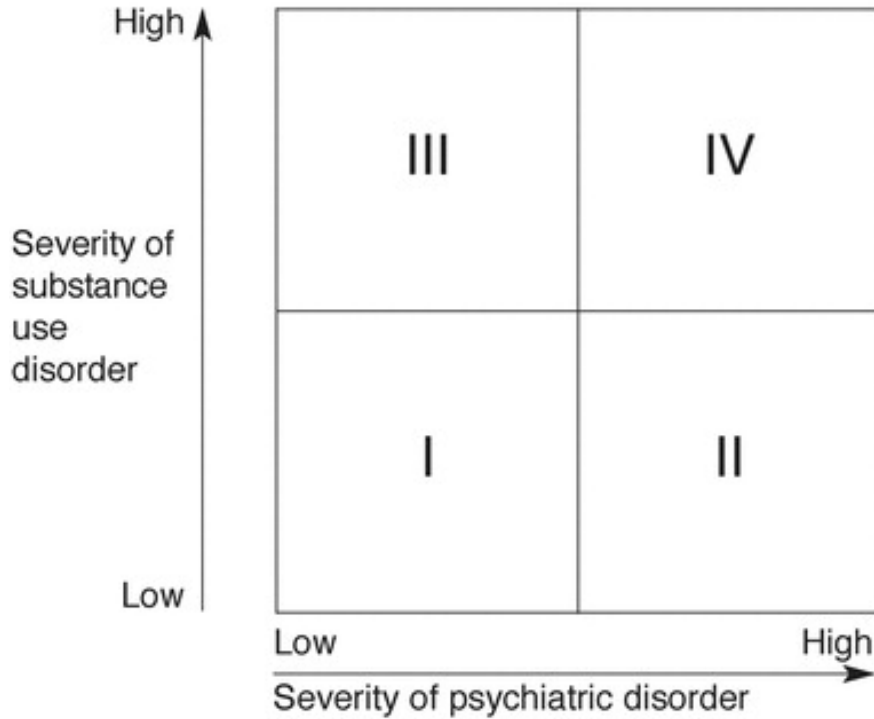
Principles of Integrated Care

- ▶ Screening for Both MH and SA disorders
- ▶ Parallel not serial treatment
- ▶ No wrong door
- ▶ Integrated Financing
- ▶ Avoid Use of Addictive Medication when possible
- ▶ Do Not withhold Psychotropic medication when indicated
- ▶ Careful monitoring for withdrawal
- ▶ Detect, evaluate and treat SI
- ▶ Screen for Medical Co morbidities including HIV, Hepatitis
- ▶ Motivational interviewing
- ▶ Peer support
- ▶ Relapsed are common and expected
- ▶ Social issues such as Housing must be addressed.
- ▶ Harm reduction versus abstinence

Four Quadrant Model

Figure 1

Quadrant model for classifying persons with co-occurring psychiatric and substance use disorders



Barriers to Integration

- ▶ Culture of Providers
- ▶ Bias and Stigma
- ▶ Categorical Funding Streams
- ▶ Lack of Dual Diagnosis Programs
- ▶ Gaps in the system of care

Alcohol

- ▶ Withdrawal Syndrome-
Potentially lethal withdrawal delirium
- ▶ Consequence of long term use:
liver disease with cirrhosis,
cardiomyopathy, alcoholic
dementia, acute pancreatitis.
W-K syndrome

Levels of Alcohol Intoxication

- ▶ Wine (5 oz.) = Beer (12 oz.) = shot (1.5 oz)
- ▶ All three contain about 0.6 oz. of pure alcohol
- ▶ 180 lb. man: 4.5 drinks in one hour 0.08%
- ▶ 120Lb woman 3 drinks in one hour 0.08%
- ▶ US: 0.08% for DUI
- ▶ Europe 0.04% for DUI
- ▶ FAA: 0.04%
- ▶ Effects of Alcohol at Altitude

Alcohol Withdrawal

- ▶ Signs & symptoms begin 6-24 hours after the last drink
- ▶ continue for 3-5 days. .
- ▶ Mild Withdrawal:
- ▶ Severe withdrawal:
 - Seizures: 24-48 hours after last drink
 - Delirium Tremens: 2-5 days after last drink; life threatening. 15% mortality

Delirium Tremens

- ❖ Rapid Heart rate
- ❖ Increased body temperature
- ❖ Increased blood pressure
- ❖ Abnormally fast breathing
- ❖ Sweating
- ❖ Tremors
- ❖ Loss of ability to control muscle movement
- ❖ Altered mental status
- ❖ Hallucinations
- ❖ Cardiovascular collapse

Pharmacologic Treatment of Alcohol Use Disorder

Preventing Alcohol Use

- ▶ Disulfiram (Antabuse)
- ▶ Acamprosate (Campral)
- ▶ Naltrexone (Vivitrol)

Managing Withdrawal

- ▶ Benzodiazepines
- ▶ Phenobarbital
- ▶ Anticonvulsants

Medications for Alcohol Withdrawal

- ▶ Benzodiazepines: Librium, valium, Klonopin, Ativan, Serax
 - ▶ Taper BZ based on CIWA scale.
- ▶ Phenobarbital
 - ▶ Self tapering effect due to long half life.

Intoxicated and Suicidal

- ▶ Substance intoxication versus
- ▶ Substance Induced Mood Disorder
- ▶ Wait for intoxication to resolve and then evaluate mental status
- ▶ Rate of Alcohol decline 0.015% per hour
- ▶ Example: Intoxicated male with BAL of 0.20%; Time to “sobriety” for MSE =
 - ▶ $0.20 - 0.08 = 0.12$
 - ▶ $0.12 / 0.015 = 8$ hours

Opioids

- ▶ Profound tolerance-escalation of use
- ▶ Serious Withdrawal (non lethal)
- ▶ Consequences of long term use: Cellulitis, HIV, Hepatitis, Death due to accidental OD, depression

Narcotic Drugs (Opioids)

- ▶ Codeine
- ▶ Tramadol
- ▶ Demerol
- ▶ Morphine
- ▶ Hydrocone (Vicodin)
- ▶ Oxycodone (Oxycontin)
- ▶ Hydromorphone (Dilaudid)
- ▶ Heroin
- ▶ Fentanyl
- ▶ Etorphine
- ▶ Methadone
- ▶ Buprenorphine
- ▶ **Krokodil**

Krokodil = “Russian Magic”

- ▶ opioid derivative of codeine (desomorphine)
- ▶ Russian and Ukraine for 10 years: US since 2013
- ▶ Cooking: organic solvents such as gasoline, paint thinner, lighter fluid, hydrochloric acid, red phosphorus.
- ▶ IV injecting causes skin ulcerations, infections, and gangrene: looks like a reptile
- ▶ Chlorocodide: in synthetic path.
- ▶ 8-10 X more potent than morphine.
- ▶ Short half life- frequent use
- ▶ Medical consequences: Blood vessel damage, open ulcers, gangrene, phlebitis, skin grafts, limb amputations

Symptoms of Opioid Intoxication

- ▶ Small Pupils
- ▶ Euphoria
- ▶ Sedation
- ▶ Slowed bowel motility: Constipation
- ▶ Respiratory depression

Drug Overdoses and Narcotics

- ▶ 38,000 drug overdose deaths in US (2013)
- ▶ 22,000 due to prescription drugs
- ▶ 75% (16,000): Narcotic drugs
- ▶ Pharmacy Locks
- ▶ Education for Physicians

Opioid Withdrawal

- ▶ Dysphoria
- ▶ Nausea and Vomiting
- ▶ Muscle aches
- ▶ Tearing
- ▶ Runny nose
- ▶ Piloerection
- ▶ Sweating
- ▶ Pupil dilation

NOT USUALLY FATAL

Pharmacologic Treatment of Opioid Use Disorder

Preventing Opioid Use

- ▶ Methadone
- ▶ Buprenorphine (Suboxone, Subutex)
- ▶ Naltrexone (Vivitrol)

Managing Withdrawal

- ▶ Methadone
- ▶ Clonidine (Catapres)
- ▶ Buprenorphine (Suboxone, Subutex)

Benzodiazepine and other Sedative-Hypnotic Withdrawal/Detox

- ▶ Withdrawal 2-7 days
- ▶ Withdrawal seizures may result
- ▶ Often related to prescription abuse
- ▶ Need slow taper

Benzodiazepine Withdrawal/Detox

- ▶ Symptoms of withdrawal from high dose use are:
 - ❖ Anxiety
 - ❖ Tremors
 - ❖ Nightmares
 - ❖ Insomnia
 - ❖ Anorexia
 - ❖ Nausea
 - ❖ Vomiting
 - ❖ Orthostatic hypotension
 - ❖ Seizures
 - ❖ Delirium
 - ❖ Hyperpyrexia

Benzodiazepine Withdrawal/Detox

- ▶ Symptoms: 12 hours to 5 days after last dose.
- ▶ Withdrawal delirium can include confusion, as well as visual and auditory hallucinations.
- ▶ Titrate Medication Slowly
- ▶ substitute with a non-benzodiazepine medication for anxiety

Stimulants

- ▶ Profound craving
- ▶ Withdrawal- dysphoria, depression, irritable mood, insomnia, intense craving
- ▶ Consequences of Long term use: bruxism, poor self care, legal,

Additional Withdrawal Syndromes

- ▶ Cocaine and Stimulants
 - ▶ Irritability, acute cravings, dysphoria, insomnia. No life threatening medical complications
- ▶ Hallucinogens:
 - ▶ PCP - memory loss and depression, longer term effects
 - ▶ Inhalants/Solvents - tremors, irritability, anxiety, insomnia, tingling sensation, seizures, muscle cramps - lasts 15-45 minutes

Additional Withdrawal Syndromes

- ▶ **Cannabis** - anxiety, restlessness, irritability, sleep disturbance and change in appetite (usually loss of appetite), tremor, sweating, elevated heart rate, GI disturbances.
- ▶ **Nicotine** - depressed mood, insomnia, irritability, anger, anxiety, poor concentration, restlessness, slowed heart rate, increased appetite, wt gain

Poly-drug Withdrawal - treatment considerations

- ▶ 1. Alcohol and stimulant dependence - treat alcohol withdrawal
- ▶ 2. Alcohol and sedative/hypnotic dependence - treat with phenobarbital or benzodiazepine titration
- ▶ 3. Cocaine and benzodiazepine dependence - treat benzodiazepine withdrawal
- ▶ 4. Cocaine and opiate dependence- treat opiate withdrawal
- ▶ 5. Cocaine and amphetamine - no detox protocol known.

Medications Causing Depression

- ▶ Cardiac and anti-hypertensive: clonidine, propranolol, reserpine, digitalis
- ▶ **Sedatives: Benzodiazepines, alcohol**
- ▶ Psychotropic drugs: antipsychotics
- ▶ Anticonvulsant: carbamazepine, phenytoin
- ▶ GI medications: cimetidine, Metoclopramide
- ▶ Antibacterial and antifungal
- ▶ Anti-inflammatory: Indomethacin, ibuprofen
- ▶ Narcotics
- ▶ Oral Contraceptives

Substance use/withdrawal and depression

- ▶ Substance Intoxication:
narcotics, barbiturates,
benzodiazepines, alcohol
- ▶ Substance withdrawal:
amphetamines, cocaine

“Secondary” Anxiety Disorders

- ▶ Medication/drug - induced (intoxication or withdrawal from drugs (e.g. ETOH, benzodiazepines)).
- ▶ Symptom of a general medical condition may be mistaken for anxiety . E.g. shortness of breath, tachycardia, diaphoresis from CHF or SVT may be mistaken for anxiety.
- ▶ Psychological stress associated with medical illnesses may induce or exacerbate anxiety.

Substance Related Anxiety

- ▶ Stimulants: cocaine, caffeine, amphetamines, cannabis, nicotine withdrawal.
- ▶ Withdrawal from CNS depressants: alcohol, barbiturates, benzodiazepines.
- ▶ Phencyclidine.
- ▶ Inhalants.

Canabinoids

- ▶ Internal receptors for cannabinoids
- ▶ Includes Marijuana and synthetic cannabinoids (Spice, K2)
- ▶ THC active ingredient
- ▶ Side effects: Munchies. Red eyes, short term memory loss
- ▶ Pulmonary effects of smoking
- ▶ No clear medical indications

Inhalants

- ▶ Types of inhalants
 - Solvents
 - Anesthetics
 - nitrates (amyl nitrate)
- ▶ Rapid CNS damage and organ damage
- ▶ Common in homeless youth