



North Sound Behavioral Health Organization

Advisory Board

Agenda

September 4<sup>th</sup>, 2018

1:00 p.m. – 3:00 p.m.

Call to Order and Introductions

Revisions to the Agenda

Approval of August Minutes.....TAB 1

Approval of July Minutes.....TAB 2

Announcements

- Christy Korrow – Island County

Brief Comments or Questions from the Public

Standing Committee Reports

- Quality Management Oversight Committee (QMOC)(No August Meeting)

Executive/Finance Committee Report

- Approval of August Expenditures .....TAB 3

Executive Director’s Report .....TAB 4

- Draft Legislation - Administration Services Organization .....TAB 5

Executive Director’s Action Items (Available at Meeting) .....TAB 6

- Bill’s Report from County Authorities Executive Committee Meeting .....TAB 7

OMBUDS Semi-Annual Report.....TAB 8

Old Business

- Draft 2019-2020 Work Plan .....TAB 9
- 2019 Ad Hoc Budget Review Committee

New Business

Report from Advisory Board Members

Reminder of Next Meeting

Adjourn

APPROVED by Advisory Board

**North Sound Behavioral Health Organization**

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

**ADVISORY BOARD MINUTES**

August 7th, 2018

1:00 p.m. – 3:00 p.m.

**ATTENDANCE**

**Advisory Board Members Present**

Island: Candy Trautman, Chris Garden

San Juan: Theresa Chemnick

Skagit: Duncan West, Ron Coakley, Joan Lubbe

Snohomish: Marie Jubie, Jack Eckrem, Fred Plappert, Joan Bethel, Pat O'Maley-

Lanphear, Jennifer Yuen, Ashley Kilgore

Whatcom: David Kincheloe, Arlene Feld, Mark McDonald

**Excused Advisory Board Members**

Island:

San Juan:

Skagit:

Snohomish:, Carolann Sullivan, Jim Bloss

Whatcom: Michael Massanari

**Absent Advisory Board Members**

Island:

San Juan:

Skagit:

Snohomish:

Whatcom:

**NSBHO Staff Present**

Joe Valentine (Executive Director)

Maria Arreola (Administrative Assistant II)

Betsy Kruse (Deputy Director)

**Guests Present**

Katelyn Morgan – Behavioral Health Ombuds Specialist

Boone Sureepisarn – Behavioral Health Ombuds Specialist

Russ Sapienza – National Alliance on Mental Illness (NAMI); Whatcom County Affiliate

**CALL TO ORDER & INTRODUCTIONS**

The Chair called the meeting to order at 1:06 p.m. and introductions were made.

**REVISIONS TO THE AGENDA**

The Chair inquired regarding revisions to the Agenda. None mentioned.

**APPROVAL OF MINUTES FROM PREVIOUS MEETING MINUTES**

June minutes were approved by a motion and vote. All in favor.

July budget approved by motion and vote. All in favor.

Approval of July minutes tabled until the September meeting.

APPROVED by Advisory Board

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

- Quality Management Oversight Committee (QMOC) Report

**ANNOUNCEMENTS**

Natasha Raming from Whatcom county has resigned. Whatcom county currently has two vacancies.

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

**Executive Director Report**

Joe reported on

- Integration Planning
- Budget Update
- Application for the SAMHSA Opioid Treatment Grant
- Behavioral Health Enhancement Funds
- Behavioral Health Facilities Update

**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. All in favor.
- Motion approved to forward the Action Items to the County Authorities Executive Committee for approval.

**OLD BUSINESS**

None

**NEW BUSINESS**

**Ashley Kilgore – Snohomish County**

A vote occurred regarding Ashley's appointment to the Board. Members were all in favor. Members welcomed Ashley to the North Sound BHO Advisory Board.

**Christy Korrow – Island County**

Christy has been appointed to the Board on June 12<sup>th</sup>, 2018. Members will vote on Christy's membership during the September meeting.

**2018 North Sound BHO Visual Art and Poetry Contest Judging**

Members voted on the submitted entries to the contest. Maria will send an email to Members announcing the winners. Notification of the winners will be sent out to providers and community. The winning individuals will be invited to the September 4<sup>th</sup> meeting to have lunch with the Board and be presented with their awards. It was determined to change the gift card amount to \$25.00. All were in favor. Pat, Candy, and Ashley will be on the calendar design layout subcommittee.

**Quality Management Oversight Committee (QMOC) Vacancy**

Quality Management Oversight Committee vacancy was announced. Members were asked of interest to serve on the committee. Jim Bloss will have the seat on QMOC.

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**2019-2020 Work Plan**

Discussion took place regarding concerns and advocacy interest to Members. A draft list will be brought to the September meeting.

**2019-2020 Advocacy Priorities**

During the September meeting Members will review the draft work plan and determine the top three advocacy priorities.

**2019 Budget Review Subcommittee**

The Executive Finance Committee proposed to postpone the subcommittee review. Motion made to postpone the consideration of a subcommittee until September. Motion seconded. All in favor.

**ACTION ITEMS**

**Executive & Finance Committee**

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

**REPORT FROM ADVISORY BOARD MEMBERS**

No reports were made.

**BRIEF COMMENTS OR QUESTIONS FROM THE PUBLIC**

Russ announced a meeting was held on July 19 regarding the possibility of adding a 70 bed mental health agency in Whatcom county

Russ announced July 25<sup>th</sup> Dr. Cheryl Strange held a town hall meeting in Whatcom county

August 24<sup>th</sup> the Homeless Connect at Skagit Valley College event will take place

National Alliance on Mental Illness (NAMI) will be holding the state conference in Yakima on September 28 – 29

**ADJOURNMENT**

The Chair adjourned the meeting at 3:05 p.m.

**NEXT MEETING**

The next **Advisory Board meeting** is September 4<sup>th</sup>, 2018 in Conference Room Snohomish



## North Sound Behavioral Health Organization

Advisory Board

July 10th, 2018

9:00 a.m. – 4:00 p.m.

Skagit Resort Conference Center, Bow, Washington

### Advisory Board Retreat Meeting Notes

**Members Present:** David Kincheloe, Marie Jubie, Candy Trautman, Mark McDonald, Joan Bethel, Arlene Feld, Jennifer Yuen, Duncan West, Carolann Sullivan, Chris Garden, Michael Massanari, Fred Plappert, Theresa Chemnick, Ron Coakley, Pat O'Maley-Lanphear, Jim Bloss, Ashley Kilgore, Jack Eckrem

**Members Excused:**

**Members Absent:** Joan Lubbe

**Staff:** Joe Valentine, Betsy Kruse, Sandy Whitcutt, Maria Arreola (Recording)

**Facilitator:** Timothy Corey

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

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

Joe spoke on the history of advocacy by creating a better system of care for the needs of individuals in our communities.

Timothy Corey facilitated the Retreat by guiding the Advisory Board in conversation, via a graphic representation of the role Advisory Boards future during the integration.

Before entering the agenda topics, Timothy guided a framework of the importance the today's discussions. The outcome is to build a foundation for the future of the Advisory Board.

## **History and Context Setting**

Joe gave a brief history of the creation of the North Sound Behavioral Health Organization.

- 1988 Regional Support Network (RSN) was created on the advocacy of two counties, Snohomish and King.
- 1989 The five North Sound Counties signed the interlocal agreement to create the North Sound Regional Support Network. The North Sound RSN Advisory Board was created.
- 1989 The first 6-year Strategic Plan was created. What has been consistent from the beginning is the five counties as elected officials working together to make the system work. All five counties have formed the relationship to have all equal voices.
- 1994 A second interlocal Agreement is signed and formalized the structure. Funding for Medicaid eligible persons were allocated based on population.
- 2005 Legislature required a competitive bid process to provide mental health services. Each county created a proposal to respond to the bid. The number of regions were reduced from 14 to 13.
- 2006 The state moved to a mental health financing Medicaid managed care model.
- 2013 Intensive look into the entire crisis system.
- 2016 Substance Use Disorder being integrated with mental health services. The structure of the North Sound RSN became the North Sound Behavioral Health Organization and a Limited Liability Corporation. The Advisory Board began learning about substance use disorder along with mental health care.
- 2017 North Sound decides to become a “mid-adopter” on integrated care.

Joe spoke on the importance of the Advisory Board advocacy. Members are the voices of the community. They help shape the system of what is working and what needs to improve.

An important milestone through the history was in 2009 where the 1/10 Sales Tax was passed. All five counties have now passed this Sales Tax. This allowed the expansion of the crisis system and other services.

### **Fishbowl Exercise “Why committed to board”**

David, Candy, Marie and Mark participated in the fishbowl exercise. Members were asked to listen to the conversation for themes, points of views and key thoughts. Tim asked the following questions.

- What brings you to the commitment to serve on the Board?
- What were some of the issues or opportunities that were being explored when you joined the Advisory Board?
  - Systemic improvement
  - Lack of inpatient beds
  - Underfunding
  - Lack of community facilities
  - Lack of continuity of care
  - Transitions of care
  - Volunteer opportunity
  - Opportunity to see how individuals are being served in the system
  - Explore how the hospitals operate within the mental health system
- What is the current state of the Advisory Board?
  - Concerns of the transition with the five Managed Care Organizations (MCOs)
  - Diverse composition
  - Strong structure of the North Sound BHO staff to support the Advisory Board

Members outside of the circle spoke of the longevity of members serving on the Advisory Board. Members are serving on the Board for their own individual passions. The support from the North Sound BHO staff to allow the Advisory Board to successfully function through all the years.

The common theme of continuous problems that existed in previous years are still problems being worked on to this day.

Joe emphasized that advocacy begins with a personal story. Sharing the story awakens the thought of not being alone in the struggle. The step of courage is when taking the step to the system that serves individuals in need.

Members began to share their own personal story that brought them to where they are today.

The work the Advisory Board does cuts through all social economics. Continuously facing change and adapt and continue to make an impact.

- Where do you see the future of the Advisory Board?
  - Learning of the MCOs system to educate the community.
    - One barrier is not being able to understand the new system, and not being able connect to the community
  - Concerns of the uncertainty of the magnitude of changes
  - Implementation of care

Joe highlighted the requirement for Behavioral Health Advisory Board is written in the contract between the state and the Behavioral Health Administration Organizations. The Advisory Board will still continue.

### **Executive Director Report**

- Integration Planning
- Budget Update
- Application for the SAMHSA Opioid Treatment Grant
- Behavioral Health Enhancement Funds
- Behavioral Health Facilities Update

### **Budget Meeting**

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

### **Sandy Whitcutt – Crisis Services Manager Update**

Sandy updated the Board on Ricky’s Law.

- Some individuals in the Emergency Department (ED) are taking a step down to the triage facilities and the Crisis Prevention Intervention Teams (CPIT). The teams work with the individuals for two weeks or longer to get set up with outpatient treatment.
- The Triage and CPIT are working more closely with law enforcement. The gear for this working relationship is to have CPITs work with law enforcement to arrive at the scene in a shorter period of time and help the individual before they go to the hospital.
- CPITs are going out to see individuals for both mental health and substance use.
- The Designed Mental Health Professionals (DMHP) have gone through a year of intensive training. As of April 2018, DMHPs are now Designated Crisis Responders (DCR).

### **Senate Bill 6032**

Betsy gave an update on the SB 6032. The plan was submitted and accepted by the state. Each project category element and goals were reviewed.

- Behavioral Health Engagement and Navigation Teams
  - Whatcom “Grace”
  - Skagit Navigation Hub
  - Island County Care Coordinators
  - Crisis Prevention Intervention Teams (CPIT)
- Transition Beds and Associated Services
  - Development and/or purchase of 8 transition beds
  - Add 50 more Program of Assertive Community Treatment (PACT) program slots for Skagit and Island Counties
  - Add Forensic capability to existing PACT teams
  - Expand transition services for community hospitals and E&Ts
  - Expand geriatric transition services
- Recovery Housing
  - Whatcom County Recovery Housing
  - Skagit County Recovery Housing
- Workforce Recruitment and Retention



APPROVED by Advisory Board

- Fund Specific workforce recruitment and retention plans to be solicited from contracted Behavioral Health Agencies

### **Shelli Young – Opioid Plan Update**

The Substance Abuse and Mental Health Services Administrations (SAMHSA) grant was successfully submitted with 10 letters of commitment from Behavioral Health Agencies. The grant will fund the North Sound Medication-Assisted Treatment- Prescription Drug and Opioid Addiction Project Abstract (NS MAT – PDOA)

- Will serve individuals diagnosed with Opioid Use Disorder who live in the rural areas of the North Sound region of Washington State, where the closet Medication Assisted Treatment (MAT) services are 30 minutes or more away.
- The project will place Nurse Care manages in Office Based Opioid Treatment (OBOT) sites in their region’s more remote resource limited areas.
- Individuals with Opioid Use Disorder (OUD) residing in underserved areas including isolated tribal communities and individuals exiting rural jails who are not covered by insurance or cannot afford their care.

Members were invited to attend the 2018 Youth Services Forum September 12<sup>th</sup>, 2018. This forum will be held at the Skagit Resort Conference Center. Members that are interested are to notify Maria. Maria will coordinate the registrations.

The Syringe Exchange Program Meeting was held, April 2018. All five counties syringe exchange programs attended along with partnerships and stakeholders. A focus was having services co located, having mobile vans stationed more into the rural areas and expand their connections.

Shelly spoke about the history of the Hub and Spoke. One year ago, there was no Hub and Spoke in the North Sound region MAT services. Today there are six Spoke partners with Dr. Adam Kartman Cascade Medical Advantage as the Hub in Bellingham. From August 2017 to June 2018 626 new patients have been served on MAT.

The next steps are forming a Stigma Reduction Workgroup. Members were encouraged to provide input. Members were asked to contact Maria if interested in the workgroup.

Joe acknowledged the passion, devotion and significant time Shelly has made on this Opioid Plan for the North Sound region.

### **Information Sharing and Updates**

Duncan, Jim, Candy, Mark and Fred shared what they learned from the Behavioral Healthcare Conference.

### Envisioning the Future Advisory Board Next Steps

Tim guided a conversation into the outlook of Advisory Board. Listed below are future advocacy focus points and concerns.

- Advisory Board education to the Managed Care Organizations (MCOs) operations
- Advocacy matters with the state legislature
- Funding Base for 2019
- Advisory Board representation to individual counties
  - Members feedback to counties
  - County relationships
  - County communication to members regarding issues within the community
    - Community based public education of issues
- Look at cross county needs advocate – support
- Actively monitoring Behavioral Health (BH) impact through indicators
  - Working with leadership to develop metrics
    - Ratings scorecard
- Supporting a strong vital Behavioral Health Administrative Services Organization (BHASO)
- Telling the BHO story with data visuals
- Working with Justice system, law enforcement, correctional agencies to advocate behavioral healthcare services for incarcerated individuals
- Unified street level care
  - Connecting with individuals that are in crisis in the community before they end up in the criminal system or in the hospitals
  - Advocate for these individuals with the MCOs to make sure they get the care they need
- Survival and effectiveness of the Board
  - Using information from SAMHSA
- Focus on advocacy for all individuals not just those on Medicaid
  - Is the care is getting in the new system?
- MCOs are living up to the standards Washington Administrative Code and Revised Code of Washington
- Advocacy Board presences at the Tribal Conference
- Advocate for the language that is being written into legislature regarding the role of the BHASO
- Did integrated care live up to the promise?
- Positive Outcomes
  - Care is improving
  - Efficiencies in system delivery
  - Better coordination between systems
  - Lives improved
  - Healthier communities
  - Communities holding MCOs accountable

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### **Next Steps for the Advisory Board**

- Active linkage between the MCOs
  - propose a staff representative to attend the Advisory Board meetings. To listen to the concerns and ideas of the Board
- What is the workplan for the Advisory Board itself during the transition year 2019?
- Advocacy at the legislature
- Funding Base for 2019

### **Question and Answer Session/ Wrap Up**

The role of advocacy for the Board in this transition is to keep the public institutions honest and keep the focus on the success of people being served in the new system. The anchor for advocacy on the Board is the person-centered wellness.

Joe wrapped up the retreat by giving his appreciate for sharing ideas and thoughts through the day.

Pat closed the meeting addressing the work ahead will begin to not loose track of the person being served during this transition.

**North Sound BHO Advisory Board Budget  
August 2018**

		All Conferences	Board Development	Advisory Board Expenses	Stakeholder Transportation	Legislative Session
	Total	Project # 1	Project # 2	Project # 3	Project # 4	Project # 5
Budget	\$ 42,000.00	\$ 16,000.00	\$ 3,545.00	\$ 20,200.00	\$ 255.00	\$ 2,000.00
Expense	(20,595.20)	(5,262.26)	(3,573.37)	(10,244.41)		(1,515.16)
Under / (Over) Budget	<b>\$ 21,404.80</b>	\$ 10,737.74	\$ (28.37)	\$ 9,955.59	\$ 255.00	\$ 484.84
		↕	↕	↕	↕	↕

BHC , NAMI, COD, OTHER	BOARD 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**  
**August 2018**

	<u>Date</u>	<u>Name</u>	<u>Memo</u>	<u>Amount</u>
<b>Advisory Board</b>				
		<b>Professional Services</b>		
	08/14/2018	ColibriFacilitation	Batch # 124856	1,900.00
<b>Total · Professional Services</b>				<u>1,900.00</u>
		<b>Travel</b>		
	08/07/2018	City Cab, Inc.	Batch # 124756	122.00
<b>Total · Travel</b>				<u>122.00</u>
<b>Total · Advisory Board</b>				<u><u>2,022.00</u></u>

**North Sound BHO Executive Director's Report**  
**For the North Sound Behavioral Health Advisory Board**  
**September 4, 2018**

**INTEGRATION PLANNING**

1. We're close to completing our negotiations with the 5 MCOs for the MCO-BH ASO contracts for the 2019 transition year.
2. The MCOs are tentatively proposing to pay us a percentage of the "PMPM" [per member per month payment for each Medicaid enrollee] for "Crisis Services". This would be for a smaller set of core crisis services than all of the services we consider to be part of our "continuum of care" for crisis services.
3. Similarly, they are also proposing to pay us a percentage of the "Behavioral Health Premium" that is added to their medical care rates for administering all other behavioral health services during the first 6-9 months of the 2019 transition year.
4. These amounts have not yet been agreed to, but we have contracted with Dale Jarvis to help us propose an amount that would cover the cost of maintaining our current network of services.
5. Contracting negotiations must be completed by September 15 in order for the MCO's to present their proposed network of services to the Office of Insurance Commissioner.
6. We're continuing to work with our planning contractors, XPIO for technology capacity building, and Health Management Associates [HMA], for coordinating the planning with the MCOs.
7. HMA has assisted us in forming a "Joint Operating Committee" [JOC] that would be chartered under the North Sound Interlocal Leadership Structure. The JOC would coordinate the more detailed technical planning to plan for the transition to integrated managed care. This would include coordinating the various topic specific workgroups that are being formed.
8. We've continuing to develop a Memorandum of Agreement with the North Sound Accountable Community of Health [ACH] to draw down ACH funds to support the technical assistance and planning work referenced above. This would include technical assistance and reimbursements to providers for the necessary changes to their electronic health record systems.
9. The BHOs are continuing to work with our legislative liaison to develop draft legislative language that would formalize the role of the Behavioral Health – Administrative Services Organization [BH-ASO] in statute and would include in addition to Crisis and non-Medicaid services, some of the system coordination and capacity building functions we currently perform

**BUDGET UPDATE – IMD**

1. We continue to project that we will have a significant shortfall in the amount of state general funds [GF-S] we would need to cover the costs of mental health treatment in "IMD" facilities. As of this date, our projection is that the shortfall would be about \$4.9 million.
2. On August 24, Bill Whitlock and myself had a phone conference with HCA Assistant Secretary MaryAnne Lindelblad and HCA fiscal staff to provide information regarding our fiscal assumptions and the causes of the growing shortfall. HCA agreed to explore options to help us address the shortfall.

**BEHAVIORAL HEALTH FACILITIES UPDATE**

1. **Skagit County:** Skagit County has successfully completed the purchase of an 8-acre parcel of land off Highway 20 in Sedro Wooley as the future site of the Skagit Stabilization campus. Work on the design-build process is now underway and Skagit County will be working with the BHO to engage the agencies who might be operating the proposed E and T and Detox facility as well as Tribes who may wish to be partners in design and/or purchase of beds.
2. **Island County:** the city of Oak Harbor has provided the necessary permits for the project to proceed and the county has approved the proposed design. The County will be working with BHO staff to release an RFP to select an agency to operate the program.
3. **Snohomish County:** The schematic design and cost estimates for the re-purposing of the Denny Juvenile Justice Center to accommodate two 16 bed SUD Treatment facilities has been completed. It is anticipated that the construction design will be completed by the end of 2018 and, construction will take place in 2019, and the programs will be ready for operation in the first quarter of 2020. We are working with Snohomish County Human Services to identify who the potential agency or agencies are that would actually operate the facilities, so they can be involved early in the detailed design. A pre-application meeting was held with City of Everett on 7/17<sup>th</sup>. The city will solicit public comment but has determined that a public hearing won't be held unless the response from public comment period warrants a public hearing.
4. **Whatcom County:** Schematic design and costs estimates are being completed. It is anticipated that design will be completed in 2018 and construction will begin in 2019 with a projected opening for December 2019. The public process for this project has also been completed

#### **SEPTEMBER 12 YOUTH OPIOID FORUM**

The agenda and logistics for the September 12 North Sound “Youth Services Opioid Forum” have been finalized. Over 110 persons have registered representing a wide array of organizations and persons who come into contact with youth who are suffering from addiction will be invited. The key theme for the forum is how we can work together to interrupt the path to addiction. [the agenda is attached].

#### **NEW NORTH SOUND BHO MEDICAL DIRECTOR**

We have contracted for a new Medical Director effective July 1 – Dr. Glenn Lippman. Dr. Lippman has extensive experience as an RSN/BHO Medical Director and is currently continuing to serve as the Medical Director for the Greater Columbia BHOs. He will replace Dr. Keith Brown who has taken a new position as the medical director for the Community Health Plan of Washington. [see attached bio]

# 2018 Regional Opioid Youth Services Forum

Wednesday, September 12th, 2018

## Agenda

TIME	TITLE	PRESENTER	LOCATION
7:30am	REGISTRATION/BREAKFAST/RESOURCE GALLERY SETUP		Mezzanine
8:30am	Welcome & Opening	Joe Valentine Skagit County Commissioner Lisa Janicki	Pacific Showroom
	Review of Agenda, Opening Discussion, Questions for Tables	Sam Magill	Pacific Showroom
	Exploring: Data Presentation (Followed by Q & A)	David Jefferson	Pacific Showroom
	<b>Pathway to Addiction Fishbowl exercise</b> Moderator: Sam Magill (Followed by Table Discussions & Questions)		Pacific Showroom
BREAK			
11:10am	<b>Evidence Based Program Showcase Panel</b> Moderator: Shelli Young (Followed by Table Discussions & Questions)	Kate Foster Claire Commons Megan Jacobs Dr. Howard Leibrand	Pacific Showroom
12:00 NOON	LUNCH		Pacific Showroom
12:45pm	<b>KEYNOTE: Vision Recovery House</b> Moderator: Leslie Blake (Followed by Table Discussions & Questions)	Vision Recovery House Participants	Pacific Showroom
	<b>Envisioning a New Story Exercise</b> (Participants move through Question stations)	Facilitated by Sam Magill	Northwest Ballroom A&B
COOKIE MINGLE/BREAK			
	Return to original tables <b>Reflection Exercise</b>	Facilitated by Sam Magill	Pacific Showroom
	Table Group discussion and prepare to report findings	Facilitated by Sam Magill	Pacific Showroom
	Closing Comments/ Next Steps	Joe Valentine	Pacific Showroom
4:00 pm	Close		



## ***Glenn Lippman, M.D., D.L.F.A.P.A.***

I am a Board Certified psychiatrist in full time practice in the field of medical administration. I believe in developing and maintaining systems of quality care by improving outcomes through a combination of staff development, utilization of best practices and focusing on the person we support. My more recent positions include:

- Presently, I provide assistance to behavioral health systems/providers in the areas of performance improvement, integration of health and behavioral healthcare, staff development and the delivery of person-first services.
  - Current clinical activities also include work for OPTUM under a contract through MBO Partners. Since leaving employment with OPTUM in 06/2015, I have provided medical director services to public systems in Wyoming, Arizona, Ohio, New Mexico and Pierce County (WA State).
- Medical Director for Greater Columbia Behavioral Health of WA state (1997-present).
- Medical Director Medical for Utilization Management Services for United Healthcare Community Plan of TN (2012-2015)
- Medical Director for Utilization Management Services for Maricopa County (AZ) Regional Behavioral Health Authority managed by Magellan Behavioral Health (2010-12).
- Medical Director for Behavioral Healthcare Options, a subsidiary of United Healthcare of NV (2006-10).
- Medical Director of the Gila River Tribal Regional Behavioral Health in Sacaton, AZ (2004 –10).

Previously, I held numerous senior positions in both the Public and Private Behavioral Health system, including four years as superintendent of the AZ State Hospital (during which time the facility regained its JCAHO accreditation and Medicare certification), one year as Medical Director of AZ's Division of Behavioral Health (when the AZ implemented Medicaid reimbursement for psychiatric care), three years as Director of a Psychiatric Residency Program, six years as Chair of Department of Psychiatry for Maricopa Integrated Health Systems (the County funded health care system for metropolitan Phoenix) and one year as Medical Director for Maricopa Health Plan's Long Term Care Program (the County's Medicaid program for at-risk individuals).

My clinical activities include private practice (1982-85 and 1991-93); work as a community psychiatrist (1990-95); Medical Director of the Maricopa County Psychiatric Urgent Care system (1999-2003); and providing inpatient psychiatric services (1999-2004).

I completed medical school and my internship in Obstetrics and Gynecology at the University of Arizona College Of Medicine. My psychiatric residency was at the Maricopa Medical Center in Phoenix Arizona. I have been an examiner for the American Board of Psychiatry and Neurology and am a past President of the Arizona Psychiatric Society. I also hold unrestricted medical licenses in Arizona, Missouri, Tennessee, New Mexico, Washington and Wyoming (administrative).

Concerning Behavioral Health Administrative Service Organizations

An Act Relating to defining the Behavioral Health Administrative Service Organizations, their role, and establishing a structural framework and vital crisis service standards for behavioral health administrative service organizations.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

NEW SECTION: Sec. 1. A new section is added to chapter 123.45 RCW to read as follows:

The legislature finds that in order to ensure a smooth transition to integrated managed care in Rregional Sservice Areas (RSAs) and to maintain the existing regional behavioral health crisis and diversion continuum of care, the following vital services shall be provided by behavioral health administrative service organizations:

- (1) Crisis Services: Each behavioral health administrative service organization shall provide a behavioral health crisis hotline; crisis response services at all times; mobile crisis response teams; services related to the administration of the Involuntary Treatment Act and ~~the~~ Involuntary Commitment ~~Act~~; monitoring Less Restricted Alternatives and Less Restrictive Orders; court for Involuntary Treatment Act, outreach to individuals with mental health and substance abuse disorders; ~~interim services for all individuals with substance abuse disorders~~; tribal Crisis Coordination Plans and ongoing coordination between Tribes/Recognized American Indian Organizations (RAIOs), and other non-Medicaid behavioral health services; crisis stabilization services (up to 14 days) for individuals who are not eligible for Medicaid and/or do not have third party insurance; voluntary withdrawal management admissions for individuals who are not eligible for Medicaid and/or do not have third party insurance; sobering; and law enforcement drop off facility (e.g. triage centers).
  
- (2) Care Coordination and State Hospitals: Each behavioral health administrative service organization shall provide involuntary admissions to a psychiatric or secure withdrawal management and stabilization services facility to serve the regions non-Medicaid population; monitor lesser restrictive alternative court orders and conditional release for individuals ineligible for medicaid to ensure compliance; mental health and substance abuse disorder treatment services to non-medicaid individuals on less restrictive alternative and conditional release; hospital liaison and discharge planning for non-medicaid individuals at or below the two-hundred twenty percent federal poverty level who do not have medicaid; voluntary behavioral health inpatient psychiatric admissions for individuals who are not eligible for medicaid and/or do not have third party insurance; step down beds, including residential placement in Assisted Living Facilities or Adult Residential Treatment Facilities to reduce hospitalization length and use of state hospital beds; participate in Children Long-term Inpatient Program (CLIP) screening and diversion when appropriate for non-medicaid families at or below the 220% Federal Poverty Level and without third party insurance and within available resources; and facilitate sharing of information and care transitions among jails, residential treatment centers, detox centers, homeless shelters, and others.

- (3) Community Coordination and Capacity Building: Each behavioral health administrative service organization shall develop tribal Crisis Coordination Plans and ensure ongoing coordination between Tribes/Recognized American Indian Organizations (RAIOs) and allied system partners; coordinate the response of participating behavioral health agencies as part of a coordinated community disaster response as required for medium to large scale response or continued post-disaster response; coordinate and actively participate in building and developing systems of care (e.g. interlocal leadership structures); contract for state funded jail transition and diversion services within available resources; and actively coordinate the development and implementation of community capacity plans for behavioral health services, including: treatment facilities, innovative programs, evidence based programs, improved population health data, school based services, opioid response strategies; develop and implement protocols that promote coordination, continuity, and quality of care including use of GF-S and federal block grant funds, and develop strategies to reduce unnecessary crisis system utilization.
- (4) Workforce Development: Each behavioral health administrative service organization shall develop strategies to meet the workforce needs for crisis services, actively participate in regional task forces to improve the recruitment, retention, and training of workforce for all behavioral health services.
- (5) Other Non-Medicaid Services: Each behavioral health administrative service organization shall manage administration of federal block grants. The following may be coordinated by the behavioral health administrative service organization: interim services for individuals with substance use disorders; criminal justice treatment account and drug court funding (in counties who select to maintain criminal justice treatment account funding with the behavioral health administrative service organization); state targeted responses to opioid crisis grants; family youth system partner roundtables; behavioral health ombuds; dedicated marijuana account funded programs; ~~and~~ support the behavioral health advisory boards; and other administrative provisions and services.

Sec. 2. Behavioral health administrative service organizations and managed care organizations shall work with the governor's office and the health care authority in determining the base funding necessary for each behavioral health administrative service organization to support the continuum of care and the vital services requirements listed in Section 1. An adequate funding methodology will be provided to the behavioral health administrative service organizations to meet the vital service needs listed in Section 1 in terms of reasonable operational, inpatient, and administrative costs.

Sec. 3. Funds for additional crisis programs and services beyond those listed in section 1 shall be the responsibility of local governments, managed care organizations and community partners.

Sec. 4. The behavioral health administrative service organizations shall coordinate and support the RSA; regional service area community behavioral health advisory boards (BHABs) and interlocal leadership structures, and MCOs shall respond and act on BHAB's requests and participate in RSA's BHAB meetings. [Note: Section 4 requires a change to ..... reference RCW 71.24.]

Version – August 22, 2018

Sec. 5. Local county authorities shall maintain the right of first refusal to operate the behavioral health administrative service organization for their Regional Service Areas.

## **For County Authorities Executive Committee Approval**

### **Sole Source Contracts**

#### **Summary:**

At the August 9<sup>th</sup> CEAC meeting motions #18-105 and #18-106 were passed without citing RCW 39.04.280 Competitive Bidding Requirements-Exceptions.

A motion to amend a previously adopted motion is needed to include the language from RCW 39.04.280

This motion is to amend the previously adopted Motions #18-105 and #18-106 to clearly state the requirements of RCW 39.04.280 exceptions:

The exception to the bidding process for motions #18-105 and #18-106 is as follows:

- (1) Competitive bidding requirements may be waived by the governing body of the municipality for:
  - (a) Purchases that are clearly and legitimately limited to a single source of supply

#### **Motion # 18-XXX**

- **To amend the previous adopted Motion #18-105 to now read:**

North Sound BHO-XPIO-PSC-18 for the assessment and evaluation of information system needs in the North Sound Region. **This contract is a sole source contract as specified in RCW 39.04.280 Section 1(a).** The maximum consideration on this contract is up to \$504,000 with a term of July 1, 2018 through December 31, 2018.

#### **Motion #18-XXX**

- **To amend the previous adopted Motion #18-106 to now read:**

North Sound BHO-HMA-PSC-18 for Phase I of the planning and implementation of integrated managed care. **This contract is a sole source contract as specified in RCW 39.04.280 Section 1(a).** The maximum consideration on this contract is \$25,000 with a term of July 1, 2018 through September 30, 2018.

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### **Whatcom County**

#### **Summary:**

Whatcom County is receiving ESSB 6032 funds to partially fund the Ground-level Response and Coordinated Engagement (GRACE) program in Whatcom County. This program will provide targeted care coordination services in a hub & spoke model to a population well-known to law enforcement and emergency response systems.

**Motion #18-XXX**

- North Sound BHO-Whatcom County-Administration-18 Amendment 1 to provide the funding to implement the GRACE program in Whatcom County. The increase to this contract is \$249,127 for maximum consideration of \$1,227,528.00 with the term remaining the same January 1, 2018 through December 31, 2018.
- 

**For County Authorities Executive Committee Ratification**

**Telecare Corp.**

**Summary:**

Telecare Corp. provides Evaluation and Treatment Services in Sedro Woolley. This amendment extends the contract by six (6) months for a new end date of December 31, 2018 and provides the funding for continued operations during the period.

**Motion # 18-XXX**

- North Sound BHO-Telecare Corp.-E&T-15-18 Amendment 5 to extend the contract end date and provide the operation funds for the said period. The increase to this contract is \$2,342,004 for a new maximum consideration of \$16,309,671 with a new term of April 1, 2015 through December 31, 2018.
- 

**Island County**

**Summary:**

Island County has historically provided jail services for San Juan County, recently San Juan County discontinued using the Island County Jail for their offenders. Jail Transition Services (JTS) funding had been allocated to Island County for both Island and San Juan Counties. This amendment removes the San Juan County JTS funding from the Island County JTS contract.

**Motion #18-XXX**

- North Sound BHO-Island County-JTS-16-18 Amendment 3 removes JTS funding for San Juan county offenders who are no longer being held at the Island County Jail. The reduction to this contract is \$10,129.74 with a new maximum consideration of \$ 109,494.60 with the term remaining the same April 1, 2016 through December 31, 2018.

CAEC Motions  
September 13, 2018

**Summary:**

Island County has historically provided jail services for San Juan County, recently San Juan County discontinued using the Island County Jail for their offenders and will begin using the Yakima County Jail. This amendment redistributes the Island County funding to the San Juan County administrative contract.

**Motion #18-XXX**

**San Juan County**

- North Sound BHO-San Juan County-Administration-18 Amendment 1 to transfer the JTS funding previously allocated to Island County to San Juan County. The increase to this contract is **\$10,129.74** with a new maximum consideration of **\$659,941.74** with the term of the contract remaining the same January 1, 2018 through December 31, 2018.
- 

**Introduction of the revised North Sound Behavioral Health Organization Operating Agreement**

The North Sound BHO will be changing its name to the North Sound Administrative Services Organization and refiling with the Secretary of State changing the name of the organization. There are other minor changes to the document that will be reviewed during the meeting with our attorney of record, Buri, Funston, Mumford and Furlong.

**Governance and Operations Committee**  
**North Sound Behavioral Health Organization**  
**August 9<sup>th</sup>, 2018**

- 1) The fiscal report to the Governance and Operations Committee. Review the monthly vouchers and payroll for June and July 2018.
- 2) Motion #18-89. These motions add six months (July 1, 2018 to December 31, 2018) on the Snohomish County Superior Courts operating contract. It extends the funding for the Juvenile Court pass through funds by \$69,906 and adds \$75,000 in Criminal Justice Treatment Account (CJTA) funding to the courts contract.
- 3) Motion #18-90. This motion adds a start up contract and an operating contract for North West Regional Council. The start up contract is for \$212,043 and is for the period 7/1/18 to 12/31/18. The Whatcom and Skagit County mental health operating contract is for \$150,228 and is for the period 10/1/18 to 12/31/18.
- 4) Motion #18-91. This motion amends the contract for Evergreen Recovery Center contract to add Legacy House residential services to their contract. This covers a startup period April, May and June. The facility opened in July and started serving clients. This increased the contract by \$1,457,118 for a total amount of \$7,541,046.
- 5) Motion #18-92. This motion is a WISE startup contract for Center for Human Services in the amount of \$112,000. This program started serving clients October 2017. The start up budge was submitted after the start up process was complete.
- 6) Motion #18-93. This motion eliminates the Substances Use Disorder (SUD) Criss Prevention and Intervention Teams (CPII) in Whatcom, Skagit and Snohomish County. We are adding the ESSB 6032 enhancement funds to the crisis teams in Whatcom, Skagit and Snohomish County. This also adds two court liaisons FTE's in Whatcom County. St. Joseph hospital is no longer doing the work. The net results in this process is a reduction in state funds of \$50,210 and a reduction in Medicaid funds of \$77,787.



- 7) Motion #18-94. This motion adds planning month for the Snohomish County Denny Youth Center conversions. This add \$88,000 to the Snohomish County Medicaid contract. We are requiring the county to provide the non-Medicaid match of 9% of the fund's total.
- 8) Motion #18-95. This motion adds six months budget to Unity Care, July 1, 2018 to December 31, 2018 for of mental health services for children in the amount of \$74,250. They are a Federally Qualified Health Care organization and they have expanded their services to children.
- 9) Motions #18-96. This is a cut of two FTE's in the Volunteers of America Access Line starting August 2018. This reduces the Medicaid funds by \$83,225 and state funds by \$8,230 for their contract through the end of the year.
- 10) Motions # 18-99. These are our Dedicated Marijuana Account (DMA) back fill funds for the period July 1, 2018 to December 31, 2018 contracts for Snohomish, Skagit, San Juan, Whatcom and Island Counties. We received a 50% reduction in funding last year and the state took back \$440,000 of the funds they already paid us. This reduced the funding available for these projects. The projects are not defined as direct services covered under the state plan. They are defined as administrative and direct service support projects. This is being funded by Medicaid funds. We are requiring the county to provide the non-Medicaid match of 9% of the fund's total. If we have unspent DMA funds at the end of the year we can amend some of the contracts to put those funds in these contracts.

## North Sound Behavioral Health Ombuds 2018 Semi-Annual Report

GRIEVANCE CATEGORIES	January-June	July-December	TOTAL
Access	0		0
Dignity & Respect	6		6
Quality/Appropriateness	4		4
Phone Calls Not Returned	2		2
Services Intensity, Not Available or Coordination of Services	2		2
Participation in Treatment	0		0
Physicians, ARNPs, and Medications	2		2
Financial and Administrative	0		0
Residential	0		0
Housing	0		0
Transportation	0		0
Emergency Services	2		2
Violation of Confidentiality	0		0
Other Rights Violated	1		1
Other	0		0
<b>TOTAL</b>	<b>19</b>	<b>n/a</b>	<b>19</b>

BHA/BHO GRIEVANCES	January-June	July-December	TOTAL
Behavioral Health Agency	9		9
Behavioral Health Organization	2		2
<b>TOTAL</b>	<b>11</b>	<b>n/a</b>	<b>11</b>

OTHER	January-June	July-December	TOTAL
Administrative Hearing	0		0
Appeals	0		0
Second Opinion	1		1
<b>TOTAL</b>	<b>1</b>	<b>n/a</b>	<b>1</b>

## North Sound Behavioral Health Ombuds 2018 Semi-Annual Report

DESCRIPTION	January-June	July-December	TOTAL
Potential Grievances	51		51
Other/Family Contacts & Additional Non-BHA/BHO Concerns	95		95
<b>TOTAL</b>	<b>146</b>	<b>0</b>	<b>146</b>

GENDER	January-June	July-December	TOTAL
Male	2		2
Female	9		9
<b>TOTAL</b>	<b>11</b>	<b>n/a</b>	<b>11</b>

AGE	January-June	July-December	TOTAL
0-13	2		2
13-21	0		0
21-65	9		9
65+	0		0
<b>TOTAL</b>	<b>11</b>	<b>n/a</b>	<b>11</b>

ETHNICITY	January-June	July-December	AVERAGE
Non-Caucasian	28%		28%
Caucasian	36%		36%
Non-Identified	36%		36%
<b>TOTAL</b>	<b>100%</b>	<b>n/a</b>	<b>100%</b>

SERVICE TYPE	January-June	July-December	AVERAGE
Mental Health	100%		100%
Substance Use Disorder	0%		0%
Co-Occurring	0%		0%
WISe	0%		0%
<b>TOTAL</b>	<b>100%</b>	<b>n/a</b>	<b>100%</b>

# North Sound Behavioral Health Ombuds

## 2018 Semi-Annual Report

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### Summary:

#### January-June 2018

During the last 6 months, Ombuds continued to assist individuals to address concerns at the lowest level possible. Ombuds encourages individuals to self-advocate by providing education and empowering the individual to address their concern with the provider. As a result, Ombuds was able to assist the individual with resolving the majority of the concerns before it rised to the grievance level.

Ombuds staff has continued to meet with providers and other comunity groups to provide information about Ombuds services. We have had a total of 21 outreaches which include Sea Mar-Monroe, Catholic Community Services-Snohomish, Whatcom Detox-Bellingham, Skagit Crisis Center-Burlington, The Reach Center-Everett, Oasis Teen Shelter-Skagit, Snohomish County NAMI, Snohomish County DCR, Rehabco, Island Co. Human Services, Sunrise Services-Everett, Haven House, Sunrise Service-Mt. Vernon, Compass Health ES, Health Care Integration Forum State of WA, Compass Health-Everett, Northwest Youth Services-Mt. Vernon, Evergreen Recovery Centers, Lake Whatcom Center, Oasis Teen Shelter (2x) and Smokey Point Behavioral Health Hospital. In addition, we have also attended two (2-day) State Ombuds Training in March and May 2018 that covered topics of : State Updates, Involuntary Treatment-Present and Future, Fully Integrated Care Regions, WRAP Planning, Working with Challenging Conversations, Leading with Self-Advocacy and Ombuds as Mediators.

This report period, Ombuds initiated an anonymous Customer Satisfaction Survey with the goal of receiving feedback regarding Ombuds services. From the survey's returned, 71% provided positive feedback. The information on the remainder indicated that the individuals were not satisfied with the resolution the agency provided, therefore felt Ombuds services were unsatisfactory. This provided insight to

#### Top two grievance categories reported this period were:

##### **Dignity & Respect: 6**

- Disregard for client voice and choice
- Disregarding culturally sensitive requests
- Rude staff
- Lack of empathy from staff

##### **Quality/Appropriateness: 4**

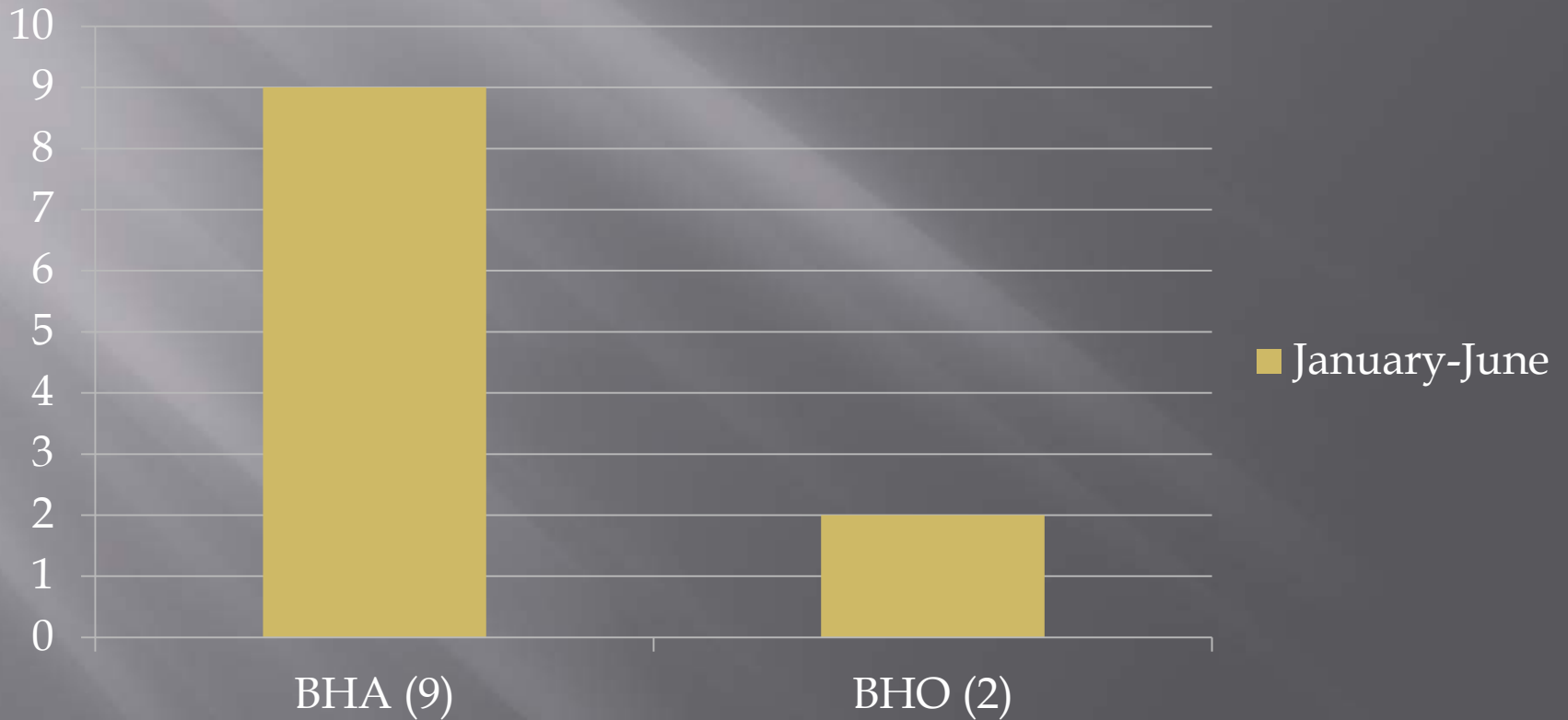
- Barriers to access records
- Timeliness of services provided
- Not honoring client voice/choice

# NORTH SOUND BEHAVIORAL HEALTH OMBUDS

January-June 2018  
Semi-Annual Report

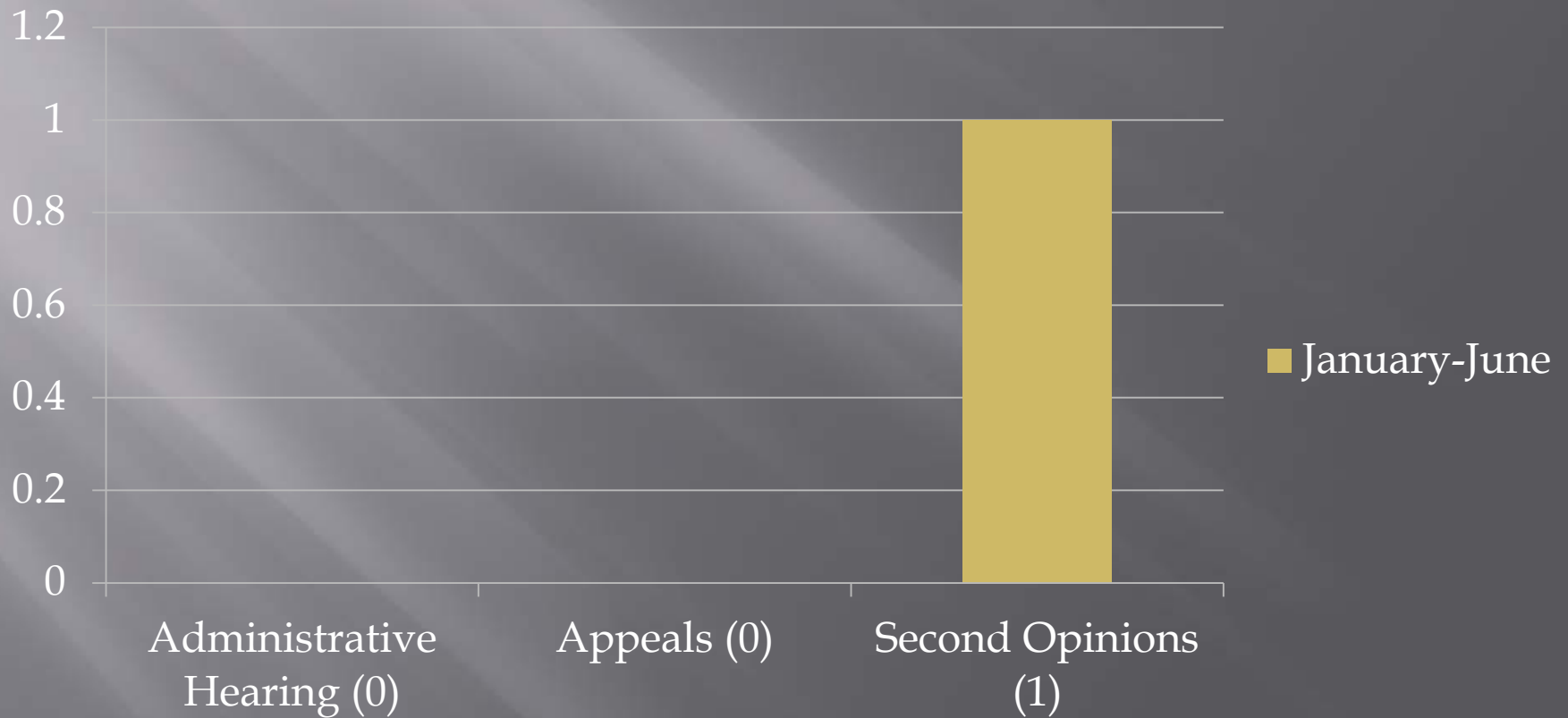
# BHA/BHO Grievances 2018

January-June



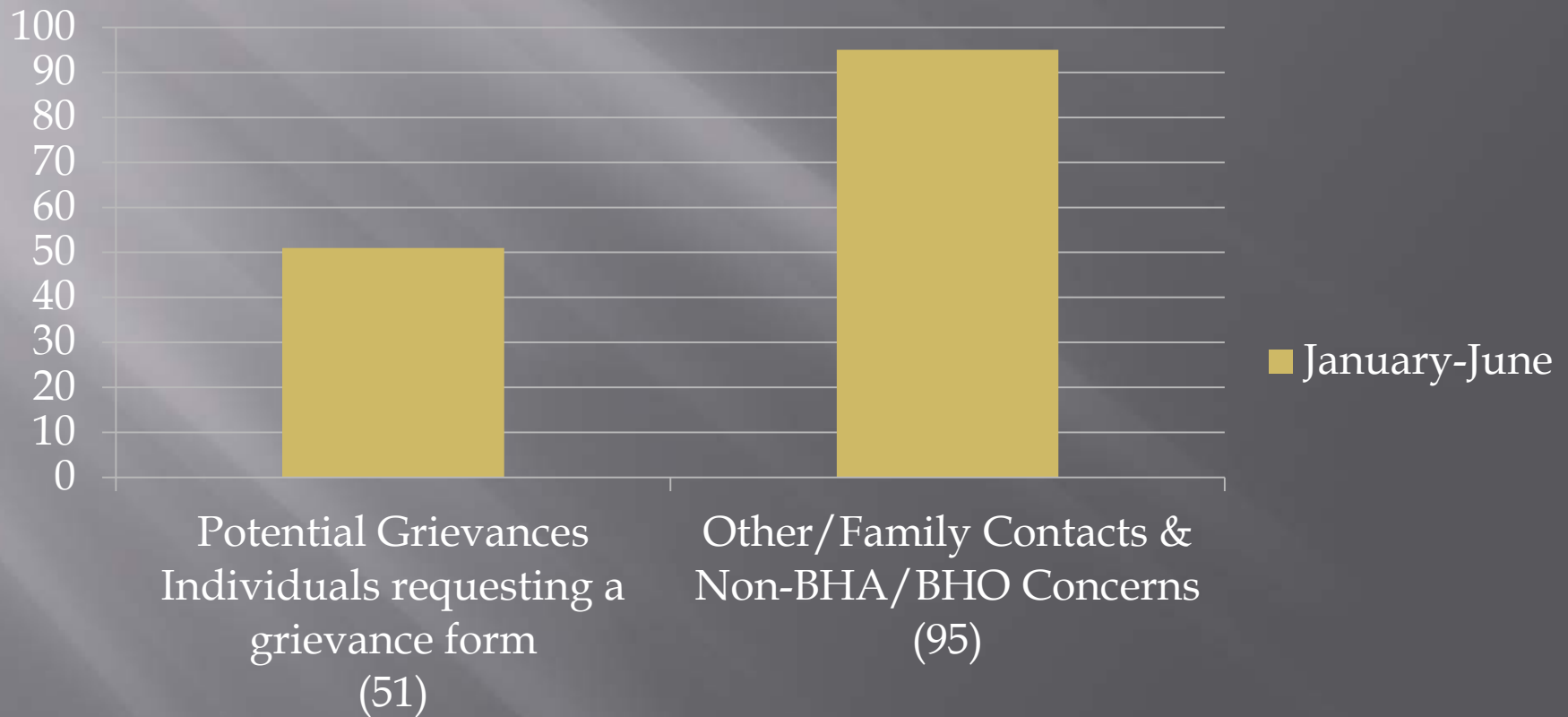
# Other Services 2018

January-June



# Non-BHA/BHO Concerns 2018

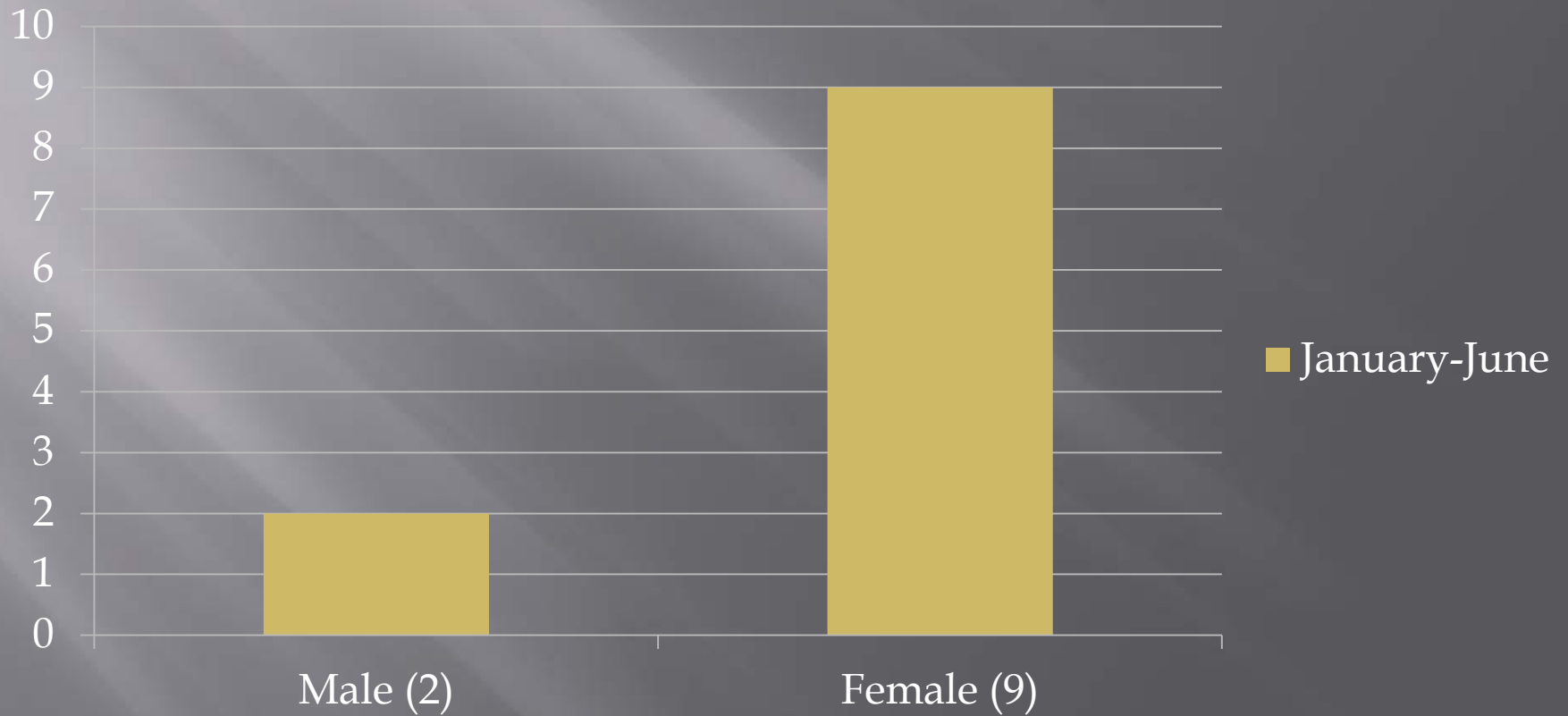
January-June





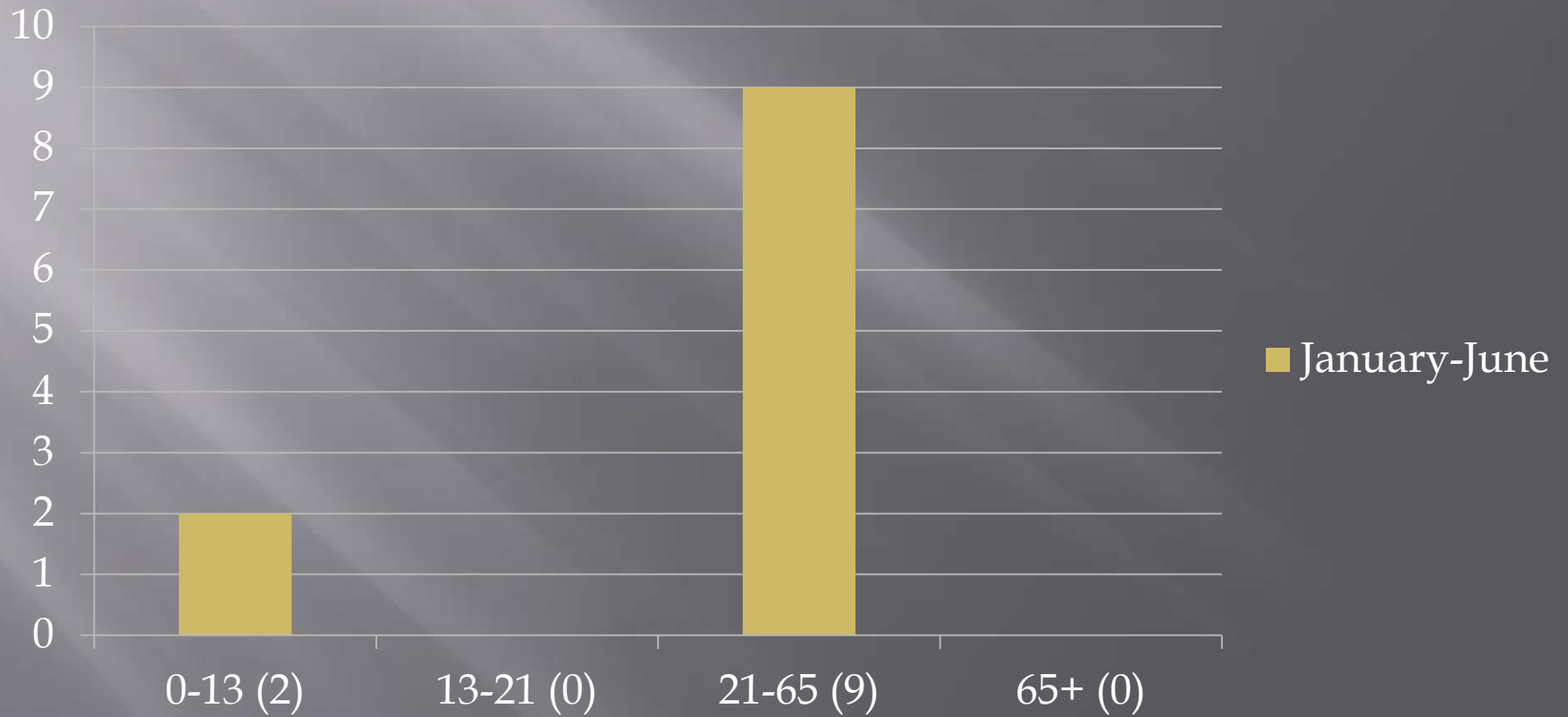
# Gender 2018

January-June



# Age 2018

January-June



# Service Type 2018

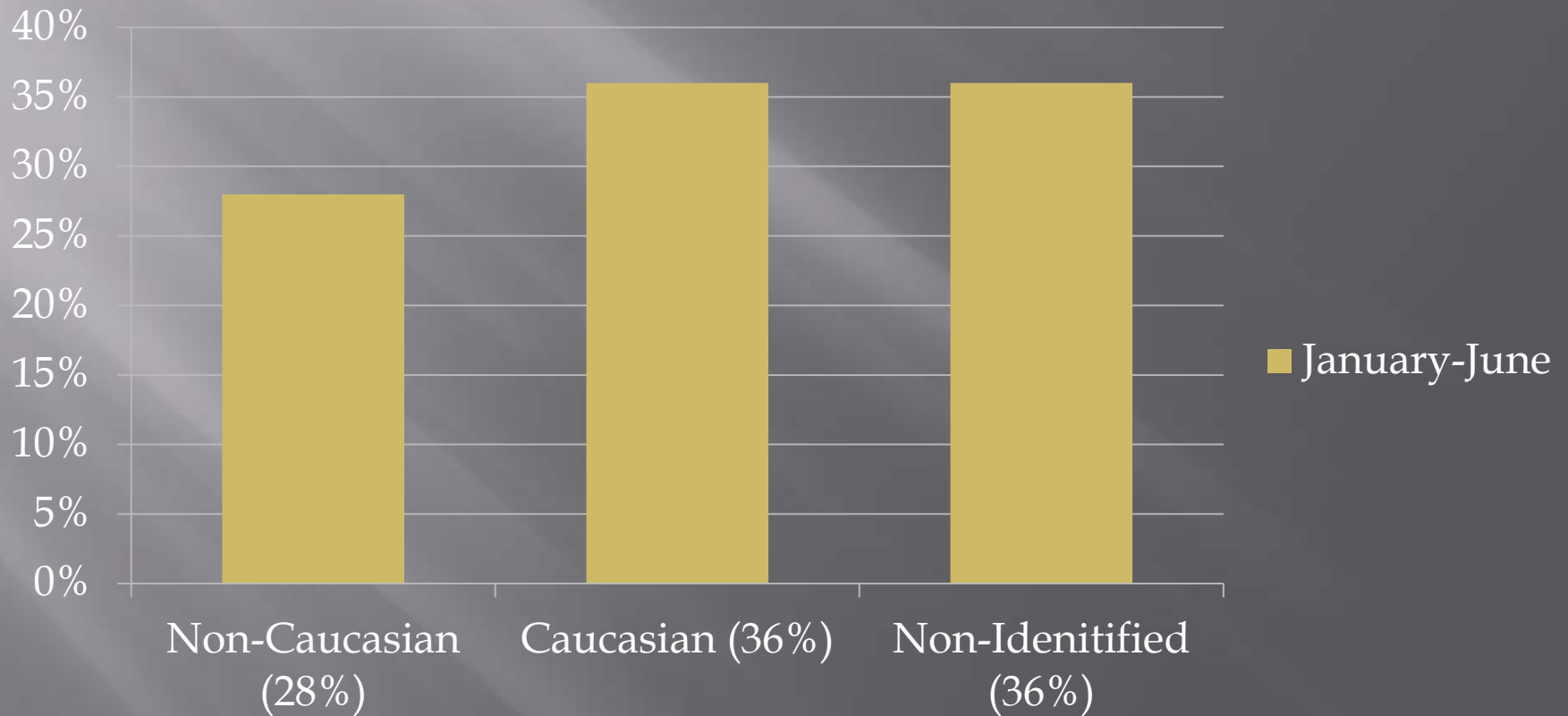
January-June



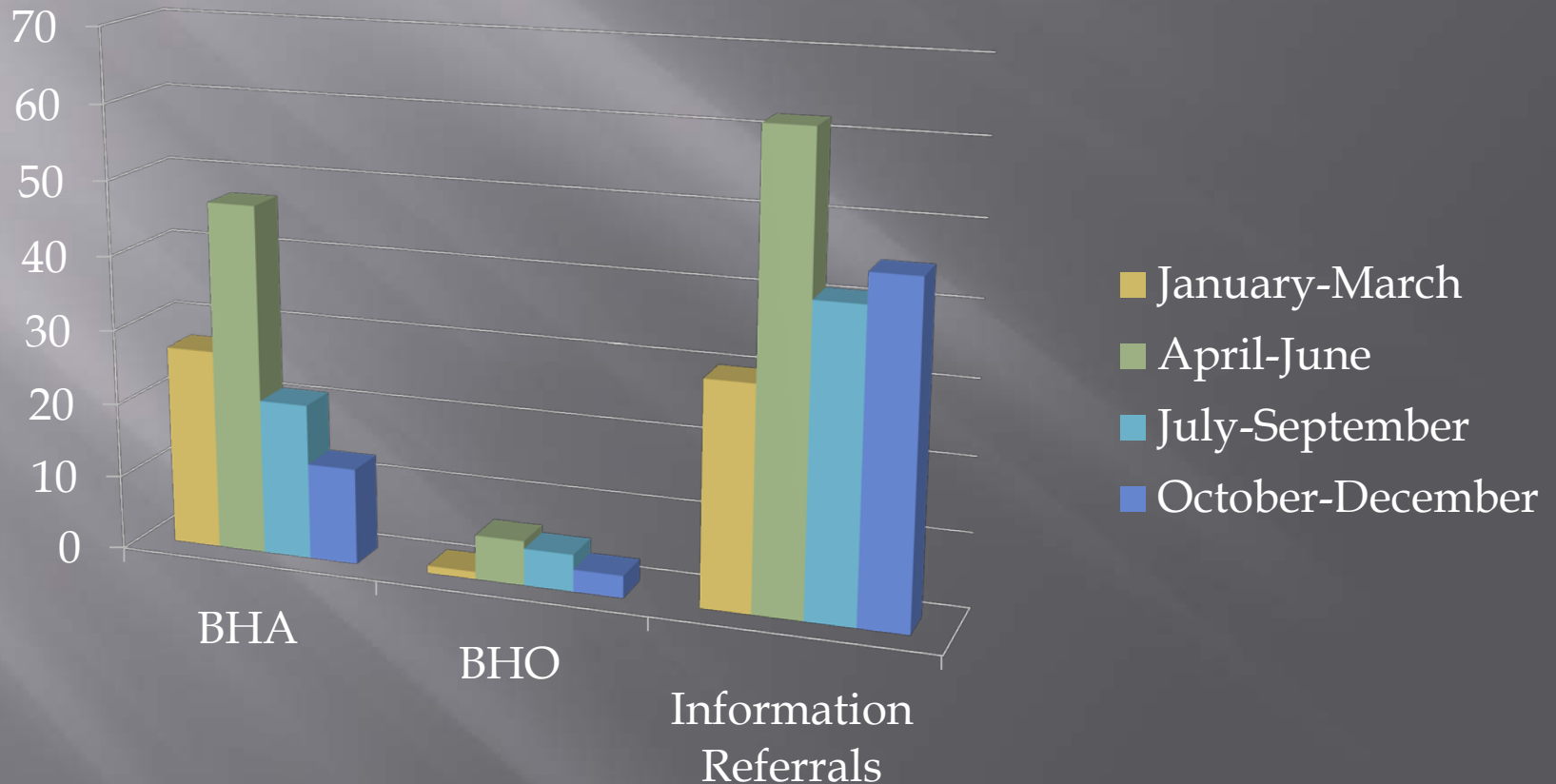
- Mental Health (100%)
- Substance Use Disorder
- Co-Occuring
- WISe

# Ethnicity 2018

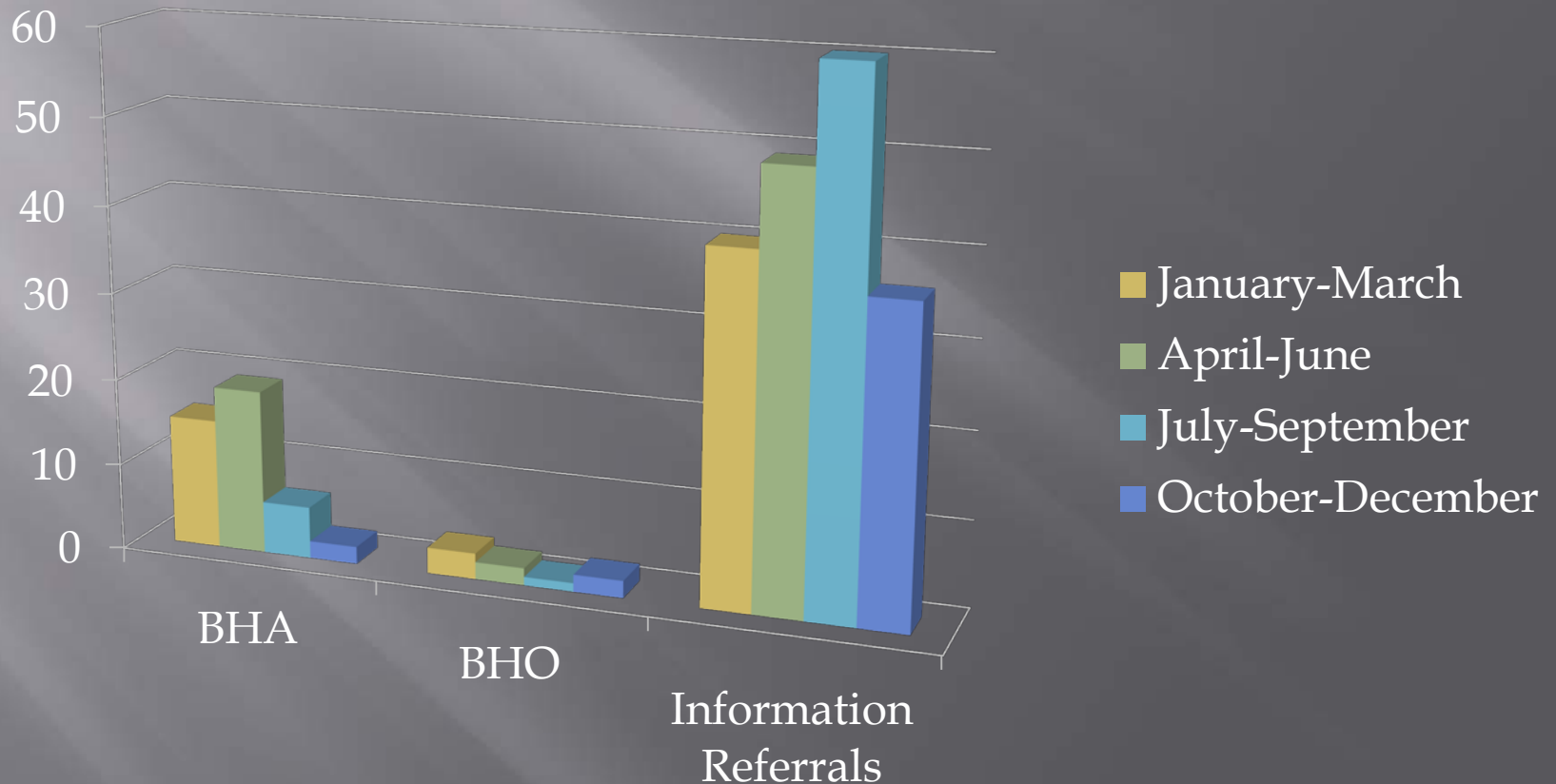
January-June



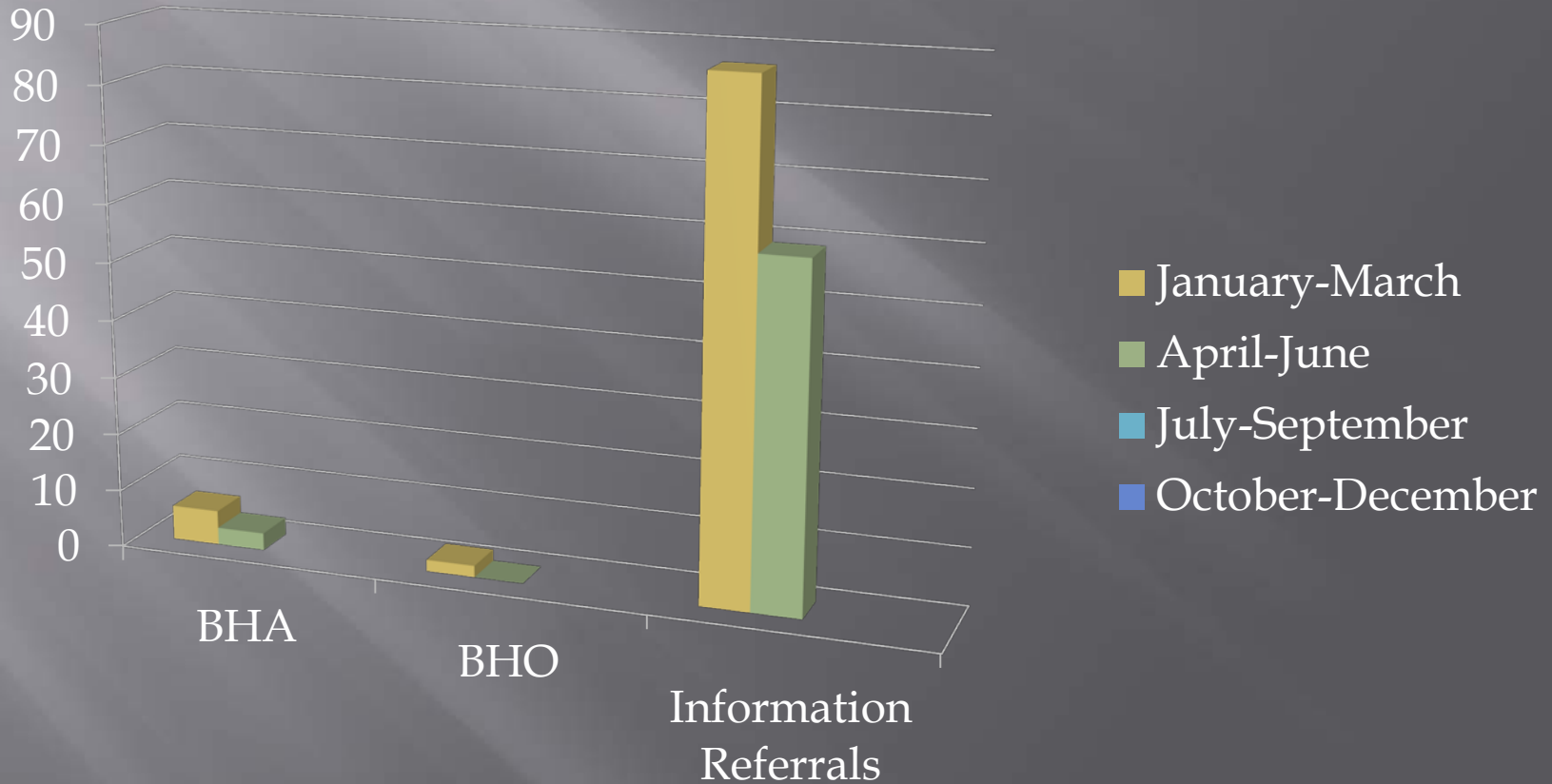
# BHA/BHO Grievances 2016



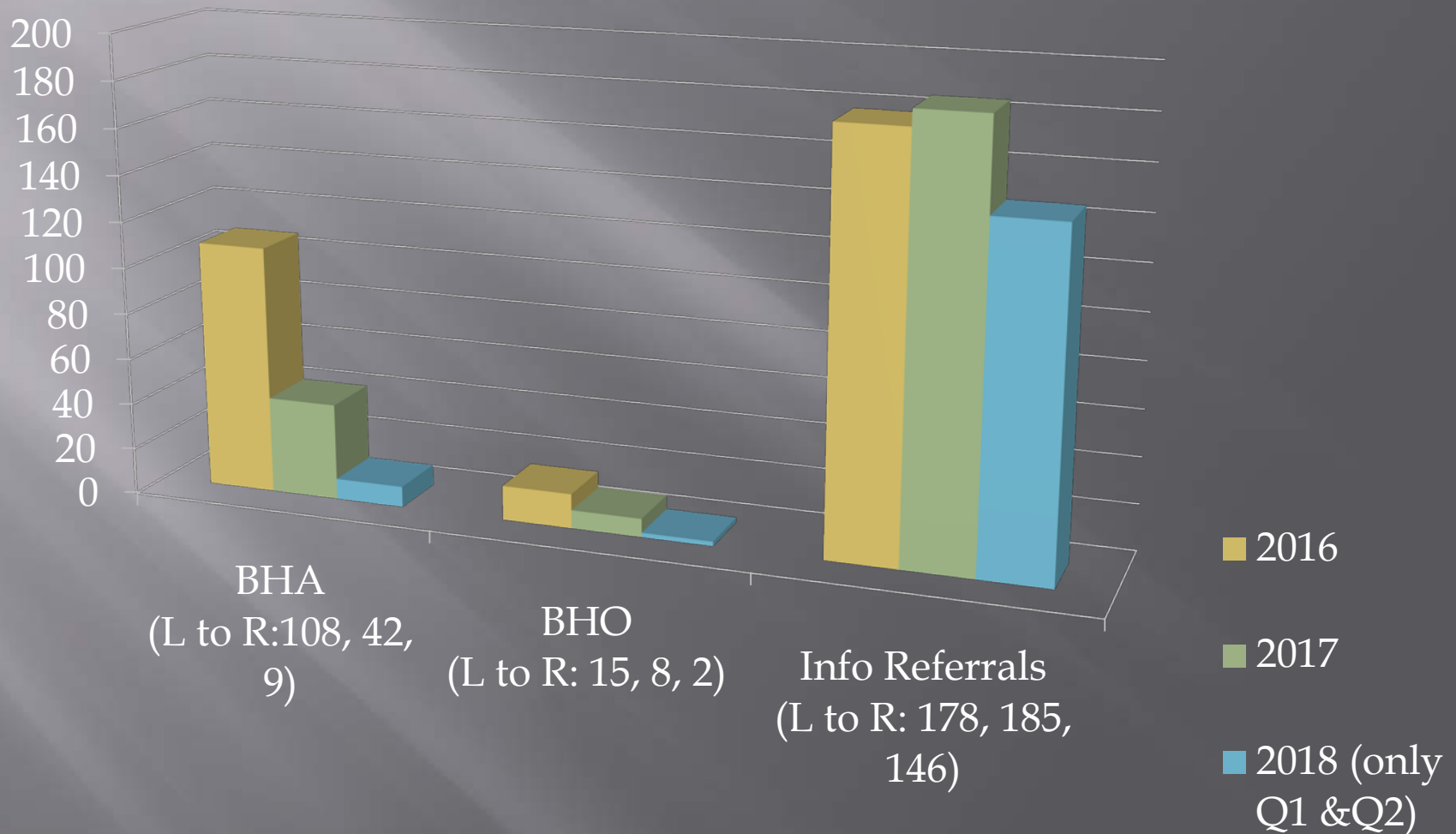
# BHA/BHO Grievances 2017



# BHA/BHO Grievances 2018



# BHA/BHO Grievances 2016-2018





# Customer Satisfaction

## RESPONSES FROM OUR RECENT SURVEY

“Extremely helpful. Made the appeal process go very smooth. Ombuds is a vital organization!”

“If it were not for them, my son would have never been acknowledged.”

“I have always found Ombuds very helpful over the many years I have had interactions with them and am grateful for the services they offer.”

From the surveys returned, 71% provided positive feedback. The remainder expressed dissatisfaction with the resolution offered.

# 2018 Trainings

## TOPICS COVERED

- ▣ State Updates
- ▣ Involuntary Treatment-Present & Future
- ▣ Fully Integrated Care Regions
- ▣ WRAP Planning
- ▣ Leading with Self-Advocacy
- ▣ Ombuds as Mediators
- ▣ Working with Challenging Conversations

# January-June 2018 Outreaches

## 21 COMMUNITY OUTREACHES

- ▣ Seamar - Monroe
- ▣ Catholic Community Services-Snohomish
- ▣ Whatcom Detox
- ▣ Skagit Crisis Center
- ▣ Lake Whatcom Center
- ▣ The Growth Center-Everett
- ▣ Oasis Teen Shelter-Skagit(2x)
- ▣ Snohomish County NAMI
- ▣ Snohomish County DCR
- ▣ North West Youth Services-Skagit
- ▣ Rehab Co
- ▣ Island County Human Services
- ▣ Sunrise Services-Everett
- ▣ Sunrise Services Mount Vernon
- ▣ Haven House
- ▣ Compass Health ES
- ▣ Compass Health Everett
- ▣ Evergreen Recovery Center
- ▣ Health Care Integration State of Washington
- ▣ Smokey Point Behavioral Health Hospital



*We are supported by*



**of Skagit County**

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[www.CommunityActionSkagit.org](http://www.CommunityActionSkagit.org)

# NORTH SOUND BEHAVIORAL HEALTH ORGANIZATION ADVISORY BOARD

2019-2020 Work Plan

## Focus Areas

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### → Advisory Board Representation to Individual Counties

- How to strengthen Members role in the communities
- Members monitor the issues in the communities
- Members representation of the counties
- How the BHASO can strategize with counties to be more effective in communicating with the Advisory Board

### → Accountability

- What are the Accountable Community of Health measures?
- MCOs living up to the standards Washington Administrative Code and Revised Code of Washington
- Did integrated care live up to the promise?
- Actively monitoring Behavioral Health (BH) impact through indicators
  - Working with leadership to develop metrics
    - Ratings scorecard
- Stoplight

### → Supporting a strong vital Behavioral Health Administrative Services Organization

- Language written into legislation regarding the role of the BHASO

### → Transitions of Care

- Monitor individuals care when transitioning of care i.e. jail, hospital
  - Care Coordinator

### → Communication

- Members feedback to counties
- County relationships
- County communication to members regarding issues within the community
  - Community based public education issues
- Lack of communication between systems. How will communication take place with the five MCOs?

➔ **Crisis System – Supporting System Delivery**

- Continuity of care
- Care coordination
- Funding to serve everyone/regional
- Unified street level care
  - Connecting with individuals that are in crisis in the community before they end up in the criminal system or in the hospitals
  - Advocate for these individuals with the MCOs to make sure they get the care they need
- Look at cross county needs advocate – support
- Working with justice system, law enforcement, correctional agencies to advocate behavioral healthcare services for incarcerated individuals

➔ **Survival and Effectiveness of the Board**

➔ **Support the Provider Community**

➔ **Culture Sensitivity of Individuals Being Served**

## Positive Outcomes

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➔ **Care is Improving**

➔ **Efficiencies in System Delivery**

➔ **Better Coordination Between Systems**

➔ **Lives Have Improved**

➔ **Healthier Communities**

➔ **Communities are Holding MCOs Accountable**