



North Sound Behavioral Health Organization

Advisory Board

Agenda

April 2, 2019

1:00 p.m. – 3:00 p.m.

Call to Order and Introductions

Revisions to the Agenda

Approval of March Minutes.....TAB 1

Announcements

Brief Comments or Questions from the Public

Executive/Finance Committee Report

— Approval of March ExpendituresTAB 2

Executive Director’s ReportTAB 3

Executive Director’s Action ItemsTAB 4

Old Business

— Question and Answer Session With MaryAnne Lindeblad
Letter Response Follow UpTAB 5

New Business

- Site Tour – Snohomish County Diversion Program Update
- Pre-Meeting Training AnalysisTAB 6
- Annual Advisory Board Retreat Topics and Location.....TAB 7
- Advisory Board Meeting Room Configuration
- Visual Art and Poetry Contest 2020 ProposalTAB 8
- Washington State Legislature House Page Program Presentation

Report from Advisory Board Members

Reminder of Next Meeting

Adjourn

ADVISORY BOARD PRE-MEETING

April 2, 2019

12:10-12:50PM

North Sound Behavioral Health Organization

Joe Valentine

Executive Director

Summary of Behavioral Health Legislation

As of 3/30/19 per

<http://app.leg.wa.gov/billinfo/>

HOUSE BILL	STATUS	COMMENTS
HB 1064 (Rep. Goodman), Concerning law enforcement	https://app.leg.wa.gov/billsummary?BillNumber=1064&Initiative=false&Year=2019 Signed into law!	Pro. Consensus bill cleaning up recent initiative on this topic
SHB 1100 (Rep. Jinkins), Evaluating competency to stand trial	https://app.leg.wa.gov/billsummary?BillNumber=1100&Initiative=false&Year=2019 Passed House 98-0, heard and exced in Senate Behavioral Health Subcommittee to Health & Long Term Care on 3/29	Monitor
EHB 1175 (Rep. Kilduff), Concerning authorization of health care decisions by an individual or designated person	https://app.leg.wa.gov/billsummary?BillNumber=1175&Initiative=false&Year=2019 Senate Rules white sheet	Pro sign in
SHB 1196 (Rep. Riccelli), Allowing for the year round observation of daylight saving time	https://app.leg.wa.gov/billsummary?BillNumber=1196&Initiative=false&Year=2019 House Rules 2 Review	Con & need to include health impact study if we change to DST
HB 1219 (Rep. Walen), Providing cities and counties authority to use real estate excise taxes to support affordable housing and homelessness projects	https://app.leg.wa.gov/billsummary?BillNumber=1219&Year=2019&Initiative=false Senate Rules white sheet	Pro
2SHB 1224 (Rep. Robinson), Concerning prescription drug cost transparency	https://app.leg.wa.gov/billsummary?BillNumber=1224&Initiative=false&Year=2019 Passed House 80-18, exceed in Senate Health & Long Term Care on 3/29	Pro
SHB 1239 (Rep. Cody), Protecting the confidentiality of health care quality and peer	https://app.leg.wa.gov/billsummary?BillNumber=1239&Initiative=false&Year=2019	

review discussions to support effective patient safety	Senate Rules white sheet	
HB 1349 (Rep. Schmick), Clarifying the definition of a geriatric behavioral health worker for individuals with a bachelor's or master's degree in social work, behavioral health, or other related areas	https://app.leg.wa.gov/billsummary?BillNumber=1349&Initiative=false&Year=2019 Headed to Governor	May just be a technical cleanup
SHB 1356 (Rep. Lovick), Concerning privileged communication with peer support group counselors	https://app.leg.wa.gov/billsummary?BillNumber=1356&Initiative=false&Year=2019 Senate Rules white sheet	
2SHB 1394 (Rep. Schmick), Concerning community facilities needed to ensure a continuum of care for behavioral health patients	https://app.leg.wa.gov/billsummary?BillNumber=1394&Initiative=false&Year=2019 Requested by Governor Passed House 98-0, heard in Senate Ways & Means on 3/28	Pro
SHB 1406 (Rep. Robinson), Encouraging investments in affordable and supportive housing	https://app.leg.wa.gov/billsummary?BillNumber=1406&Chamber=House&Year=2019 Passed House 66-32, to be heard in Senate Ways & Means on 4/3 @ 1:30	Pro
SHB 1483 (Rep. Young), Extending the business and occupation deduction for government-funded behavioral health services	https://app.leg.wa.gov/billsummary?BillNumber=1483&Initiative=false&Year=2019 Died House Rules 2 Review but may be NTIB	
E2SHB 1523 (Rep. Cody), Increasing the availability of quality, affordable health coverage in the individual market See too SB 5526	https://app.leg.wa.gov/billsummary?BillNumber=1523&Chamber=House&Year=2019 Requested by Governor Passed House 57-41, heard in Senate Health & Long Term Care on 3/20	
2SHB 1528 (Rep. Davis), Concerning recovery support services	https://app.leg.wa.gov/billsummary?BillNumber=1528&Year=2019&Initiative=false Passed House 98-0, execed by Senate Behavioral	Worldbridgers pro

	Health Subcommittee to Health & Long Term Care on 3/29	
SHB 1529 (Rep. Davis), Removing barriers for agency affiliated counselors practicing as peer counselors	https://app.leg.wa.gov/billsummary?BillNumber=1529&Initiative=false&Year=2019 Passed House 94-0, exced in Senate Behavioral Health Subcommittee to Health & Long Term Care on 3/29	
HB 1534 (Rep. Dufault), Concerning psychiatric payments under medical assistance programs for certain rural hospitals that are not designated as critical access hospitals, do not participate in the certified public expenditure program, have less than fifty acute care beds, and have combined medicare and medicaid inpatient days greater than fifty percent of total days	https://app.leg.wa.gov/billsummary?BillNumber=1534&Initiative=false&Year=2019 Passed House 94-0, to be heard in Senate Ways & Means on 4/34 @ 1:30	Pro
E2SHB 1593 (Rep. Chopp), Establishing a behavioral health innovation and integration campus within the University of Washington school of medicine	https://app.leg.wa.gov/billsummary?BillNumber=1593&Initiative=false&Year=2019 Requested by the Governor Passed House 95-0, exced in Senate Behavioral Health Subcommittee to Health & Long Term Care on 3/29	Pro
HB 1638 (Rep. Harris), Promoting immunity against vaccine preventable diseases	https://app.leg.wa.gov/billsummary?BillNumber=1638&Year=2019&Initiative=false Passed House 57-40, heard in Senate Health & Long Term Care on 3/29	Pro
HB 1753 (Rep. Riccelli), Requiring a statement of inquiry for rules affecting fees related to health professions	https://app.leg.wa.gov/billsummary?BillNumber=1753&Initiative=false&Year=2019 Passed House 98-0, exced in Senate Health & Long Term Care on 3/29	Pro
SHB 1768 (Rep. Davis), Concerning substance use disorder professional practice	https://app.leg.wa.gov/billsummary?BillNumber=1768&Initiative=false&Year=2019	

	Passed House 98-0, excec in Senate Behavioral Health Subcommittee to Health & Long Term Care on 3/29	
2SHB 1874 (Rep. Frame), Implementing policies related to expanding adolescent behavioral health care access as reviewed and recommended by the children's mental health work group	https://app.leg.wa.gov/billsummary?BillNumber=1874&Initiative=false&Year=2019 Passed House 89-8, excec in Senate Behavioral Health Subcommittee to Health & Long Term Care on 3/29	Pro
2SHB 1907 (Rep. Davis), Concerning the substance use disorder treatment system	https://app.leg.wa.gov/billsummary?BillNumber=1907&Initiative=false&Year=2019 Passed House 98-0, excec in Senate Behavioral Health Subcommittee to Health & Long Term Care on 3/29	
SHB 1931 (Rep. Leavitt), Concerning workplace violence in health care settings	https://app.leg.wa.gov/billsummary?BillNumber=1931&Initiative=false&Year=2019 Passed House 97-0, heard in Ways & Means on 3/26	Needs review; concerns nurse safety at WSH
HB 2081 (Rep. Jenkins), Relating to a behavioral health workforce	https://app.leg.wa.gov/billsummary?BillNumber=2081&Initiative=false&Year=2019 Pending a possible hearing in House Appropriations	Title only bill at this point, may be used later as NTIB
2SHB 2117 (Rep. Frame), Providing a pathway to modernize and rebalance the Washington state tax structure so that it is equitable, adequate, stable, and transparent for the people of Washington state See too SB 5973	https://app.leg.wa.gov/billsummary?BillNumber=2117&Initiative=false&Year=2019 Died at House 2 nd Reading (unless NTIB)	Could eventually lead to enhanced state revenue system, benefitting behavioral health and other services
SENATE BILL	STATUS	COMMENTS
SB 5054 (Sen. O'Ban), Increasing the behavioral health workforce by establishing a reciprocity program to increase the portability of behavioral health licenses and certifications	https://app.leg.wa.gov/billsummary?BillNumber=5054&Initiative=false&Year=2019 Passed Senate 49-0, heard in House Health Care & Wellness on 3/26	Monitor

<p>2SSB 5082 (Sen. McCoy), Creating a committee to promote and expand social emotional learning</p>	<p>https://app.leg.wa.gov/billsummary?BillNumber=5082&Initiative=false&Year=2019</p> <p>Passed Senate 30-18, amended in and passed from House Education on 3/28</p>	<p>Monitor</p>
<p>ESSB 5139 (Sen. Honeyford), Concerning daylight saving time in Washington state</p>	<p>https://app.leg.wa.gov/billsummary?BillNumber=5139&Initiative=false&Year=2019</p> <p>Heard in House Committee on State Government & Tribal Relations on 3/27</p>	<p>Con, and at least require health impact study when/if we switch to DST</p>
<p>2SSB 5141 (Sen. Wellman), Concerning school resource officer mandatory training and policies</p>	<p>https://app.leg.wa.gov/billsummary?BillNumber=5141&Initiative=false&Year=2019</p> <p>Passed Senate 48-0, amended in and passed from House Education on 3/28</p>	<p>Pro: Includes, e.g., training on recognizing & responding to mental health issues</p>
<p>SSB 5163 (Sen. Hasegawa), Concerning actions for wrongful injury or death</p>	<p>https://app.leg.wa.gov/billsummary?BillNumber=5163&Chamber=Senate&Year=2019</p> <p>Passed Senate 30-17, to be heard in House Appropriations on 4/1 @ 3:30</p>	<p>Concerns</p>
<p>SSB 5181 (Sen. Kuderer), Concerning certain procedures upon initial detention under the involuntary treatment act</p>	<p>https://app.leg.wa.gov/billsummary?BillNumber=5181&Year=2019&Initiative=false</p> <p>Passed Senate 26-19, pending a possible hearing in House Appropriations</p>	<p>Monitor</p>
<p>SSB 5184 (Sen. Kuderer), Concerning prescription coverage and the use of nonresident pharmacies</p>	<p>https://app.leg.wa.gov/billsummary?BillNumber=5184&Initiative=false&Year=2019</p> <p>Passed Senate 28-20, heard in House Health Care & Wellness on 3/26</p>	
<p>SB 5205 (Sen. Dhingra), Concerning provisions governing firearms possession by persons who have been found incompetent to stand trial and who have a history of one or more violent acts</p>	<p>https://app.leg.wa.gov/billsummary?BillNumber=5205&Initiative=false&Year=2019</p> <p>Passed Senate 30-17, amended in and passed by House Civil Rights & Judiciary on 3/28</p>	<p>Pro</p>

<p>2SSB 5292 (Sen. Keiser), Concerning prescription drug cost transparency</p>	<p>https://app.leg.wa.gov/billsummary?BillNumber=5292&Initiative=false&Year=2019</p> <p>Passed Senate 49-0, amended in and passed by House Health Care & Wellness on 3/27</p>	<p>Pro</p>
<p>SSB 5385 (Sen. Becker), Concerning telemedicine payment parity</p>	<p>https://app.leg.wa.gov/billsummary?BillNumber=5385&Initiative=false&Year=2019</p> <p>Passed Senate 46-2, passed by House Health Care & Wellness on 3/27</p>	
<p>SSB 5386 (Sen. Becker), Concerning training standards in providing telemedicine services</p>	<p>https://app.leg.wa.gov/billsummary?BillNumber=5386&Initiative=false&Year=2019</p> <p>House 2nd Reading</p>	
<p>SB 5387 (Sen. Becker), Concerning physician credentialing in telemedicine services</p>	<p>https://app.leg.wa.gov/billsummary?BillNumber=5387&Initiative=false&Year=2019</p> <p>House 2nd Reading</p>	
<p>ESSB 5389 (Sen. Becker), Establishing a telehealth training and treatment program to assist youth</p>	<p>https://app.leg.wa.gov/billsummary?BillNumber=5389&Initiative=false&Year=2019</p> <p>Passed Senate 45-2, heard in House Education on 3/25</p>	<p>Neutral</p>
<p>SSB 5428 (Sen. Wilson), Concerning veterans' mental health services at institutions of higher education</p>	<p>https://app.leg.wa.gov/billsummary?BillNumber=5428&Initiative=false&Year=2019</p> <p>Passed Senate 48-0, pending a possible hearing in House Appropriations</p>	<p>Pro</p>
<p>2SSB 5432 (Sen. Dhingra), Concerning fully implementing behavioral health integration for January 1, 2020, by removing behavioral health organizations from law; clarifying the roles and responsibilities among the health care authority, department of social and health services, and department of health, and the roles and responsibilities of behavioral health administrative services organizations and medicaid managed care</p>	<p>https://app.leg.wa.gov/billsummary?BillNumber=5432&Initiative=false&Year=2019</p> <p>Requested by Governor</p> <p>Passed Senate 46-2, amended in and passed by House Health Care & Wellness on 3/27</p>	<p>Pro</p>

<p>organizations; and making technical corrections related to the behavioral health system</p>		
<p>E2SSB 5444 (Sen. Dhingra), Providing timely competency evaluations and restoration services to persons suffering from behavioral health disorders within the framework of the forensic mental health care system consistent with the requirements agreed to in the Trueblood settlement agreement</p>	<p>https://app.leg.wa.gov/billsummary?BillNumber=5444&Initiative=false&Year=2019</p> <p>Requested by Governor</p> <p>Passed Senate 48-0, amended in and passed by House Civil Rights & Judiciary on 3/28</p>	<p>Worldbridgers is pro</p>
<p>ESSB 5526 (Sen. Frockt), Increasing the availability of quality, affordable health coverage in the individual market</p> <p>See too HB 1523</p>	<p>https://app.leg.wa.gov/billsummary?BillNumber=5526&Initiative=false&Year=2019</p> <p>Requested by Governor</p> <p>Passed Senate 36-13, heard in House Health Care & Wellness on 3/26</p>	
<p>SSB 5537 (Sen. Braun), Expanding community-based behavioral health facilities through issuance of state bonds</p>	<p>https://app.leg.wa.gov/billsummary?BillNumber=5537&Initiative=false&Year=2019</p> <p>Senate 2nd Reading (NTIB)</p>	<p>Pro</p>
<p>SSB 5633 (Sen. Brown), Supporting and expanding behavioral health workforce pathway programs</p>	<p>https://app.leg.wa.gov/billsummary?BillNumber=5633&Initiative=false&Year=2019</p> <p>Passed Senate 47-0, to be heard in House Appropriations on 4/3 @ 3:30</p>	<p>Pro</p>
<p>SB 5635 (Sen. Brown), Expanding opportunities for students to pursue mental and behavioral health professions</p>	<p>https://app.leg.wa.gov/billsummary?BillNumber=5635&Initiative=false&Year=2019</p> <p>Passed Senate 46-0, amended in and passed by House College & Workforce Development on 3/26</p>	<p>Pro</p>
<p>E2SSB 5720 (Sen. Dhingra), Concerning the involuntary treatment act</p>	<p>https://app.leg.wa.gov/billsummary?BillNumber=5720&Year=2019&Initiative=false</p> <p>Passed Senate 46-2, amended in and passed by House Civil Rights & Judiciary on 3/28</p>	<p>Pro</p>

<p>2SSB 5822 (Sen. Randall), Providing a pathway to establish a universal health care system for the residents of Washington state</p>	<p>https://app.leg.wa.gov/billsummary?BillNumber=5822&Initiative=false&Year=2019</p> <p>Passed Senate 28-21, heard in House Health Care & Wellness on 3/26</p>	
<p>2SSB 5903 (Sen. Darneille), Concerning children's mental health</p> <p>See too HB 1876</p>	<p>https://app.leg.wa.gov/billsummary?BillNumber=5903&Initiative=false&Year=2019</p> <p>Passed Senate 47-0, amended in and passed by House Human Services & Early Learning on 3/28</p>	<p>Pro</p>
<p>SB 5940 (Sen. Keiser), Imposing a business and occupation surtax on prescription opioid drugs</p>	<p>https://app.leg.wa.gov/billsummary?BillNumber=5940&Initiative=false&Year=2019</p> <p>Heard in Senate Ways & Means on 3/14</p>	

**Seth Dawson
Compass Health
Washington State Psychiatric Association**



North Sound Behavioral Health Organization

Advisory Board

March 5th, 2019

1:00 – 3:00

Advisory Board Meeting Minutes

Members Present:

- Island County: Candy Trautman, Christy Korrow (Phone)
- San Juan County: Theresa Chemnick
- Skagit County: Duncan West
- Snohomish County: Marie Jubie, Fred Plappert, Pat O'Maley-Lanphear, Jim Bloss, Jack Eckrem, Jennifer Yuen, Ashely Kilgore
- Whatcom County: Kara Mitchell, Mark McDonald

Members Excused:

- Island County: Chris Garden
- San Juan County:
- Skagit County: Ron Coakley
- Snohomish County: Joan Bethel, Carolann Sullivan
- Whatcom County: Arlene Feld, Michael Massanari

Members Absent:

- Island County:
- San Juan County:
- Skagit County: Joan Lubbe
- Snohomish County:
- Whatcom County:

Staff: Joe Valentine; Executive Director, Maria Arreola; Advisory Board Coordinator

Guests: Katelyn Morgan; Behavioral Health OMBUDS Specialist, Boone Sureepisarn; OMBUDS Specialist, Marci Bloomquist; Community Health Plan of Washington North Sound Regional Manager, Shelli Young, Independent Consultant

Call to Order and Introductions

The meeting was called to order by Chair O'Maley-Lanphear at 1:02 p.m.

Revisions to the Agenda

Chair O'Maley-Lanphear inquired revisions to the Agenda. No revisions mentioned.

Approval of Minutes from the Previous Meeting Minutes

Motion made to approve the January minutes as written. Motion seconded. All in favor. Motion carried.

Executive/Finance Committee Report

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

Announcements

None

Brief Comments from the Public

- Marci announced the Managed Care Symposium will be April 24 – 25. Location to be determined.

Executive Director Report

Joe Reported

- Transition to Integrated Care
- Crisis Services
- Behavioral Health Facilities Capital Request
- Regional Opioid Reduction Plan

Action Items

Joe reviewed each of the Actions 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

Letters to the Managed Care Organizations

- Members reviewed the letters that will be sent to the Managed Care Organizations. All members were in favor to have the letters be sent on March 6th, 2019.

New Business

OMBUDS Semi Annual Report

- Katelyn and Boone gave the Semi Annual Report covering July – December 2018
- Top grievance categories
 - Access
 - Participation in Treatment
 - Physicians, ARNP, and Medications
 - Emergency Services

2019 Advisory Board Legislative Session Update

- On January 31, 2019 Advisory Board members Pat, Chris, Arlene, Marie and Christy spoke to five state Legislators. The top three speaking points were addressed as well as their own areas of concerns. There were 20 unscheduled contacts made with state Legislative Assistants. They were provided with a packet of the speaking points, supporting documents and the North Sound BHO Executive Directors contact card. All 20 Legislators and Legislative Assistants were given the 2019 Visual Art and Poetry contest calendar.
- On behalf of the North Sound BHO and Advisory Board, Marie Jubie was acknowledged for her continued dedication and achievement for the successful coordination every year to the Legislative session.
- It was determined to send follow up contact with the Legislators. Maria will begin coordination of sending thank you cards

2019 Proposed Pre-Meeting Schedule

- The Executive Finance Committee proposed the 2019 schedule. It was proposed to move the Behavioral Health Administrative Services Organization [BH-ASO] Crisis Services Update to September and have Island County Human Services Public Health and Sheriff's office present on the Opioid Outreach Program. Members were all in favor to proceed with the proposed schedule for 2019.

Pre-Meeting Training Analysis

- Tabled until the April meeting

SAVE THE DATE 18th Annual 2019 North Sound Tribal Behavioral Health Conference

- Conference will be April 3 – 4 at the Tulalip Conference Center
- Members interested in attending are Marie, Jennifer, Duncan, Kara, Pat, Candy, Jack, Mark, Joan B., Carolann

2019 Washington Behavioral Healthcare Conference

- Conference will be June 13 – 14 in Vancouver
- Members interested in attending are Fred, Mark and Kara
- Scholarships will be offered through the Washington Council for Behavioral Health. The scholarships are allocated to each Behavioral Health Organization. Scholarships cover registration only. Advisory Board will be responsible for all other travel expenses.
- It was determined the Advisory Board will not offer outside scholarships this year.
- It was discussed to have a firm confirmation of attendance. If members are unable to attend they are to contact Maria by the provided cancellation policy the conference will have. Maria will send out the cancellation policy when received.

Question and Answer Session with MaryAnne Lindeblad

- Members discussed concerns regarding the network adequacy.
 - Have the Managed Care Organizations present at a meeting after July 1. The requested topic to cover if they have addressed the network adequacy.
- Members reviewed the Managed Care Organizations portal directory
- Members were encouraged to continue to review the Question and Answer document and the follow up letter from MaryAnne Lindeblad. Members were asked to turn in any questions and ideas of action to Maria. These will be further reviewed and discussed during the April meeting.

Report from Advisory Board Members

Arlene spoke of the Blaine area having a rise in teen drug use. The local fire department and law enforcement are forming a mentor program for teens in the area. The local teens will have the opportunity to go on bike rides with the fire department and local law enforcement.

Reminder of Next Meeting

The next Advisory Board meeting is April 2, 2019 in Conference Room Snohomish.

Adjournment

Chair O'Maley-Lanphear adjourned the meeting at 2:46 p.m.

1. **TRANSITION TO INTEGRATED MANAGED CARE**

a) Readiness Review

- As reported in our March Executive Director Report, Health Care Authority [HCA] fiscal staff conducted an on-site fiscal audit to on March 12 and 13 to verify the accuracy of our projected Institute for Mental Disease [IMD] shortfall. To date, HCA has not approved the revised “close-out” plan we submitted on January 4. The auditor’s report would be used to determine whether we meet readiness requirements for fiscal solvency. We provided extensive data to clearly demonstrate that our mandatory IMD expenses have been significantly underfunded going back several years. HCA would use the report to determine whether:
 - 1) They need to put us in “corrective action” to “cure” the IMD related deficit; or
 - 2) Decide that they will not be able to award us the ASO contract.
- We were told that they will issue their report the week of April 1.
- On March 7, we held a “check-in” call with HCA staff on the readiness review materials we submitted on January 28. Other than the close-out plan, they are now considering most of the required items for the readiness review as completed. We will be providing them with copies of the new brochures and signed downstream contracts when they come on site on April 10.

b) MCO Contract Negotiations

- We have completed negotiating our individual “Crisis Services” contracts with each of the MCOs. The original contracts were negotiated in October of last year, but this was with the understanding that we would be a “transition” year BH-ASO and would be contracted to administer a wider range of services.
- Each of the MCOs provided a slightly different proposal for:
 - 1) The level of Per Member Per Month [PMPM] reimbursement they would provide us to reimburse the cost of crisis services to their members;
 - 2) The percentage of their reimbursement that we could retain to cover our administrative costs;
 - 3) An additional small administrative percentage to fund Ombuds services; and,
 - 4) Language to allow for “two-way” reconciliation, i.e., adding to the previous language allowing the MCOs to recoup a portion of PMPM payments if the actual level of services and costs fall below it AND providing for additional reimbursement to the BH-ASO if our level of services and costs are higher than what the PMPM would cover.
- We also identified additional “value added” services they would with contract with us to provide or contract directly with our providers to continue to support. These included:

- 1) Western State Hospital Liaison Services
 - 2) Our 9 WSH Transition beds in Everett and Bellingham
 - 3) Children's Long-term Inpatient Program [CLIP] coordination
 - 4) San Juan county capacity payments
 - 5) Workforce Training Resource: both the on-line system and the classroom base training we provide
 - 6) VOA Crisis Chat Line
 - 7) Tribal Behavioral Health Conference
- To date, they've expressed interest in working with us on Western State Hospital Liaison and CLIP coordination but have not provided any firm proposals. We understand that several of them are considering including rate enhancements in their contracts with Compass to serve San Juan county.

c) Integrated Care Planning

- The MCOs are working with us on providing a series of monthly "learning collaboratives" to address some of the specific issues the behavioral health agencies will need assistance with. The first one was held on March 13 and covered the topics of credentialing and forms. The next one will be held on April 24 and 25 and will cover authorizations and billing.
- Three workgroups are now being launched: *Early Warning Metrics*, *Model of Care*, and *Capacity Building*.
- We developed a preliminary list of Early Warning Metrics and ongoing Performance Measures that the counties have identified they are interested in. The first workgroup meeting took place on April 1.
- The Model of Care Workgroup will focus specifically on coordinating crisis services with the MCOs including how we will work together on addressing the needs of high utilizers. The first workgroup meeting took place on March 29.
- At the March 8 Interlocal Leadership Structure Meeting, one of the agenda items included an extensive discussion between the MCOs and County representatives, on how the MCOs plan to approach funding current and planned behavioral health crisis and treatment facilities. It was agreed that the *Capacity Building* Workgroup will be launched as soon as possible to work on this issue.
- We've developed draft BH ASO brochures to provide information to the community about general BH ASO services, how to access Crisis Services, and how to request Translator/Interpreter Services. These are now being reviewed by HCA in preparation for our April 10 on-site review.

d) Behavioral Health Legislation

- The revisions to behavioral health statutes to remove the reference to BHOs and to define the role and purpose of Behavioral Health Administrative Service Organizations [BH-ASOs] - HB 1393 and SB 5432 – continue to work their way through the legislative committees.

- The BHOs worked with Brad Banks to develop a State General Fund budget request that would stabilize the system of crisis services at the current level. This budget request was presented to and approved by the WSAC Legislative Steering Committee.
- However, **neither the House or Senate budgets contain any additional money for crisis services for to cover the rising ITA hearing costs. This will put the current level of crisis services at risk.**

e) BH ASO Restructuring

- The BHO leadership team held an off-site planning retreat on February 22. The retreat identified how we will organize the core functions required by our new BH ASO contract within the reduced staffing levels.
- We developed a plan for identifying the positions to be eliminated, how staff will be chosen for those positions, and the outplacement assistance that will be provided to staff who will be affected.
- We will be retiring 20 positions at the end of June, and additional positions will be retired at the end of December when the work on BHO “close-out” is completed. Of the remaining positions, 11 will be filled on a competitive basis.

2. CRISIS SERVICES

- Due to the significant changes that will have to be made in the funding, structure, and operation of Crisis Services after July 1, we have initiated a “Crisis Services Leadership Group” to oversee these changes. This includes the key leadership from VOA, Compass Health, and Snohomish County Human Services
- Our first meeting was held on February 19 where we reviewed proposed changes to the protocols used by the VOA Placement Team and Designated Crisis Responders [DCRs] in locating Involuntary Treatment Act [ITA] placement beds.
- We also presented the new budget outlook and the need to begin consolidating the funding for Crisis Prevention and Intervention Team [CPIT] [voluntary mobile outreach teams] with the funding for DCRs. The Crisis Services agencies agreed to work with us on finding ways to reduce costs while maintaining essential services.
- This group agreed to meet on a monthly basis and after the budget and structural changes are made begin to focus on strategies for ongoing process improvement within available funds.

3. BEHAVIORAL HEALTH FACILITIES CAPITAL REQUEST

- We continue to work with Al Aldrich and Strategies 360 to see support for the North Sound’s behavioral health facilities capital request for the 2019 Legislative Session.
- Thanks to the support for Norma Smith, Carolyn Eslick, and John Lovick, the House Capital Budget includes additional funds for the North Sound Facility projects:
 - a) “North Sound SUD Treatment Facility” [Denny JJC]: \$1.5 million
 - b) “Oak Harbor Tri-County Behavioral Health” [Triage/Detox]: \$ 1 million
 - c) “Sedro Woolley North Sound E&T”: \$ 7 million

- However, the Senate Capitol budget does not include any funding for specific projects, but only a total amount for all behavioral health projects. We will be sending requests to Senators Dhingra and Frockt for support.

4. North Sound Tribal Behavioral Health Conference

- April 3 and 4 – program brochure attached.

18th Annual 2019 North Sound
Tribal Behavioral Health Conference
and Opioid Symposium

THE POWER TO HEAL: CULTURAL TRADITION IN WELLNESS

April 3rd & 4th, 2019
Tulalip Resort, Tulalip, WA

SPECIAL KEYNOTES



THEDA NEW BREAST



DR. IRIS PRETTYPAINT

Keynotes, workshops, and panels exploring
Tribal Traditional Strengths
that support behavioral health treatment and recovery
in Tribal communities.

Opioid Crisis • Suicide Prevention
Youth Outreach • Historical Trauma

For registration and scholarship forms:
tc2019@northsoundbho.org or
www.northsoundbho.org/tribal

Presented by

the North Sound Behavioral Health Organization, North Sound Tribes,
and Washington State Health Care Authority

Theda New Breast



Theda is a founding board member and master trainer/facilitator for the Native Wellness Institute (NWI). She is one of the pioneers in the Native training field and an original committee member for the Men's and Women's Wellness gatherings. Theda has been a leading authority on Indigenous Cultural Resilience Internationally and has worked with over 500 Tribes in 34 years on Proactive Healing from Historical Trauma, Post Traumatic Growth, Mental Health Healing, and Sobriety/Recovery/Adult Child of Alcoholic (ACOA). She is the co-founder and co-writer of the GONA (Gathering of Native Americans) curriculum, one of the Ten Effective Practices and Models in Communities of Color. Theda has facilitated over 600 GONA's. She lives on the Blackfeet Reservation in Northern Montana and is a Khan-nat-tso-miitah (Crazy Dog) Society member, herbalist, Sun dancer, Pipe Carrier, and lives as Niitsitapi, like all her Ancestors for thousands of years. In 2013, The Red Nations Film Festival Honored Theda with a Humanitarian Award for her lifetime of healing work with tribes and with a Red Nations statuette for her documentary short called, "Why The Women in My Family Don't Drink Whiskey." The Blackfeet Tribal Council has recognized her Leadership skills and appointed her unanimously to The Board of Trustees for Blackfeet Community College for years 2014-2017.

Dr. Iris PrettyPaint



Dr. PrettyPaint (Blackfeet) serves as KAI's vice president for Indigenous Knowledge Transfer and leader of KAI's Training and Technical Assistance (TTA) Team, and she has more than 35 years of experience as an educator, evaluator, researcher, and communicator. She is a leading authority on Native cultural resilience; suicide prevention and postvention; and substance use and violence prevention within rural American Indian and Alaska Native (AI/AN) communities. Dr. PrettyPaint has an extensive, positive history of working with government and state agencies including the Substance Abuse and Mental Health Services Administration (SAMHSA), the Montana Department of Health and Human Services, the Indian Health Service (IHS), and the Administration for Native Americans (ANA) to support rural communities in their efforts to prevent suicide, substance misuse, and promote behavioral health. She is experienced in providing management support across a wide range of topics and agencies. Currently, she serves as a subject matter expert for SAMHSA's Tribal Training and Technical Assistance contract and works with rural grantee communities to perform readiness assessments, develop community prevention plans, select appropriate evidence-based, culture-based, and practice-based interventions to address mental health, substance use disorders, and suicide prevention. Dr. PrettyPaint holds her doctorate in social work (administration/evaluation) and her Master of Social Work degree from the University of Minnesota.

2019 Tribal Behavioral Health Conference and Opioid Summit
'The Power to Heal: Cultural Tradition in Wellness'
*April 3rd & 4th, 2019, Tulalip Resort, Draft Agenda**

Wednesday, April 3rd, 2019			
TIME		PRESENTER	LOCATION
8:00	Registration/Breakfast		Orca Ballroom
9:00	Opening Blessing		
	Welcome & Opening	Joe Valentine	
	Introduction	Rudy Vendiola & Docavie Vendiola III Master of Ceremonies	
9:30	Keynote (Title)	Theda New Breast	Orca Ballroom
10:30	BREAK – 15 minutes		
10:45	Session A Workshops		Breakout rooms:
A-1	Keynote Workshop	Theda New Breast	Orca 3
A-2	Transitional Living Programs within the Swinomish Indian Tribal Community	Rose Ness, CDP, MA, LMHC Program Director, Swinomish Wellness Program and Transitional Living Programs <i>(Panel Discussion)</i>	Chinook I
A-3	Advocacy & Wellness, Recovery for Trauma	Brenda Poitra, Sauk-Suiattle	Chinook II
A-4	Treating Historical Trauma in Native Americans	Seth Studley, Catawba Indian Nation	Chinook III
12:00	BLESSING & LUNCH		
1:30	Session B Workshops		Breakout rooms:
A-1	Workshop Title TBD	Jessica Blose, HCA	Orca 3
A-2	Good Samaritan Law	Dr. Adam Kartman	Chinook I
A-3	Advocacy & Wellness, Recovery for Trauma	Brenda Poitra, Sauk-Suiattle	Chinook II
A-4	Treating Historical Trauma in Native Americans	Seth Studley, Catawba Indian Nation	Chinook III
2:45	BREAK – 15 minutes		
3:00	Presentation: The Art of Honor	Swil Kanim	Orca Ballroom
4:00	Wrap-up Day One	Master of Ceremonies	Orca Ballroom
	Closing Blessing		

2019 Tribal Behavioral Health Conference and Opioid Summit
'The Power to Heal: Cultural Tradition in Wellness'
*April 3rd & 4th, 2019, Tulalip Resort, Draft Agenda**

Thursday, April 4th, 2019			
TIME		PRESENTER	LOCATION
8:00	Continental Breakfast		Orca Ballroom
9:00	Opening Blessing		
	Introduction	Rudy Vendiola & Docavie Vendiola III Master of Ceremonies	
9:15	Keynote: Pathways to Facilitate Tribal Community Storytelling for Healing	Dr. Iris PrettyPaint	Orca Ballroom
10:15	BREAK – 15 minutes		
10:30	Session C Workshops		Breakout Rooms
C-1	Pathways to Facilitate Healing	Dr. Iris PrettyPaint	Orca 3
C-2	Cultural Responses to the Opioid Crisis	Dr. Danica Brown, Northwest Portland Area Indian Health Board	Chinook I
C-3	New Tools for Opioid Abuse Prevention and Treatment in Public Education	Michelle Hege, DH	Chinook II
C-4	Opioids and Pregnant Women (Title TBD)	Swedish Medical Center	Chinook III
11:45	BLESSING & LUNCH		
1:00	Presentation	Native Transformations Project Presentation and Community Action Board Panel	Orca Ballroom
2:20	BREAK – 15 minutes		
2:35	Presentation	Indigenous 20 Something Project <i>Shalene Joseph and Josh Cocker</i>	Orca Ballroom
3:35	Closing Ceremonies	Master of Ceremonies	Orca Ballroom
	Closing Blessing		



TULALIP RESORT CASINO

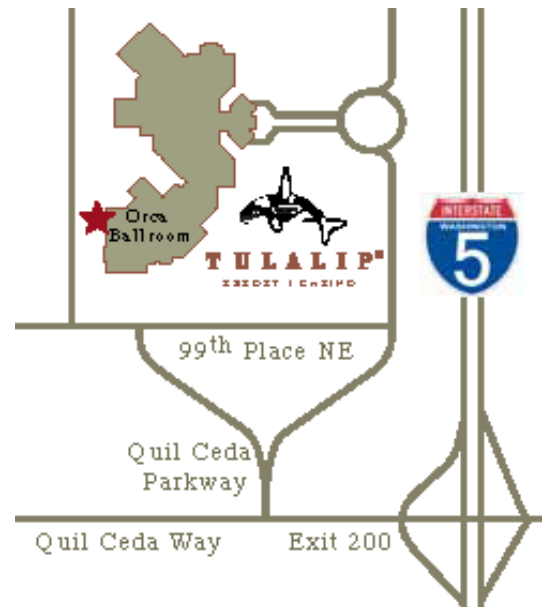
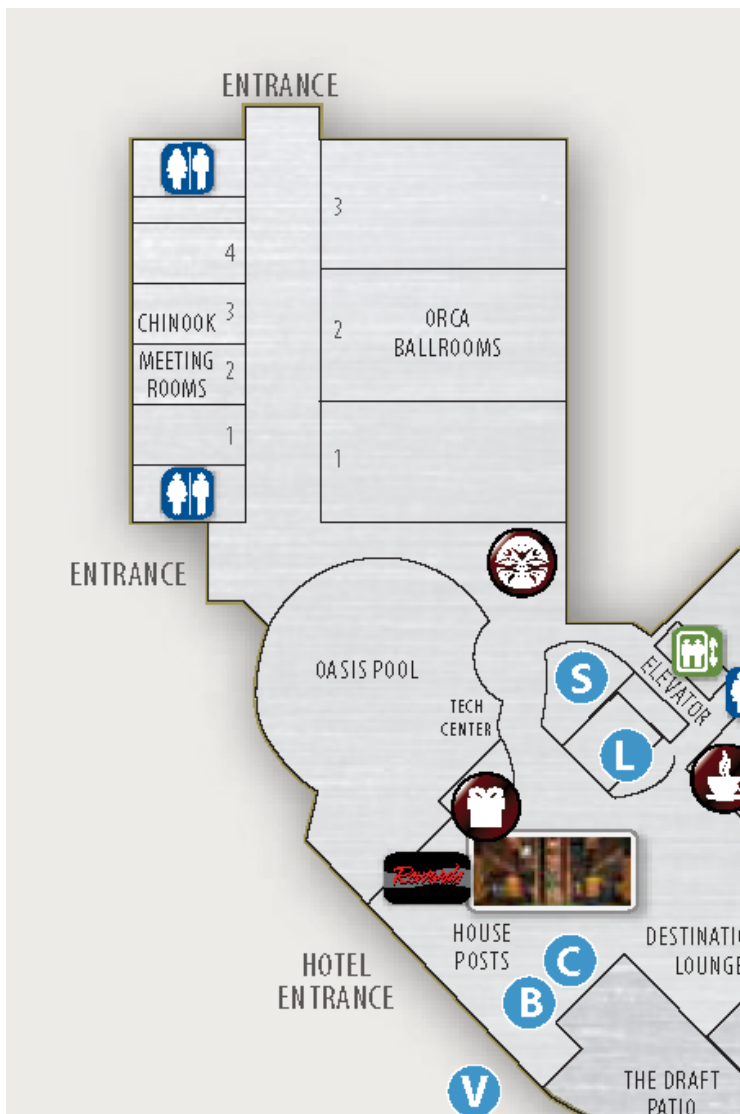
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**North Sound Behavioral Health Organization, LLC.
Advisory Board Budget
March 2019**

	Total	All Conferences Project # 1	Board Development Project # 2	Advisory Board Expenses Project # 3	Stakeholder Transportation Project # 4	Legislative Session Project # 5
Budget	\$ 22,000.00	\$ 10,200.00	\$ 575.00	\$ 10,200.00	\$ 75.00	\$ 950.00
Expense	(2,526.07)			(1,376.39)		(1,149.68)
Under / (Over) Budget	\$ 19,473.93	\$ 10,200.00	\$ 575.00	\$ 8,823.61	\$ 75.00	\$ (199.68)

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 2019

	Type	Date	Num	Name	Memo	Amount
Advisory Board						
Supplies						
	Bill	03/12/2019	6184	NSRSN (Petty Cash)	Batch # 127519	95.91
Total Supplies						<u>95.91</u>
Travel						
	Bill	03/12/2019	Mar2019	McDonald, Mark	Batch # 127519	32.48
	Bill	03/12/2019	Mar2019	Yuen, Jennifer	Batch # 127519	52.20
Total Travel						<u>84.68</u>
Total Advisory Board						<u><u>180.59</u></u>

Professional Service Contract

Summary:

- Compass Health provides training for our provider network in addition to the BHO provider training. We fund their training at 91% of the costs in Medicaid funding and Compass charges the attendees the balance, usually a nominal fee.
- Catholic Community Services NW is requesting startup funds to expand their Wraparound with Intensive Services (WISe) capacity in the North Sound Region, specifically in North Snohomish County, with the capacity to serve Camano Island.

Motion #19-09

- North Sound BHO-Compass Health-Training PSC-19 to conduct training for the North Sound Provider Network. The maximum consideration on this contract is \$67,000 with a term of January 1, 2019 through June 30, 2019.
- North Sound BHO-CCSNW-WISe PSC-19 to pay for the expenses to start up another WISe team. The maximum consideration on this contract is \$408,000 with a term of January 1, 2019 through June 30, 2019.

* * *

PATHFINDER Grant

Summary:

- Health Care Authority is contracting for State Targeted Response to Opioid Crisis (STR) PathFinder Services, these services are attached to our Snohomish and Whatcom PATH Grants. The contract provides the funding for four (4) months, December 15, 2018 through April 30, 2019. These funds are specifically to fund Peers with Substance Use Disorder experience.
- Compass Health provides the PathFinder services in conjunction with their PATH services in Snohomish and Whatcom Counties.

Motion #19-10

- HCA-North Sound BHO-Snohomish PathFinder-18-19 to provide the funding for the period of December 15, 2018 through April 30, 2019. The increase in funding is \$36,948 for a new maximum consideration of \$231,688 with a new term of July 15, 2017 through April 30, 2019.
- HCA-North Sound BHO-Whatcom PathFinder-18-19 to provide the funding for the period of December 15, 2018 through April 30, 2019. The increase in funding is \$36,948 for a new maximum consideration of \$231,688 with a new term of July 15, 2017 through April 30, 2019.
- North Sound BHO-Compass Health-PathFinder-18-19 to continue providing PathFinder services in Snohomish and Whatcom Counties. The increase in funding is \$73,896 for a new maximum consideration of \$463,376 with a new term of July 15, 2017 through April 30, 2019.

PATH Grant

Summary:

Compass Health's Snohomish County PATH program was on hold until we found the funding to provide the match and additional program costs. Compass Health is providing the match of \$41,816 and the BHO is providing Mental Health Block Grant (MHBG) funds for the additional program costs through June 30, 2019.

Motion #19-11

- North Sound BHO-Compass Health-PATH-17-19 to provide homeless outreach in Snohomish County. The increase to this contract is \$125,449 in Grant funding and \$70,500 in MHBG funds for a new maximum, minus match, of \$195,949 with a new term of October 1, 2017 through June 30, 2019.

Interlocal

Summary:

Skagit County Auditor is the custodian of North Sound BHO funds. This Interlocal establishes the relationship and costs associated with their custodial responsibilities.

Motion #19-12

- Skagit County Auditor-North Sound BHO-Interlocal-19-20 to continue the responsibilities of the custodial responsibilities for the North Sound BHO. A monthly charge of \$3,500 will be paid to the Skagit County Auditor for services, the term of this Interlocal is January 1, 2019 through June 30, 2020.

Personal Services Contract

Summary:

Sam Magill, Consultant, will be engaged in a Leadership Team Retreat, individual coaching and a follow up retreat with leadership team post July 1, 2019.

Motion #19-14

- North Sound BHO-Magill-Consultation PSC-19 to provide leadership consultation and retreat facilitation. The maximum consideration on this contract is up to \$24,500 with a term of January 14, 2019 through August 30, 2019.

ESSB 6032 Funds

Summary:

The following amendments are to provide the additional ESSB 6032 funding for retention and recruitment strategies through June 30, 2019.

Motion # 19-16

- North Sound BHO-Asian Counseling & Treatment Services (ACTS)-PSC-18-19 Amendment 1 to provide additional funding for retention/recruitment strategies in the amount of \$36,000 for a new maximum consideration of \$153,407 with a new term of July 1, 2018 through June 30, 2019.
- North Sound BHO-Center for Human Services-PSC-18-19 Amendment 1 to provide additional funding for retention/recruitment strategies in the amount of \$300,000 for a new maximum consideration of \$634,330 with a new term of July 1, 2018 through June 30, 2019.
- North Sound BHO-Catholic Community Services NW-PSC-18-19 Amendment 1 to provide additional funding for retention/recruitment strategies in the amount of \$379,905 for a new maximum consideration of \$1,102,660 with a new term of July 1, 2018 through June 30, 2019.
- North Sound BHO-Compass Health-PSC-18-19 Amendment 1 to provide additional funding for retention/recruitment strategies in the amount of \$500,000 for a new maximum consideration of \$2,590,889 with a new term of July 1, 2018 through June 30, 2019.
- North Sound BHO-Ideal Balance-PSC-18-19 Amendment 1 to provide additional funding for retention/recruitment strategies in the amount of \$7,000 for a new maximum consideration of \$41,801 with a new term of July 1, 2018 through June 30, 2019.
- North Sound BHO-Lake Whatcom Center-PSC-18-19 Amendment 1 to provide additional funding for retention/recruitment strategies in the amount of \$275,000 for a new maximum \$810,763 with a new term of July 1, 2018 through June 30, 2019.
- North Sound BHO-Sea Mar-PSC-18-19 Amendment 1 to provide additional funding for retention/recruitment strategies in the amount of \$300,000 with a new maximum consideration of \$759,813 with a new term of July 1, 2018 through June 30, 2019.
- North Sound BHO-Sunrise Services-PSC-18-19 Amendment 1 to provide additional funding for retention/recruitment strategies in the amount of \$250,000 with a new maximum consideration of \$638,661 with a new term of July 1, 2018 through June 30, 2019.

Substance Abuse Block Grant (SABG) PPW Housing Support

Summary:

The additional funding was requested by Catholic Community Services NW for their Pregnant and Parenting Housing Support Program.

Motion #19-17

- North Sound BHO-Catholic Community Services NW-SABG Housing-17-19 Amendment 3 to increase funding by **\$5,000** for a new maximum consideration **\$293,000** with the term remaining the same July 1, 2017 through June 30, 2019.

PATH STR Grant

Summary:

This grant is being provided to the BHO to help with the costs of the 2019 North Sound Tribal Conference.

Motion #19-18

- HCA-North Sound BHO-PATH STR-19 to provide **\$60,000** for the North Sound BHO 2019 Tribal Conference. The term of this agreement is April 3, 2019 through April 30, 2019.

The following Motions are the North Sound Behavioral Health Administrative Service Organization (North Sound BH-ASO) Contracts effective on July 1, 2019. The signed contracts were submitted to HCA on April 1-2, 2019.

Integrated Care Crisis Network Contracts

Summary:

- The following contracts are the BH-ASO crisis network contracts signed and submitted to HCA on April 1, 2019. These contracts will be effective July 1, 2019. The compensation rate is within ranges, individual budgets will be developed once the BH-ASO has it's 2019-2020 budget finalized.
- Services included in these contracts:
 - Involuntary Treatment Act Services
 - Crisis Outreach and Stabilization
 - Evaluation and Treatment Services
 - E&T Discharge Planner
 - Crisis Toll Free Crisis Hotline

Motion #19-19

- North Sound BH-ASO-Compass Health-19 for the provision of crisis outreach, stabilization Involuntary Treatment Act and Evaluation and Treatment services in the North Sound Regional Service Area. The term of the contract is July 1, 2019 through December 31, 2019.
- North Sound BH-ASO-Snohomish County-19 for the provision of Involuntary Treatment Services in Snohomish County. The term of the contract is July 1, 2019 through December 31, 2019.
- North Sound BH-ASO-Telecare-19 for the provision of Evaluation and Treatment Services in the North Sound Regional Service Area. The term of the contract is July 1, 2019 through December 31, 2019.
- North Sound BH-ASO-Volunteers of America-19 for the provision of Crisis Toll Free Hotline in the North Sound Regional Service Area. The term of the contract is July 1, 2019 through December 31, 2019.

Program for Assertive Community Treatment (PACT)

Summary:

The following contracts will be providing PACT services to Non-Medicaid individuals within limited resources.

Motion #19-20

- North Sound BH-ASO-Compass Health-19 for the provision of PACT services to non-Medicaid individuals in the North Sound Regional Service Area. The term of this contract is July 1, 2019 through December 31, 2019.
- North Sound BH-ASO-Lake Whatcom Center-19 for the provision of PACT services to non-Medicaid individuals in the North Sound Regional Service Area. The term of this contract is July 1, 2019 through December 31, 2019.

Substance Abuse Block Grant Services

Summary:

Opiate Outreach

The following contract provides opiate outreach services in four (4) of the Five (5) counties, currently San Juan County is the only county not receiving SABG funds for this service.

Motion #19-21

- North Sound BH-ASO-Skagit County Community Action-SABG Opiate Outreach-19 for the provision of Opiate Outreach Services in Skagit County. The term of the contract is July 1, 2019 through December 31, 2019.

- North Sound BH-ASO-Snohomish County-SABG Opiate Outreach-19 for the provision of Opiate Outreach Services in Snohomish County. The term of the contract is July 1, 2019 through December 31, 2019.
- North Sound BH-ASO-Island County Community Action-SABG Opiate Outreach-19 for the provision of Opiate Outreach Services in Island County. The term of the contract is July 1, 2019 through December 31, 2019.
- North Sound BH-ASO-Whatcom County Community Action-SABG Opiate Outreach-19 for the provision of Opiate Outreach Services in Whatcom County. The term of the contract is July 1, 2019 through December 31, 2019.

Pregnant and Parenting Women (PPW) Housing Support

Summary:

The following contracts provide housing supports to women who are currently in treatment for a substance use disorder. The term of this contract is July 1, 2019 through December 31, 2019.

Motion #19-22

- North Sound BH-ASO-Catholic Community Services-SABG Housing Supports-19 for the provision of PPW housing supports in Whatcom County. The term of this contract is July 1, 2019 through December 31, 2019.
- North Sound BH-ASO-Brigid Collins-SABG Housing Supports-19 for the provision of PPW housing supports in Whatcom County. The term of this contract is July 1, 2019 through December 31, 2019.
- North Sound BH-ASO-Evergreen Recovery Centers-SABG Housing Supports-19 for the provision of PPW housing supports in Snohomish County. The term of this contract is July 1, 2019 through December 31, 2019.

Substance Use Disorder Residential Services

Summary:

The following contracts are for residential services for Non-Medicaid individuals meeting the criteria for Substance Abuse Block Grant services and within available resources.

Motion #19-23

- North Sound BH-ASO-Evergreen Recovery Centers-SABG Residential-19 for providing residential services to Non-Medicaid individuals that meet SABG criteria. The term of the contract is July 1, 2019 through December 31, 2019.
- North Sound BH-ASO-Sea Mar Visions-SABG Youth Residential-19 for providing residential services to Non-Medicaid individuals that meet SABG criteria. The term of the contract is July 1, 2019 through December 31, 2019.

- North Sound BH-ASO-Pioneer Human Services-SABG Residential-19 for providing residential services to Non-Medicaid individuals that meet SABG criteria. The term of the contract is July 1, 2019 through December 31, 2019.

Substance Use Disorder Outpatient Services

Summary:

The following contracts are for substance use disorder outpatient services to Non-Medicaid individuals who meet SABG criteria and within available resources.

Motion #19-24

- North Sound ASO-American Behavioral Health Services (ABHS)-SABG Outpatient-19 for the provision of limited outpatient services for Non-Medicaid individuals that meet the SABG criteria. The term of this contract is July 1, 2019 through December 31, 2019.
- North Sound ASO-Catholic Community Services (CCS NW)-SABG Outpatient-19 for the provision of limited outpatient services for Non-Medicaid individuals that meet the SABG criteria. The term of this contract is July 1, 2019 through December 31, 2019.
- North Sound ASO-Lifeline Connections-SABG Outpatient-19 for the provision of limited outpatient services for Non-Medicaid individuals that meet the SABG criteria. The term of this contract is July 1, 2019 through December 31, 2019.
- North Sound ASO-Sea Mar-SABG Outpatient-19 for the provision of limited outpatient services for Non-Medicaid individuals that meet the SABG criteria. The term of this contract is July 1, 2019 through December 31, 2019.
- North Sound ASO-Sunrise Services-SABG Outpatient-19 for the provision of limited outpatient services for Non-Medicaid individuals that meet the SABG criteria. The term of this contract is July 1, 2019 through December 31, 2019.

Medication Assisted Treatment

Summary:

The following contract provides Methadone services in the North Sound Regional Service Area.

Motion #19-25

- North Sound BH-ASO-Therapeutic Health Services (THS)-SABG MAT-19 to provide medication assisted treatment to Non-Medicaid individuals in the North Sound Service Area. The term of the contract is July 1, 2019 through December 31, 2019.



STATE OF WASHINGTON
HEALTH CARE AUTHORITY

626 8th Avenue, SE • P.O. Box 45502 • Olympia, Washington 98504-5502

March 4, 2019

CORRECTED

TO: Joanie Williams, Clerk of the Board
North Sound Behavioral Health Organization
County Authorities Executive Committee

FROM: MaryAnne Lindeblad, Medicaid Director *MAL*
Health Care Authority

SUBJECT: North Sound Behavioral Health Organization Executive Committee Follow-Up

Thank you again for hosting me at the January 10, 2019, North Sound Behavioral Health Organization (BHO) Executive Committee meeting. I appreciated the opportunity to meet with you and address some of your questions as North Sound transitions to a fully integrated region.

During our time together, a number of thoughtful questions were asked that I made a commitment to address. Many of those questions were related, so I've taken the liberty of combining them into individual topics, below.

Network Adequacy

Network adequacy is based on whether a provider is willing to accept new enrollees because it is within their current capacity to provide services – not on the number of enrollees a provider is willing to accept.

All five plans in this region must have enough of the six critical provider types to cover 80% of the full Medicaid population and network adequacy distance standards are specifically identified in our Integrated Managed Care contracts. Under the terms of the contract, the contractor's network of providers shall meet the distance and drive time standards in every service area. HCA will designate a zip code in a service area as urban or non-urban for purposes of measurement. By way of example, the following distance standards are currently in place:

- Primary Care Physicians
 - Urban: 2 within 10 miles
 - Non-urban: 1 within 25 miles
- Mental Health Professionals
 - Urban: 1 within 25 miles
 - Non-urban: 1 within 25 miles

- Chemical Dependency Professionals
 - Urban: 1 within 25 miles
 - Non-urban: 1 within 25 miles

In addition to testing distance standards across an entire region, HCA also measures network adequacy at the zip code level. The result is the plans must serve the entire region, not just the more populated parts of the county – this prevents a situation where 80% of Medicaid patients are considered served before Anacortes, Island or San Juan counties are even considered.

Plan Agreement on Capacity and Cost Reimbursement for Behavioral Health Facilities

It is not our usual process to require all five plans to come to an agreement on rates or payment methods. However, HCA does bring providers and plans together for knowledge transfer sessions, so that we have a common understanding of current practices that work in your region. In addition, a portion of plan rates is withheld and used as an incentive to increase the proportion of value-based payment to providers. HCA will continue to monitor the plans against these goals.

Financial Challenges Serving Non-Medicaid Individuals for IMD

Cost estimates are based on a review of the R&E reports and other expense information. We believe there is an adequate split between the amount of state only monies going to the BH-ASO and to the plans to cover their state only obligations. We will monitor those expenditures closely to determine if any adjustments need to be made in future years.

ASO Viability vs. Legislative Allocation and Slow Pay Process

ASO reserves are not dependent on the amount of left-over BHO reserves (BHO reserves will be swept and returned to the legislature). HCA has already set aside the allocation for North Sound ASO's reserves. We have found that slow payment, in terms of cash flow, has not been an issue in Southwest or North Central and we do not anticipate it will be an issue here.

Helping Homeless Teens Become Medicaid Eligible Due to Insufficient Identification

This is not a unique issue for HCA. Jessica Cottom (HCA) can assist in processing homeless teen applications. Her contact information is:

Jessica Cottom, Medical Assistance Specialist*
Telephone: (360) 725-2050
Fax: (360) 664-2186
E-mail: jessica.cottom@hca.wa.gov

*Only available during regular HCA office hours: Monday - Friday - 8:00 am - 5:00 pm

By Telephone

If calling by telephone and the teen is with you, you may be able to get this accomplished in real time. If HCA contact person is available, application will be processed while on the telephone. This allows you to help the teen create their account while they are meeting with you.

- Please note that Jessica is not always available; you may need to leave a message.
- If the contact person is not available, the most expeditious way to get the application processed is to fax a paper application.

By Fax

If you are working with a teen outside of regular office hours, or were not able to reach HCA by telephone, please fax the application. Most faxed applications will be processed by the close of business, the following day.

- Remember to copy both sides of the application when you fax.
- If the assistor is expecting a confirmation from HCA on the application, you must include your name and contact information.

Emergent

If you have an emergent case, follow up with the fax with a telephone call and HCA will try to process the application on the same day.

Name and Location of Provider Networks (Tracking)

Plans are required contractually to have an online provider directory. The attached document included with this letter provides the web address for each plan and how to access this information.

Rates

Rates were an important part of our discussion during the January 10, 2019 meeting and it would be difficult, at best, for me to fully address that topic in this letter. However, HCA has a previously scheduled webinar for the 2019 regions on rate setting for behavioral health. *The North Sound webinar date is March 6, 2019 from 2:30-4:30.*

Actuaries will participate in the webinar and I believe it will be the best opportunity to gain a better understanding of how/why the plan's rates (including administrative rates) are different than BHO rates. If you or one of your delegates are interested in participating in this webinar, please don't hesitate to contact Jodie Polehonka (HCA) directly at jodie.polehonka@hca.wa.gov.

Thank you again. I look forward to keeping an open dialogue and our continued partnership. In the meantime, please don't hesitate to contact me if you need further explanation of the topics covered in this letter.

Attachment: MCO Provider Portals

By email

cc: Joe Valentine, Administrator, North Sound BHO
Steve Dotson, Acting Deputy Director, MPOI, HCA
Alice Lind, Grants and Program Development Manager, MPOI, HCA
Alison Robbins, Managed Care Programs Section Manager, GPD, MPOI, HCA
Jessica Diaz, Payment Re-design Specialist, MCP&PRC, MPOI, HCA



North Sound Behavioral Health Organization, LLC

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Questions and concerns for Maryanne Lindeblad, Health Care Authority Director, from the County Authorities Executive Committee Members during the December 13th, 2018 meeting. Questions were emailed to Maryanne on 1.3.2019.

Concern #1: Network Adequacy:

- Can our Board of Directors obtain the names and locations of the providers in the provider networks for each MCO? They are interested in getting an idea of network adequacy in all parts of the region.
- Does HCA assess whether the MCOs have contracts with Providers who will actually “see” *Medicaid* individuals? This is currently a lack of primary care providers in some areas who are willing to actually take on Medicaid patients.
- If there is a currently a shortage of primary care providers willing to provide medical care for those who are on Medicaid, what steps will HCA take and/or require MCOs to take?
- Will MCOs be held to the same “time” and “distance” standards for behavioral health care as the BHOs? Is it true that for physical health care they only need to be able to provide access to 80% of the Medicaid population within a region?

Concern #2: Level of Care:

- Does HCA assess whether the providers in the MCO provider networks are able to provide the necessary level of service?

Since MCOs are able to take a higher admin rate than BHOs and retain a portion for their profit margin, will HCA assess whether this results in a lower level of care.

Joanie Williams
Clerk of the Board
North Sound BHO County Authorities Executive Committee

**1/10/2019 Notes from North Sound BHO CAEC Meeting
Question and Answer Session with MaryAnne Lindeblad,
Health Care Authority Medicaid Director**

Yellow highlights are follow-up items for MaryAnne

[JW1]

Comments from MaryAnne:

- Appreciation to Joe Valentine and Team, especially during the Readiness Review period
- The Readiness Review start date was delayed for the North Sound BHO to allow more preparation time

Comments from Rashi Gupta:

- The Governor's Office greatly appreciates Joe and the partnership of the Counties
- An Integration Bill is being worked on which will include:
 - In-statute quarterly meetings to include the Governor's Office, Health Care Authority, DSHS, Department of Health and a representative from the Counties and one from each of the BH-ASOs

Network Adequacy Questions

Anne Deacon, Whatcom County:

Question: Peace Health Medical Group, Whatcom County Urgent Care Clinic; 3 out of the 5 medical plans are not accepted. Network adequacy is a concern.

What is being done to ensure that those on the list are truly in the network?

Answer from MaryAnne:

We have very vigorous network adequacy requirements that are spelled in our contracts based on Federal requirements and additional requirements besides what CMS would require, such as time and distance standards.

- They must have Providers that cover the whole service area
- All 5 plans in this region must have enough providers to cover 80% of the full Medicaid population. Not one plan has every member.
- There are problems in the state with the specialty area in both Medicaid, Medicare and Commercial
- There is a list in the contract stating MCOs must provide some speciality services
- There is a Managed Care Mail-box for access issues
- Plans can be put on corrective action to broaden their network
- All individuals can pick their own primary care provider. If they don't pick, one will be assigned
- There are Community Advocates available as well, to help individuals get connected with a plan
- Additional resources will be looked at by HCA to assist individuals to identify a Primary Care Physician
- **MaryAnne is double checking travel distance standards; the required proximity to the primary care physician in the individual's county (both rural and urban distances are being researched)**
- Members also have a non-emergent transportation benefit. There is a Transportation Broker they can contact who may give a bus pass, pay for a taxi or bus ride or possibly provide a gas card

Question #2 from Anne Deacon: Whatcom County conducted a comprehensive behavioral health facilities plan, in addition to a need-assessment of types of beds needed in the facilities. The facilities need to be funded every day of the year. How will 5 different insurance companies (MCOs) come to an agreement on capacity/cost reimbursement?

Answers from MaryAnne:

- Conversations need facilitated between the Plans and the ASO
- The Plans need the facilities, it is wise investments for them to make
- We are looking at opportunities to create a Community Table/Forum
- If a Region wants a forum, the state is willing to help facilitate and participate in the conversations. ASOs can play a strong role in convening the Plans
- The Plans recognize there are a lot of capacity issues in the state regarding E&T beds and Crisis Services. When you look at the kind of investments the Government has in his budget around behavioral health, a lot of it is to build out capacity, capacity around community-based care
- It would surprise me if we got resistance. We will be holding them accountable and responsible
- You can meet with the Plans to look at other types of reimbursement other than fee for service. HCA can help encourage too
- By the beginning of 2022, the Plans must have 90% of the funds they are expending to *not be* fee for service (big incentive for them to not do fee for service)
- We can help facilitate those conversations too

Ken Dahlstedt, Skagit County

Question: Can our Board of Directors obtain a list of the names and locations of MCO's Provider Networks, so there is a way to track?

Answer from MaryAnne:

- It is posted on-line and posted on our site
- We will send it to you
- The Plans must notify of us of the loss of a significant provider (seeing over 100 Medicaid clients)
 - They must tell us how they are reassigning folks (and getting them covered)
 - We review their network and have checks and balances in place
 - It is hard to keep the list at 100%
 - HCA needs to hear if folks are having difficulty and we will make the Plans aware
 - If they don't have an adequate network, they are *not* going to be in the region
 - We have standards around how long people wait
 - Not every provider in every community can meet the standard, not just for Medicaid
- How do we build more capacity and not just for Medicaid?
 - There are issues in the State employee ranks ensuring there is enough Providers
 - It's an issue we all need to work together on
 - How can we use Providers differently?
 - ✚ How can we use tele-medicine differently?
 - ✚ How do we license people?
 - ✚ Is there something a nurse can do to relieve the burden off doctors?
 - In the Governor's Budget they have funding to increase primary care rates. Hopefully this will make it through the legislative session and pass

- We tend to pay less than several states in terms of the Medicaid Program. Some of the reasons are:
 - ✚ There is no state income tax in WA
 - ✚ Social Services receives cuts in a recession
 - ✚ Other states receive a higher Medicaid match than WA. Many of our Medicaid clients are funded 50% by the feds and 50% by the state. Newly eligible is funded at 94% by federal and 6% by the state, by the year 2020 the percentage will be 90%. The formula is determined by how wealthy the state is.

Jamie Stephens, San Juan County

Question:

Providers can easily serve 80% of the Medicaid patients without ever getting into Anacortes, Island County or San Juan County.

Answer from MaryAnne:

In addition to the 80% there are time and distance standards that are in place as well, and I will get you those numbers, there are some new changes the Federal Government made. There are people who live in the communities and the travel distance would be too far away for them to get services.

Jamie's question continues:

Regarding transportation, under the current system for our Medicaid, we only have one provider for Mental Health (Compass). We must supplement to keep them there and supplement transportation, which is a huge issue. How is that going to be improved or even stay the same?

Answer from MaryAnne:

The network should not change, the plans need to reach and get contracts signed with them. Regarding transportation that is not emergent, there are ways to help people. The level of provider access for behavioral health services, should not go down, but should in fact, improve. So, if you have a community where there is no Providers, we will work with the plans to ensure they get a provider in that community, you must have those services provided.

Jill Johnson, Island County

Question:

The economic off-set (where the BHO is putting up more money in those areas to ensure those areas can provide that service), the plans have to negotiate with the Providers to have them there, is this right?

Answer from MaryAnne:

They have to be there.

Joe Valentine, North Sound Executive Director North Sound BHO

Question:

One of the challenges we face serving the non-Medicaid people in this region was the IMD problem we've talked to you about. It is significant for us. We've had to pull back state general dollars for out-patient for non-Medicaid. We are hoping that gets fixed in the legislature, otherwise the ASO will not have resources to serve that low-income population.

Answer from MaryAnne:

That is something we need to continue to dialogue about.

Rud Browne, Whatcom County

Question:

Half of the homeless kids on the streets here, that are US Citizens, have insufficient identification to qualify for Medicaid. How do we address that?

Answer from MaryAnne:

This is the first time anyone has said anything to me about kids and the ID issues. I will work with our eligibility folks to see what sorts of mechanisms can be used to facilitate the issue.

Rud continues: Whatcom county has people coming from the East to the West to get jobs and receive services.

Answer from MaryAnne: It goes back to the business model, if this is the work they want to do, they need get providers in communities.

How do we help with workforce issue? This is another huge piece. How do we use providers differently to help with these some of these issues?

Level of Care Questions

Jill Johnson, Island County:

Regarding staff consistency: what is the mechanism for ensuring the providers are not just contracting out, but giving the level of care the individuals need?

Answer from MaryAnne:

I don't have an easy answer for you. How do we work to keep people in the profession?

If we pay them more, they are going to stay. How do we incent? How do we look at different models of care?

Peers will help too, they can provide supports that aren't therapy and treatment. We are looking at the possibility of paying their student loans. This is not a new problem. We are working on putting other strategies in place.

Jill continues:

Admin rates are higher for the MCOs, how do ensure service levels?

Answer from MaryAnne:

The way the admin rate is set for a BHO is very different than the way it is set for the MCOs.

There are things that we don't count on the administrative side to the BHOs as we do the MCOs

They have requirements beyond what a BHO has.

We could have a tutorial on this topic if you would like, a possible webinar [all are agreeing].

Cammy Hart-Anderson, Snohomish County and Jill Johnson Island County:

Question:

Health Care Authority is being affected with high staff turn-over, how is the BHO going to be supported?

The historical folks and with the knowledge needed, tempered reality... these folks are continuing to leave.

Answer from MaryAnne:

We have more staff now because we hired DBHR staff. We have the capacity to support the BHO and we are also looking at ways to continue to recruit employees, looking at salaries to retain people, moving people around. We are continuing to learn.

Jackie Mitchell, Whatcom County: Contract reviews and audits of MCOs, are they complaint based, or is there a regularity, what is the frequency, and does it include clinical reviews?

Answer from MaryAnne:

We have a rigorous plan, we have a Team Monitor on site review of each plan, at least annually. The Team Monitor Plan is linked with the contract requirements.

- How do they manage complaints?
- How do they manage denials?
- What does their Utilization Review System look like?
- What are they are doing about care management?
- We also have an independent organization, EQRO
- All of our Plans need to be accredited nationally through NCQA
- There are checks and balances in balances in place
- We have a complaint mail box that we check everyday
 - We have a very routinized approach to how we handle the complaints

Jill Johnson, Island County (Chair)

How is the funding for the ASO going to stand up if we don't receive the legislation allocation, or if the managed care rates don't come in adequate, or if there is a slow pay process?

Answer from MaryAnne:

The reserves will get swept and then the money comes back, re-allocated to the ASO. There is some funding to help fill the hole on the IMD piece. The ASOs will have a funding stream from the MCOs to pay for crisis services. There is also state only money the ASOs will get on a regular basis to help fund the services we asked the ASO to provide. This hasn't been an issue in Southwest or North Central, in terms of cash flow.

There is language that helps support reserves. Because of the state-only dollar issue, we are going to look at how this is going to be handled here. I am going to have to get back with you on that.

End

MaryAnne Lindeblad Question and Answer/Letter Follow Up

— Network adequacy

- Each plan has adequate providers to cover 80% of Medicaid patients – although two documents looked to ensure coverage spread throughout the 5 counties by distance with different values for urban vs rural (determined by zip). What remains unclear:
- Different numbers and distance identified for primary PCP vs MH or SUD providers
- How were numbers established for “adequate coverage?”
- Just because health system may or may not accept certain MCO’s for some of their system – without looking at each provider on list how do we ensure they are still “accepting” Medicaid patients
- Provider’s accepting Medicaid patients – can they deal with potential volume
- Capacity for MH and SUD providers can be significantly different than PCP – how can we ensure potentially additional providers per mile to meet demand
- Wait lists or delay in services – unclear what is the expectation
- Specialties – reportedly in contract but if HCA move is incentivizing moving from fee for service how will MCO’s/HCA
- Community located residential services are being developed to replace Western State – we all know the challenges in this development but the BHA has worked to ensure payment for beds so available as needed (always full). With 5 MCOs not sure how resource will continue to be available, limited though it is. ‘Discussion facilitated between the ASO and the Plans’ doesn’t answer if the HCA is taking any responsibility to ensure resources at least current level even though we know there is a need for more resources
- Whatcom referenced 3 of 5 plans are not accepted by Peace Health for Urgent Care Clinic – so the HCA is considering 2 of 5 as adequate coverage? We know health systems frequently have carve-outs so how can individual navigate system to ensure his/her insurance is covered by their carrier
- List of providers was requested by Counties – referenced to on-line postings but cautioned these “lists” may be out of date. This process is cumbersome and confusing to the consumers/patients and still doesn’t address in transparent way capacity issues.
- The whole “80% of the full Medicaid population” is still fuzzy in my mind - As best I can make out there are enough “holes” allowed in provider capacity, distance standards and how the HCA is going to both provide oversight and hold MCO and their providers accountable to provide needed services and programs to “all” those needing those services within a specific geographic area, to give me an uncomfortable feeling that there are going to be more than there should be of needy

clients not being able to access the help they need in a timely manner. E.g. - Anne Deacon's question related to the fact that Peace Health Medical Group/Whatcom County Urgent Care Clinic are not accepting 3 out of the 5 medical plans - so how is the HCA going to ensure that those currently or eventually on the provider's list will be included in the network? MaryAnne indicates that the HCA will be measuring network adequacy at the zip code level - how about measuring it at the personal/individual level as to details about why specific individuals have not been provided needed services? MaryAnne mentions Community Advocates who are available to help individuals get connected with a plan - can we have a little more info. about these important "navigators", their exact functions and duties, etc.?

— Plan Agreement on Cost Reimbursement

- References the HCA does not set reimbursement rates from plan to provider so there is continuing concern regarding additional costs for preauthorization, 5 potentially different claim filing process all increase costs for providers with little to no additional benefit
- HCA indicated they had not experienced complaints by previous adopters of significant payment delays from MCOs – however very different implementation than ours
- Additionally, a line stating “a portion of plan rates is withheld (by HCA) and used as an incentive to increase the proportion of value-based payment to providers. HCA will continue to monitor the plan against these goals” – is this to
 - Incentivize development of new resources to increase capacity
 - Incentivize “efficient service delivery” (usually code for reduction of covered services)
 - Incentivize best practice/research based effective treatment modalities – if so, what is criteria used to evaluate efficacy
- Apparently each MCO will have their own rates and payment methods with the HCA getting them and providers together periodically to have "knowledge transfer sessions" about what works best in each of the provider's regions - tied to this activity is some kind of incentive plan wherein a portion of plan rates are withheld to increase the value-based payment to providers. Do we believe that incentives will work in this manner - is that what's being done in Southwest WA., for instance, and how is that working so far?

— Non-Medicaid service delivery

- Issue of Involuntary Commitments cost exceeding reimbursement in current system causing pull back of previously supported outpatient services for non-Medicaid individuals from general state funding resources.
- State general funds will be needed by ASO to continue to support crisis services – and reimbursement for same services for Medicaid patients from MCOs initially reviewed as less than cost of services. Responses from HCA did not appear to address concerns and reserves will be eliminated so unclear how to support Crisis system with adequate resources

— Quality oversight

- HCA indicated in responses there would be at least annual review of a variety of what they consider indicators of contract compliance and administrative oversight. HCA referenced a 'mailbox' for complaint or whistleblower. Did not adequately address if review is only annual review process or patient feedback driven
- Unsure what if any input the BHA or providers would have in process
- Unsure what complaint/grievance process MCO has and follow through for resolution
- Unsure avenue of communication with HCA the providers or BHASO has to address concerns over quality of services; access and addressing barriers; voice if MCO is appearing non—responsive to BHASO acting on behalf of patients/families

NORTH SOUND BEHAVIORAL HEALTH ORGANIZATION ADVISORY BOARD

2019-2020 Work Plan

Focus Areas

→ 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 – Early Warning Signs

→ 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

Positive Outcomes

- Care Is Improving
- Efficiencies In System Delivery
- Better Coordination Between Systems
- Lives Have Improved
- Healthier Communities
- Communities Are Holding MCOs Accountable

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 Conference Center

▪ 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

2017- Skagit Resort Conference Center

▪ **Topics**

- What does advocacy mean to the Board
- What should integrated Care look like
- Should our region go early – Mid Adopter
- Transportation policies
- ByLaws Review
- Opioid Reduction Plan – Shelli Young

▪ **Guest Speaker**

- Timothy Corey

2018 – Skagit Resort Conference Center

▪ **Topics**

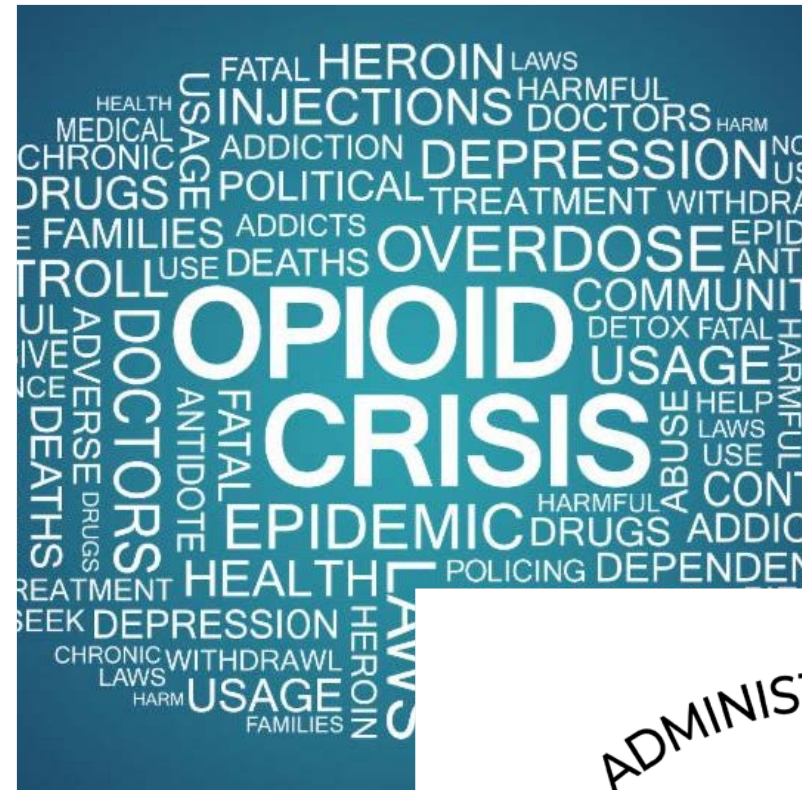
- History and Context
- Fishbowl exercise “Why are you committed to the Board”
- Senate Bill 6032
- Sandy Whitcutt – Crisis Services Manager Update
- Opioid Plan Update – Shelli Young
- Envisioning the future advisory board next steps

▪ **Guest Speaker**

- Timothy Corey

CONTEST PROPOSAL

- MARIA ARREOLA, ADVISORY BOARD COORDINATOR
- NORTH SOUND BEHAVIORAL HEALTH ORGANIZATION





YOUTH VIDEO CHALLENGE





TARGETED YOUTH

WHAT GRADES TO TARGET.
MIDDLE SCHOOL AND HIGH
SCHOOL? OR HIGH
SCHOOL ONLY?



THEME

ATTRACTIVE TO YOUTH
AND SENSITIVE TO THE
SUBJECT



TRUST

PARTNERSHIPS FOR
FUNDING WITH MCOs,
PRIVATE GRANTS,
GOVERNMENT ENTITIES



COST

COST OF AWARD
CEREMONY AND AWARDS
WILL COME FROM AB
BUDGET

FACTORS TO CONSIDER

BEGIN GROUND WORK

ACCEPTED VIDEOS FROM STUDENTS IN EACH COUNTY

SCHOOLS



WHATCOM COUNTY



SAN JUAN COUNTY



ISLAND COUNTY



SKAGIT COUNTY



SNOHOMISH COUNTY

SCHOLARSHIP PRIZE AMOUNTS

\$5,000
1ST PLACE
VIDEO

\$1,000
2ND PLACE
VIDEO

\$500
3RD PLACE
VIDEO

RULES FOR PARTICIPANTS

- THIS DOCUMENT WAS SENT TO ALL INDIVIDUALS PARTICIPATING IN OPERATION PREVENTION CHALLENGE

OPERATION PREVENTION VIDEO CHALLENGE CHECKLIST

BEFORE UPLOADING YOUR VIDEO ENTRY, BE SURE IT MEETS THE FOLLOWING CRITERIA:

- My video is focused on the danger of misusing prescription opioids.
- I do not show the act of taking pills or other drugs in my video (implied drug use or descriptions of drug use are permitted).
- I (and all listed teammates) am currently at least 13 years old AND in the 9th, 10th, 11th, or 12th grade.
- My video is between 30 and 60 seconds in length.
- Everyone shown in my video has given me written permission to include him or her in the video. (NOTE: Anyone who appears in the video will have to sign an official release form if you become a top 10 finalist.)
- My video only contains my original ideas and work.
- My video includes the mandatory end frame that includes the Operation Prevention logo and website www.operationprevention.com.
- My video does not have any third-party logos or brand names, copyrighted or trademarked signs or art visible at any time.
- Any music or sounds in my video are either completely original, or are used with proper permission as described in Section 5 of the Official Rules.
- My video is uploaded to YouTube and published for public viewing, not set to private or unlisted. (See youtube.com/help for details.)

Any video that does not meet these criteria may be disqualified.

Questions? Email us at OperationPrevention@discovery.com



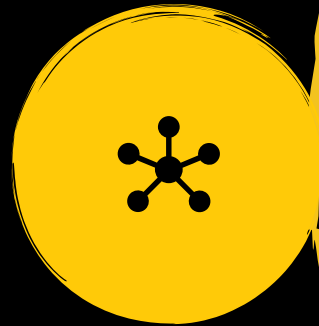


PRIORITIZE



PARTNERSHIPS

CONNECTIONS WITH BUILT
RELATIONSHIPS IN THE
COMMUNITY OF THE
BEHAVIOURAL HEALTH SYSTEM



MEDIA

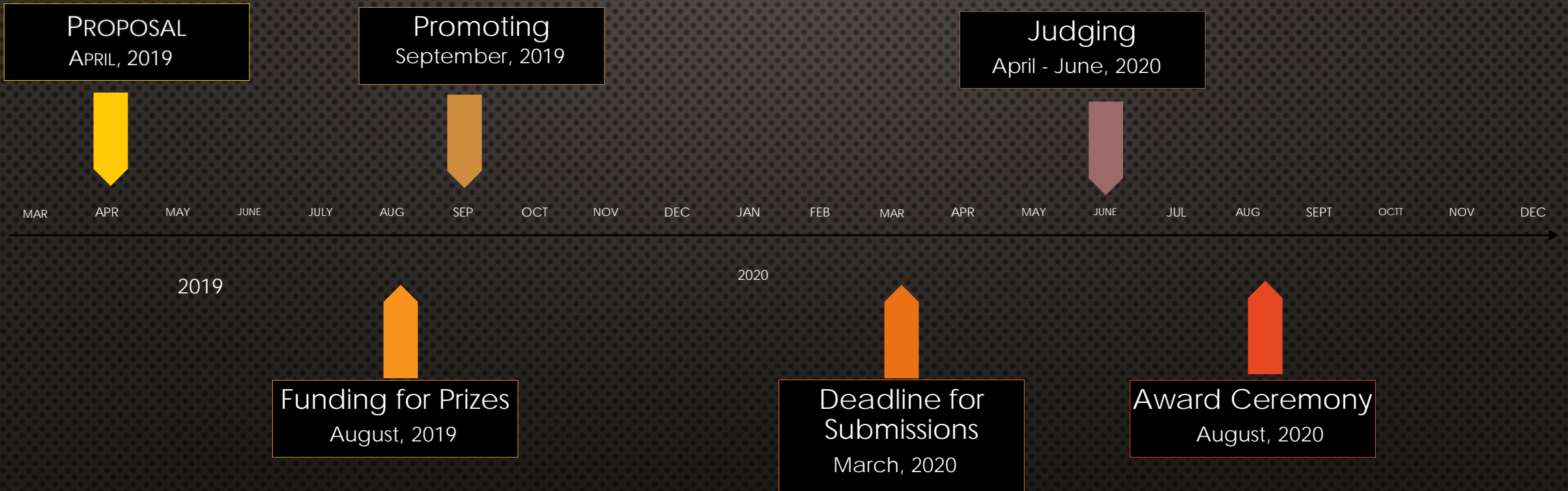
NEWSPAPERS, SOCIAL
MEDIA, ORGANIZATION
WEBSITES

SOLUTION

CREATIVE IN PARTNERSHIPS
AND PROMOTION

OUR TWO-YEAR ACTION PLAN

TIMELINE



OPIOID PREVENTION VIDEO CHALLENGE
1ST PLACE
PORTER C. IN SAINT GEORGE, UT



OPIOID PREVENTION VIDEO CHALLENGE
2ND PLACE
PALMER W. IN POWDER SPGS. GA



OPIOID PREVENTION VIDEO CHALLENGE –
3RD PLACE

CALVIN S., ELIJA M., HASSIARA M., JESSICA O. IN
ATLANTIC CITY COUNTY, NJ



OPIOID PREVENTION VIDEO CHALLENGE
FINALIST
DANIELLE L. IN KENNEWICK, WA



THANK YOU

MARIA ARREOLA



360-416-7013

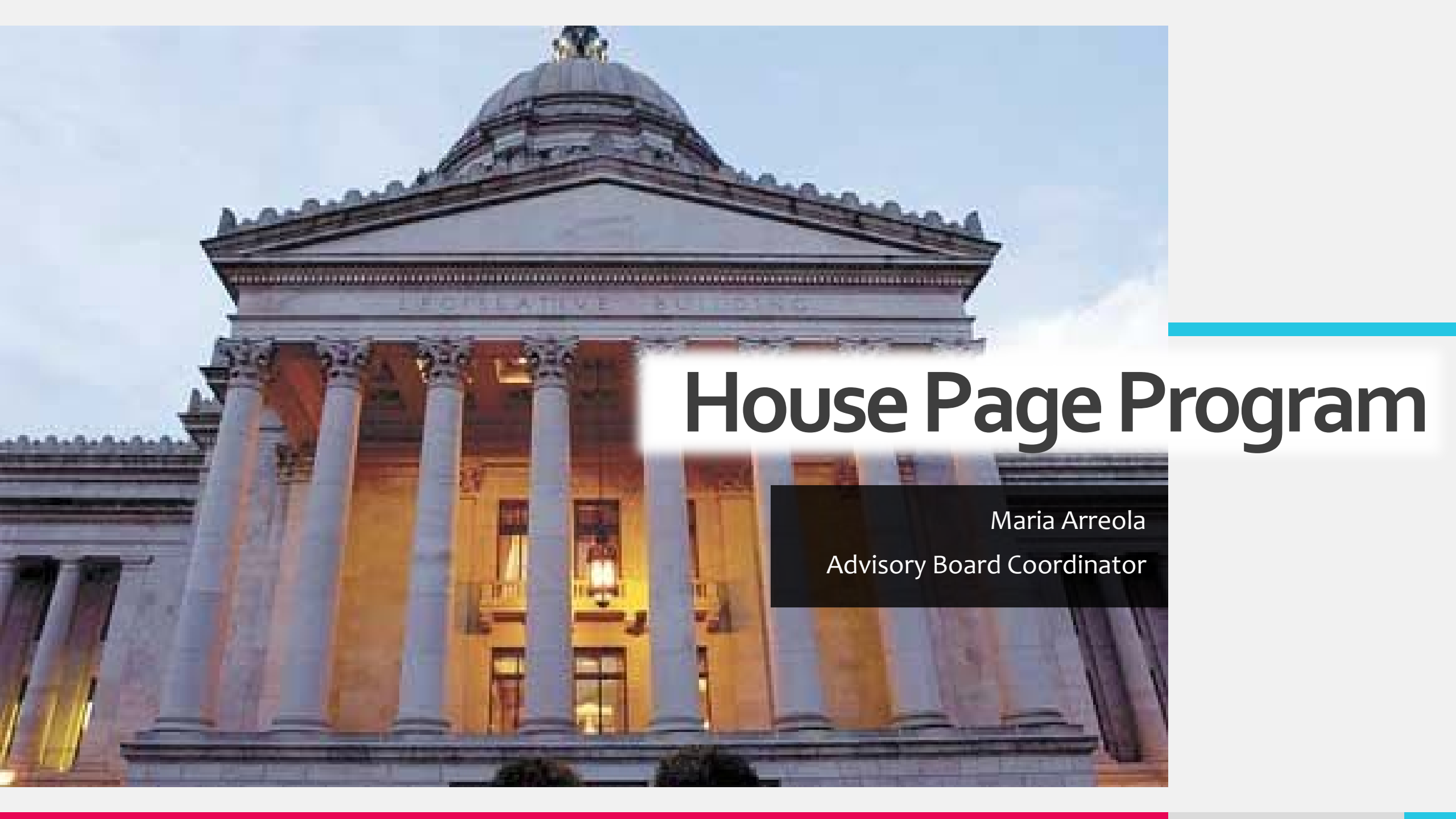


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House Page Program

Maria Arreola
Advisory Board Coordinator

Requirements

- Daily two hour page school
- Sponsor by a current member of the House of Representatives
- Be at least 14 years of age
- Housing option to be hosted by a local family
- Complete the daily work from 7:45 am to 5:00 pm
- Paid position \$35 per day each day worked
- Gina Grant Bull Scholarship



About

Created in 1891 to open the platform for students to learn the legislative law



Page Duties

During the work week hours

- Honor presenting flags
- Bussing lunch tables for the Representatives
- Responsible for making there own appointment with sponsored Representative
- Pass out document bills and amendments on house floor

Representative Carolyn Eslick and Israel Arreola

- Carolyn Sponsored Israel Arreola for the 2019 page program





House Page Israel Arreola - Mar. 20, 2019

Thank You

Maria Arreola



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<http://northsoundbho.org/>

