

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

ADVISORY BOARD AGENDA

February 7th, 2017

1:00 p.m. – 3:00 p.m.

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| CALL TO ORDER & INTRODUCTIONS |
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| REVISIONS TO THE AGENDA |
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| APPROVAL OF MINUTES FROM PREVIOUS MEETING |
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Approval of January Minutes.....TAB 1

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| OMBUDS |
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Ombuds Quarterly Report.....TAB 2

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| ANNOUNCEMENTS |
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Colleen Bowls North Sound BHO Children’s Mental Health Manager

County Authorities Executive Committee 2017 – New Officers

Advisory Board – San Juan County Vacancy

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| BRIEF COMMENTS OR QUESTIONS FROM THE PUBLIC |
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| STANDING COMMITTEE REPORTS (Briefs from Each Committee Attached) |
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- Planning Committee (No January Meeting)
- Quality Management Oversight Committee (QMOC)TAB 3

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| EXECUTIVE/FINANCE COMMITTEE REPORT |
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Approval of the January Expenditures.....TAB 4

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| EXECUTIVE DIRECTOR’S REPORT & ACTION ITEMS |
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Executive Director’s Report Items

- Report from JoeTAB 5

Executive Director’s Action Items

- Action Items/MemorandumTAB 6

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| OLD BUSINESS |
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Policy 4507 Advisory Board Member Transportation Requests.....TAB 7

2017 Advisory Board Priorities – Finalized Order.....TAB 8

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| NEW BUSINESS |
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North Sound BHO Website – Michael White

Open Access – Jessie Ellis.....TAB 9

2017 Behavioral Health Conference

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| REPORT FROM ADVISORY BOARD MEMBERS |
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| REMINDER OF NEXT MEETING |
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The next scheduled meeting is March 7th, 2017 in the Snohomish Conference Room

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| ADJOURN |
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ADVISORY BOARD PRE-MEETING

February 7th, 2017

12:10-12:50PM

North Sound Behavioral Health Organization

Psychological First Aid

Therese Quinn

Medical Reserve Corps Coordinator/Emergency
Preparedness

Psychological First Aid



Therese Quinn
Snohomish County Medical Reserve
Corps Coordinator

Definition of Disaster

- Disaster
 - The term disaster is used to address any type of mass trauma event, public health emergency, or crisis

What is Psychological First Aid?

- PFA is:

An evidence-informed modular approach to assist children, adolescents, adults, and families in the immediate aftermath of disaster and terrorism.

Strengths of Psychological First Aid

- PFA is a comprehensive intervention model that:
 - Uses evidence-informed strategies
 - Involves a modular approach
 - Includes basic information-gathering techniques
 - Offers concrete examples
 - Incorporates a developmental framework
 - Attends to cultural factors
 - Includes user-friendly handouts

Delivering PFA

- When delivering PFA:
 - Observe first
 - Ask simple respectful questions
 - Speak calmly and slowly without jargon
 - Be patient, responsive, and sensitive
 - Acknowledge the survivor's strength

Some Behaviors to Avoid

- When delivering PFA avoid:
 - Making assumptions about experiences
 - Assuming everyone will be traumatized
 - Labeling reactions as “symptoms,” or speaking in terms of “diagnoses”
 - Talking down to or patronizing the survivor

Psychological First Aid Core Actions

| | |
|---|-------------------------------------|
| 1 | Contact and Engagement |
| 2 | Safety and Comfort |
| 3 | Stabilization |
| 4 | Information Gathering |
| 5 | Practical Assistance |
| 6 | Connection with Social Supports |
| 7 | Information on Coping |
| 8 | Linkage with Collaborative Services |

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Provider Care: Management

- Before (that means now)
- During the incident
- After the incident.

Contact information

- Therese Quinn
 - 425-339-5268
 - tquinn@snohd.org.

FINAL approved by Advisory Board

North Sound Behavioral Health Organization

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

ADVISORY BOARD MINUTES

January 3rd, 2017

1:00 p.m. – 3:00 p.m.

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| ATTENDANCE |
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Advisory Board Members Present

Island: Betty Rogers, Candy Trautman

San Juan:

Skagit: Joan Lubbe

Snohomish: Fred Plappert, Marie Jubie, Pat O'Maley-Lanphear (Phone), Carolyn

Hetherwick Goza, Joan Bethel, Jennifer Yuen

Whatcom: David Kincheloe, Michael Massanari, Mark McDonald

Excused Advisory Board Members

Island: Chris Garden

San Juan:

Skagit: Ron Coakley

Snohomish: Jack Eckrem, Greg Wennerberg, Carolann Sullivan

Whatcom: Rachel Herman, Stephen Jackson

Absent Advisory Board Members

Island:

San Juan: Peg Leblanc

Skagit: Faviola Lopez

Snohomish:

Whatcom:

NSBHO Staff Present

Joe Valentine (Executive Director)

Maria Arreola (Advisory Board Coordinator)

Guests Present

Shelli Young – Consultant for the Opioid Reduction Plan

Maria Blankenship – Mental Health Professional from Tri-Essence Care in Oak Harbor

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| CALL TO ORDER & INTRODUCTIONS |
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The Chair called the meeting to order at 1:00 p.m. and initiated introductions

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| REVISIONS TO THE AGENDA |
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The Chair inquired regarding revisions to the Agenda. None mentioned

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| APPROVAL OF MINUTES FROM PREVIOUS MEETING MINUTES |
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December minutes were approved by a motion and vote

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| STANDING COMMITTEE REPORTS (Briefs from Each Committee Attached) |
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- Planning Committee (no December meeting)
- Quality Management Oversight Committee (QMOC) Report

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| EXECUTIVE DIRECTOR'S REPORT & ACTION ITEMS |
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Executive Director Report

Joe reported on the following topics:

- **Governor's 2017-2019 Behavioral Health Budget Request**
- **Behavioral Health Facilities Plan**
- **Phase out of the Rainbow Center**
- **Implementation of the Piolet Program for EMS transports to the Snohomish County Triage Center (HB 1721)**

Shelli Young – Regional Opioid Reduction Plan

- Shelli presented the North Sound Regional Opioid Reduction Plan – Process Update
 - Interviews have begun with counties and stakeholders to determine what the issues are now, what support is needed, and what North Sound BHO can do to help facilitate coordinate and access to resources
 - Priority Goals
 - Goal 1: Prevent opioid misuse and abuse
 - Goal 2: Treat opioid dependence
 - Goal 3: Prevent deaths from overdose
 - Goal 4: Use data to monitor and evaluate
 - Emerging Themes were discussed

Action Items

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

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| PRE MEETINGS |
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2017 Pre Meetings, Site Tours and Conferences

Pre Meetings, Site Tours and Conferences were determined for the 2017 year

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| OLD BUSINESS |
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Legislative Advocacy Plan 2017

Advocacy Priorities were determined for the 2017 year

FINAL approved by Advisory Board

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| NEW BUSINESS |
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Advisory Board Meeting Date Change

July 4th, 2017 is an observed holiday. The new meeting date was determined to be Tuesday July 11th, 2017

Announcements

None

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| ACTION ITEMS |
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Executive & Finance Committee

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

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| REPORT FROM ADVISORY BOARD MEMBERS |
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None

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| BRIEF COMMENTS OR QUESTIONS FROM THE PUBLIC |
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None

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| ADJOURNMENT |
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The Chair adjourned the meeting at 3:03 p.m.

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| NEXT MEETING |
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The next **Advisory Board meeting** is February 7th, 2017 in Snohomish Conference Room

OCTOBER – DECEMBER 2016 OMBUDS REPORT

We are Amanda Sloan & Kim Olander from North Sound Regional Ombuds. This is our Behavioral Healthcare 4th quarter report, covering October 1st through December 31st, 2016.

We opened case files on approximately **79** people. Numbers are down a bit, but there have been many hours put into training and an Administrative Hearing that was filed the end of last quarter. There were **31** male and **45** female clients, who identified their gender. We assisted **8** children and **1** senior this quarter. We helped **18** family members submit their issues. Besides these statistics, this quarter we helped an additional **11** people deal with concerns about hospitals, Medicaid Transportation and other agencies that border the community behavioral health program. These **11** people are not included in this report, nor are the estimated **150** people to whom we provided information and referral services.

We had **2** substance use disorder cases, **1** co-occurring case and **1** interested in enrolling in WISe services.

This quarter **13** people initiated behavioral health agency-level grievances and **2** people initiated behavioral health organization-level grievances. There were no Administrative Hearings or Appeals filed this quarter.

The top concern type categories this period were Participation in Treatment and Physicians, ARNPs & Medications tied for 1st; Dignity & Respect, Service Intensity, Not Available or Coordination of Services tied for 2nd; and Housing ranked 3rd.

Right around **33%** of our clients were Non-Caucasian, **45%** were Caucasian and **22%** Non-Identifying.

Ombuds' Comments:

Although there were fewer grievances this quarter, Ombuds were busy with training new staff and working on an Administrative Hearing that began last quarter. Over 250 hours were spent on training/education and nearly 28 hours have been spent on the Administrative Hearing, so far.

We have spent an increased amount of time providing educational information to callers inquiring about services for their family members and how the behavioral system works. There also seems to be an increase in specialized service requests to support Clinicians in their work with clients with specific disabilities.

About a month ago, Ombuds received a threatening voicemail from a caller, which caused us to consider tightening up our office security a bit more. We are hoping to expand our current office to include a second exit or moving to a more secure building.



North Sound Behavioral Health Organization, LLC

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

QMOC Brief January 11, 2017

WISe Chart Review

Irene Richards, North Sound BHO

Irene Richards gave a PowerPoint presentation outlining the 2016 Wraparound with Intensive Services (WISe) chart review. Currently the North Sound Behavioral Health Agency (BHA) WISe providers are Compass Health and Catholic Community Services. During her presentation, Irene highlighted five (5) strengths and five (5) challenges that were ascertained from the audit data. The overall conclusion from the 2016 WISe chart review is that while there is room to improve, overall many more strengths were evident.

Policy 1567.00 – Mental Health Intensive Outpatient Program (IOP) for Adults

Jessie Ellis, North Sound BHO

Jessie Ellis presented a revision of the Mental Health Adult Intensive Outpatient Program (IOP) Policy, #1567. It outlines referral processes, admission and discharge criteria, and treatment standards. The majority of the edits were to update to BHO language and information. The only substantial change was the removal of the exclusionary criteria. These criteria were removed because individuals may access IOP services in addition to other services (e.g. a nursing home). Policy 1567.00 was approved as written.

Policy 15XX.XX – Integrated Dual Disorder Treatment Policy

Jessie Ellis, North Sound BHO

This is a new clinical policy on the Integrated Dual Disorder Treatment programs. It draws from the fidelity standards for IDDT, and BHO expectations for 24/7 programs. It covers basic program elements; referral and admission processes; and discharge processes. There was brief discussion regarding clarification for discharge guidelines and Jessie Ellis will edit policy to clarify. This policy was approved with the proposed clarification regarding discharge guidelines.

Clinician Guidelines

Jessie Ellis, North Sound BHO

The North Sound BHO has had discussion regarding how it may be of assistance to provider agencies, including how to assist in improving the quality of services and documentation. One idea was to offer “clinician guides” – short documents that would outline the essential elements of documentation such as crisis plans, recovery / resiliency plans, etc. Discussion ensued regarding providers input into if these “clinician guides” would be beneficial and if there would be specific topic providers would like to see. Providers expressed interest in the development of these guides. No timeline was given for development.

Risk Assessments

Dr. Keith Brown, North Sound BHO Medical Director

The 2016 Routine Utilization Review and 2016 Critical Incident Review Committee (CIRC) findings have revealed an opportunity to improve services throughout the region in regards to Risk Assessments. This includes the need for when a risk is identified it should be addressed on the Recover and/or Crisis Plans. Discussion ensued regarding the possible development of a tool and current tools that may be available to help assist clinicians. No final determination was made as this topic was to gather input.

Medication-only Appointments

Dr. Keith Brown, North Sound BHO Medical Director






Dr. Keith Brown shared that it has been identified by the North Sound BHO Grievance System that there seems to be a slight increase in grievances that address medication-only appointments. While it is understood that the Washington State Administrative Code (WAC) stipulates that an individual must receive an additional service in conjunction with medication appointments, the BHO expects creativity in how providers attempt to engage individuals in other services and the need for clear documentation prior to ending treatment. Discussion ensued regarding the difficulty providers encounter referring clients back to their primary care physicians (PCPs) when the client truly only needs medications (and not other services) as many PCPs are not comfortable prescribing psychiatric medications.

Ombuds Quarterly Report

Amanda Sloan, North Sound Regional Ombuds

Amanda Sloan gave an overview of the 2016 4th Quarter Ombuds Report that covered the period from October 2016 – December 2016.

Advisory Board Budget **January 2017**

| | | 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 | \$ 15,000.00 | \$ 3,545.00 | \$ 20,200.00 | \$ 255.00 | \$ 3,000.00 |
| Expense | (1,176.47) | | | (1,176.47) | | |
| Under / (Over) Budget | \$ 40,823.53 | \$ 15,000.00 | \$ 3,545.00 | \$ 19,023.53 | \$ 255.00 | \$ 3,000.00 |
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| 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 |
|---------------------------|----------------------------|--|---|----------------------------------|

North Sound
Behavioral Health Organization, LLC
Warrants Paid
January 2017

| | Type | Date | Num | Name | Memo | Amount |
|------------------------------------|------|------------|-------------|------------------|----------------|------------------------|
| Advisory Board Supplies | | | | | | |
| | Bill | 01/24/2017 | 64379-AdBrd | Haggen Inc | Batch # 117647 | 445.39 |
| Total Supplies | | | | | | <u>445.39</u> |
| Travel | | | | | | |
| | Bill | 01/04/2017 | Dec2016 | AA Dispatch | Batch # 117265 | 374.50 |
| | Bill | 01/18/2017 | Jan2017 | Yuen, Jennifer | Batch # 117538 | 96.30 |
| | Bill | 01/18/2017 | Oct-Dec2016 | Trautman, Candy | Batch # 117608 | 86.40 |
| | Bill | 01/31/2017 | Jan2017 | Kincheloe, David | Batch # 117732 | 173.88 |
| Total Travel | | | | | | <u>731.08</u> |
| Total Advisory Board | | | | | | <u>1,176.47</u> |
| | | | | | | <u>1,176.47</u> |
| | | | | | | <u>1,176.47</u> |

Behavioral Health Integration Update

- On January 31, I provided testimony to both the House “Health Care and Wellness” Committee and the Senate “Health Care Committee” regarding the proposed legislation to transfer the responsibilities for Behavioral Health Administration [DBHR] from DSHS to the Health Care Authority [HB 1388 and SB 5259].
- The testimony was based on the agreed upon speaking points from the 8-county administered BHOs. We urged the legislature to delay consolidating all behavioral health administrative functions with a single state agency and to contract all behavioral health services through MCOs. A copy of my testimony is attached.
- At the urging of legislative members, HCA and the Governor’s Office has agreed to meet with the BHOs to consider alternative proposals to achieve full integration that utilize the current BHO system. I am working with our Medical Director, Dale Jarvis, and the other BHOs to develop an alternative proposal.

Other Legislation

- Many behavioral health related bills have been introduced. Attached is only a partial list excerpted from a weekly update provided by Seth Dawson. Of particular note:
- HB 1259 – *modifies detention standards for persons with mental disorders or chemical dependency from ‘imminent’ to ‘substantial’*.
- HB 1424 - *Authorizes a parent or guardian to: (1) Admit a minor child to a chemical dependency treatment program; and (2) Keep the minor child in the program for fourteen days*
- HB 1546 and SB 5434 – *requires the state to contract with behavioral health organizations to provide a certain amount of long-term inpatient treatment in the community, rather than at state hospitals*
- HB 1753 and SB 5580 - *Corrects a technical oversight by recognizing a designated chemical dependency specialist as one of the qualified examining professionals authorized to sign an initial fourteen-day substance use disorder detention petition.*

Behavioral Health Facilities Plan

- On January 24, I accompanied Al Aldrich on Legislative Visits to seek support for our Behavioral Health Facilities capitol request. We met with Senator Mark Liias, and Representatives Norma Smith and Steve Tharinger. All were extremely supportive of our request, though Smith and Tharinger did ask how we would prioritize our list.
- On February 2, Al Aldrich and Commissioner Dahlstedt met with Senator Honeyford. Below is status update from Al on our efforts:
 - *Hi folks. Commissioner Dahlstedt and I had a good meeting with Sen. Honeyford who runs the Capital Budget process in the Senate. The amount of money that must go to new school construction is growing and is in the range of \$1.2 billion. There is some formula or something where by when local school districts approve building new schools, some percentage of the total cost comes from the state. With the improvement of the economy, many school districts are getting*

voter approval to move ahead with new construction.

Sen. Honeyford had already heard about our request from Rep. Smith and he acknowledged that it continues to be the only BHO request turned in for new facilities (and his deadline was today). Sen. Pearson as the lead Republican in the Senate did turn in our request today. Sen. Liias is the lead for Democrats and will turn it in by Friday, the deadline for Senate Democrats. The House Capital Budget deadlines are in a couple of weeks. Sen. Honeyford said he wants to put some money into mental health, but the overall Capital Budget picture has to settle down before they can commit. All that said, I continue to like our position

- A meeting was held on January 13 with Skagit County, the project management firm-Cumming, and the BHO to begin working on the details of the 2 Skagit County project sites.
- On January 27, a “Project kick-off meeting” for the repurposing of the Denny Juvenile Justice Center was held with Snohomish County Human Services and Facilities Departments, myself and Betsy Kruse, and the architect that Snohomish County has selected for the design work – KMD. The meeting resulting in agreeing on specific design criteria and a timeline for the design work. The final proposed options and cost estimates should be ready for review by Snohomish County Council and the BHO Executive Committee by April or May.
- The Swinomish Tribe open to the idea of partnering with us on the West Skagit Crisis Triage facility.

Update on allowable uses of Designated Marijuana Account Funds

- The North Sound sought clarification on the allowable uses for the Dedicated Marijuana Account funds. Unfortunately, their use seems to be restricted to treatment modalities using Evidence based or “Promising Practices”. The counties will be revising their proposals to fit within these guidelines. We’d like to be able to allocate out these funds as soon as possible.

Rainbow Center Transition Plan Update

- We’ have met twice with Tom Sebastian, and Anne Deacon and Perry Mowry from Whatcom County to develop the Rainbow Center Transition Plan.
- Since our current Mental Health Block Grant contracts expire at the end of June – and \$75,000 of this fund source is used to fund some of the Rainbow Center costs – this transition plan would need to be implemented by then. We believe the current total allocation of Block Grant and State General Funds to the Rainbow Center will be sufficient to fund any replacement services, including re-deployment of the existing staff and Peer Counselors.

Meeting with San Juan County and Compass to address service gaps

- BHO staff have had a series of meetings with San Juan County Health and Human Services staff and Compass and VOA to identify strategies to address the gaps in both Crisis Services as well as outpatient treatment services.
- Several specific strategies are being explored, including:

- Providing capacity payments to Compass to cover the cost of scheduling more staffing hours on both Orcas and Lopez. Additional staffing hours could provide both outreach, assessment, and regular treatment. By funding these positions based on “capacity”, then Compass can afford to allocate more staff hours than what could be supported by just billing for encounters.
 - Exploring adapting the model used in Snohomish County to pair a mental health professional with EMS.
 - Expanding the range of available services, especially on Orcas and Lopez Islands, so that assistance can be provided to persons before they reach the point of crisis.
 - Exploring whether a VOA resource manager could be housed at the Orcas family support center similar to what was done during the OSO crisis.
- There will be a similar follow up meeting with Island County Human Services and the BHO contracted providers serving Island County to see if some of these strategies can also be applied there.

Opioid Reduction Plan

- Shelli Young, whom we have contracted with to develop a regional Opioid Reduction Plan, has continued to conduct stakeholder interviews, and has drafted a template for the region’s Opioid Reduction plan that is based on the same template used by the state’s plan [*attached*]
- We walked through the initial list of strategies with the county coordinators and with the Tribes at this month’s “Tribal Coordination” meeting.
- Some of these ideas include:
 - ✓ Increasing “take-back” options
 - ✓ Increasing access to Medication Assisted Treatment, especially Suboxone
 - ✓ Workforce development activities to increase the number of CDPs
 - ✓ Seeking funding to increase the distribution of Naloxone kits, including for persons being released from jail
 - ✓ More sober housing and recovery housing
 - ✓ Improved data collection on incidents of opioid overdose and deaths.

Update on US HealthVest Proposed Psychiatric Hospital in Smokey Point

- We understand from Cammy Hart-Anderson that the proposed US HealthVest Psychiatric Hospital being built in Smokey Point is proposed to be open by June.
- They are planning on having 90 adult beds and 25 youth beds. They are also proposing to have some ITA beds, but are not certain on the number. Nor is it likely that state certification to provide ITA services would be in place at that time.
- Providing ITA services at their hospital will have an impact both on Snohomish County and the BHOs state funds since this hospital would be classified as an IMD.
- We’ve requested to meet with their local representatives to discuss further and to develop any necessary coordination agreements.

Summary of Mental Health Legislation

As of 2/4/17 per www.leg.wa.gov

Excerpted from Seth Dawson's weekly "Mental Health Bill Chart"

| HOUSE BILL | DESCRIPTION | STATUS |
|--|--|--|
| HB 1069 (Rep. Jenkins), Concerning procedures for enforcing outpatient civil commitment orders | Allows petitions for enforcement of less restrictive alternative (LRA) treatment orders under the Involuntary Treatment Act to be filed with the court in the county where the person who is subject to the LRA order is located, and modifies and reorganizes provisions governing enforcement proceedings | http://app.leg.wa.gov/billssummary?BillNumber=1069&Year=2017 Passed House unanimously, pending a possible hearing in Senate Law & Justice |
| HB 1162 (Rep. Kilduff), Concerning requirements for providing notice regarding court review of initial detention decisions under the involuntary treatment act | A designated mental health professional (DMHP) or DMHP agency must provide an immediate family member, guardian, or conservator with written information about the process to petition for court review when the DMHP fails to detain, or fails to take action to detain, a person after a request for investigation. The DMHP must document the date on which the written information is provided to the immediate family member, guardian, or conservator. Beginning April 1, 2018, designated crisis responders are responsible for providing this written notification to an immediate family member, guardian, or conservator | http://app.leg.wa.gov/billssummary?BillNumber=1162&Year=2017 Passed unanimously by House Judiciary, pending a possible hearing in Senate Law & Justice |
| HB 1197 (Rep. Tarleton), Concerning respite services for caregivers of people with mental illness | Requires the department of social and health services to establish up to three pilot projects to offer respite services to primary caregivers of people with severe mental illness | http://app.leg.wa.gov/billssummary?BillNumber=1197&Year=2017 Pending a possible hearing in House Health Care & Wellness |
| HB 1259 (Rep. Klippert), Concerning standards for detention of persons with | Modifies detention standards for persons with mental disorders or chemical dependency from "imminent" to "substantial" | http://app.leg.wa.gov/billssummary?BillNumber=1259&Year=2017 Pending a possible hearing in |

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| mental disorders or chemical dependency | | House Judiciary |
| HB 1377 (Rep. Ortiz-Self), Improving students' mental health by enhancing nonacademic professional services | Addresses the role of a school counselor, a social worker, and a psychologist in promoting student achievement and creating a safe learning environment. Requires first-class school districts to provide at least one hour of professional collaboration for school counselors, social workers, and psychologists that focuses on recognizing signs of emotional or behavioral distress in students. Creates the professional collaboration lighthouse grant program to assist school districts with early adoption and implementation of mental health professional collaboration time. Requires the professional educator standards board to convene a task force on school counselors, psychologists, and social workers to review certain issues. | http://app.leg.wa.gov/billssummary?BillNumber=1377&Year=2017 Heard in House Education on 2/2 |
| HB 1388 (Rep. Cody), Changing the designation of the state behavioral health authority from the department of social and health services to the health care authority and transferring the related powers, functions, and duties to the health care authority and the department of health See too SB 5259 | Transfers the powers, duties, and functions of the department of social and health services pertaining to the behavioral health system and purchasing function of the behavioral health administration, except for oversight and management of state-run mental health institutions and licensing and certification activities, to the state health care authority to the extent necessary to carry out the purposes of this act. Transfers the powers, duties, and functions of the department of social and health services pertaining to licensing and certification of behavioral health provider agencies and facilities, except for state-run mental health institutions, to the department of health to the extent necessary to carry out the purposes of this act | http://app.leg.wa.gov/billssummary?BillNumber=1388&Chamber=House&Year=2017 Heard in House Health Care & Wellness on 1/31 |
| HB 1413 (Rep. Cody), Specifying to whom information and records related to mental health services may be disclosed for the purposes of care coordination and | Authorizes information and records related to mental health services, other than those obtained through treatment under chapter 71.34 RCW (mental health services for minors), to be disclosed to a person who requires information and records related to mental health services to assure coordinated care and treatment of a patient | http://app.leg.wa.gov/billssummary?BillNumber=1413&Year=2017 To be heard in House Health Care & Wellness on 2/8 @ 1:30 |

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| <p>treatment</p> <p>See too SB 5435</p> | | |
| <p>HB 1424 (Rep. Shea), Ensuring a parent or guardian has the authority to admit and keep a minor child into a treatment facility for chemical dependency treatment for fourteen days</p> | <p>Authorizes a parent or guardian to: (1) Admit a minor child to a chemical dependency treatment program; and (2) Keep the minor child in the program for fourteen days</p> | <p>http://app.leg.wa.gov/billssummary?BillNumber=1424&Year=2017</p> <p>Pending a possible hearing in House Early Learning & Human Services</p> |
| <p>HB 1477 (Rep. Kilduff), Concerning disclosure of health-related information with persons with a close relationship with a patient</p> <p>See too SB 5400</p> | <p>Authorizes certain health care providers and facilities to disclose, under certain circumstances, health-related information to persons with a close relationship with a patient.</p> <p>Examples include:</p> <p><i>The disclosure is to a family member, other relative, a close personal friend, or other person identified by the individual, and the protected health information is directly relevant to the person's involvement with the individual's health care; or</i></p> <p><i>(ii) The disclosure is for the purpose of notifying a family member, a personal representative of the individual, or another person responsible for the care of the individual or the individual's location, general condition, or death.</i></p> | <p>http://app.leg.wa.gov/billssummary?BillNumber=1477&Year=2017</p> <p>To be heard in House Health Care & Wellness on 2/8 @ 1:30</p> |
| <p>HB 1522 (Rep. Robinson), Concerning the community health worker task force</p> | <p>Requires the department of health, in coordination with the state health care authority, to prepare a report describing the progress to date on detailing each agency's work plan for implementing the recommendations of the community health worker task force and supporting the development of a sustainable community health worker workforce in the state</p> | <p>http://app.leg.wa.gov/billssummary?BillNumber=1522&Year=2017</p> <p>Pending a possible hearing in House Health Care & Wellness</p> |
| <p>HB 1546 (Rep. Schmick), Concerning the addition of services for long-term placement of mental health patients in community hospitals that</p> | <p>The Department of Social and Health Services (Department) must contract with behavioral health organizations to provide a certain amount of long-term inpatient treatment in the community, rather than at state hospitals. In addition to specifying the number of state hospital beds that a behavioral health organization is allocated, the Department contracts with behavioral health organizations must establish the number of patient days of care available at facilities certified to treat adults on 90- and 180-</p> | <p>http://app.leg.wa.gov/billssummary?BillNumber=1546&Year=2017</p> <p>Heard in House Health Care & Wellness on 1/31</p> |

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| voluntarily contract and are certified by the department of social and health services See too SB 5434 | day inpatient involuntary commitment orders, including community hospitals. When applying to become a behavioral health organization, an entity must demonstrate the ability to contract for the minimum number of days of care in community hospitals as specified by the Department. The Department and behavioral health organizations must assess the capacity of community hospitals to become certified to provide long-term mental health placements and enter into contracts with those hospitals that choose to provide such services. Community hospitals are not required to become certified to provide such services | |
| HB 1547 (Rep. Schmick), Exempting certain hospitals from certificate of need requirements for the addition of psychiatric beds until June 2019 | Suspends certificate of need requirements through June 30, 2019 for hospitals that add new psychiatric beds. | http://app.leg.wa.gov/billssummary?BillNumber=1547&Year=2017 Heard in House Health Care & Wellness on 1/31 |
| HB 1713 (Rep. Senn), Implementing recommendations from the children's mental health work group | Requires the Health Care Authority to coordinate mental health resources for Medicaid-eligible children, maintain an adequate provider network, and require screenings for depression for children and youth ages 11-21. Requires behavioral health organizations to reimburse providers for providing mental health services through telemedicine. Provides mental health resources for childcare providers and educational service districts. Requires a workforce survey of children's mental health clinician data and establishes child psychiatrist residencies | http://app.leg.wa.gov/billssummary?BillNumber=1713&Year=2017 Heard in House Early Learning & Human Services on 2/1 |
| HB 1753 (Rep. Cody), Concerning professionals qualified to examine individuals in the mental health and substance use disorder treatment systems See too SB 5580 | Corrects a technical oversight by recognizing a designated chemical dependency specialist as one of the qualified examining professionals authorized to sign an initial fourteen-day substance use disorder detention petition during the interim period between June 28, 2016, and April 1, 2018 | http://app.leg.wa.gov/billssummary?BillNumber=1753&Year=2017 To be heard in House Judiciary on 2/7 @ 10 am Requested by DSHS |
| | Requires a mental health professional or an individual health care provider providing mental health services to | |

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| HB 1810 (Rep. Cody), Concerning obligations of mental health professionals | a patient to warn or to take reasonable precautions to provide protection from a patient's violent behavior only if the patient has communicated to the mental health professional or individual health care provider an actual threat of physical violence against a reasonably identifiable victim or victims | http://app.leg.wa.gov/billssummary?BillNumber=1810&Year=2017 Pending a possible hearing in House Judiciary |
| SENATE BILL | | STATUS |
| SB 5103 (Sen. O'Ban), Concerning petitions for review of involuntary commitment decisions filed by an immediate family member, guardian, or conservator | Establishes a time limit of ten days to file a Joel's Law petition without requesting a new designated mental health professional (DMHP) evaluation. Changes the means of detention after the court grants a petition by requiring a peace officer to detain the person to a facility designated by the designated mental health professional. Requires DMHP agencies to give information about the date on which a DMHP investigation was requested. Requires the Administrative Office of the Courts (AOC) to develop a user's guide for Joel's Law and a model detention order | http://app.leg.wa.gov/billssummary?BillNumber=5103&Year=2017 Heard in Senate Human Services, Mental Health & Housing on 1/17 Amended onto SB 5106 |
| SSB 5106 (Sen. O'Ban), Clarifying obligations under the involuntary treatment act | Requires a revocation petition for a less restrictive alternative order (LRA) under the Involuntary Treatment Act (ITA) to be filed in the county where the respondent is located or receiving treatment. Modifies a requirement for a designated mental health professional (DMHP) consult with an examining emergency room physician during a commitment evaluation | http://app.leg.wa.gov/billssummary?BillNumber=5106&Year=2017 Senate Rules White Sheet |
| SB 5259 (Sen. Rivers), Changing the designation of the state behavioral health authority from the department of social and health services to the health care authority and transferring the related powers, functions, and duties to the health care authority and the department of | Companion Bill to 1388 | http://app.leg.wa.gov/billssummary?BillNumber=5259&Year=2017 Heard in Senate Health Care on 1/31 |

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| health | | |
| SB 5368 (Sen. Becker), Limiting the authority to seek medicaid waivers | Requires the Health Care Authority to seek legislative authorization prior to seeking federal waivers | http://app.leg.wa.gov/billssummary?BillNumber=5368&Year=2017 Heard in Senate Health Care on 1/31 |
| SB 5434 (Sen. Rivers), Concerning the addition of services for long-term placement of mental health patients in community hospitals that voluntarily contract and are certified by the department of social and health services | Requires the Department of Social and Health Services to contract with Behavioral Health Organizations to provide a portion of their allocated long-term treatment capacity in the community, instead of in the state hospitals [see also HB 1546] | http://app.leg.wa.gov/billssummary?BillNumber=5434&Year=2017 Heard in Senate Human Services, Mental Health & Housing on 1/31 |
| SB 5435 (Sen. Rivers), Specifying to whom information and records related to mental health services may be disclosed for the purposes of care coordination and treatment | Companion bill to HB 1413 | http://app.leg.wa.gov/billssummary?BillNumber=5435&Year=2017 Heard in Senate Human Services, Mental Health & Housing on 1/31 |
| SB 5436 (Sen. Becker), Expanding patient access to health services through telemedicine by further defining where a patient may receive the service | Provides that an originating site for a telemedicine health care service includes any location determined by the individual receiving the service | http://app.leg.wa.gov/billssummary?BillNumber=5436&Year=2017 To be heard in Senate Health Care on 2/9 @ 10 am |
| SB 5446 (Sen. Becker), Exempting certain hospitals | Companion Bill to 1547 | http://app.leg.wa.gov/billssummary?BillNumber=5446&Year=2017 |

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| from certificate of need requirements for the addition of psychiatric beds until June 2019 | | Pending a possible hearing in Senate Health Care |
| SB 5580 (Sen. O'Ban), Concerning professionals qualified to examine individuals in the mental health and substance use disorder treatment systems | Allows a chemical dependency professional, instead of a mental health professional, to sign a petition for chemical dependency involuntary treatment. Allows chemical dependency professionals to participate in civil commitment evaluations related to integrated crisis response [See also HB 1753] | http://app.leg.wa.gov/billssummary?BillNumber=5580&Chamber=Senate&Year=2017 To be heard in Senate Human Services, Mental Health & Housing on 2/6 @ 1:30 Requested by DSHS |
| SB 5706 (Sen. Becker), Addressing parent-initiated behavioral health treatment for children aged thirteen to seventeen years old | Requires a parent to, during the evaluation of a minor at the request of the parent and during the course of medically necessary treatment commenced pursuant to the evaluation, be considered the personal representative of the minor for the purpose of transmission of medical information, making treatment decisions, and reviewing the compliance of the minor with treatment recommendations. Suspends RCW 71.34.500 through 71.34.530 (certain mental health services for minors) for the limited purpose of this evaluation and course of follow-up treatment, unless the parent agrees to a confidential relationship between the child and the health care provider, or the receipt of new information or a material change in circumstances causes the provider to reevaluate the medical necessity for treatment | http://app.leg.wa.gov/billssummary?BillNumber=5706&Year=2017 Pending a possible hearing in Senate Human Services, Mental Health & Housing |
| SB 5709 (Sen. Miloscia), Providing notification to parents when a minor accesses behavioral health services | Addresses a minor's access to behavioral health services. Requires a provider of outpatient treatment who provides outpatient treatment to a minor thirteen years of age or older to provide notice of the minor's request for treatment to the minor's parents | http://app.leg.wa.gov/billssummary?BillNumber=5709&Year=2017 Pending a possible hearing in Senate Human Services, Mental Health & Housing |

MEMORANDUM

DATE: February 7th, 2017

TO: North Sound BHO Advisory Board

FROM: Joe Valentine, Executive Director

RE: February 9th, 2017 County Authorities Executive Committee Agenda

Please find for your review the following that will go before the North Sound BHO County Authorities Executive Committee at the February 9th, 2017 meeting:

For Executive Committee Approval:

- Pioneer Human Services' (PHS) contract budget is being reduced to reflect a 30 bed capacity payment in lieu of the original 50 bed capacity payment at Pioneer Center North. North Sound pays a bed rate of \$145 a day for bed usage above the 30 bed capacity. The reduction is due to King County paying PHS directly for their beds.

NORTH SOUND BHO-PHS-RESIDENTIAL-16-18 Amendment 3 for the purpose of decreasing funding by \$1,589,500 for a new maximum consideration of \$10,853,250 the term of the contract remains the same April 1, 2016 through March 31, 2018.

- Additional Relias Online learner slots are needed due to the addition of new providers and expansion of our current provider workforce. This is an increase of 150 slots, for a total of 2,075 learner slots in the region.

To authorize the Executive Director to increase up to 150 additional learners on the Relias online learning system for fiscal year 2017. The estimated cost of this increase is \$5,630 annually for an estimated new annual subscription amount of \$127,903.53.

- Volunteers of America (VOA) has instituted a pilot for a CHAT line for youth and is now expanding to include texting, this increase in funding will continue the program with the enhancement of texting capability. This service is confidential and is accessed by youth experiencing a crisis/thinking about suicide.

NORTH SOUND BHO-VOA-MEDICAID-16-18 Amendment 2 for the purpose of increasing funding by \$224,550 for a new maximum consideration of \$5,621,575 the term of the contract remaining the same April 1, 2016 through March 31, 2018.

NORTH SOUND BHO-VOA-BHSC-16-18 Amendment 2 for the purpose of increasing funding by \$110,595 for a new maximum consideration of \$1,332,268 with the term of the contract remaining the same April 1, 2016 through March 31, 2018.

For Executive Committee Ratification:

- American Behavioral Health Services (ABHS) is providing services to individuals involved with the Department of Corrections (DOC) and mandated to Behavioral Health Treatment. ABHS is providing the services originally contracted through Spectrum Services, who terminated their contract as of January 31, 2017.

NORTH SOUND BHO-ABHS-DOC-17-18 for the purpose of providing behavioral health services to individuals involved with DOC. The maximum consideration on this contract is \$1,248,000 with a term of January 1, 2017 through March 31, 2018.

- Snohomish County shares in the cost of the Triage program at approximately 29% of the program budget. The funds provided by Snohomish County pay for the sobering services at the Triage.

SNOHOMISH COUNTY-NORTH SOUND BHO-TRIAGE INTERLOCAL-17 for the purpose of shared funding for services provided at the Compass Health Triage Center in Everett. The maximum consideration on this agreement is \$345,804 with a term of January 1, 2017 through December 31, 2017.

Effective Date:
Revised Date:
Review Date:

North Sound Behavioral Health Organization

Section 4500 – Consumer Affairs: Advisory Board Member Transportation Requests

Authorizing Source:

Cancels:

See Also:

Responsible Staff: Administrative Manager and Advisory Board Coordinator

Executive Director Signature:

Approved by: Board of Directors

Motion #98-072

Date: 11/19/1998

Date:

POLICY #4507.00

SUBJECT: ADVISORY BOARD MEMBER TRANSPORTATION REQUESTS

POLICY

This shall set forth guidelines for the making arrangements for travel requests made by Advisory Board Members, consumers, and advocates.

USE

This policy is designed to facilitate travel by Advisory Board Members, consumers, and advocates as **needed to participate in North Sound BHO-related business only**. Staff will respect the needs of the individual and will arrange for cost effective and efficient transportation.

RESPONSIBILITY

Overall supervision for this policy and its procedures rests with the Administrative Manager. However, arranging travel is the responsibility of the Advisory Board Coordinator. Should a situation arise in which there is a problem, the Advisory Board Coordinator and the Advisory Board Chair will collaborate in resolving the situation.

STAFF PROCEDURES

Transportation

1. The Advisory Board Coordinator or a designated staff person will submit a fax request to the specific transportation company.
2. The Advisory Board Coordinator or designated staff person will make necessary arrangements using transportation providers which have standing relationships with the BHO. These include taxi companies, Airporter Shuttle services, airlines, train, bus, and ferry systems.

Taxicab companies

1. Call and/or fax a request to the taxi company and state you are making arrangements for travel to be charged to North Sound Behavioral Health Organization.
2. Give your name, name and address of the person traveling, date and time for pick-up/drop off points of the trip.
3. Be sure to make return arrangements if needed.
4. Taxi companies include:

| Name | Phone | Contact | Acct. # |
|----------------------|----------------|---------|-----------------|
| Yellow Cab (Everett) | (425) 259-2000 | Anyone | North Sound BHO |
| Yellow Cab (B'ham) | (360) 424-8294 | Anyone | North Sound BHO |

Yellow Cab services Skagit, Snohomish, and Whatcom Counties

Airporter Shuttle

Before calling, check the schedule and determine what times and locations will meet the needs of the traveler. Be sure to take into consideration the time of the meeting and travel time to and from the pickup and drop off points.

1. Call the Airporter Shuttle at 1-800-235-5247.
2. Let them know you are making arrangements for travel which will be billed to the North Sound BHO.
3. Give them your name, name of the person traveling, date, time and location for pick up and destination.
4. Be sure to make return arrangements if needed.
5. Tell them we have an account and give them a Purchase Order number.
6. They will give you a confirmation number once the reservation is made. Record this number in the appropriate space on the form.
7. For Charter services a North Sound BHO representative must accompany Advisory Board per direction of Airporter Shuttle management.

Ferry System

Tickets can be purchased online and reservations must be made in advance.

Reimbursement For Travel

Travel reimbursement references to Policy #3031.00

Travel by Auto: Reimbursement for use of privately owned vehicles for NSBHO business will be paid at the established standard mileage rate. The rate shall be initially set to conform to the currently published mileage rate for business travel deductions set by the Internal Revenue Service (IRS). The rate shall be revised periodically as the IRS rate is revised so NSBHO mileage rate is consistent with the published IRS rate. The Executive Director shall promptly notify all employees, in writing, of adjustments to NSBHO's mileage rate and shall fix the effective date of each adjustment. Reimbursement for mileage and meals in route to destinations outside of the State of Washington shall not exceed the round-trip coach fare of a common air carrier unless approved by the Executive Committee. Any business travel mileage from the office and back to the office will be reimbursed.

If a person does not stop by the office and has business travel, they will deduct their normal commute from the total travel and ask for reimbursement for the balance. A person's normal commute will be considered the distance between their residence, the office and back to their residence. Mileage costs from an employee's residence to his/her normal place of work shall not be reimbursable as business mileage. Mileage for personal reasons will not be reimbursed.

Meals: Receipts are required for meals. All meals outside of the county in which the employee is assigned shall be reimbursed while in the course of performing business for NSBHO. This shall include meals consumed while in the course of a business meeting and meals consumed while traveling to and from a meeting if said meals occur during travel. Reimbursement for meals will be for actual expenses and shall not exceed the following amounts:

- | | |
|--------------|---------|
| 1. Breakfast | 12.00 |
| 2. Lunch | \$17.00 |
| 3. Dinner | 27.00 |

This amount shall include gratuity.

Lodging: An itemized statement from place of lodging is required. If lodging is approved to attend a conference, training, or seminar, lodging will occur at the conference site at the conference rate. If no lodging is available, lodging must be secured with the lowest rate accepted unless modified by the Executive Director.

Expenses not Reimbursable

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

Documentation of Expenses

All expenses must be documented. Receipts should have the name, location and phone number of the vendor whenever possible. Documentation may include, but not be limited to, the following:

1. Actual mileage to and from meetings, excluding mileage to and from the work place that would have normally been traveled by the employee to arrive and leave the work site.
2. Receipts for parking, if available.
3. Receipts for lodging.
4. Receipts for rental car

Charge card slips are not acceptable documentation unless a detailed list of expenditures is made on the card slip.

Failure to provide requested documentation will result in the employee forfeiting his/her right to reimbursement.

Procedure for Reimbursement

At the end of each month, each employee who is seeking reimbursement for travel must complete an expense reimbursement form and attach required receipts. The Department Supervisor must sign the form indicating approval of expenses. In the case of the Executive Director, one of the officers of the Executive Committee must sign the reimbursement form. Reimbursement forms will be submitted to NSBHO's Accounting Specialist for processing and payment.

ATTACHMENTS

None

NSBHO ADVISORY BOARD
2017 ADVOCACY PRIORITIES
(revised 1.5.2017)

BHO CAPITAL REQUESTS

- Evaluation & Treatment Center (E&T) – Skagit County
- 16-Bed Acute SUD Detoxification Facility – Skagit County (adjacent to E&T)
- 8-Bed Sub-Acute Detoxification and Mental Health Triage Facility – West Skagit County
- Two (2) 16-Bed SUD Inpatient Treatment Facilities – Snohomish County (Everett)
- 16-Bed Mental Health Triage Facility – Whatcom County (Bellingham)
- 16-Bed Acute SUD Detoxification Facility – Whatcom County (Bellingham)
- 16-Bed Long-Term SUD Treatment Facility – Location in North Sound Region
- Step-down Transitional Housing

CHILDREN & ADOLESCENTS

- School-based Behavioral Health (SMI & SUD) Treatment Options
- Inpatient Treatment
- Emergency Medical Services
- Law Enforcement Training (CIT for Youth)
- Youth Homeless
- Behavioral Healthcare Needs for Incarcerated
- Community-Based SUD and MH Treatment Facilities (Detox, Long-Term, and Outpatient)

HOMELESSNESS

- Permanent Housing
- Supported Housing
- Military Veterans
- LGBTQ Youth
- Tenant Rights
- Outreach Services and Staff

OPIOID TREATMENT OPTIONS

- Medication-Assisted Treatment
- Naloxone Distribution to First Responders and People with SUDs
- Needle Exchange Program Expansion
- Outreach Program Expansion
- Safe Injection Sites

GERIATRIC POPULATION

- Affordable, Low Income Housing
- Home-Based Outreach
- Access to Care
- Transportation
- Critical Behavioral Healthcare for Pre-demented and Demented

**INTER-SERVICE COOPERATION /
COLLABORATION**

- Team-Based Outreach and Treatment (SWs + LE; CPIT; CDPs + MHPs + CPCs)
- Developmentally/Intellectually Disabled (Comorbidities; Complex Healthcare Needs)
- Primary Care Providers (Comorbidities; Complex Healthcare Needs)
- Community Health Workers
- Peer Recovery Coaches to support recovery from SUDs
- Home-based Nursing Care Workers
- Geriatric Facilities
- Criminal Justice (LE, Courts, Jails)

FORENSIC

- Jail-Based Behavioral Healthcare
- Alternatives to Jail
- Behavioral Health Courts (Mental Health; Drug; Family)

WORKFORCE

- New Housing and Recovery Services Teams
- Mobile Crisis Teams

GOVERNOR'S PROPOSED BUDGET

Open Access

We had a problem...

Requirements:

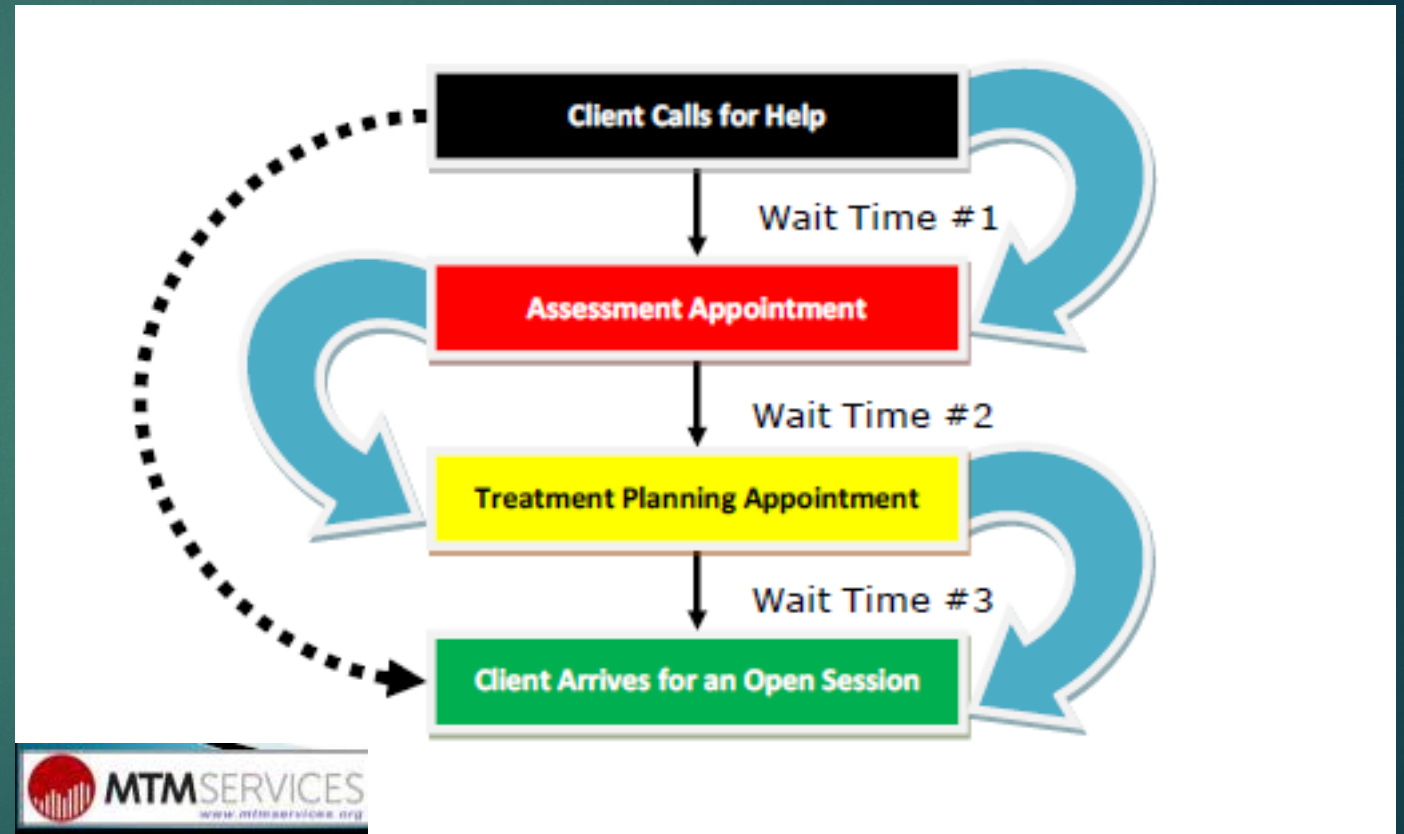
- ▶ Intake assessment within 10 business days
- ▶ First ongoing within 28 calendar days
- ▶ Most providers in the region were not in compliance

More importantly, good care:

- ▶ Good care is timely!
- ▶ People no-show or never engage when they have long waits

Possible solution: Open Access

- ▶ How can we reduce the time it takes for people to get to their first helpful appointment?



What is Open Access?

- ▶ A strategy for improved engagement and lower costs
- ▶ No scheduling delays, no waitlists
- ▶ Offering an assessment when the individual walks in to request it!



What is Open Access NOT?

Dropping in at 8AM and waiting all day for an appointment



What did we offer

MTM Consulting – works with the National Council for Behavioral Health

- ▶ Performed an analysis of all agencies
- ▶ Made recommendations
- ▶ For agencies that chose to continue:
 - ▶ Agency developed a rapid cycle change team
 - ▶ Met monthly with a consultant
- ▶ MTM provided:
 - ▶ Calculators – for each agency/location, how many FTE, and at what time?
 - ▶ Guidance and trouble-shooting

What else does it come with?

“Just in Time Prescribing” - Prescriber appointments are scheduled 3 to 5 days out

- ▶ Reduces no shows
- ▶ Provides more flexibility to meet actual needs
- ▶ Staff make reminder calls if you forget to call to schedule

Sample Appointment Reminder

 **FAMILY** | **RESOURCE CENTER**
OF NORTHWEST OHIO, INC.

To schedule your next appointment with the doctor
PLEASE CALL OUR OFFICE DURING THE WEEK OF:

**Medications cannot be called into the pharmacy without being seen by the doctor.

Internal Use Only - Return Appt: ☐ 1wk ☐ 2wks ☐ 1m ☐ 3m ☐ 6m

 **MTMSERVICES**
www.mtmservices.org

What else does it come with?

- ▶ Concurrent documentation
- ▶ Length of stay management
- ▶ Centralized scheduling



Questions?

Who is doing it?

- ▶ Catholic Community Services (mental health)
 - ▶ OA only, plan to start February and roll out to all three sites
- ▶ Compass Health
 - ▶ OA implemented in all offices large enough to support it
 - ▶ JIT rolling out in Skagit and Snohomish, two other sites soon
- ▶ Lake Whatcom Center
 - ▶ OA implemented
 - ▶ JIT not yet rolled out

Who is doing it?

- ▶ Unity Care Northwest
 - ▶ OA only, plan to start in April
- ▶ Sea Mar
 - ▶ OA implemented in all sites except one
 - ▶ JIT implementation forthcoming
- ▶ Sunrise
 - ▶ OA implemented in all locations large enough to support it
 - ▶ Beta testing has begun for JIT prescribing
- ▶ Evergreen Manor
 - ▶ Has obtained consultation, currently cannot implement OA due to space and staff constraints, but will reconsider in the future

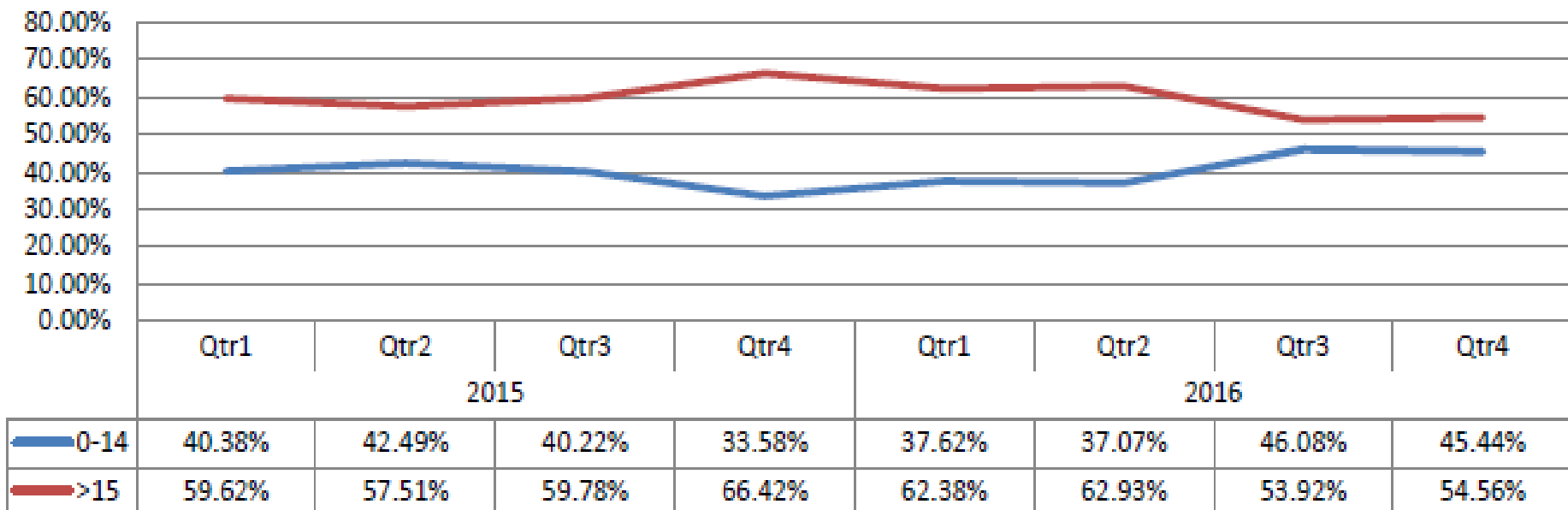
Is it working?

- ▶ Agencies report that individuals seeking services seem happy
- ▶ North Sound BHO is not hearing complaints
- ▶ Ombuds report did not list access as one of their top three topics of concern – last quarter it was third.

What does the data show?

Latest RFS to Intake and RFS outside of 14 days

Percentage of Individuals



What does the data show?

| Latest RFS to Intake and RFS outside of 14 days percentage | | | | |
|--|--------------|--------------|--------------|--------------|
| Quarter | 2015 | | 2016 | |
| | 0-14 | >15 | 0-14 | >15 |
| Compass Health | 50.0% | 50.0% | 67.5% | 32.5% |
| Qtr1 | 47.3% | 52.7% | 53.6% | 46.4% |
| Qtr2 | 54.8% | 45.2% | 66.3% | 33.7% |
| Qtr3 | 48.7% | 51.3% | 73.2% | 26.8% |
| Qtr4 | 50.1% | 49.9% | 78.8% | 21.2% |
| Compass Health - Whatcom | 51.5% | 48.5% | 49.4% | 50.6% |
| Qtr1 | 51.9% | 48.1% | 51.3% | 48.7% |
| Qtr2 | 58.0% | 42.0% | 52.2% | 47.8% |
| Qtr3 | 45.0% | 55.0% | 55.2% | 44.8% |
| Qtr4 | 50.4% | 49.6% | 39.7% | 60.3% |
| Sunrise Services | 38.0% | 62.0% | 40.9% | 59.1% |
| Qtr1 | 38.4% | 61.6% | 37.7% | 62.3% |
| Qtr2 | 38.9% | 61.1% | 36.8% | 63.2% |
| Qtr3 | 46.5% | 53.5% | 42.7% | 57.3% |
| Qtr4 | 22.9% | 77.1% | 51.5% | 48.5% |

What's next?

- ▶ Offer MTM consultation to SUD providers
- ▶ Continue rolling out and trouble shooting
- ▶ Engagement specialists



Questions?

NSBHO Opioid Reduction Working Plan

Regional Action Plan

GOAL 1: Prevent opioid misuse and abuse.

STRATEGY 1: Promote use of best practices among health care providers for prescribing opioids for acute and chronic pain.

Promote trainings for health care providers to better understand opioid use disorder (OUD), treatment system resources and pain management best practices

STRATEGY 2: Raise awareness and knowledge of the possible adverse effects of opioid use, including overdose, among opioid users.

Utilize the network of treatment providers to disseminate preventive information to individuals who report ANY opioid use

STRATEGY 3: Prevent opioid misuse in communities, particularly among youth.

Encourage collaborations between local stakeholders, including coalitions, school partners, child welfare/foster care and juvenile justice, to strengthen and coordinate efforts

Leverage and augment existing screening practices in schools and health care settings to prevent and identify OUD

STRATEGY 4: Promote safe home storage and appropriate disposal of prescription pain medication to prevent misuse.

Support local efforts to promote safe storage and disposal options

STRATEGY 5: Decrease the supply of illegal opioids.

Support state and local efforts to decrease the supply of illegal opioids

GOAL 2: Link individuals with opioid use disorder to treatment support services.

NS BHO STRATEGY: Facilitate the development or enhancement of regional treatment support services

Facilitate collaborative efforts to expand housing for individuals with opioid use disorder (OUD) in all stages of their recovery, including interim, transitional, sober support, permanent supported and recovery housing

Work with stakeholders to develop a more robust workforce of Chemical Dependency Professionals (CDPs), including cross-training for Mental Health Professionals and CDPs to become dually licensed, and promoting educational supports such as tuition waivers and distance learning options

Support local outreach and engagement efforts to offer persons with OUD the services they need

Work with Counties and treatment providers to identify and implement with fidelity a clinical outpatient Evidence-Based Program to treat OUD

Foster regional coordination and cross-county collaborations by helping identify resources to support such efforts

Offer training opportunities for key stakeholders to build capacity and collaboration (such as a Regional Opioid Summit, grant-writing training, training CDPs on the importance of medication-assisted treatment as an Evidence-Based Practice and how to work successfully with primary care/Managed Care Organization systems)

Facilitate conversations between regional stakeholders and supported housing resources to explore the feasibility of offering vocational services on-site at treatment facilities and other strategic venues

Facilitate enhanced connections between treatment stakeholders and the larger recovery community, and explore the use of peer counselors, recovery coaches, behavioral health aides and other paraprofessionals to help mitigate workforce shortages
Ensure uninsured and underinsured persons affected by OUD access treatment through system supports, outreach and marketing

STRATEGY 1: Build capacity of health care providers to recognize signs of possible opioid misuse, effectively screen for opioid use disorder, and link patients to appropriate treatment resources.

Facilitate coordination between primary health care and OUD treatment systems to expand medication-assisted treatment capacity and foster system improvements, such as collaborative treatment and integrated pain management services

STRATEGY 2: Expand access to and utilization of opioid use disorder medications in communities.

Support local efforts to provide low-barrier (such as "Bupe First") treatment modalities

Partner with Counties and other stakeholders to expand treatment capacity, including Opioid Treatment Programs, withdrawal management, residential options and other services

Enhance service system infrastructure to increase prescriber capacity, including the establishment of local "hub and spoke" models

Create access to medication-assisted treatment and other treatment services such as outreach close to where individuals live*

Support statewide efforts to reform the current model of "bundled" rates for methadone which discourage the provision of other needed services*

Support the development of Tx on demand for all modalities of SUD Tx services

STRATEGY 3: Expand access to and utilization of opioid use disorder medications in the criminal justice system.

Support local efforts to provide medication-assisted treatment to individuals impacted by OUD while incarcerated or being released from jail

Facilitate the development of comprehensive transitional services for Department of Corrections parolees and other individuals with OUD being released from jail

Educate therapeutic and specialty courts about medication-assisted treatment as the accepted standard of care for persons affected by OUD

STRATEGY 4: Increase capacity of syringe exchange programs (SEP) to effectively provide overdose prevention and engage clients in support services, including housing.

Support efforts to establish care coordination services as part of syringe exchange program services

STRATEGY 5: Identify and treat opioid abuse during pregnancy to reduce withdrawal symptoms in newborns.

Support state and local efforts to address the needs of women affected by OUD and mitigate impacts to their babies

GOAL 3: Intervene in opioid overdoses to prevent death.

STRATEGY 1: Educate individuals who use heroin and/or prescription opioids, and those who may witness an overdose, on how to recognize and appropriately respond to an overdose.

Utilize service networks, such as treatment providers, syringe exchange and outreach programs, to disseminate preventive information to families and support networks impacted by opioid use disorder

STRATEGY 2: Make system-level improvements to increase availability and use of naloxone.

Partner with Counties, Tribes, housing providers and other stakeholders to expand the availability and use of naloxone, especially for high risk populations

Research how safe consumption sites are working in other areas and share information with local decision-makers and other stakeholders

GOAL 4: Use data and information to detect opioid misuse/abuse, monitor morbidity and mortality, and evaluate interventions.

STRATEGY 1: Improve Prescription Monitoring Program (PMP) functionality to document and summarize patient and prescriber patterns to inform clinical decision making.

Support state efforts to improve the PMP and how it is used to reduce unnecessary opioid prescriptions

STRATEGY 2: Utilize the PMP for public health surveillance and evaluation.

Support state efforts to use the PMP to understand the issues related to opioid use disorder (OUD) and track program outcomes

STRATEGY 3: Continue and enhance efforts to monitor opioid use and opioid-related morbidity and mortality.

Partner with local Health Officers and other key stakeholders to enhance regional capacity to monitor data related to OUD to help guide efforts to address the related issues

STRATEGY 4: Monitor progress towards goals and strategies and evaluate the effectiveness of our interventions.

Utilize BHO data resources to track the impacts of regional efforts, considering the feasibility of a common data set of 5-10 key indicators