ADVISORY BOARD PRE-MEETING

February 6th, 2018

12:10

Managed Care Organizations

Coordinated Care

Community Health Plan of Washington

Molina

Behavioral Health Integration

It's not just financial integration – it's *care* integration

Molina Healthcare is committed to Washington's transition to Integrated Managed Care (IMC). Molina's approach to care integration includes a single point of contact that coordinates the exchange of information across the continuum and a "no wrong door" structure -- individuals are connected to the right services and supports regardless of where they enter the system of care.

Molina Fast Facts

- Molina is the largest Apple Health (Medicaid) health plan in Washington and the leader in behavioral health integration.
- We are operating integrated programs in all IMC regions.
- Molina has already helped over 140,000 Apple Health members transition to IMC.
- Molina achieved NCQA's Commendable* Accreditation for Medicaid service; and was awarded NCQA's Multi-Cultural Health Care Distinction for Medicaid. This Distinction recognizes organizations that lead the market in providing services to reduce health care disparities.

*NCQA Accreditation levels are: Excellent, Commendable, Accredited, Provisional and Interim

Expansion of BH Services

In 2017, Molina re-invested over $500,000 of State General Funds into the SW WA Region to expand the full continuum of behavioral health services targeting vulnerable populations. Molina supported initiatives to:

- Open a local youth psychiatric evaluation & treatment unit. The new service will improve access for teens in crisis and provide a care-appropriate setting that is more cost-effective than traditional inpatient facilities.
- Create SUD treatment services for pregnant and parenting women.
- Expand opiate treatment and mental health stabilization programs by increasing access to Medication Assisted Treatment (MAT) services.
- Improve access to psychiatric prescribing services.
- Develop supportive behavioral health services to increase housing retention for high-risk homeless populations.

Preliminary DSHS Results

Preliminary findings of health outcomes in Southwest Washington (SW WA), the state's first early adopter region, are promising.

After only 9 months of implementation, an independent analysis released in August 2017 by DSHS, compared 19 outcome metrics for adult Medicaid beneficiaries between CY 2015 and CY 2016. Findings showed SW WA performing significantly better as a region in 13 measures; and significantly better than the rest of the state in 10 measures including:

- Antidepressant medication management
- 7 and 30 day follow-up after alcohol/drug related ED visits
- Percentage of members returning to homelessness
- Percentage of members arrested

Positive Molina Outcomes

Molina has experienced positive early results with our IMC efforts in SW WA including:

15% reduction in medical inpatient admissions since the start of IMC in April 2016

>5% increase in OP BH utilization

17% reduction in ER visits since the start of IMC

47% penetration rate for MH services for members with an identified need (Q3 2017)

32% penetration rate for SUD services for members with an identified need (Q3 2017)

41% initiation rate in substance use treatment for members with an identified SUD (Q2 2017)

23% engagement in substance use treatment for members with an identified SUD (Q2 2017)

33 discharges from Western State Hospital with only 2 readmissions since start IMC, consistently remaining well under our WSH allotted beds

Behavioral Health Integration

It's not just financial integration – it's *care* integration

SAMHSA's Six Levels of Integrated Care Adopted by Molina

Molina is working to identify providers' current levels of integration to increase the use of integrated models of care.

The different levels are:

Coordinated – Levels 1 and 2: Separate providers, locations, and systems. MOUs between physical and BH provider groups to establish standard protocols for referral practices, release of information, exchange of information, and care plan coordination.

Co-located – Levels 3 and 4: Physical proximity but separate providers and systems. Use of informal and formal communication strategies to increase exchange of information; onsite case conferences; and warm hand-offs between providers.

Integrated – Levels 5 and 6: Physical and BH providers are members of the same care team using the same systems. Patient-centered medical home and collaborative care models are fully integrated.

Provider and Community Integrated Care Partnerships

Molina supports the development of integrated health care partnerships through education and collaboration.

Primary Care - We begin where the provider is and offer opportunities and support to increase care integration. In SW WA, 75% of our membership is assigned to one of six primary care provider groups which actively engage with us in ongoing discussions about expanding integrated care models.

Behavioral Health Providers - We are engaged with behavioral health providers to enhance understanding and continue moving forward with collaborative care.

ACH - We are actively involved in conversations with the ACH's on how to support regional bidirectional clinical integration efforts.

Partnerships - Molina has actively partnered with the Pediatric Transforming Clinical Practice Initiative (Ped-TCPi), DOH/Qualis Practice Transformation Hub, and the University of Washington AIMS Center to connect Molina providers to available practice transformation support and technical assistance.

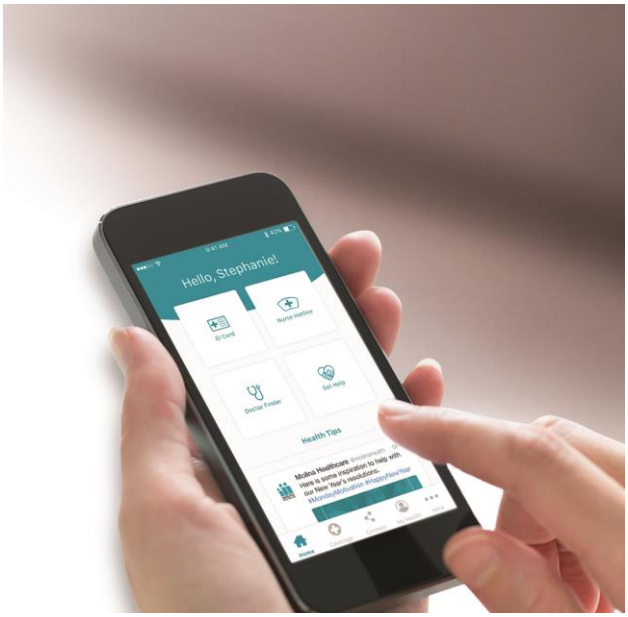
Linking Care Through Technology and Innovation

Molina leverages technology and innovative solutions to support VBC providers in managing the health and satisfaction of their assigned populations. Examples of innovative solutions:

Virtual Urgent Care – Offers members 24/7 access to care, free of charge. Virtual care doctors and nurse practitioners supplement, not replace, our network of high quality providers. Visit summaries are shared with PCPs to preserve continuity of care. This service is offered to Medicaid members statewide through contracted providers.

HealthinHand App and My Molina – Lets members view their personal health information, see their ID card, find a provider, and tap into community resources from their smartphone and our secure member portal.

PreManage (EDIE) Communication – Gives real-time ER and hospitalization notifications.



Rev. 1-26-2018

North Sound Region Fact Sheet

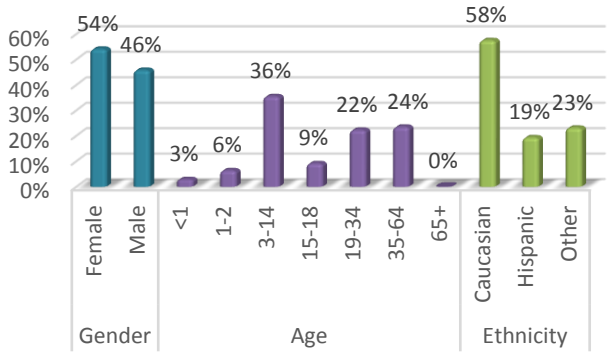
Molina Healthcare is the largest Apple Health (Medicaid) health plan in Washington State. Our mission is to provide quality care and services to people receiving government assistance.

Fast Facts

Molina has 42% market share of Medicaid membership compared to competitors in the North Sound Region.

54% of Molina Medicaid members in North Sound are children under age 19.

North Sound Region Medicaid Members: 96,056



Field Staff in North Sound Region

Molina has community-based staff who live and work in the North Sound Region.

Justin Baker, RN, CCM, Supervisor, Care Management
Lindsay Hertz, RN, Case Manager
Camille Keefe, BS, Case Manager
Kathryn Kraft, RN, Case Manager
Nina Kuhlman, RN, Case Manager
Rita Van Horn, RN, Case Manager
JoDee Resinger, RN, Transitions of Care Coach
Katy Hetterle, Community Connector
Steve Hortegas, Community Connector
Ranae Russell, External Provider Services Representative
Anastasia Garcia, Community Engagement Specialist

Community Engagement

In 2017, Molina participated in more than 258 community events in the North Sound Region to promote wellness in neighborhoods and educate leaders on local health care issues and resources.

Molina has an established presence in communities across the region.

Behavioral Health Integration

Preliminary findings of health outcomes in Southwest Washington (SW WA), the state's first early adopter region, are promising.

After only 9 months of implementation, an independent analysis released in August 2017 by DSHS, compared 19 outcome metrics for adult Medicaid beneficiaries between CY 2015 and CY 2016. Findings showed SW WA performing significantly better as a region in 13 measures; and significantly better than the rest of the state in 10 measures including:

- Antidepressant medication management
- 7 and 30 day follow-up after alcohol/drug related ED visits
- Percentage of members returning to homelessness
- Percentage of members arrested

Molina is a proud leader of Medicaid's transition to Integrated Managed Care (IMC) in SW WA and the North Central region. We have helped over 140,000 Apple Health members transition to IMC.

Behavioral Health Service Expansion

In 2017, Molina re-invested over $500,000 of State General Funds into SW WA to expand the full continuum of behavioral health services targeting vulnerable populations. Molina supported initiatives to:

- Open a local youth psychiatric evaluation & treatment unit. The new service will improve access for teens in crisis and provide a care-appropriate setting that is more cost-effective than traditional inpatient facilities.
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North Sound Region Fact Sheet

Quality

Molina achieved NCQA's Commendable* Accreditation for Medicaid service; and was awarded NCQA's Multi-Cultural Health Care Distinction for Medicaid. This Distinction recognizes organizations that lead the market in providing services to reduce health care disparities.

Molina tracks quality measures for our members routinely and supports providers with actionable data and technical assistance to achieve quality outcome measures.

*NCQA Accreditation levels are: Excellent, Commendable, Accredited, Provisional and Interim

Community Based Care Coordination

Molina currently has local Health Home Care Coordination Organization (CCO) contracts in place with:

- Behavioral Health Northwest
- Brigid Collins Family Support Center
- Northwest Regional Council
- Providence Health & Services
- Sea Mar Community Health Center
- Sunrise Services

In addition, Molina employs full-time community-based staff who assist members in meaningful ways that include care coordination, chronic disease management, and help accessing local resources such as food banks, housing, and transportation services.

Value Based Care Partnerships

Molina has long-standing partnerships with nearly all providers in the North Sound Region. Molina has the experience and ability to support North Sound's transition to value based care (VBC). Currently, 43% of Molina members in the region are cared for under VBC contracts. Our goal is to ultimately engage all providers in some form of a VBC relationship.

Molina has a robust VBC toolbox that includes, but is not limited to, timely reports, actionable data aligned to provider workflows, provider-friendly population management tools, and clinical support that encompasses sophisticated disease, pharmacy and care management services.

Technology and Innovation

Molina leverages technology and innovative partnerships to support VBC providers in managing the health and satisfaction of their assigned populations. Examples of innovative solutions:

- **Virtual Urgent Care** – Offers members 24/7 access to care, free of charge. Virtual care doctors and nurse practitioners supplement, not replace, our network of high quality providers. Visit summaries are shared with PCPs to preserve continuity of care. This service is offered to Medicaid members statewide through contracted providers.
- **HealthinHand App and My Molina** – Lets members view their personal health information, see their ID card, find a provider, and tap into community resources from their smartphone and our secure member portal.
- **PreManage (EDIE) Communication** – Gives real-time ER and hospitalization notifications.

Report Card

Molina is ranked #1 in the state for quality in comparison to other Medicaid health plans. The Report Card* measures key performance areas.

**Published September 2016 by HCA External Quality Review Organization Qualis Health*

2016 Washington Apple Health Plan Report Card

This report card shows how Washington Apple Health plans compare to each other in key performance areas.
You can use this report card to help guide your selection of a plan that works best for you.

KEY: Performance compared to all Apple Health plans — ABOVE AVERAGE ★★★ AVERAGE ★★☆ BELOW AVERAGE ★☆☆

Performance Areas	Amerigroup Washington	Coordinated Care of Washington	Community Health Plan of Washington	Molina Healthcare of Washington	UnitedHealthcare Community Plan
Getting Care	★☆☆	★★☆	★☆☆	★★★	★★☆
Keeping Kids Healthy	★☆☆	★★☆	★★☆	★★☆	★★☆
Keeping Women and Mothers Healthy	★☆☆	★★☆	★☆☆	★★★	★☆☆
Preventing and Managing Illness	★★☆	★☆☆	★☆☆	★★☆	★★☆
Satisfaction with Care	★☆☆	★★☆	★☆☆	★★☆	★★☆
Satisfaction with Plan	★☆☆	★★☆	★★☆	★★☆	★☆☆

These ratings were based on information collected from health plans and surveys of health plan members in 2015 and 2016. The information was reviewed for accuracy by independent auditors. Health plan performance scores were not adjusted for differences in their member populations or service regions.

Fully Integrated Managed Care (FIMC):

Success in Southwest WA - Improving health outcomes

On August 7, 2017, David Mancuso from the Research and Data Analysis Division of DSHS released preliminary findings on an independent analysis of health outcomes in the FIMC Southwest WA Region (Clark and Skamania counties) and compared to the rest of the state. The report evaluated 19 outcome metrics for adult Medicaid beneficiaries between CY2015 and CY 2016.

The results are encouraging. After only 9 months of FIMC implementation Southwest WA is performing:

Significantly better as a region in 13 measures including:

- **30 day hospital readmissions**
- **7 and 30 day follow-up after alcohol/drug related ED Visits**
- **Comprehensive diabetes care/hemoglobin A1c testing**
- **Cervical cancer screening**
- **Chlamydia screening in women**

Significantly better than the rest of the state in 10 measures including:

- **Antidepressant medication management**
- **7 and 30 day follow-up after Alcohol/Drug related ED Visits**
- **Percentage of members returning to homelessness**
- **Percentage of members arrested**

Molina Healthcare is proud to be a leader of Medicaid's transition to Integrated Managed Care in Washington State. We are privileged to serve over 87,000 FIMC members in Southwest Washington and to have been selected to launch FIMC in the North Central Region in 2018.

To learn more about FIMC and Molina Healthcare please contact:

Victoria Evans, Director of Behavioral Health Integration - Victoria.Evans@Molinahealthcare.com
Whitney Howard, Director of FIMC Contracting - Whitney.Howard@Molinahealthcare.com

MOLINA® HEALTHCARE

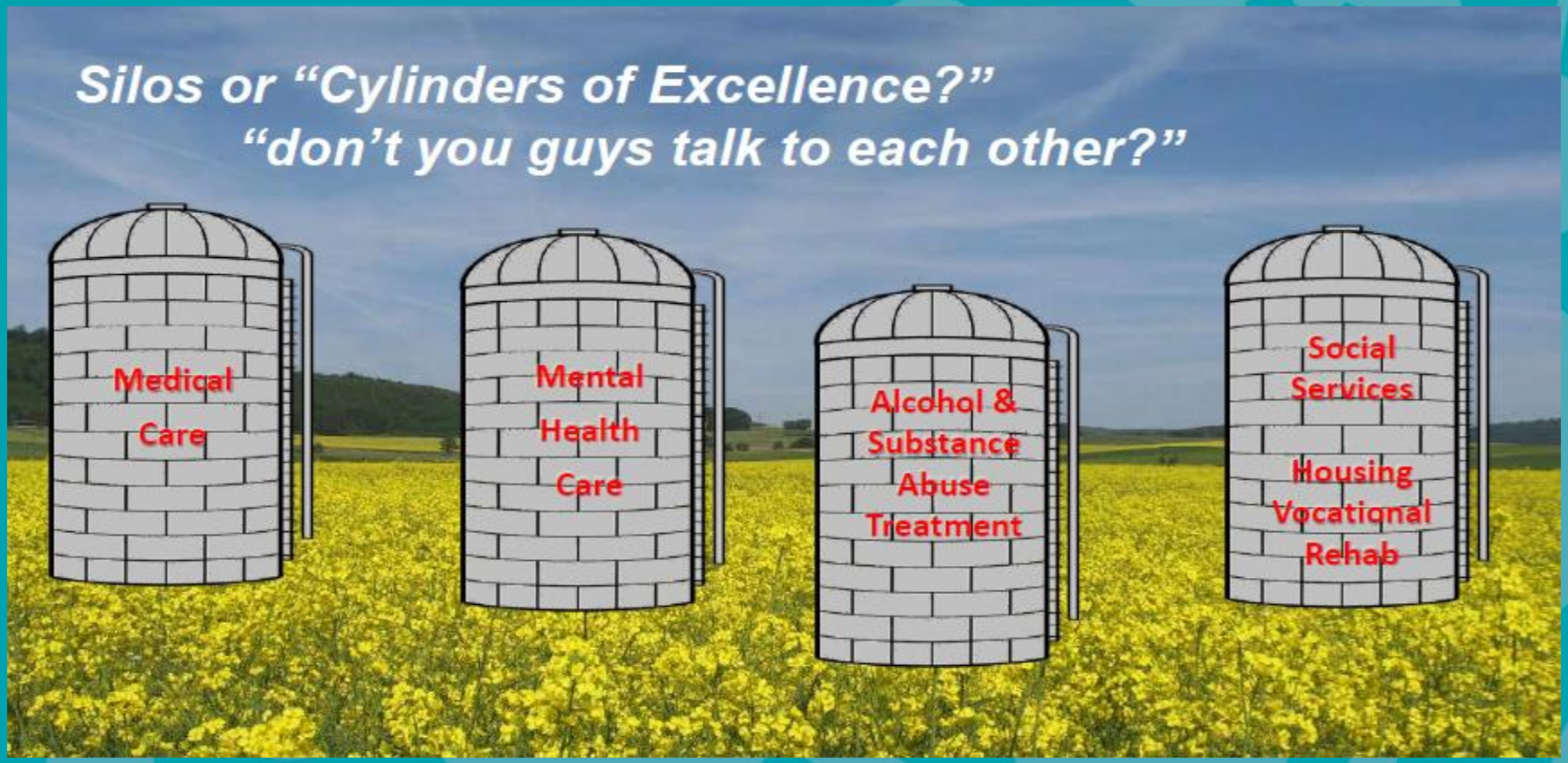
Moving to Patient Centered Whole Person Care

Victoria Evans, LICSW, MSW, CDP
Healthcare Services, Director of Behavioral Health Integration
Molina Healthcare of Washington

Dorothy Hardin, JD
Provider Contracting, IMC Program Director
Molina Healthcare of Washington

MOLINA® HEALTHCARE
Your Extended Family.

Whole Person Care: Patient Centered



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Your Extended Family.

Used with permission from the University of Washington AIMS Center, 2017

Elements of an Integrated BH Model of Care

A full continuum of behavioral health services and recovery supports for adults and youth, that are:

- Based on a whole person care orientation (w/cultural and spiritual sensitivity)
- Integrated with physical health and community partners
- Care coordination across continuum
- Timely access at every level of care – service availability meets demand
- Tailored to unique regional characteristics
- *Incorporates consumer voice and input*

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Your Extended Family.

Joining Together to Create a System of Care

Vast array of stakeholders

- Evaluate current systems - Behavioral Health & Primary Care
- Design future systems of care
- Pilot and implement new ways of caring for our community
- Continue to learn/expand Evidence Based models of care to enhance quality and achieve better outcomes

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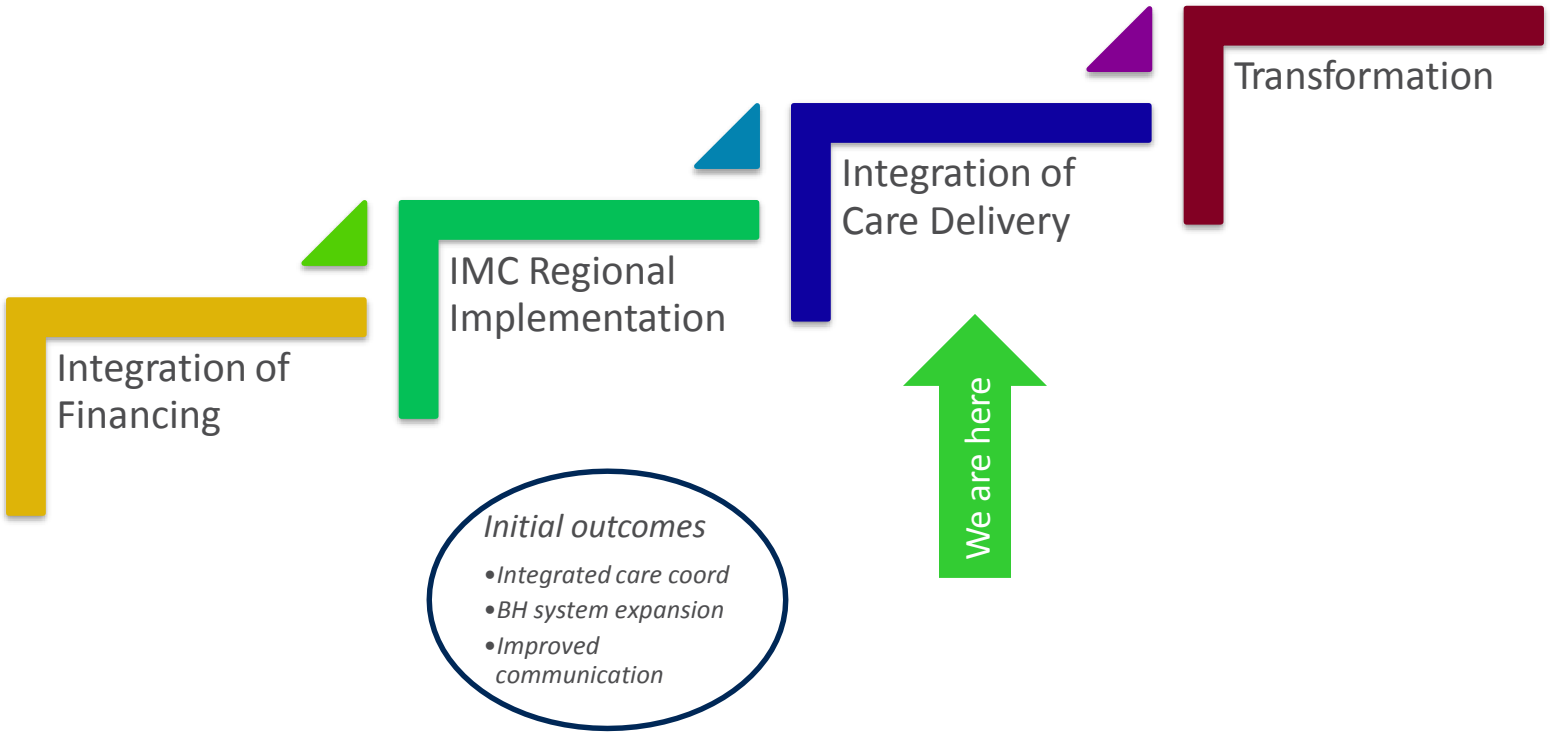
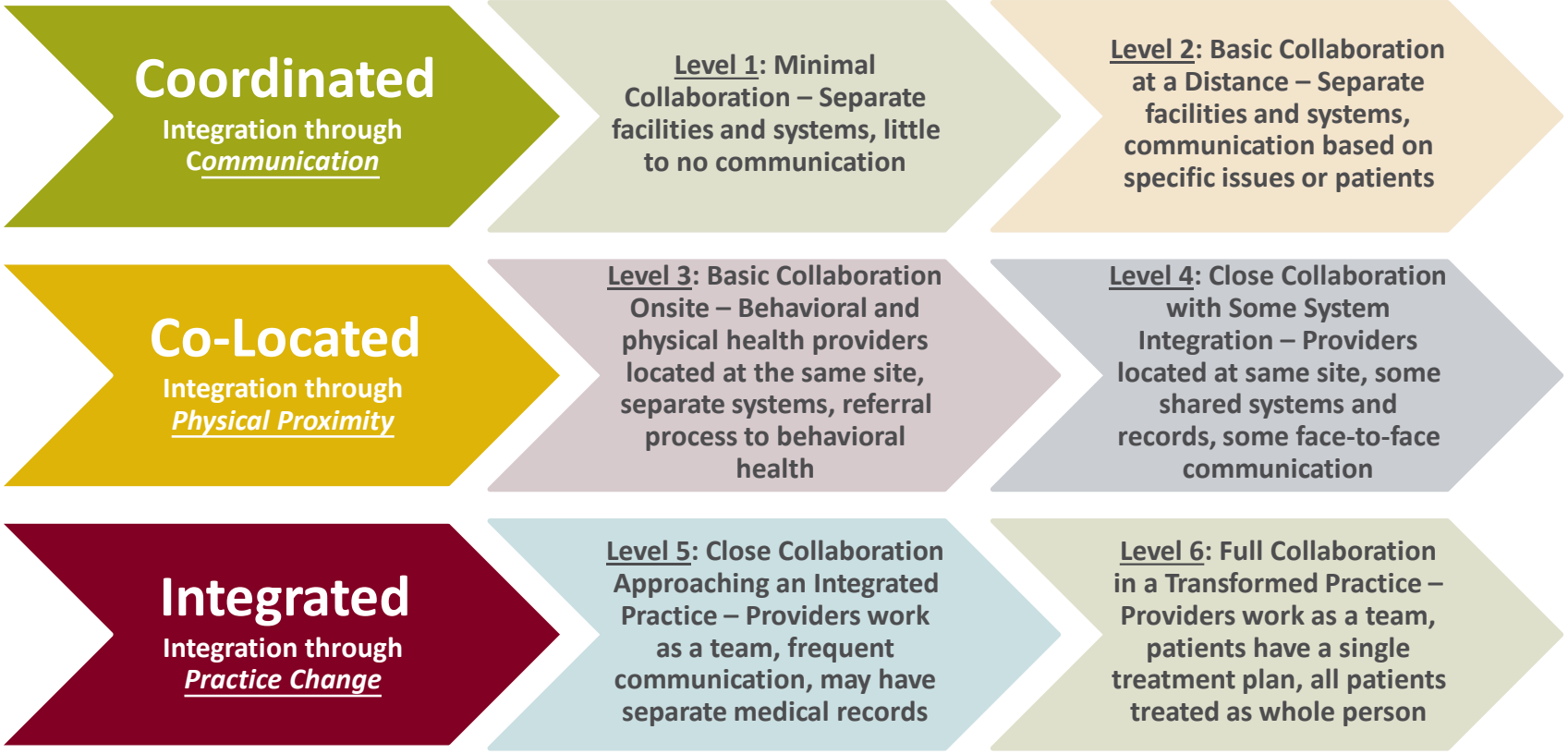
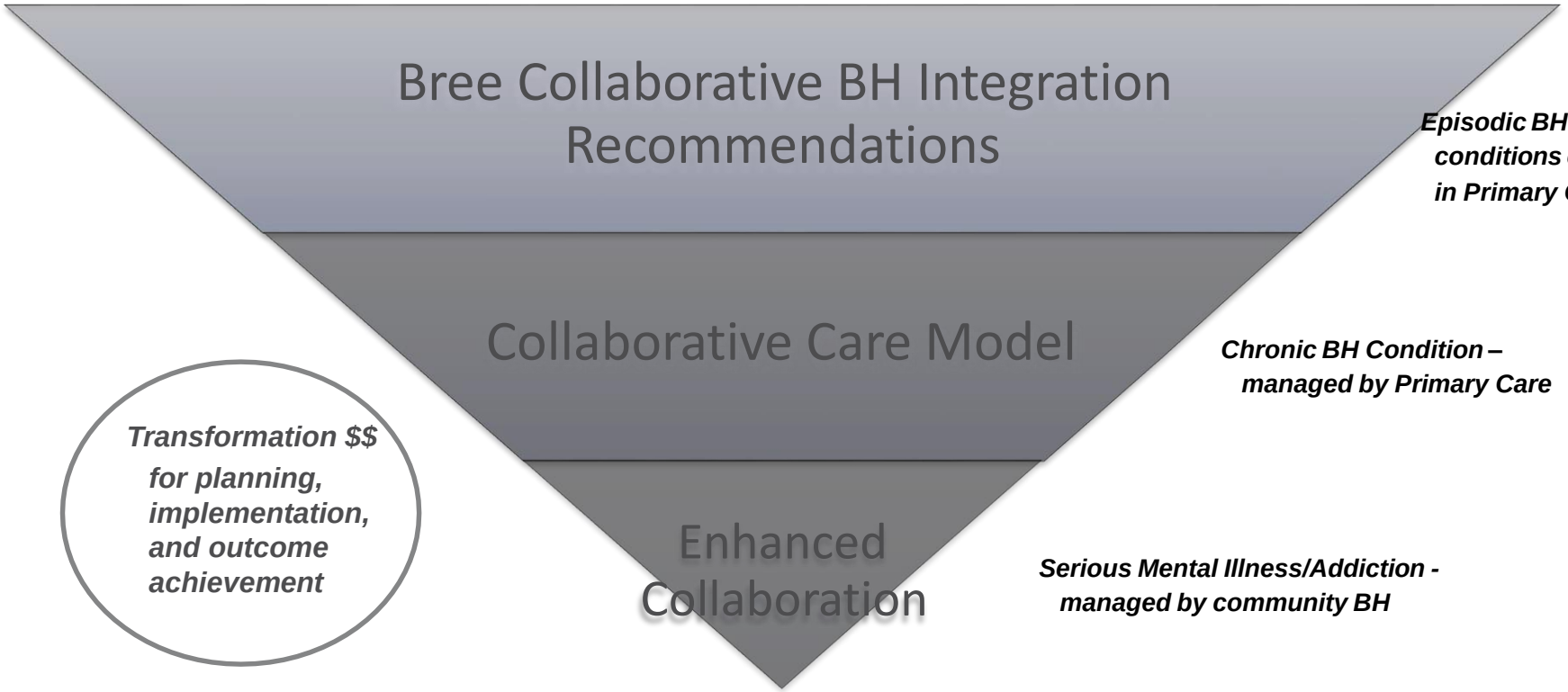
Implementation to Transformation



Molina Adopts SAMHSA Levels of Integration

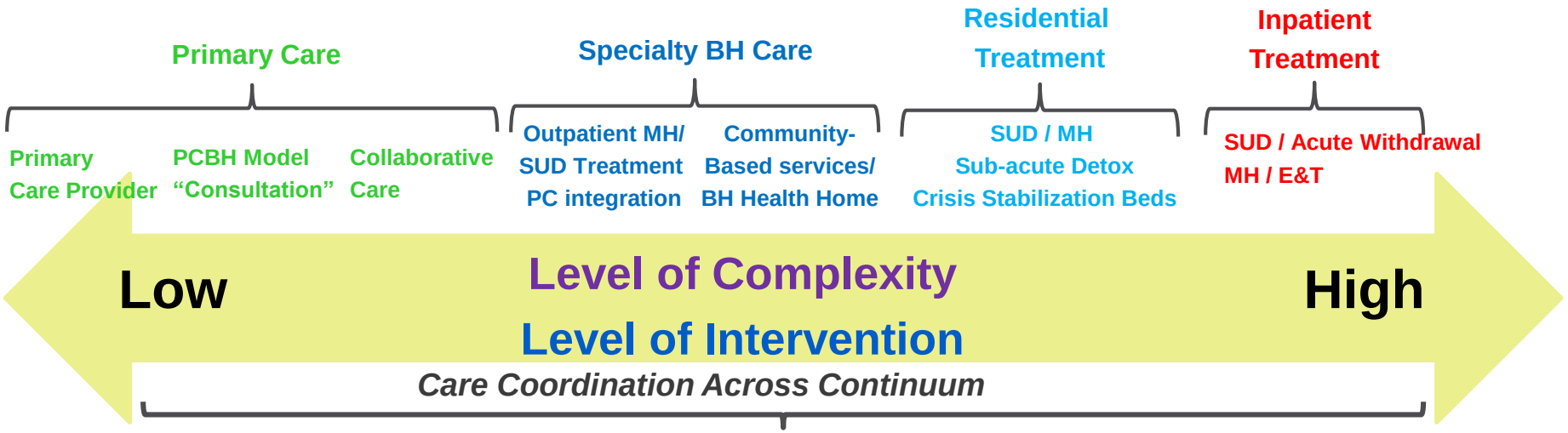


ACH BiDirectional Integrated Care Transformation Projects



MOLINA HEALTHCARE

Full Continuum of Behavioral Health Care



Community Partners

Physical Health Systems
Crisis Services
Recovery Supports
Community/Social Service Agencies
Housing Resources
First Responders/Law Enforcement
Jails/Courts

Adapted from the "Bree Collaborative Behavioral Health Integration Report and Recommendations

Moving Forward Toward Integration

- ✓ Include Consumer Voice as Design Future State
- ✓ *Expand* Bi-Directional Integrated Care Settings (Physical/Behavioral Health)
- ✓ Develop a *System for Care Coordination Across the Continuum* of Physical and Behavioral Health Services and Social/Other Supports
- ✓ Ensure Systems and Processes Support *Timely, Efficient Exchange of Information* (including data), and payment

MOLINA® HEALTHCARE

Your Extended Family.

Thank You

MOLINA® HEALTHCARE

Your Extended Family.

coordinated care™

North Sound BHO
Advisory Board

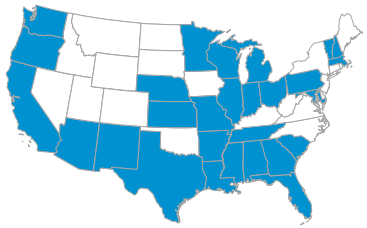
February 6th, 2018

A local approach in every state

coordinated care

Centene

- Health plan operations in 29 states
  - National experience with full integration
- 12.2 million members
- 28,900 employees
- The largest Medicaid managed care plan in the United States.
- National expertise, but locally controlled and governed.



29 states

with government sponsored healthcare programs

Medicaid (25 states)

Exchanges (15 States)

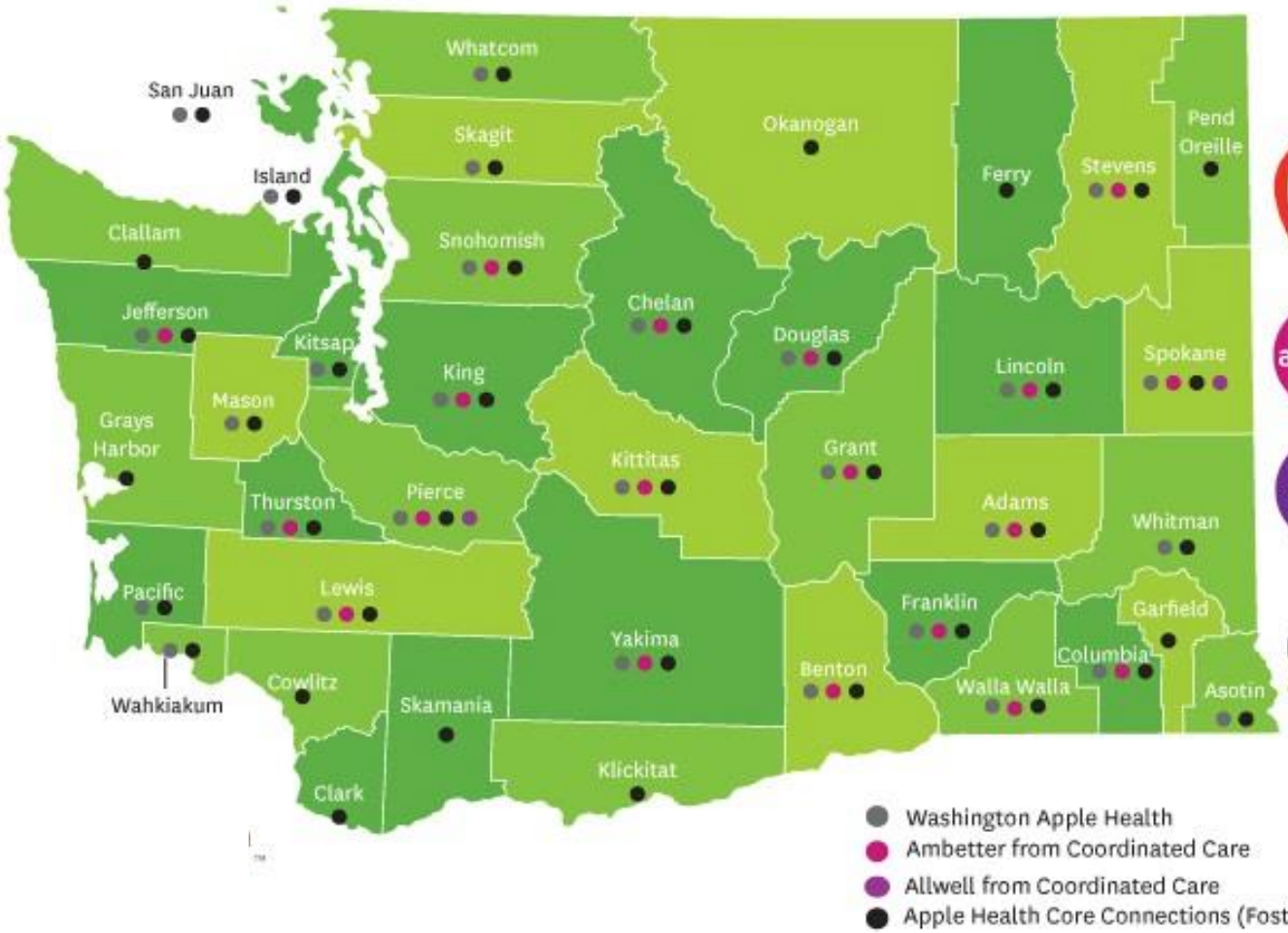
Medicare (13 States)

Correctional (8 States)

coordinated care™

- Serving over 250,000 Washingtonians
- Coverage includes Medicaid, State-wide Foster Care, Health Benefit Exchange, & Medicare
- 360 Employees statewide, offices in Seattle, Tacoma & Yakima
- Integrated Managed Care in North Central region of Chelan, Douglas and Grant counties, 2018

coordinated care™



Washington Apple Health

ambetter. FROM coordinated care

allwell. FROM coordinated care

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Apple Health Core Connections

System of Care Model

coordinated care

System of Care Core Values

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Focused on the Whole-Person

- The head is connected to the body

Recovery Oriented

- Our job is to help people live meaningful live not defined by their conditions

Culturally Responsive

- We value our members self-identified language and culture and ensure their care reflects their identity

Self-Determined

- The member is the “driver” of their goals and their care plan

System of Care at Work

Members receive care, where they prefer

- We partner with providers to help train and expand their ability to offer integrated care
- We ask members about their provider of choice during Welcome Calls and throughout engagement

Prevention and Early Intervention

- Using data to help providers make decisions about the right care, at the right time, in the right setting

Community Engagement and Community Health Work

- Clean Air for Kids
- Peer Certification
- Transition of Care—beyond the clinic walls

Contact Information

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Director, Behavioral Health Integration
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RuBush@coordinatedcarehealth.com

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Manager, External Relations
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Kayla.L.Down@coordinatedcarehealth.com

Achieving Integration and Collaboration of Behavioral Health and Primary Care

North Sound BHO Advisory Board

February 6, 2018

Connie Mom-Chhing, DM, MPA

COMMUNITY HEALTH PLAN of Washington™ | 25 Years

Overview

- Who We Are
- Collaboration Efforts for System Integration
- Advancing Clinical Integration in SW WA Region
- Successes and Challenges of SW WA Region
- Qs & As

Community Health Plan of Washington

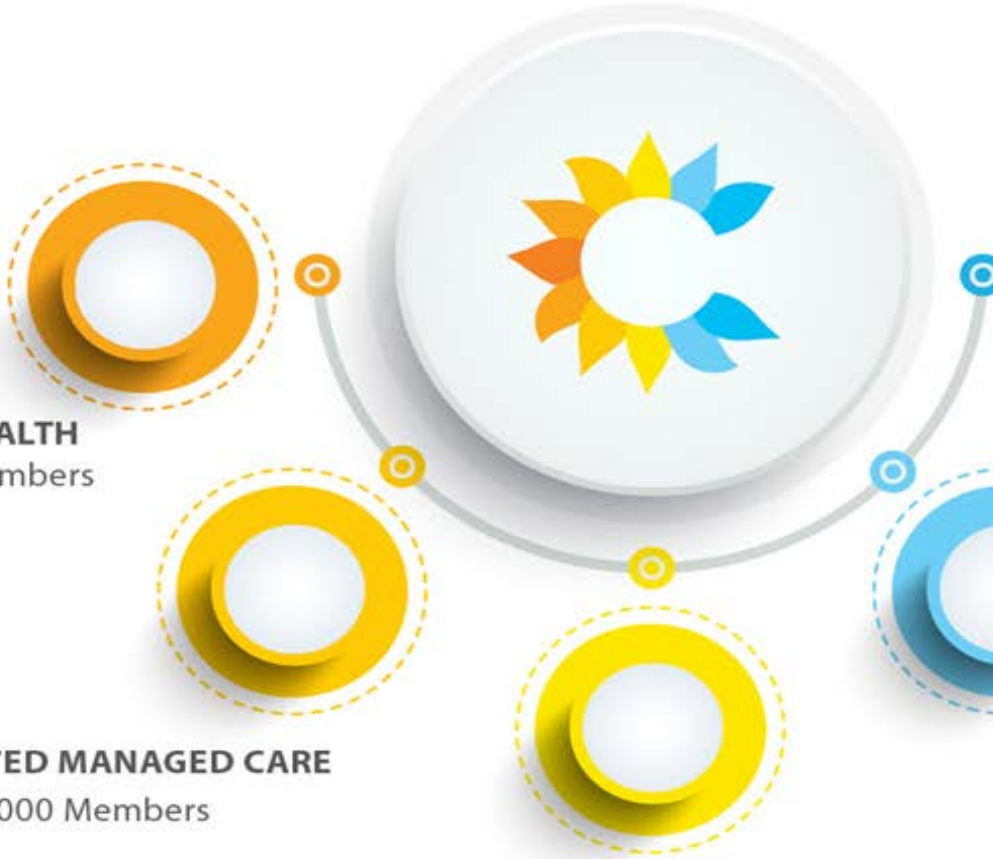
We are a local, Washington-based Health Plan with long-established ties to communities throughout the State and well-equipped to facilitate and coordinate with local resources on behalf of our members.

As a not-for-profit company, we make decisions that are motivated by the best interests of our members, providers and communities within the State of Washington. We are governed by community organizations (Community Health Centers) that are in turn governed by individuals that receive care within those organizations.

The health of our members is our primary concern. Our programs are designed to proactively identify and address the behavioral, social, and medical needs of our members and to recognize the whole person's needs.

The vision of CHPW is to provide services and supports that impact the health and well-being of our members, both directly and through our valued partnerships with community-based providers. We meet this challenge by identifying and addressing needs that impact the health of our members both within the clinical setting and beyond.

Who Do We Serve?



APPLE HEALTH
269,000 Members

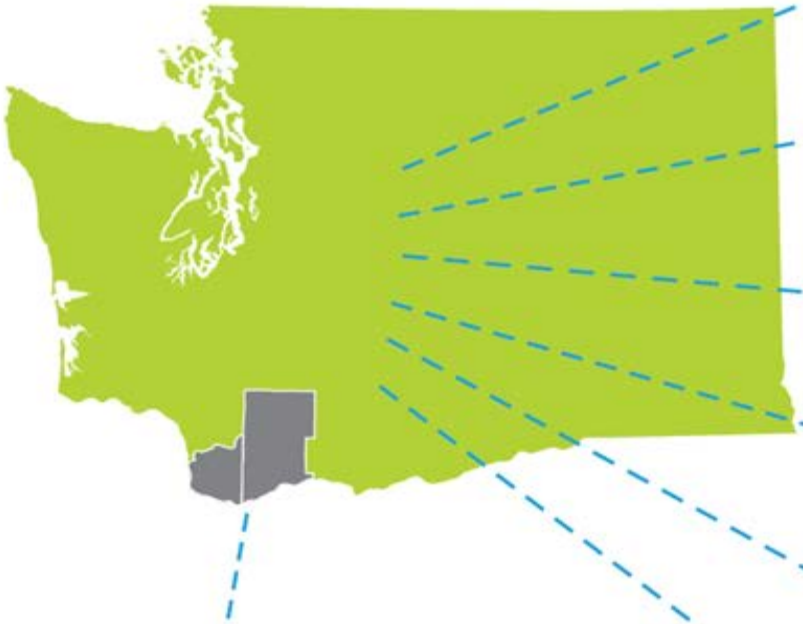
MEDICARE SPECIAL NEEDS PLAN
3,250 Members

INTEGRATED MANAGED CARE
17,000 Members

MEDICARE ADVANTAGE
4,250 Members

BEHAVIORAL HEALTH SERVICES
5,000 Members

Provider Network



- 20 Community Health Centers with more than 130 clinics
- More than 2,500 Primary Care Providers
- More than 14,000 Contracted Specialists
- Behavioral Health Network state wide
- More than 100 hospitals
- Presence in 37 of 39 counties

Goals of Integrated Care

Better access to medical care for people living with chronic mental illness

Medical care embedded in behavioral health settings

Better coordinated care through partnering with community providers; improved exchange of information

Better access to behavioral health care

Behavioral health embedded in primary care settings

Strategic investment of total health care dollars to improve total outcomes and cost of care

Treating the Whole Person

MENTAL HEALTH/
SUBSTANCE USE DISORDER

PREVENTION/WELLNESS

MEDICAL/CHRONIC CONDITIONS

ORAL HEALTH

TRANSPORTATION/HOUSING/
SAFETY/FOOD INSECURITY/
SOCIAL ISOLATION

Integrated Regional Clinical Team

Integrated Regional team focused on care coordination and transitions
for individuals with complex behavioral health and physical health conditions.

Example of Activities:

- Daily monitoring of members with BH diagnoses in the ED to offer members connections to inpatient diversion resources and/or follow-up care, including medical.
- Cross-system care coordination plan development for members that frequent the ED and are not engaged in services.

Care Delivery Integration

Flexibility

- No single model
- Collaborative Care/Mental Health Integration Program (MHIP) and Primary Care Behavioral Health (PCBH)
- Bree Collaborative Recommendations
- Four Quadrant Model
- SAMHSA Levels of Integration

Key Principals of Integration

- Person-centered, Recovery oriented
- Communication/Information Sharing
- Team-based approach to care
- Population-based
- Measurement-based care

Integrated Care Coordination

- Improved access to medical and behavioral health information
- Single care management plan
- Single point of coordination

IMC: Collaboration for System Integration

Collaboration between MCOs and BH-ASO	• Bi-weekly operational meetings; clinical information exchange; strategic planning
Behavioral Health Planning Council	• Cross system vehicle for system improvement planning
Clinical Alignment Group	• MCO/BH-ASO collaboration to align clinical processes and standards
Reporting and Monitoring "Early Warning System" Indicators	• Including claims payment and denials, grievances, ED visits

IMC Outcomes

Metrics showing statistically significant improvement for adult Medicaid beneficiaries residing in the FIMC region, relative to the balance of state:

- Adults' Access to Preventive/Ambulatory Health Services
- Cervical Cancer Screening
- Chlamydia Screening in Women
- Comprehensive Diabetes Care - Hemoglobin A1c Testing
- Antidepressant Medication Management - Continuation Phase Treatment
- Follow-up after ED Visit for AOD Dependence-Within 7 Days
- Follow-up after ED Visit for AOD Dependence-Within 30 Days
- Percent Homeless - Narrow Definition
- Percent Homeless - Broad Definition

Source: DSHS Services and Enterprise Support Administration, Research and Data Analysis Division August 7, 2017

CHPW's Preliminary Outcomes Year 1

For Apple Health Blind Disabled population, where we (CHPW) see greatest prevalence of BH conditions:

- Emergency room utilization rate decreased by 14%.
- Inpatient medical utilization rate dropped by 30%.

Measures show positive benefits for patients:

- Patients in IMC region experienced:
  - Significant increase (8%) in **Antidepressant Medication Management**, both short term and long term, compared to regions statewide.
  - Increase in **Medication Management for People with Asthma**, significantly higher than the previous year state average and higher than overall statewide rates.

*Data Source: Apple Health BD population data - CHPW's monthly Cost & Utilization Report, comparing April 2016 – March 2017 (paid as of July 31, 2017) to April 2015 – March 2016; Positive measures for patients - Analysis of IMC specific HEDIS Measures

IMC Early Success Efforts…

- Improved access to primary care for individuals in behavioral health services
- Improved care coordination between behavioral health and primary care providers
- Leveraging resources and strengths of behavioral health and primary care systems
- Expanded children and adult mobile crisis services
- Developed a more structured mobile outreach program for substance use disorder treatment
- Secured funding for crisis stabilization bed expansion
- Expanded youth psychiatric evaluation & treatment bed capacity
- Active participation on SW Behavioral Health Advisory Board

Challenges, Successes and Strategies along the way…

- Integrating behavioral health and primary care "culture" requires ongoing effort
  - Maintain spirit of collaboration and partnership speeds ability to resolve issues
  - Commonly shared vision of integrated health-care service delivery essential
- Recruitment is an ongoing struggle due to health care workforce shortages
  - Health care is local: having local staff is important
- Limited capacity for higher level behavioral health care (inpatient)
- Differences in rural versus urban counties
  - Telehealth expansion
  - Use paraprofessional (peers, community health workers)

Challenges, Successes and Strategies along the way…(Cont.)

- Substance use disorder providers new to managed care
  - Provider education and individual technical assistance on medical necessity
- Behavioral health provider learning curve for billing and coding (multiple payers, new electronic billing procedures)
  - Provider education and individual technical assistance; flexible deadlines
- Timely, comprehensive health care data is critical in achieving the triple aim yet is not systematically available.
  - Collaboration with Health Care Authority and internal team to develop standardized reports

Member Success Story

Profile:

- 45 yr. old male referred to CHPW case management after calling the Regional Crisis Line.
- Suffers from chronic pain due to arthritis, degenerative disc disease, significant depression and panic attacks.
- Evicted from mobile home, became homeless without family/friends. Income of $753 per month.

Case Management Interventions:

- BH Case Manager (CM) and therapist care coordination for member needing extra therapeutic support and coaching on self-care techniques.
- CM connected with Community Health Worker (CHW) who met member at Council for the Homeless to provide support in completing extensive assessment/application for housing, and met with member regularly to arrange shelter and storage of belongings and moving assistance.

Outcomes:

- Member received 3 months stay at a family shelter & then moved to his own low-income apartment with handicapped access. His dog was accepted too.
- Rent is $287/month. 1st time apartment in almost 19 years before he was either homeless or living with friends or relatives in temporary accommodations . Received low cost furniture at Re-Store and Community Warehouse.

Questions & Answers

Contact Information

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Director, Integrated Managed Care
Phone: 206-652-7202
Connie.Mom-Chhing@chpw.org

North Sound Behavioral Health Organization

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

ADVISORY BOARD AGENDA

February 6th, 2018

1:00 p.m. – 3:00 p.m.

CALL TO ORDER & INTRODUCTIONS

REVISIONS TO THE AGENDA

APPROVAL OF MINUTES FROM PREVIOUS MEETING

Approval of January Minutes……TAB 1

ANNOUNCEMENTS

Jim Bloss Snohomish County Perspective Member

Advisory Board Site Tours 2018

BRIEF COMMENTS OR QUESTIONS FROM THE PUBLIC

STANDING COMMITTEE REPORTS (Briefs from Each Committee Attached)

- Quality Management Oversight Committee (QMOC) (Meeting Held After Advisory Board)

EXECUTIVE/FINANCE COMMITTEE REPORT

Approval of the January Expenditures……TAB 2

EXECUTIVE DIRECTOR'S REPORT & ACTION ITEMS

Executive Director's Report Items

- Report from Joe……TAB 3

Executive Director's Action Items

- Action Items/Memorandum ……TAB 4

OLD BUSINESS

2018 Legislative Advocacy Priorities……TAB 5

NEW BUSINESS

2017 Strategic Goals Completed/2018 Goals……TAB 6

Advisory Board July Retreat……TAB 7

2018 Washington Behavioral Healthcare Conference

A REPORT FROM ADVISORY BOARD MEMBERS

REMINDER OF NEXT MEETING

- The next scheduled meeting is March 6th, 2018 in the Conference Room Snohomish

ADJOURN

Approved by Advisory Board

North Sound Behavioral Health Organization

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

ADVISORY BOARD MINUTES

January 2nd, 2018

1:00 p.m. – 3:00 p.m.

ATTENDANCE

Advisory Board Members Present

Island: Candy Trautman, Chris Garden
San Juan: Theresa Chemnick (Phone)
Skagit: Duncan West, Joan Lubbe, Ron Coakley
Snohomish: Marie Jubie, Jack Eckrem, Fred Plappert, Joan Bethel, Pat O'Maley-Lanphear, Carolyn Hetherwick Goza (Phone) Jennifer Yuen
Whatcom: David Kincheloe, Mark McDonald, Arlene Feld, Stephen Jackson, Natasha Raming, Michael Massanari

Excused Advisory Board Members

Island: Betty Rogers
San Juan:
Skagit:
Snohomish: Carolann Sullivan
Whatcom:

Absent Advisory Board Members

Island:
San Juan:
Skagit:
Snohomish:
Whatcom:

NSBHO Staff Present

Joe Valentine (Executive Director)
Maria Arreola (Administrative Assistant II)
Dennis Regan (Data Support Analyst)

Guests Present

Katelyn Morgan – Behavioral Health Ombuds Specialist
Amanda Sloan – Behavioral Health Ombuds Specialist

CALL TO ORDER & INTRODUCTIONS

The Chair called the meeting to order at 1:05 p.m. and introductions were made.

REVISIONS TO THE AGENDA

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

APPROVAL OF MINUTES FROM PREVIOUS MEETING MINUTES

December minutes were approved by a motion and vote.

Approved by Advisory Board

STANDING COMMITTEE REPORTS (Briefs from Each Committee Attached)

- Quality Management Oversight Committee (QMOC) Report

EXECUTIVE DIRECTOR'S REPORT & ACTION ITEMS

Executive Director Report

Joe reported on

- Integration Planning
- Opioid Summit Follow Up
- Behavioral Health Facilities Update
- HCA Response to North Sound Mid-Adopter Conditions
- Medicaid of Non-Medicaid persons currently being served by BHO Services

Stakeholder Survey Results

Joe reviewed the survey results with the Board. Discussion followed.

Dennis Regan Medicaid Population Report

Dennis reported on data related to the Medicaid population being served. Data reflected in the following categories

- ❖ County
- ❖ Age
- ❖ Ethnicity

Action Items

Joe reviewed each of the Action Items with the Advisory Board

- A motion was made to move the Action to the County Authorities Executive Committee for approval. Motion was seconded all in favor.

OLD BUSINESS

2018 Site Tours and Pre-Meeting Topics

It was determined to extend an intivation to United Healthcare and Amerigroup to the March 6th, 2018 pre-meeting. Quality Management Oversight Committee 101 will be April 3rd, and May 1st will be Disparities in Behavioral Healthcare. Further determination of the 2018 year pre-meetings to be discussed during the April meeting. Members turned in dates and times for the two site tours of the Lynwood Detox Center and the Swinomish Wellness Center. Maria will talley the votes. Final dates and times will be announced during the February meeting.

2018 Legislative Advocacy Priorities

Marie is working on scheduling appointments with legislators. The top three legislative advocacy priorities were reviewed. It was discussed to revise the third priority to reflect the continuum of care that includes the BHO transition to the BH-ASO.

2018 Visual Art & Poetry Contest Theme

Theme will be "Coming out of the Darkness into the Light". Prize amounts were determined.

Approved by Advisory Board

NEW BUSINESS

Advisory Board Composition on North Sound Behavioral Health Organization Standing Committees

Quality Management Oversight Committee (QMOC) vacancy was announced. Members that are on other county boards are to notify Maria.

Future Holiday Cards from Advisory Board

Natasha spoke on the value of thought that clients can be acknowledged. Further discussion and determination of advocacy will take place during the Spring.

ACTION ITEMS

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.

REPORT FROM ADVISORY BOARD MEMBERS

2017 Co-Occurring Disorders & Treatment Conference

Jack reported back of what he learned from attending the conference.

BRIEF COMMENTS OR QUESTIONS FROM THE PUBLIC

None

ADJOURNMENT

The Chair adjourned the meeting at 3:10 p.m.

NEXT MEETING

The next **Advisory Board meeting** is February 6th, 2018 in Conference Room Snohomish

North Sound BHO Advisory Board Budget
January 2018

	Total	All Conferences	Board Development	Advisory Board Expenses	Stakeholder Transportation	Legislative Session
		Project # 1	Project # 2	Project # 3	Project # 4	Project # 5
Budget	$ 42,000.00	$ 16,000.00	$ 3,545.00	$ 20,200.00	$ 255.00	$ 2,000.00
Expense	(1,804.34)			**(1,804.34)**		
Under / (Over) Budget	$ 40,195.66	$ 16,000.00	$ 3,545.00	$ 18,395.66	$ 255.00	$ 2,000.00

BHC , NAMI, COD, OTHER	BOARD SUMMIT (RETREAT)	Costs for Board Members (meals mileage, misc.)	Non- Advisory Board Members, to attend meetings and special events	Shuttle, meals, hotel, travel

North Sound Behavioral Health Organization, LLC.
Warrants Paid
January 2018

	Type	Date	Name	Memo	Amount
Advisory Board					
Supplies	Bill	01/03/2018	Mister T Trophies	Batch # 121825	77.52
Total · Supplies					**77.52**
Travel	Bill	01/03/2018	AA Dispatch	Batch # 121825	930.75
	Bill	01/03/2018	McDonald, Mark	Batch # 121825	59.92
	Bill	01/09/2018	Kincheloe, David	Batch # 121952	206.51
	Bill	01/09/2018	Trautman, Candy	Batch # 121952	40.66
	Bill	01/23/2018	McDonald, Mark	Batch # 122221	61.04
	Bill	01/23/2018	Yuen, Jennifer	Batch # 122221	98.10
Total · Travel					**1,396.98**
Miscellaneous	Bill	01/03/2018	Haggen Inc	Batch # 121825	329.84
Total · Miscellaneous					**329.84**
Total · Advisory Board					**1,804.34**

North Sound BHO Executive Directors Report

For the North Sound Behavioral Health Advisory Board

February 6, 2018

Legislative Report

- A sample of Behavioral Health related bills is attached.
- The BHO lobbyist, Brad Banks, has drafted proviso language to solidify legislative adoption of language that would support county administered BHOs in their transition to BH-ASOs. [attached]
- With the passage of the 2017 Capital budget, we have begun working with the Department of Commerce on how to access the funds for the North Sound projects that were identified by name as well as to learn how we might be able to apply for open competitive funds for other behavioral health related projects.

Integration Planning

- All 5 MCOs have agreed to support the transition year options outlined in the January 5 HCA memo.
- We have submitted the North Sound's questions for the RFP addendum and identified the names of the county representatives for the RFP review panels
- We've developed a preliminary agreement with HCA regarding the terms and conditions of we included with our mid-adopter letter, and this is now being reviewed by our attorney.
- We're continuing to develop more detailed cost estimates of the funding necessary to carry out both the core ASO role as well as to provide enhanced crisis services, and other functions such as care coordination, allied system coordination, and capacity building.
- One of the key issues for MCO's to consider when "delegating" functions to another entity is whether that entity meets "NCQA" (National Committee for Quality Assurance) standards and can be certified as such. We're completing a "delegation questionnaire" that was developed jointly by the 5 MCOs and will be reviewing our responses with them. This will enable the MCOs to "delegate" certain behavioral health administrative functions back to us when this makes sense to do so.
- Field trips are still being scheduled for the MCOs to each of the 5 counties to take place during February.
- I and several BHO administrators met with the WSAC legislative steering committee on last Wednesday night to brief county commissioners on the issues related to the transition to Integrated Care.
- Our first system design meeting with our behavioral health agencies was held on Monday, February 5. This is the first in a series of design meetings we plan on holding and will also include primary care providers.

Opioid Summit Follow UP

- BHO staff continue to work with County Coordinators and the North Sound ACH to develop and implement a "Post-Summit Workplan" laying out a prioritized list of "next steps" (See attached draft plan).
- One of our next activities will be to co-host with the North Sound ACH, a regional forum focused specifically on identifying and preventing opioid addiction among youth and young adults.

Behavioral Health Facilities Update

- Work continues conducting the necessary environmental assessments of the Oak Harbor property which Island County is purchasing for siting the Tri-County Triage Center.
- The City of Oak Harbor has determined that the proposed facility would qualify for a "conditional use" permit under the category of "skilled nursing facility". Cumming will work with BCRA, the architectural firm, on submitting the conditional use permit application.
- Myself and Al Aldrich met with several legislators or their assistants last Wednesday. A formal request for capital funding has been submitted to Senator Bailey, Representative Norma Smith, and Representative Dave Hayes.
- No additional progress has been made on identifying a suitable parcel in Skagit County for a future Stabilization Campus, but we are re-looking at a parcel of land in Sedro Wooley near the hospital where the asking sales price has been reduced.

Proviso Request by: County Behavioral Health Organizations

DRAFT - BHO Transition Proviso Language:

In order to ensure a smooth transition to integrated managed care for behavioral health regions and to maintain the existing level of regional behavioral health crisis and diversion programs, and other required Behavioral Health Administrative Service Organization (BHASO) services, County Behavioral Health Organizations are permitted to use existing Medicaid and non-Medicaid funding to support their transition to county administered Behavioral Health Administrative Service Organizations. This proviso shall expire December 31, 2019.

Additional Information:

The is a priority for the following BHO regions : King County, North Sound, Spokane and Greater Columbia (these regions encompass 23 of WA's 39 counties and a significant percentage of the State's population).

This proviso does not require any new money from the state, but is essential to ensuring a stable crisis and diversion system as integration continues to move forward. Additionally, as you will note in the draft provided, this proviso only needs to exist for a limited period of time therefore there is a suggested expiration date on this proviso of December 31, 2019. The majority of the mid-adopter BHO-ASO transitions will be complete by that time.

Other details that BHOs will need agreement from the Governor's office on:

1) Whether the administration has to approve the BHO's plan to carry over Medicaid and non-Medicaid money into 2019, and if so, what the criteria for approval will be
2) A commitment from the Governor's office to work with us to identify what a reasonable amount of non-Medicaid funding will be to support the basic operating costs of the BH-ASO and whether this funding includes sufficient non-Medicaid funds for an operating and in-patient risk reserve.

Contact Person: Brad Banks, 360.918.6508, brad@banksconsultinggroup.com

POST-SUMMIT WORKPLAN for 2018

OVERVIEW:

- **Collaborate with County, Tribal, Health Care and other Key Partners to coordinate efforts and delegate strategically.**
- **Hold Quarterly Regional Forums to bring Summit participants and other stakeholders together to develop coordinated strategies based on Summit Recommendations.**
- **Use existing resources strategically when possible to maximize impacts (e.g. local wisdom, trainers, Relias, existing fund sources when possible).**
- **Access new funding streams, especially for capital/one-time investments.**

Category	Summit Recommendation	Corresponding ORP Activity	Next Steps
"Upstream"	**Work closely with schools, youth-serving organizations and other key partners to expand evidence-based prevention, outreach/early intervention and treatment programs for youth.**	1.3.1 - Strengthen and coordinate efforts to leverage supportive services for youth by facilitating collaborations between local stakeholders, including coalitions, schools, ESD 189, child welfare/foster care, juvenile justice and health care. Consider expanding screening practices into existing youth access points to prevent identify OUD.	Convene a Regional Youth Services Forum bringing a wide range of local stakeholders together to consider the full continuum of services available to support youth, identify key gaps, make recommendations for partnering to create solutions and implement new programming.
		2.6.8 - Expand youth intervention, Tx and recovery support capacity in the community, including outreach and/or case management in schools, youth shelters, juvenile court and other venues where youth are found.	
		1.3.2 – Collaborate with the North Sound ACH to conduct a regional assessment and gaps analysis of evidence-based primary prevention services in elementary and middle schools as a first step toward strategically filling the gaps.	
		1.3.3 - Facilitate regional coordination between the BHO, county human services, public health, local schools and other partners to implement services to fill identified primary prevention gaps.	(2018 Regional Prevention Summit later that focuses entirely on Prevention in the region in October?)

	Increase efforts to support parents and families in preventing childhood trauma and accessing services when needed, such as parent education and family-focused care coordination.	1.3.4 - Create intergenerational services for the family members and significant partners of OUD-affected individuals to promote healing and wellness. Start by convening a regional workgroup consisting of key stakeholders with expertise in family programming to develop a workplan.	Convene a Regional Intergen-erational Services Forum bringing a wide range of local stakeholders together to consider a new para-digm for services that address the intergenerational nature of SUD and create solutions to prevent and mitigate ACEs.
	Support community drug "take back" programs and other efforts to keep medications secure.	1.4.1 - Support local efforts to promote safe storage disposal options.	Support regional strategies to disseminate information and resources.
Connections	**Expand Syringe Exchange Programs, and support the growth of connected services such as Outreach, ongoing Care Coordination, Primary Health and Dental Care.**	2.4.1 - Support efforts to establish or enhance care coordination services as part of syringe exchange program services.	Work with the current regional SEP programs to identify what supports regional partners outside their system might provide to expand their efforts. (Regional meeting to start? Public Health lead?)
		2.4.2 - Support efforts to provide services onsite at SEPs, such as treatment outreach, Buprenorphine prescribing, primary care nurses and housing case management.	
	Increase funding to expand access to naloxone for people at risk, such as those leaving jails or detox.	3.2.1 - Partner with Counties, UW, Tribes, housing providers, hospitals, emergency services, syringe exchange programs and other stakeholders to expand the availability and use of naloxone, especially for high risk populations.	Explore regional strategies to increase naloxone availability and identify funding streams to support strategic expansion for high risk individuals.
Treatment	**Provide financial incentives for primary care physicians and other providers to prescribe Buprenorphine.**	2.2.1 - Partner with the ACH and other stakeholders to expand medication-assisted treatment capacity, including offering trainings for "mid-level" health professionals to prescribe Buprenorphine.	Identify fund sources for financial incentives and work with health care partners to develop strategies.
		2.2.6 - Partner with health care community to find resources to	

		subsidize the costs for becoming certified to prescribe Buprenorphine.	
	Address local community concerns related to the siting of MAT clinics.	2.2.3 - Partner with Counties and other stakeholders to expand other treatment capacity, including Opioid Treatment Programs, withdrawal management, residential options and other services, and create system incentives for the colocation of services in centralized locations.	Work with County and Tribal partners to address and support the development of collocated services in centralized locations for easier client/family access.
		2.2.5 - Enhance service system infrastructure to increase prescriber capacity, including the establishment of local "hub and spoke" models.	Continue to support H&S program and identify funds to support SCN expansion to new sites.
	Use mobile vans to increase access to MAT especially in rural areas.	2.2.4 - Create access to MAT and other services by supporting Tx, outreach and case management in a variety of community locations, such as mobile vans.	Research regulatory and program details, and Identify fund sources (local foundations?) for initial investment (vehicle and supplies); create North Sound BHO RFQ for mobile van services.
	Provide MAT to persons who are incarcerated or being released from Jail. Encourage and support Jails in replicating effective pilots such as those in Snohomish Co.	2.3.1 - Support local efforts to provide medication-assisted treatment to individuals impacted by OUD while incarcerated or being released from jail.	Work with County leaders to develop and implement strategies to replicate programs.
		2.3.2 - Facilitate the development of comprehensive transitional services for Department of Corrections parolees and other individuals with OUD being released from jail.	
Recovery Supports (during and post-Tx)	**Actively create Housing opportunities for Persons who are receiving MAT.**	2.6.2 – Participate in collaborative efforts to expand housing for individuals with OUD in all stages of their recovery, including interim, transitional, sober support, per-manent supported recovery housing.	Convene a Regional Recovery Housing Forum to bring a wide range of local stakeholders together to design new innovative models of recovery housing (during and post-Tx). Continue to advocate.
	Expand Recovery Supports, such as Housing, Child Care,	2.6.11 - Expand transportation services for people going into	Convene subsequent Regional ROSC Forum(s) to develop new strategies

	Transportation, Employment, Education, and ongoing Recovery Coaching.	treatment (and working to become stable in their recovery).	that better connect existing services and design new innovative services that take recovery supports to the people who need them.
		2.6.12 - Facilitate conversations between regional stakeholders and supported employment resources to explore the feasibility of offering vocational services and life skills training on-site at treatment facilities and other strategic venues.	
System Improvement	**Expand the Workforce of CDPs, Peer Counselors and Recovery Coaches through tuition subsidies and other supports.**	2.6.3 - Collaborate 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.	Convene a Regional Workforce Forum bringing a wide range of local stakeholders together to consider innovative solutions to develop tuition subsidies, college credit for experience, distance learning options and new programs to make MH education requirements and licensure accessible for CDPs.
		2.6.4 - Expand system workforce by including recovery coaches, BH aides, peer counselors and other paraprofessionals, and advocate for their certification to help mitigate workforce shortages.	As part of the Workforce Forum, explore training needs/solutions and funding opportunities for paraprofessionals to expand the OUD workforce.
		2.6.5 – Support efforts to expand access to clinical supervision for CDP trainees to obtain their full CDP credential without delays.	As part of the Workforce Forum, identify new and innovative solutions to address the clinical supervision shortage.
	Continue to address the Stigma around both Opioid Use Disorder and the use of Medication Assisted Treatment to address it.	2.6.6 - Develop and implement strategies to raise awareness of MAT as an essential tool in OUD treatment, including trainings and working with stakeholders from local colleges to integrate this information in their CDP curricula.	Develop and implement a Stigma Reduction Plan that targets specific sectors, starting with the Tx Community and Primary Care Clinics.

		2.6.15 - Offer training opportunities for stakeholders to expand the knowledge base, increase capacity and implement system enhancements.	Incorporate targeted trainings to help reduce Stigma among professionals and other stakeholders (e.g. NA, Oxford Houses, etc.).
	Transition the Treatment paradigm to support Effective Strategies.	2.2.2 - Support the development of treatment on demand for all OUD services and promote a strengths-based culture throughout the system	Continue to expand Open Access for Tx services, and identify strategies to transition Tx culture (e.g. harm reduction, client decision-making, etc.)
		2.6.9 - Work with Counties and treatment providers to expand clinical outpatient Evidence-Based Program options for treating OUD, including EMDR and DBT.	Start building capacity to implement EBPs for treating trauma via COD pilot programs that provide EMDR and DBT services for individuals experiencing OUD.
	Actively partner to fill gaps and "scale up" effective local programs, like MAT in Jails and Behavioral Health Professionals embedded with Law Enforcement.	2.6.10 - Foster regional coordination and cross-county collaborations by establishing a funding mechanism to support such efforts.	Identify funding sources to expand programs, and work with ACH, Tribes, Counties and Public Health to expand programs and create new opportunities that build on existing resources (e.g. cross-county collaborations).
		2.6.15 - Offer training opportunities for stakeholders to expand the knowledge base and implement system enhancements.	Use existing resources (e.g. Relias, etc.) and other opportunities to support trainings for expanding effective models when indicated.
Data	**Support local efforts to address the Opioid crisis as a Public Health problem, including comprehensive strategies to conduct community "Surveillance" on Overdoses and Mortality. . .**	4.3.1 - Partner with local Health Officers and other key stakeholders to create regional capacity to collectively monitor data related to OUD, such as encouraging EMS and law enforcement to provide overdose data to public health.	Work with the ACH and Public Health partners (especially ACH and PH Regional Epidemiologists) to identify key data questions and develop strategies to improve surveillance and outcome-based program evaluations.
		4.3.2 - Discover and utilize multiple data sources to investigate the scope of the opioid epidemic as it manifests in the youth population.	

		4.3.3 - Explore and implement other strategies for regional surveillance of opioid use and related morbidity and mortality.	
	. . . as well as documenting the effectiveness of Treatment and Prevention efforts.	4.4.1 - Utilize BHO (and other) data resources to track the impacts of regional efforts, considering the feasibility of a common data set of 5-10 key indicators.	

Note: For this document "Forum" denotes a meeting of local stakeholders and subject area specialists designed for strategic collaboration and planning for coordination of efforts. "Summit" would follow the goals, tone and perhaps format of our Regional Opioid Summit.

POSSIBLE REGIONAL FORUM 2018 CALENDAR:

Regional Youth Services Forum	**March 2018**
Regional Recovery Housing Forum	**June 2018**
Regional Workforce Forum	**September 2018**
Regional Intergenerational Services Forum	**January 2019**
Regional ROSC Services Forum	**April 2019**

Summary of Behavioral Health Legislation
As of 1/27/18 per

Excerpted from Seth Dawson's Mental Health Bill Chart

HOUSE BILL	STATUS	COMMENTS
2EHB 2107 (Rep. Schmick), Concerning the addition of services for long-term placement of mental health patients in community settings that voluntarily contract to provide the services	http://app.leg.wa.gov/billsummary?BillNumber=2107&Year=2017 Passed House 95-0, pending a possible hearing in Senate Human Services & Corrections	
SHB 2287 (Rep. Hayes), Establishing a criminal justice system diversion center pilot project See too SB 6060	http://app.leg.wa.gov/billsummary?BillNumber=2287&Year=2017 Unanimously passed by House Public Safety, pending a possible hearing in House Appropriations	Snohomish County supported this bill
HB 2401 (Rep. Jinkins), Concerning suspension of the evaluation, detention, and commitment of persons with a substance use disorder when secure detoxification facility beds are not available See too SB 6365	http://app.leg.wa.gov/billsummary?BillNumber=2401&Chamber=House&Year=2017 **To be heard in House Judiciary on 1/30 @ 10 am**	
HB 2513 (Rep. Orwall), Concerning suicide prevention and behavioral health in higher education, with enhanced services to student veterans See too SB 6514	http://app.leg.wa.gov/billsummary?BillNumber=2513&Year=2017 **Unanimously passed by House Higher Education; to be heard in House Appropriations on 1/29 @ 3:30**	
HB 2541 (Rep. Kilduff), Expanding the classes of persons who may provide informed consent for certain patients who are not competent	http://app.leg.wa.gov/billsummary?BillNumber=2541&Year=2017 **To be heard in House Judiciary on 1/30 @ 10 am and for executive session on 2/1**	

to consent		
HB 2572 (Rep. Cody), Removing health coverage barriers to accessing substance use disorder treatment services	http://app.leg.wa.gov/billsummary?BillNumber=2572&Year=2017 Heard in House Health Care & Wellness on 1/19; set for executive session on 1/31 & 2/2	Removes the need for prior authorization for SUD Residential treatment for the first 24 hours
HB 2660 (Rep. Stonier), Continuing access to medicaid services See too SB 6304	http://app.leg.wa.gov/billsummary?BillNumber=2660&Year=2017 Heard in House Appropriations on 1/24	Requires medical assistance be provided to women with income below 193% of poverty
SHB 2779 (Rep. Senn), Improving access to mental health services for children and youth	http://app.leg.wa.gov/billsummary?BillNumber=2779&Year=2017 Amended in and passed by House Early Learning & Human Services; pending a possible hearing in House Appropriations	
HB 2892 (Rep. Lovick), Establishing the mental health field response teams program	http://app.leg.wa.gov/billsummary?BillNumber=2892&Year=2017 **To be heard in House Public Safety on 1/30 @ 1:30 & executive session on 2/1**	
SENATE BILL	**STATUS**	**COMMENTS**
SB 5441 (Sen. Kuderer), Concerning certain procedures upon initial detention under the involuntary treatment act	http://app.leg.wa.gov/billsummary?BillNumber=5441&Year=2017 Heard in Senate Law & Justice on 1/23; set for executive session on 2/1	Prohibits possession of firearms for a period of 6 months after an ITA
SSB 6124 (Sen. Dhingra), Clarifying that court hearings under the involuntary commitment act may be conducted by video	http://app.leg.wa.gov/billsummary?BillNumber=6124&Year=2017 Amended in and passed by Senate Human Services & Corrections; Senate Rules White Sheet	
SB 6365 (Sen. O'Ban), Concerning suspension of the evaluation, detention, and	http://app.leg.wa.gov/billsummary?BillNumber=6365&Chamber=Senate&Year=2017	

commitment of persons with a substance use disorder when secure detoxification facility beds are not available See too HB 2401	**To be heard in Senate Human Services & Corrections on 1/29 @ 1:30**	
SB 6485 (Sen. Warnick), Improving access to mental health services for children and youth See too HB 2779	http://app.leg.wa.gov/billsummary?BillNumber=6485&Year=2017 **To be heard in Senate Human Services & Corrections on 1/30 @ 1:30**	
SB 6491 (Sen. O'Ban), Increasing the availability of assisted outpatient behavioral health treatment	http://app.leg.wa.gov/billsummary?BillNumber=6491&Year=2017 **To be heard in Senate Human Services & Corrections on 1/29 @ 1:30**	Would allow participation in AOT for persons with only a SUD diagnosis
SB 6573 (Sen. O'Ban), Establishing the capacity to purchase community long-term involuntary psychiatric treatment services through managed care	http://app.leg.wa.gov/billsummary?BillNumber=6573&Year=2018 **To be heard in Senate Human Services & Corrections on 1/29 @ 1:30**	Integrates the risk for long term involuntary hospitalization into the managed care conracts

Seth Dawson
Compass Health
Washington State Psychiatric Association

MEMORANDUM

DATE: February 6th, 2018

TO: North Sound BHO Advisory Board

FROM: Joe Valentine, Executive Director

RE: February 8th, 2018 County Authorities Executive Committee Agenda

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Please find for your review the following that will go before the North Sound BHO County Authorities Executive Committee Meeting at the February 8th, 2018 meeting:

Professional Service Contracts

Compass Health

Compass Health provides training on behalf of the North Sound BHO. The training proposal was approved by the training committee in January. The training is free to Behavioral Health Agencies contracted with the BHO.

Motion #18-08

- North Sound BHO-Compass Health-PSC-18 for the provision of training in the North Sound region. The maximum consideration on this contract is $62,000 with a term of February 1, 2018 through December 31, 2018.

***

Sam Magill

Sam Magill is continuing his work with BHO staff and is facilitating the upcoming opiate forums in the region, the contract is extended by six (6) months.

Motion #18-09

- North Sound BHO-Sam Magill-PSC-17-18 Amendment 2 for the purpose of increasing the contract by $15,100 for a new maximum consideration of $30,000 and a new term of February 1, 2017 through December 31, 2018.

***

Sunrise Services

Sunrise Services is opening an Enhanced Service Facility, this new category of licensed residential facility will provide a community placement option for individuals whose complicated personal care and behavioral challenges do not rise to a level that requires an institutional setting. Individuals are referred to an ESF if they are coming out of state and community psychiatric hospitals or have no other placement option due to their complex behavior, medical, chemical dependency and/or mental health needs.

The facility will offer behavioral health, personal care services and nursing, at a level of intensity that is not generally provided in other licensed long-term care settings.

Because costs have been incurred throughout 2017, the contract is back dated to January 1, 2017.

Motion #18-10

- North Sound BHO-Sunrise Services-PSC-18 for the purpose of providing behavioral health services to individuals in the facility with behavioral health needs. The maximum consideration on this contract is $368,000 with a term of January 1, 2017 through December 31, 2018.

***

Substance Use Disorder Outpatient Services

Sunrise Services

Sunrise Services was awarded funding in the 2017 Substance Use Disorder Outpatient (SUD) Request for Qualifications for Snohomish and Whatcom Counties. This will expand the capacity to serve individuals with substance use disorders.

Motion #18-11

- North Sound BHO-Sunrise Services-Medicaid-16-18 Amendment 2 for the purpose of increasing funding by $5,699,902 for a new maximum consideration of $20,046,958. The term of the contract will be extended by nine (9) months for a new term of April 1, 2016 through December 31, 2018.

- North Sound BHO-Sunrise Services-BHSC-16-18 Amendment 4 for the purpose of increasing funding by $571,500 for a new maximum consideration of $2,049,270. The term of the contract will be extended by nine (9) months for a new term of April 1, 2016 through December 31, 2018.

***

Snohomish County Medicaid and BHSC Contracts

Snohomish County is receiving additional state funds for the increase in Involuntary Treatment Act (ITA) services, largely due to the Smokey Point facility. The additional state funds will pay for two (2) Full Time Equivalent (FTE) Designated Crisis Responders.

Medicaid funds are being added as incentive funds for the county to develop and submit a Transition Plan for Snohomish County.

The transition plan will address the needs for a fully integrated system of care, specifically for the integration of behavioral health and physical health by the Managed Care Organizations (MCO). The contract is being extended by nine (9) months.

Motion #18-12

- North Sound BHO-Snohomish County-Medicaid-16-18 Amendment 2 for the purpose of increasing the contract by $2,981,206 for a new maximum consideration of $6,388,294 with a new term of April 1, 2016 through December 31, 2018.

- North Sound BHO-Snohomish County-BHSC-16-18 Amendment 2 for the purpose of increasing the contract by $2,623,299 for a new maximum consideration of $7,646,050.50 with a new term of April 1, 2016 through December 31, 2018.

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Community Action of Skagit County
Funding is being increased to cover the actual costs of the program and the contract is being extended by nine (9) months through December 31, 2018.

Motion # 18-13

- North Sound BHO-SCAA-Ombuds-16-18 Amendment 1 for the purpose of increasing funding by $203,100 for a new maximum consideration of $539,100 with the term of the contract being extended by nine (9) months for a new term of April 1, 2016 through December 31, 2018

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For Executive Committee Ratification

Compass Health
Compass Health is receiving $165,243 of Department of Commerce funding for housing subsidies to enhance the HARPS team services in Snohomish County. The Commerce funding expires on June 30, 2018.

Motion #18-14

- North Sound BHO-Compass Health-HARPS-16-18 Amendment 2 for the purpose of increasing the funding by $265,243 for HARPS subsidies. The new maximum consideration on this contract is $790,539, with a new term of April 1, 2016 through June 30, 2018.

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Prosperity Wellness

Prosperity Wellness is a residential provider in Tacoma WA, King County previously contracted for the residential services, but terminated the contract. The termination was without cause, based on King County's assessment of their capacity needs. North Sound BHO piggy-backed on their contract, since it was terminated we have decided to enter into a contract directly with Prosperity Wellness.

Motion #18-15

- North Sound BHO-Prosperity Wellness-Residential-18 for the purpose of providing adult residential substance use disorder services. The bed rate for this service is $228.09 per bed day, with a term of January 1, 2018 through December 31, 2018.

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Health Care Authority (HCA) Interagency Agreement

Health Care Authority offered an Interagency Agreement to mid-adopter BHOs to provide support for technical assistance necessary for the North Sound Regional Service Area to meet the accelerated timeline and enable the counties to partner with HCA and stakeholders in preparing for successful integration to Medicaid physical and behavioral health services, purchased through managed care systems. The motion incorporates Amendment 1 to extend the end date from January 31, 2018 to January 31, 2019.

Motion #18-16

- HCA-North Sound BHO-Interagency Agreement-18 for the purpose of preparing for fully integrated health care in 2019. The maximum on this agreement is up to $100,000 based deliverables submitted to HCA. The term of the agreement is November 14, 2017 through January 31, 2019 (Amendment 1 incorporated by reference to extend the Agreement end date, from January 31, 2018 to January 31, 2019.)

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American Behavioral Health Services (ABHS) Substance Use Disorder Outpatient Services

American Behavioral Health Services (ABHS) was awarded a contract through the 2017 Substance Use Disorder Request for qualifications. ABHS has secured offices in Freeland on South Whidbey and Stanwood in Snohomish County to date. This funding is for the outpatient services they will be providing at all their sites when up and running.

Motion #18-17

- North Sound BHO-ABHS-Medicaid-18 for the purpose of providing substance use disorder services in the North Sound region. The maximum consideration on this contract is $417,690 with a term of January 1, 2018 through December 31, 2018.

- North Sound BHO-ABHS-BHSC-18 for the purpose of providing substance use disorder services in the North Sound region. The maximum consideration on this contract is $55,710 with a term of January 1, 2018 through December 31, 2018.

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Relias Online Learning

Relias Online Learning System is available to all of our contracted providers. As our providers add new staff we add new learner slots to the system. This amendment adds 50 more slots to the system, which brings our total slot allocation to 2,125 learners.

Motion #18-18

- Relias Learning LLC -North Sound BHO Add on Amendment to buy 50 additional learner slots at $37.52 per slot for an additional $1,876.00 per year for a maximum $121,264.51 per year for the subscription.

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(Narrative and rates will be available at the meeting regarding Motion #18-19 below)

Motion #18-19- To approve the revised 2018 fee schedule as presented. The rates will be effective starting January 1, 2018.

NORTH SOUND BEHAVIORAL HEALTH ORGANIZATION
ADVISORY BOARD
2018 LEGISLATIVE PRIORITIES

1. **Support the request of the North Sound BHO and 5 North Sound Counties for capital funding for new Behavioral Health Facilities.**
   These are needed to address the historical lack of treatment facilities in the region; respond to the growing opioid epidemic; and replace the beds that will be lost when the state's lease with Pioneer Center North and the North Sound Evaluation and Treatment Facility expires.

2. **Expand prevention and treatment services to reduce Opioid use.**
   Expand funding for prevention, early intervention and treatment services to reduce Opioid addictions. This would include more support for "upstream" efforts such as school based services; continued expansion of Medication Assisted Treatment, including in jails; expanded funding for the distribution of Naloxone kits to first responders; and, support for local efforts to promote safe storage and disposal, including a "take-back system" for prescription and over the counter medicines.

3. **Provide sufficient dedicated funding to maintain the current continuum of care in the North Sound Region for Crisis and Diversion Services and a coordinated and accountable system of other critical services for persons with serious behavioral health disorders..**
   Provide sufficient dedicated funding to the North Sound Region to support the transition of the Behavioral Health Organization to a "Behavioral Health Administrative Services Organization" (BH-ASO) to maintain critical services for persons with serious behavioral health disorders. Provide clear expectations for Managed Care Organizations to work with the counties to preserve critical services, coordinate planning with other community systems, and maintain a system of accountability to local communities..

2018-2019 Strategic Plan Dashboard

Strategy	Accomplishments	Percent
Goal # 1 Develop and implement IMC transition plan		
1.01 Develop the overall vision for integrated care		0%
1.02 Develop criteria for RFP Addendum	RFP addendum questions were developed with stakeholder input.	100%
1.03 Develop and implement communication plan		0%
1.04 Assess provider readiness for IMC		0%
1.05 Develop clinical integration model		0%
1.06 Develop and implement IMC implementation plan		0%
1.07 Assess regional health information and develop performance system		0%
1.08 Identify gaps in the system		0%
1.09 Identify outpatient system for non-Medicaid individuals		0%
1.10 Work with counties to identify gaps in services for non-Medicaid individuals		0%
Goal # 2 Review and strengthen system of crisis services		
2.01 Undertake statistical review of crisis system gaps and needs		0%
2.02 Continue the work with San Juan County		0%
2.03 Review CPIT structure		0%
2.04 Expansion of 911 concept and warm transfer		0%
2.05 Youth		0%
2.06 Technology infrastructure		0%
2.07 DCR consistency		0%
2.08 VOA Placement Coordinators		0%
Goal # 3 Develop and implement staff retention strategy		
3.01 Retention Strategies		0%
3.02 Professional development		0%
Goal # 4 Implement a regional plan to reduce Opioid addictions		
4.01 Raise awareness and knowledge of the possible adverse effects of opioid use, including overdose, among opioid users.		0%
4.02 Prevent opioid misuse in communities, particularly among youth.		0%
4.03 Expand access to and utilization of opioid use disorder medications in communities.		0%
4.04 Increase capacity of syringe exchange programs (SEP) to effectively provide overdose prevention and engage clients in support services, including housing.		0%
4.05 Identify and treat opioid abuse during pregnancy to reduce withdrawal symptoms in newborns		0%
4.06 Facilitate the development or enhancement of regional treatment support services		0%

4.07 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.		0%
4.08 Make system-level improvements to increase availability and use of naloxone.		0%
4.09 Monitor progress towards goals and strategies and evaluate the effectiveness of our interventions.		0%
Goal # 5 Review and strengthen IT/IS strategic plan- assess and develop		
5.01 Contract to conduct IS Technology and Infrastructure Assessment		0%
5.02 Contract to conduct Update to Phase 1 of OCR HIPAA Security Risk Assessment		0%
5.03 Follow up on Technical/Non-Technical Testing Mitigation Plan		0%
5.04 Upgrade of Technology Infrastructure		0%
Goal # 6 Support the development of new BH facilities		
6.01 Work with Snohomish and Whatcom County on development of facilities on implementation of 2017 Capital Budget funded projects		0%
6.02 Work with Island County to continue development on planning for Oak Harbor facility and submita a Capital Budget funding request		0%
6.03 Work with Skagit County to identify and procure land for future facility		0%
Goal # 7 Coordinate supportive housing services		
7.01 Continue to work with counties to coordinate and develop housing support		0%
7.02 Work with Amerigroup for coordinating 1115 housing support in concert with HARPS		0%
Goal # 8 Expand and strenghten school based services		
8.01 Continue to work with counties and school districts to build system		0%
8.02 Identify opportunities to enhance SUD system		0%
8.03 Implement WISe services in San Juan County		0%
8.04 Work with MCOs to transition funding to integrated care model		25%

The Grand Willow Inn

17926 Dunbar Road, Mount Vernon

Bertelsen

The Vine

20598 Starbird Road, Mount Vernon

Skagit Resort Conference Center

5984 North Darrk Ln, Bow

Eaglemont Conference Center

Mount Vernon

Tables will be round banquet set up