ADVISORY BOARD PRE-MEETING

November 6th, 2018

12:10-12:50PM

North Sound Behavioral Health Organization

Michael McAuley

Inpatient/Crisis Quality Specialist

NORTH SOUND BEHAVIORAL HEALTH ORGANIZATION, LLC
INTEGRATED CRISIS RESPONSE SYSTEM (ICRS)
TRAINING MODULE

Table of Contents

TRAINING OBJECTIVES:

1. Orient Providers to the Intergrated Crisis Response System (ICRS) process, resources and requirements.
2. Educate providers regarding behavioral health and Substance Use Disorder (SUD) crisis intergration.
3. Educate Providers regarding voluntary and involuntary hospitalization process.
4. Educate Providers regarding involuntary treatment laws.
5. Provide guidance regarding the completion of an affidavit for initial detention or petition to revoke.

INTRODUCTION

Crisis Services are one of the major components of public mental health services. Crisis services are available to all individuals and families physically located in the North Sound region's 5 counties, regardless of enrollment status with service providers, ability to pay, or funding source. Crisis Services are available on a 24 hour basis for those who are in a self-defined state of crisis. A crisis is often some turning point in the course of anything decisive or critical; a time, a stage, or an event of great danger or trouble, whose outcome decides whether possible bad consequences will follow.

Crisis Services include a broad array of services that are intended to stabilize the individual in crisis in the least restrictive community setting possible. A network of North Sound BHO regional providers offer crisis services to include Voluntary and Involuntary mental health outreach teams and short-term behavioral health stabilization programs.

Crisis staff involved in crisis response intervention will be able to refer to a complete continuum of care including outpatient programs, to include intensive services,Triage facilities, substance abuse detoxification programs, and inpatient care. An individual in crisis is served from a non-stigmatizing, person-oriented approach, including responsive listening and respectful attention. Trained Crisis Services staff actively involve and collaborate with family members and other natural supports during a crisis as appropriate and within limits of confidentiality.

Below is a brief overview of our current providers and programs offering Crisis Response services in the North Sound BHO Region.

REGIONAL CRISIS SYSTEM PROVIDERS

County	Voluntary Crisis Services	Involuntary Investigations	Stabilization/Triage Centers*	CPIT
Island	Compass Health	Compass Health	Transportation Required	Not available in Island County
San Juan	Compass Health	Compass Health	Transportation Required	Not available in San Juan County
Skagit	Compass Health	Compass Health	Pioneer Human Services	Compass Health
Snohomish	Compass Health	Snohomish County Human Services	Compass Health	Compass Health
Whatcom	Compass Health	Compass Health	Whatcom Triage (Compass/Pioneer Human Services)	Compass Health

ICRS CORE PRINCIPLES

1. Crisis services include voluntary and involuntary service options.
2. Crisis services are delivered across social service systems in a fully integrated, seamless and consistent manner.
3. An individual in crisis is treated as a whole person, rather than focusing on categorical problems.
4. A crisis is self-defined, rather than needing to meet categorical criteria.
5. An individual in crisis will have easy and timely access to appropriate intervention and care.
6. Clinicians involved in crisis response intervention will be able to refer to a complete continuum of care in order to respond to a variety of needs.
7. Individuals experiencing a behavioral health crisis will be stabilized in the least restrictive setting, in the individual's home or in any in-vivo setting and will be referred to the least restrictive resource available to manage the crisis.
8. Crisis response services are community-based.
9. Crisis response services are available to both adults and children.
10. Crisis services and information will be available 24 hours a day, 365 days a year throughout the Region.
11. Crisis services will be fully integrated and coordinated at both the local and regional level.
12. All crisis services will be culturally competent and responsive.
13. Standards of care will be adhered to throughout the region.
14. Crisis services will be provided in a manner recognizing the uniqueness of each individual.

The integrated crisis system will utilize a flexible array of services and supports, formal and informal, which fit the needs of the individual.

TOOLS TO MANAGE A CRISIS

Crisis Plans

The crisis plan is a document that the outpatient provider develops in collaboration with the North Sound BHO (enrolled individuals and his/her family and/or other natural supports). The plan is intended to help both the clinician and individual in the event that he/she experiences a crisis during treatment. Working together, the outpatient provider and individual anticipate potential problems that might increase the chance of a crisis developing. The provider and individual identifies his/her specific triggers, "red flags", or early warning signs, to alert him/her that a crisis may be developing.

The purpose of the Crisis Plan is to outline coping strageties when the individual notices early warning signs. This starts with low intensity interventions that the individual can probably accomplish on his/her own, then progresses to interventions of increasing intensity that include family, natural supports and professional staff as needed. The original crisis plan should be provided to the individual and a copy provided to natural supports with the individual's permission. The Volunteers of America (VOA) Crisis Line also has the ability to view these to ensure that responding crisis staff can deliver interventions that are best suited for the individauls needs. Crisis Plans are now also being submitted for those enrolled in mental health services into the EDIE system, to give the ability for regional emergency departments to be able to see some details to improve collaboration when an individual is in crisis.

If the individual, a family member, or natural support calls the Crisis Line during a crisis, the Crisis Line staff can provide assistance based on the information in the crisis plan. When responding to a crisis, clinicians, VOA (Care Crisis Response Services [CCRS]) and crisis services workers will continue to work with family members and other natural supports to best support the individual within limits of confidentiality.

Crisis Alerts

Crisis alerts are created by behavioral health providers and contain information pertinent to the current crisis situation, in contrast to crisis plans, which contain long-term strategies. Crisis alerts contain important up-to-date information about individuals who are likely to require crisis services within the next 10 days. VOA CCRS receives, stores and utilizes this time-sensitive information and makes it available to Crisis Prevention and Intervention Teams (CPIT) and Designated Mental Health Professional (DMHP) staff to assess risk and effectively intervene in a crisis. Crisis alerts are kept on file for 10 days and can be renewed if clinically warranted.

Mental Health Advance Directives

A Mental Health Advance Directive is a written document, consistent with the provisions of Revised Code of Washington (RCW) 71.32, in which a person makes a declaration of instructions or preferences and/or appoints an agent to make decisions on his/her behalf regarding that individual's mental health treatment during times when he/she is incapacitated by a mental disorder and cannot give informed consent. If the clinician has received an individual's advance directive, it will become part of the individual's medical record and the clinician will be considered to have actual knowledge of its contents. More information regarding compliance and conditions for noncompliance can be found in RCW 71.32.150, 7.70.40 and in North Sound BHO Policy 1518 Mental Health Advance Directives.

Wellness Recovery Action Plan (WRAP)

WRAP® is an evidence-based self-management and recovery system designed by Mary Ellen Copeland and developed by a group of people who had mental health difficulties and were struggling to incorporate wellness tools and strategies into their lives. WRAP is designed to:

1. Decrease and prevent intrusive or troubling feelings and behaviors;
2. Increase personal empowerment;
3. Improve quality of life; and
4. Assist people in achieving their own life goals and dreams.

WRAP is a structured system to monitor uncomfortable and distressing feelings and behaviors and, through planned responses, reduce, modify, or eliminate them. It also includes plans for responses from others when individuals cannot make decisions, take care of themselves, or keep safe.

The clinician may ask if an individual has a crisis plan, mental health advance directive, or WRAP, but he/she may have chosen not to create these plans. The mental health advance directive and WRAP are not available through VOA.

VOLUNTEERS OF AMERICA (VOA)

CARE CRISIS RESPONSE SERVICES (CCRS)

Crisis Line

CCRS provides 24-hours a day, 7 days a week, clinically staffed crisis line system. When someone in the community is in distress and is seeking assistance with a crisis situation, he/she should call the Crisis Line at 1-800-584-3578.

CCRS's range of support and referral services include:

1. Making mental health referrals to the community;
2. Having access to language bank interpreters and TDD equipment;
3. Ensuring referral to age and culturally appropriate services and specialists;
4. Scheduling crisis appointments;
5. Providing telephone stabilization and intervention services for individuals with non-acute issues;
6. Ensuring timely and consistent crisis response;
7. Providing telephone consultation, intervention and stabilization for individuals and/or family members/natural supports as appropriate and within limits of confidentiality;
8. Determining when face-to-face services are needed, both voluntary and involuntary and dispatching a DMHP or CPIT;
9. Tracking the outcome of face-to-face services and seeing if further services are warranted;
10. Deciding when cross-system services are needed;
11. Working closely with law enforcement when appropriate;
12. Consulting with detoxification providers, licensed care facilities, hospitals and other community providers;
13. Troubleshooting cross-system referrals in which there is a difference of opinion of appropriate services or system response; and
14. Providing telephone follow-up with individuals after hours as part of an individual crisis.

CCRS also offers a Triage line. When a professional wishes to speak with someone at the Crisis Line, they can contact the CCRS Triage Clinician (masters level clinicians) directly at 1-800-747-8654. The CCRS Triage Clinician has the responsibility of deciding when face-to-face evaluation and/or stabilization services are needed and dispatch the CPIT and/or DMHP staff to a community location outside of the provider's office.

CCRS also offers a regional Care Crisis chat program (www.ImHurting.org) which offers support resources for crisis intervention.

What Face-to-Face Services are Available?

Crisis Services Appointments

Urgent and follow-up appointments are available for adults and children who are not currently enrolled in the public mental health system, are determined to be in need of face-to-face evaluation or intervention and who meet certain criteria. Appointments are available at provider agencies in each county and are scheduled by VOA CCRS staff. Crisis Services appointments provide brief treatment on a voluntary basis, generally for persons at risk of harm to self or others, at risk of hospitalization and/or who may be in need of a referral for an emergency medication evaluation. Enrolled individuals' urgent needs will be addressed by their outpatient clinician, treatment team, or backup as appropriate.

Emergency Psychiatric Services

Emergency psychiatric medication evaluations are available for those individuals who have been assessed by CPIT or DMHP and deemed at risk of hospitalization. Access to these psychiatric appointments is through the CPIT or DMHP. This process varies from county to county. Follow up psychiatric consultations are available when clinically indicated by the prescriber. Generally this service is used for non-enrolled individuals.

Outreach

Outreach is the provision of face-to-face evaluation and/or intervention services (voluntary or involuntary) in community locations. The expectation is that emergency outreach clinicians providing crisis response services will provide services to the individual in the community. Outreach services are an important and available service, both when necessary to support the person in crisis and to provide services in the least restrictive, appropriate manner, with the use of family and natural supports within limits of confidentiality. The intent, however, is never to promote outreach at the expense of anyone's safety – including individual, staff, family/natural support and the public.

CPIT/DMHPs must respond to pages from the VOA within 10 minutes. Once dispatched, CPIT/DMHP will contact the requestor within 10 minutes with Estimated Time of Arrival (ETA). In general, their outreaches will occur within 2 hours or less in the community. Following the completion of any outreach, CPIT/DMHP calls the CCRS Triage Clinician to relay the disposition of the case back to the CCRS Triage Clinician and, when appropriate, the referral source, to include the individual's clinician. If CPIT or DMHP is unable to arrive to the dispatch location within two hours due high volume, inclement weather, etc., they will document the reason for the delay.

Crisis Prevention And Intervention Teams (CPIT)

CPIT is a community service available in Snohomish, Skagit and Whatcom counties for individuals and families not currently enrolled in Medicaid outpatient services. These teams, comprised of Mental Health Professionals (MHP), Chemical Dependency Professionals (CDP) and peers, are intended to respond to a behavioral health crisis, defined as a situation where the level of stress has overwhelmed the individual's ability to cope. The teams are available to provide early intervention to assess, engage, and provide temporary support (for up to 14 days) and make referrals to community resources. These teams can be accessed by calling the VOA Care Crisis Line or directly contacting the provider. The teams are designed to integrate with the existing Emergency Services and Involuntary Treatment Investigation Services.

Involuntary Investigation Services

Involuntary investigations are another crisis service available in all five (5) counties and performed by the DMHPs. These individuals have specialized training in performing mental health investigations and are designated by their counties. Their role is to assess for danger to self, others, property and/or grave disability as a result of a mental disorder. They work closely with the voluntary crisis teams, as well as, outpatient providers or programs (i.e., Intensive Outpatient Program [IOP] & Program for Assertive Community Treatment [PACT]), hospitals, triage facilities and other allied systems.

Their specific role and investigation procedures are further detailed later in this module.

Regional Residential Crisis Services

Crisis stabilization/triage facilities for adults are located in Whatcom, Skagit and Snohomish Counties. These programs typically provide short-term support (up to 5 days) in a staffed facility for adults who are in or at high risk of experiencing a behavioral health crisis. Additionally, the programs in Skagit and Whatcom Counties provide non-hospital based withdrawal management services and the program in Snohomish County provides (non-medical) sobering services for chemically abusing or dependent individuals. When an outpatient clinician believes that an individual would benefit from crisis stabilization/triage, they may call the facility directly to make the referral or call the Care Crisis Line and speak to a CCRS Triage Clinician to make the referral. Staff at each facility is trained to review the presenting information and establish whether placement is appropriate.

Residential crisis/triage services are based on a strength-based Recovery model and utilize Substance Abuse and Mental Health Services Administration (SAMHSA) Principles of Recovery. Staffing can include CDPs, MHPs, Registered Nurses, Certified Peer Counselors, as well as, other professional staff. Referrals can be made by community professional staff, to include case managers, chemical dependency providers, mental health clinicians, hospital social workers and discharge planning staff and law enforcement.

The services offered at these facilities are voluntary. These programs provide a less restrictive option to hospitalization. These programs have few exclusionary critiera, but for the safety of others, are unable to accept individuals who are level three sex offenders, violent, assaultive, or have a history of fire setting.

Emergency Management Services (ambulances) have the ability to directly drop off individuals to these facilities, increasing diversion from the Emergency Departments when clinically appropriate.

The Referral Process for all of the Whatcom, Skagit and Snohomish Stabilization/Triage (to include Withdrawal management) programs are:

1. For Behavioral Health Clinicians or Case Managers and Community Professionals, referral to any of these programs can be accomplished by calling the program directly. Program staff will complete a screening questionnaire during the call and will evaluate the referral to determine whether any exclusionary criteria are present. Generally, an answer to the referral can be made during this initial call but sometimes some internal consultation is necessary. Program staff is committed to providing an answer to the referral as quickly as possible.
2. Once accepted, it is the responsibility of the referring Behavioral Health Clinician, Case Manager, or Community Professional to ensure safe transportation to the facility and to assist with all details related to admission. These details may include obtaining medications, communicating with other supports/systems, assisting with obtaining releases to facilitate discharge planning, etc.

   Length-of-Stay/Discharge Planning:

   a. The length-of-stay is limited; up to five (5) days but extensions are available if clinically warranted.
   b. Staff plan for discharge at the point of admission and all attempts are made to coordinate care with outpatient providers and natural supports.

PSYCHIATRIC HOSPITALIZATION

Voluntary Hospitalization

Prior to voluntary hospitialization, the provider working with the individuals needs to evaluate whether a less restrictive option, such as, increased outpatient services, staying with family or natural supports, or a crisis triage center stay, might be sufficient to stabilize the individual. If all less restrictive options are ruled out (i.e., have been tried unsuccessfully, are inappropriate for some clear and documentable reason), the clinician may proceed with the voluntary hospitalization process.

The VOA Inpatient Utilization Management Team conducts the authorization process for voluntary psychiatric hospitalization for all Medicaid and Medicaid-eligible residents of the North Sound BHO Region. The program is available 24 hours per day, 7 days per week.

When a provider feels that the individual they are working with requires psychiatric hospitalization, they must do the following:

1. Conduct a face-to-face evaluation with the individual within 24 hours of the request for inpatient care.
2. Contact a psychiatric hospital and secure a bed.
3. After a bed has been identified, but before admission, the clinician must call VOA at 1-800-707-4656 and request the authorization.

   a. The provider will have to provide clinical and demographic information;
   b. Discuss and justify the reasons, including the acuity of symptoms and behaviors, requiring inpatient hospital care;
   c. Describe what less restrictive options have been attempted.

4. VOA consults with a psychiatrist on all requests for hospitalization of children/youth and on any requests for which medical necessity is in question.
5. If the individual meets medical necessity criteria, initial hospitalization will be authorized for up to five (5) days.
6. For those requests that are denied, the individual has the right to appeal or grieve and the admitting psychiatric facility has the right to appeal (see North Sound BHO policies 1001-1004 and 1020).
7. The outpatient clinician may then make the final arrangements for admission (e.g., contacting the hospital to notify of authorization or denial, transportation, etc). In those instances where a denial has been issued and an admission will not occur, the outpatient clinician is responsible for developing an alternative plan with the individual to address the individual's needs.

The discharge planning will begin at the time of initial placement at the facility.

Parent Initiated Treatment (PIT)

PIT is a type of hospitalization that is available to support parents when considering hosptization for their minor child (ages 13-18).

A parent may bring, or authorize the bringing of, his or her minor child to an evaluation and treatment facility or an inpatient facility and request the professional person examine the minor to determine whether the minor has a mental disorder and is in need of inpatient treatment. The consent of the minor is not required for admission, evaluation and treatment if the parent brings the minor to the facility.

A professional person then may evaluate whether the minor has a mental disorder.

1. The evaluation shall be completed within 24 hours of the time the minor was brought to the facility, unless the professional person determines the condition of the minor necessitates additional time for evaluation.
2. In no event shall a minor be held longer than 72 hours for evaluation. If, in the judgment of the professional person, it is determined it is a medical necessity for the minor to receive inpatient treatment, the minor may be held for treatment.
3. The facility shall limit treatment to that which the professional person determines is medically necessary to stabilize the minor's condition until the evaluation has been completed.
4. Within 24 hours of completion of the evaluation, the professional person shall notify the department if the child is held for treatment and of the date of admission.

The provider is not obligated to provide treatment to a minor under PIT. No provider may admit a minor to treatment under this section unless it is medically necessary.

No minor receiving inpatient treatment under this section may be discharged from the facility based solely on his or her request.

Involuntary Treatment Assessment (ITA)

Individuals who are alleged to be a danger to themselves, others or property, or are gravely disabled (unable to meet their basic needs of health and safety) as the result of a mental disorder may be assessed for involuntary treatment.

Note: Individuals, who are developmentally disabled, impaired by chronic alcoholism or drug abuse, or suffering from dementia shall not be detained solely by reason of that condition. The detention may be appropriate if said condition meets the definition of a mental disorder as defined in RCW 71.05 and detention grounds are met.

In Washington State, DMHPs conduct all assessments for involuntary treatment. In assessing whether or not an individual should be detained involuntarily to an inpatient psychiatric unit, DMHPs focus their investigation on the following questions:

1. Is the individual suffering from a mental disorder? RCW 71.05 defines mental disorder as "any organic, mental, or emotional impairment which has substantial adverse effects on an individual's cognitive and volitional functions."
2. When a DMHP receives information alleging that an individual, as a result of a mental disorder:

    (i) Presents a likelihood of serious harm;
    (ii) Is gravely disabled; or
    (iii) Is in need of assisted outpatient mental health treatment;

3. The DMHP may, after investigation and evaluation of the specific facts alleged and of the reliability and credibility of any person providing information to initiate detention or involuntary outpatient evaluation, if satisfied that the allegations are true and that the person will not voluntarily seek appropriate treatment, file a petition for initial detention or involuntary outpatient evaluation.

Before filing the petition, the DMHP must personally interview the individual, unless the individual refuses an interview, and determine whether the individual will voluntarily receive appropriate evaluation and treatment at an evaluation and treatment facility, crisis stabilization unit, or triage facility.

In evaluating an individual for involuntary treatment, DMHPs investigate not only the immediate circumstances around the request for the evaluation but also must consider reasonably available history. This includes reviewing reasonably available records and/or databases in order to obtain the individual's background and history prior to interviewing the individual to be investigated. If family members are available and deemed credible, the DMHP will interview them to obtain further information and may request a written statement. The DMHP reviews, if available, at a minimum, an individual's history of violent acts, suicide attempts and prior detentions/commitments.

This information should always be considered in light of the intent to provide prompt evaluation, as well as, timely and appropriate treatment.

What Happens After an Involuntary Admission Takes Place?

When an individual is detained, he or she is entitled to a court hearing within 72 hours of the initial detention. This is called a probable cause hearing. Weekends and holidays are excluded in the calculation of the initial 72 hours. The treating psychiatrist/physician or psychiatric Advanced Registered Nurse Practitioner (ARNP) may discharge any patient at any time during a commitment if, in their opinion, the criteria for involuntary treatment are no longer being met.

The focus of the probable cause hearing is to determine if the individual continues to require involuntary treatment. In the hearing, it will be determined whether the initial commitment was appropriate and, if so, does the individual still present a danger to themselves, others or property, or is gravely disabled as the result of a mental disorder. Family member/natural support input is generally encouraged in preparation for these hearings.

The Court has the option of continuing the involuntary detention, discharging the individual back home on a voluntary basis (dismissal of petition), or releasing the individual on a Less Restrictive Order (LRO). An LRO contains a number of requirements. These are called the "conditions" of the LRO. Examples include taking medications as prescribed, attending scheduled appointments, not using non-prescribed drugs or alcohol, refraining from threats or acts of harm toward themselves or others and not having access to weapons.

Court Orders

Less Restrictive Order, Conditional Release and Assisted Outpatient Treatment (LRO/CR/AOT)

For individuals involuntarily committed under RCW 71.05 or 71.34, Inpatient psychiatric facilities are required to provide notice of discharge and copies of the conditions of their release to the DMHP office responsible for the initial detention and the office where the individual resides.

When an individual is released on an LRO, they receive a written notice containing the conditions of their release from caregivers, including those providing residential supports and the mental health system, are expected to support the individual in meeting these conditions. This includes getting the individual to appointments and working closely together as service providers to address problems in a proactive manner. Family members/natural supports can also help the individual adhere to the conditions especially if the individual resides with them.

A CR is when an individual is committed to the hospital for 14 days or 90 days (this is called the More Restrictive Order [MRO]). The treating physician can decide to discharge the individual on a CR. He/she must have an accepting outpatient provider to follow up on the CR. The physician writes a document outlining the conditions the individual agrees to follow. This document is given to the receiving outpatient provider, the individual on the CR and is filed with the court without a hearing taking place.

Similar to a LRO/CR is AOT. Courts usually order a AOT for 90 days and have very similar processes for monitoring and ensuring continued treatment after discharge from inpatient psychiatric care. At this time, AOT is not currently used within the state.

When an individual is released from an inpatient unit on an LRO, there will need to be an assignment of a care coordinator; this individual will have the responsibility of monitoring the LRO/CR/AOT (see Policy 1562.00 – Monitoring of the LRO/CR/AOT).

Monitoring of Court Orders

Sometimes, however, individuals either do not follow through on the conditions of their LRO/CR/AOT or experience substantial deterioration in their functioning even when following the conditions. Under these circumstances, for LROs or CRs, a DMHP may file a petition for revocation which places the individual back in the hospital for up to five (5) days pending a revocation hearing. There are no revocation proceedures for AOT.

This hearing is held in order to determine whether the individual needs to be returned to inpatient status ("revoked") for up to the number of days left on the order. Whenever possible, the individual will be stabilized and discharged back to the community, often on the same LRO/CR. The facility may choose to discharge the individual on the existing LRO/CR without requesting a court hearing.

When a DMHP receives notice that an individual has violated the conditions of their LRO/CR and/or is experiencing substantial deterioration that requires inpatient treatment, it is at their discretion to file a petition for revocation. The treatment provider needs to submit an affidavit detailing the reason(s) for the revocation and be prepared to provide the main court testimony (see "How to Write an Affidavit" on the North Sound BHO website at http://northsoundbho.org/Forms. **Note:** this does **not** guarantee a revocation hearing **and** the individual could still be discharged by the treating psychiatrist/physician/psychiatric ARNP.

When serving an individual on a LRO/CR/AOT, it is required that the agency that has assigned a care coordinator closely monitor the LRO/CR/AOT and keep a copy of the court document listing the conditions in the clinical record. It is important to provide this document to the DMHP if requested. It is also necessary that the care coordinator communicating with the DMHP has specific knowledge about how the individual on the LRO/CR/AOT has violated the order (see Policy 1562.00), problems they have experienced that are causing the concerns and what steps have been taken or considered to help support the individual in a less restrictive way/setting.

Care coordinatorss are expected to document each violation in the individual's chart. Please see "How to Document LRO/CR/AOT Violations" on the North Sound BHO website at http://northsoundbho.org/Forms.

Information from family members/natural supports is crucial in determining whether the filing of a petition for revocation is appropriate and necessary. Family members/natural supports are often the first persons to identify the individual's non-adherence or deterioration and can share this information with the clinician without compromising confidentiality requirements. If the individual has not authorized the release of information, the clinician may simply listen to the family's concerns without revealing protected information. **Note:** An LRO/CR/AOT is not intended to be used in a punitive manner but to help the individual maintain their health and safety in the community.

GLOSSARY OF TERMS

Assisted Outpatient Treatment (AOT) is an order for Less Restrictive Alternative (LRA) Treatment for up to 90 days from the date of judgement. An AOT shall not order inpatient treatment.

Behavioral health refers to mental/emotional well-being and/or actions that affect wellness. **Behavioral health** problems include Substance Use Disorders (SUD); alcohol and drug addiction; and serious psychological distress, suicide and mental disorders

Care Coordinator is a clinical practitioner who coordinates the activities of LRA treatment. The Care Coordinator coordinates activities with the DMHP necessary for enforcement and continuation of LRA orders and is responsible for coordinating service activities with other agencies and establishing and maintaining a therapeutic relationship with the individual on a continuing basis.

Crisis Prevention Intervention Team (CPIT) provides community outreach and engagement to individuals who are experiencing a behavioral health crisis or who are believed to be suffering from significant behavioral health symptoms which are interfering with activities of daily living

Crisis: A mental health crisis is defined as a turning point in the course of anything decisive or critical, a time, stage, or an event or time of great danger or trouble, whose outcome decides whether possible bad consequences will follow. Crisis services are intended to stabilize the individual in crisis, prevent further deterioration and provide immediate treatment and intervention in a location best suited to meet the needs of the individual and in the least restrictive environment available.

Conditional Release (CR) is a court order that is filed by the treating physician during the involuntary inpatient commitment. This order specifies what the individual needs to do to remain in the community. It differs from an LRO in length and because there is no court hearing.

Designated Mental Health Professional (DMHP) is a mental health clinician appointed by the County to perform the duties specified in RCW chapters 71.05 and 71.34. This includes having the legal authority to detain an individual against their will for up to 72 hours.

Evaluation and Treatment Center (**E&T)** – The North Sound BHO Region operates two (2) facilities via contract with Compass Health, in Mukilteo (Mukilteo E&T) and TELECARE (North Sound E &T) in Sedro Wooley. These programs provide involuntary evaluation and treatment to those detained by the DMHP staff. Other inpatient psychiatric facilities are licensed as Evaluation and Treatment Centers but most often the term “E&T” refers to the regional facility.

Integrated Crisis Response System (ICRS) is the service system that provides crisis response interventions throughout Island, San Juan, Skagit, Snohomish and Whatcom Counties. Service providers include VOA, Compass Health, Snohomish County Human Services and Compass Whatcom and Pioneer Human Services.

Mental Illness Involuntary Treatment Act (ITA) is RCW 71.05 and **Mental Health Services for Minors** is RCW 71.34. These are the laws that allow individuals who are a danger to themselves, others, property, or who are gravely disabled as the result of a mental disorder to be detained against their will for inpatient psychiatric treatment.

Less Restrictive Order/Less Restrictive Alternative (LRO/LRA) is a court order that is put in place, by court hearing or stipulation, for some individuals after they have been involuntarily detained. This order specifies what the individual needs to do to remain in the community after discharge from an inpatient unit.

Care Crisis Response Services (CCRS) Triage Clinician – The MHP at the Crisis Line, who coordinates services, dispatches the DMHP, CPIT, Emergency Mental Health Clinicians (EMHCs) and provides telephone-based support 24 hours a day.

Volunteers of America (VOA) CCRS – Provides telephone-based support and triage through the Crisis Line. The CCRS Triage Clinician can also schedule Urgent Appointments and dispatch local crisis response teams when face-to-face interventions are required.

Post-Test

Please circle the appropriate response to indicate whether the following statements are true or false:

1. T/F Any individual who is in crisis and who is physically located within the North Sound region is eligible for crisis response services.

2. T/F Crisis plans are intended to help both the clinician and individual in the event that he/she experiences a crisis during treatment.

3. T/F Crisis alerts expire after 30 days if they are not renewed.

4. T/F Individuals and the general public should be instructed to call the VOA CCRS Triage Clinician if they feel that they are in crisis.

5. T/F Once dispatched, crisis response staff should make face-to-face contact in the community within 2 hours.

6. T/F When requesting admission for voluntary hospitalization, the clinician should be prepared to discuss what less restrictive options have been considered.

7. T/F An Involuntary investigation should be considered when an individual is unwilling to accept voluntary services and presents a likelihood of serious harm to him/herself as the result of a mental disorder.

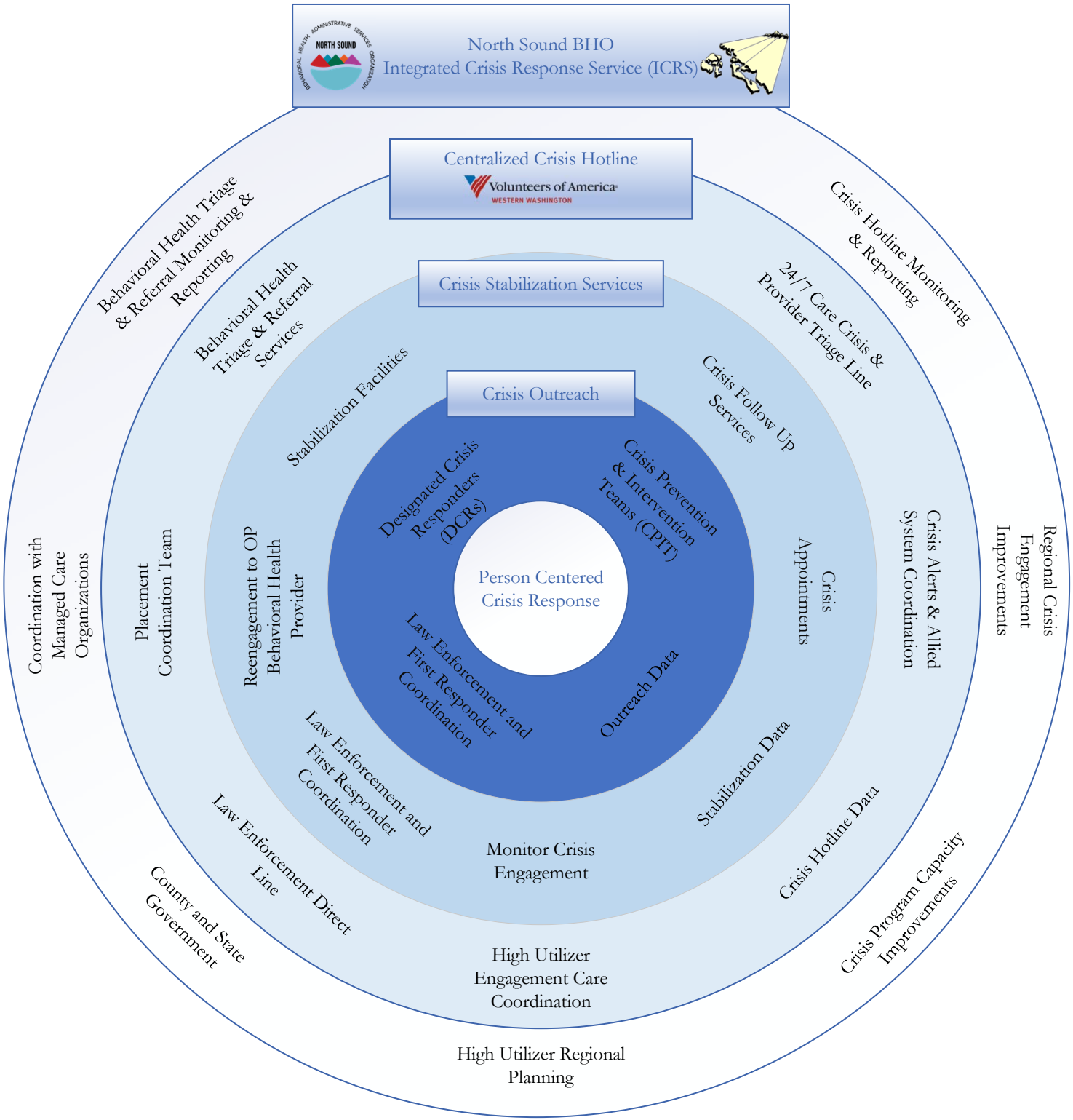
8. T/F When DMHPs are doing an assessment for initial detention they are required to consider reasonably available history.

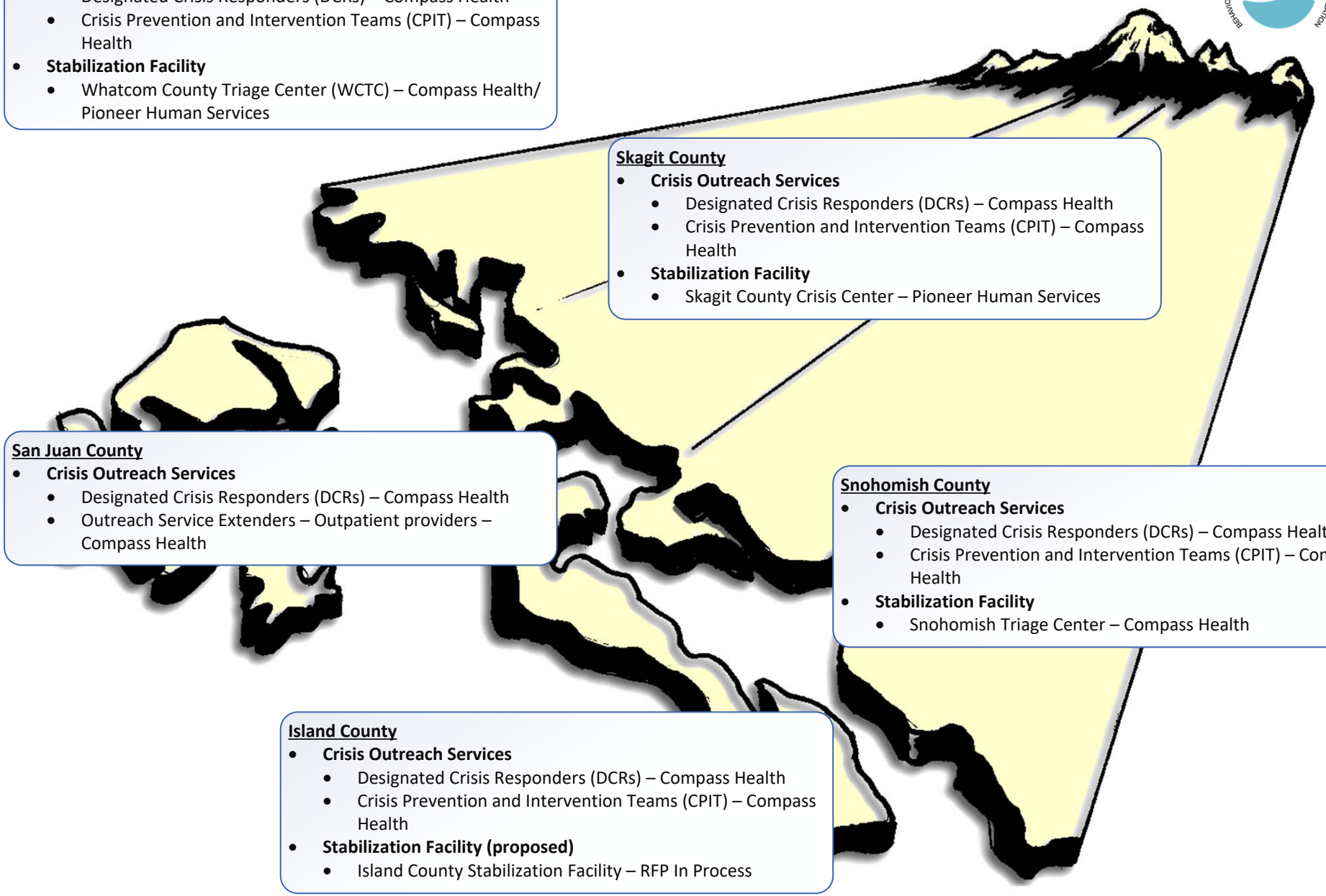
9. T/F Once an individual is detained, a court hearing must be held within 48 hours to determine if he/she continues to meet commitment criteria.

10. T/F When an individual is discharged from an evaluation and treatment center on a LRO, the requirements/constraints on their behavior are referred to as the conditions of their release

11. T/F When someone is placed on a LRO, a care coordinator is designated by the agency to monitor the order and coordinate with the DMHP office.

12. T/F When someone is returned to an inpatient psychiatric unit for not complying with an LRO, the process is called a revocation.


North Sound BHO
Integrated Crisis Response Service (ICRS)
Centralized Crisis Hotline
Volunteers of America
WESTERN WASHINGTON
Crisis Stabilization Services
Crisis Outreach
Person Centered
Crisis Response
Designated Crisis
Responders
(DCRs)
Crisis Prevention
& Intervention
Teams (CPIT)
Law Enforcement and
First Responder
Coordination
Outreach Data
Behavioral Health Triage
& Referral Monitoring &
Reporting
Behavioral Health
Triage & Referral
Services
Stabilization Facilities
Crisis Follow Up
Services
24/7 Care Crisis &
Provider Triage Line
Crisis Hotline Monitoring
& Reporting
Coordination with
Managed Care
Organizations
Placement
Coordination Team
Reengagement to OP
Behavioral Health
Provider
Crisis
Appointments
Crisis Alerts & Allied
System Coordination
Regional Crisis
Engagement
Improvements
Law Enforcement and
First Responder
Coordination
Stabilization Data
Law Enforcement Direct
Line
Monitor Crisis
Engagement
Crisis Hotline Data
County and State
Government
High Utilizer
Engagement Care
Coordination
Crisis Program Capacity
Improvements
High Utilizer Regional
Planning



Whatcom County

- **Crisis Outreach Services**
  - Designated Crisis Responders (DCRs) – Compass Health
  - Crisis Prevention and Intervention Teams (CPIT) – Compass Health
- **Stabilization Facility**
  - Whatcom County Triage Center (WCTC) – Compass Health/ Pioneer Human Services

Skagit County

- **Crisis Outreach Services**
  - Designated Crisis Responders (DCRs) – Compass Health
  - Crisis Prevention and Intervention Teams (CPIT) – Compass Health
- **Stabilization Facility**
  - Skagit County Crisis Center – Pioneer Human Services

San Juan County

- **Crisis Outreach Services**
  - Designated Crisis Responders (DCRs) – Compass Health
  - Outreach Service Extenders – Outpatient providers – Compass Health

Snohomish County

- **Crisis Outreach Services**
  - Designated Crisis Responders (DCRs) – Compass Health
  - Crisis Prevention and Intervention Teams (CPIT) – Compass Health
- **Stabilization Facility**
  - Snohomish Triage Center – Compass Health

Island County

- **Crisis Outreach Services**
  - Designated Crisis Responders (DCRs) – Compass Health
  - Crisis Prevention and Intervention Teams (CPIT) – Compass Health
- **Stabilization Facility (proposed)**
  - Island County Stabilization Facility – RFP In Process

North Sound Behavioral Health Organization

Advisory Board

Agenda

November 6th, 2018

1:00 p.m. – 3:00 p.m.

Call to Order and Introductions

Revisions to the Agenda

Approval of October Minutes ..... TAB 1

Announcements

- **Kara Mitchel; Whatcom County**

Brief Comments or Questions from the Public

Standing Committee Reports

- **Quality Management Oversight Committee (QMOC) ..... TAB 2**

Executive/Finance Committee Report

- **Approval of October Expenditures ..... TAB 3**

Executive Director's Report ..... TAB 4

Executive Director's Action Items ..... TAB 5

- **Mental Health Block Grant 2019 ..... TAB 6**
  Substance Abuse Block Grant 2019

Old Business

- **Draft 2019-2020 Work Plan ..... TAB 7**
- **2019-2020 Chair and Vice-Chair Nominees**

New Business

- **2019 Pre-Meetings ..... TAB 8**
- **Community and Family Member Discussion – Governor Jay Inslee ..... TAB 9**
- **Advocacy Series: Telling Your Story with a Purpose**
- **Co-Occurring Disorders and Treatment Conference**
- **2019 Legislative Session ..... TAB 10**
- **2018 Annual Holiday Potluck ..... TAB 11**

Report from Advisory Board Members

Reminder of Next Meeting

Adjourn

North Sound Behavioral Health Organization

Advisory Board

October 2nd, 2018

1:00 – 3:00

Advisory Board Meeting Notes

Members Present:

- **Island County: Candy Trautman, Christy Korrow, Chris Garden**
- **San Juan County: Theresa Chemnick**
- **Skagit County: Joan Lubbe, Ron Coakley**
- **Snohomish County: Marie Jubie, Fred Plappert, Joan Bethel, Pat O'Maley-Lanphear, Jim Bloss, Jennifer Yuen, Ashley Kilgore**
- **Whatcom County: David Kincheloe, Arlene Feld, Michael Massanari, Mark McDonald**

Members Excused:

- **Island County:**
- **San Juan County:**
- **Skagit County: Duncan West**
- **Snohomish County: Carolann Sullivan, Jack Eckrem**
- **Whatcom County:**

Members Absent:

- **Island County:**
- **San Juan County:**
- **Skagit County:**
- **Snohomish County:**
- **Whatcom County:**

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

Guests: Katelyn Morgan; Behavioral Health OMBUDS Specialist, Amanda Sloan; Behavioral Health OMBUDS Specialist, Boone Sureepisarn; Behavioral Health OMBUDS Specialist

Call to Order and Introductions

The Chair called the meeting to order at 1:11 p.m. and introductions were made.

Revisions to the Agenda

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

Approval of Minutes from the Previous Meeting Minutes

Motion made to approve the September minutes as written. Motion seconded. All in Favor.

Standing Committee Reports (No September Meeting Held)

- **Quality Management Oversight Committee (QMOC)**
  - The next scheduled meeting is October 10th, 2018.

Executive/Finance Committee Report

Fred presented his annual suggestion to the budget. The September Expenditures were viewed and discussed. A motion was made to move the Expenditures to the County Authorities Executive Committee for approval. Motion approved. One opposed.

Announcements

- Joe announced an invitation from Governor Jay Inslee to the Advisory Board to participate in one of three roundtables. Governor Jay Inslee will be holding a Community and Family Member Discussion Roundtable to hear the stories and concerns from individuals with lived experience. The event will take place October 16, 2018 at Sunrise Services in Everett. Members that are interested in attending are to notify Maria. Maria will coordinate transportation if needed.
- On October 18th, 2018 the Disability Rights of Washington will be hosting an event. The event is Advocacy Series: Telling your Story With A Purpose. The event will be at the Skagit Publishing Community Room in Mount Vernon. Members that are interested in attending are to notify Maria. Maria will coordinate transportation and registration.
- Marie announced her receiving the Lifetime Achievement Award from the Disability Rights of Washington. Marie was acknowledged from Ron to being the key coordinator for the Advisory Board Legislative Trip every year. Marie has been a powerful voice in Olympia for 25 years.
- Kara Mitchell from Whatcom County was introduced to the Board. Kara spoke of her interest in serving on the Board. Kara's focus is to help individuals integrate back into the community.

Brief Comments from the Public

None

Executive Director Report

- Integration Planning
- Behavioral Health Facilities update
- Regional Opioid Plan
- New North Sound BHO Medical Director
- Introduction to the Revised North Sound BHO Operating Agreement
    - Joe reviewed the informational document with the Board.
- Managed Care Organizations Contract – Advisory Board Language
    - Joe reviewed the contract that reflected the Advisory Board language in the contract. The document was informational only.
- State Contract – Advisory Board Language
    - Joe reviewed the contract sections that reflected the Advisory Board language.
- Contract Requirements to Advisory Board Bylaws
    - Maria spoke on the document created to reflect all the contracts language, Revised Code of Washington and Washington Administrative Code in reference to the current Advisory Board Bylaws. The document replicates the current functions of the Advisory Board to the requirements of the contracts.
- Changes Coming January 1st, 2019 to Apple Health Document
    - Members were encouraged to provide feedback for future documents being sent to individuals from the Health Care Authority.

Action Items

Joe reviewed each of the Actions Items with the Advisory Board

- A motion was made to move the Action Items to the County Authorities Executive Committee for approval. With the consideration of the dollar amounts for each motion. Motion was seconded. All in favor.
- Motion approved to forward the Action Items to the County Authorities Executive Committee for approval.

Old Business

Draft 2019 – 2020 Work Plan

- Discussion took place regarding ideas of how the top three focus areas can be a moving action target. It was suggested on having pre-meetings for 2019 to cover the focus areas. During the November meeting Members will begin selecting the 2019 pre-meetings.

New Business

- January 1st, 2019 Advisory Board Meeting Change
    - The regular scheduled meeting January 1st is an observed holiday. It was suggested changing the meeting date to Monday, January 7th, 2019. Motion made to change the January 1st, 2019 meeting to January 7th, 2019. Motion seconded. All in favor.
- 2019 Chair and Vice-Chair Nominations
    - The Nomination Committee was formed. Carolann, Christy, and Candy will be the Chair. Members were advised to submit nominations directly to the Chair of the committee. Nominees will be announced during the November meeting. Vote will occur during the December meeting.
- Regional Opioid Youth Services Forum
    - Pat, Jim, Candy and Chris provided feedback and spoke of the meaningfulness of attending the forum.

Report from Advisory Board Members

Candy spoke of attending the Volunteers of America (VOA) breakfast fundraiser. Pat Morris; Senior Director of Behavioral Health VOA extended an invitation to Candy and Marie. Candy found it inspiring to attend and to learn of the networks being created within the crisis system. Candy also spoke to participating in the Out of the Darkness walk.

Ashley spoke of VOA hosting a youth night of suicide prevention in Sultan.

Reminder of Next Meeting

The next Advisory Board meeting is November 6th, 2018 in Conference Room Skagit. Betsy Kruse, Deputy Director will be attending in Joe's absence.

Adjournment

The Chair adjourned the meeting at 3:02 p.m.

Quality Management Oversight Committee (QMOC) Brief
October 10, 2018

Policy 1009 Critical Incident Reporting and Review Requirements

Kurt Aemmer, North Sound BHO

Kurt Aemmer provided information on this policy, which addresses critical incident reporting and review requirements. The main changes included modifications to critical incident categories and slight language modifications to the online and manual report forms. A motion was made to approve the policy revisions.

2018 Mental Health (MH) Routine Utilization Review (UR) Report

Kurt Aemmer, North Sound BHO

The 2018 MH Routine UR Report was presented by Kurt Aemmer. The Behavioral Health Administration (BHA) performances meeting the clinical documentation standards has continuously improved in recent years, and the overall compliance rate for Mental Health BHAs in the region was 96.73%.

2018 Substance Use Disorder (SUD) Routine UR Report

James Dixon, North Sound BHO

The 2018 SUD Routine UR Report was presented by James Dixon. This is the second year for the SUD programs to be reviewed by North Sound Behavioral Health Organization, and the first year for three of these programs. The BHA performances meeting the clinical documentation standards has improved, with an overall compliance rate for SUD BHAs in the region of 82.32%.

2018 Semi Annual Ombuds Report

Amanda Sloan, North Sound Behavioral Health Ombuds

The 2018 Semi-Annual Ombuds report was presented by Amanda Sloan. Grievances have decreased since 2016, and Information/Referral contacts have increased. Ombuds are currently in the process of creating and efficient method to the collect the concerns/categories that were addressed without initiating a formal grievance.

North Sound BHO Advisory Board Budget
October 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	**(25,113.88)**	**(5,468.26)**	**(3,545.00)**	**(13,850.62)**	**(250.00)**	**(2,000.00)**
Under / (Over) Budget	**$ 16,886.12**	$ 10,531.74	$ -	$ 6,349.38	$ 5.00	$ -
		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
October 2018

	Type	Date	Name	Memo	Amount
Advisory Board					
			Travel		
	Bill	10/02/2018	AA Dispatch	Batch # 125438	612.25
	Bill	10/09/2018	Chemnick, Theresa	Batch # 125544	117.68
	Bill	10/09/2018	COD Advance Travel Meals	Batch # 125544	206.00
	Bill	10/16/2018	Trautman, Candy	Batch # 125640	120.99
	Bill	10/16/2018	Yuen, Jennifer	Batch # 125640	98.10
Total · Travel					**1,155.02**
			Miscellaneous		
	Bill	10/16/2018	Panera Bread	Batch # 125640	431.31
Total · Miscellaneous					**431.31**
					1,586.33

North Sound BHO Executive Director's Report

November, 2018

1. INTEGRATION PLANNING

a) Health Care Authority [HCA] Readiness Review

- On October 30, the Health Care Authority Assistant Director, MaryAnne Lindeblad, verbally informed us that there was not sufficient time for them to process the additional materials we sent them ahead of their November 1 deadline to determine if we met the state's readiness review requirements.
- This decision was confirmed in a written letter from MaryAnne Lindeblad on November 2 [attached].
- HCA will extend the existing BHO contract until at least April 1. During this time HCA will continue to work with us providing technical assistance with regards to the state's specific requirements for a Behavioral Health Administrative Services Organization (BH-ASO).
- On November 16 we will receive a report from HCA regarding the materials we sent them on October 29.
- On April 1, 2019, all Medicaid services will then transition to the Managed Care Organizations. If we meet the state's readiness review requirements, then we will transition to a BH-ASO. We believe we have now met most of these requirements already so do not anticipate any problems in being qualified to operate as a BH-ASO.
- Although we are disappointed by the delay, there are actually several benefits from this changed transition date:
  1) We can continue to operate as a BHO through March 2019 with full access to all of the Medicaid funds that we now receive;
  2) We will be able to carry our existing Medicaid reserves over to the first quarter of 2019;
  3) Our region still qualifies for the "mid-adopter" incentive funds; and,
  4) We have more time to plan for a thoughtful transition to integrated care.
- MaryAnne Lindeblad and the Governor's Policy Advisory on behavioral health, Rashi Gupta, are planning to join our County Authorities Executive Committee meeting on December 13 to answer questions about his revised timetable and process.

b) BH-ASO Legislation

Rashi Gupta in the Governor's office is now working with a state workgroup to submit a Governor's request bill that would simply amend the existing statutes related to BHOs to now reference BH-ASOs and include some of the provisions we requested.

c) MCO-BHO Contract Negotiations

- We had already completed contract negotiations with all 5 MCOs for both the delegated integrated Medicaid managed care services and for crisis services. The contracts for Medicaid services will no longer apply but we will still work with them on the Crisis Services contracts.
- Several of the MCOs had revised their compensation plans for Crisis Services which would improve funding support from their original proposals. We will continue to

work with them to ensure maintaining the viability of crisis services. We are also planning on re-purposing our January-June, 2019 Mental Health Block Grant Funds to provide additional support to crisis services.

d) Regional Planning

- The "Joint Operating Committee" [JOC], which was created as a subgroup under the Interlocal Leadership Structure to tackle the specific planning issues related to MCO-BH ASO contractual arrangements related to billing, data, clinical protocols etc. continues to meet in person or on the phone every week. The delay in integrated managed care implementation to April 1 will give us more time to restructure and implement these processes.
- A joint BHO/MCO "Provider Symposium" will be scheduled in December to brief our Behavioral Health Agencies on the next steps in the transition to integrated managed care, including the need for the MCOs to begin working on the contracts with each of them.
- We have submitted our funding request to the North Sound Accountable Community of Health to access the incentive funds that we will use to support the technical work that our BHAs will need in order to meet MCO billing and data requirements.

e) Joint Operating Agreement

- Our attorneys have worked with the County Attorney's to revise the existing Joint Operating Agreement to reflect the transition to a BH-ASO. Suggested changes from the county attorneys have been incorporated and a revised Agreement sent out to forward to their respective county legislative bodies for approval.
- The implementation date for the new Agreement has been changed to April 1, but we are asking the counties to go ahead and approve it now in order to avoid any further delays.

2. BEHAVIORAL HEALTH FACILITIES UPDATE

- We are working with "Strategies 360" on our legislative strategy to request the additional Capital funds needed to complete the projects that were listed in our original 2017-18 Capital request, specifically for the Skagit Stabilization Campus and completion of the Island County Crisis Center.
- Included in the funding request for the Skagit County Stabilization Campus is an additional 16 secure SUD treatment center to be operated in partnership with interested North Sound Tribes.
- Attached is a summary of our capital funding request, a status report for the legislature on all of the approved projects, and an updated projection on the total bed need for the North Sound.

3. UPDATE ON IMD ISSUE

- We previously alerted the CAEC that the amount of state general funds the state allocated to us to pay for the non-Medicaid costs for treatment in "IMD" psychiatric

inpatient facilities would be insufficient to pay all remaining 2018 hospital bills. We estimated that the allocated money would be about $4.9 million short of paying all remaining hospital bills at the end of the 6 month "close-out" period following the end of the year.

- Bill Whitlock has provided detail fiscal information to the Health Care authority regarding our budget estimates, and Joe Valentine and Bill had two conference calls with HCA fiscal staff walking through these projections. As a result, HCA now accepts our estimates.
- The problem of rising IMD costs is now spreading throughout the state as admissions onto the civil wards of the state hospital become more and more difficult, and as new free standing IMD psychiatric hospitals come on line.
- Consequently, HCA is submitting a request through the Governor to the legislature for over $20 million to cover all projected IMD costs. They believe they have fully accounted for all hospital related IMD costs and this should address the IMD funding shortfall.
- It's worth clarifying that BHOs are only "at-risk" to pay for hospital costs within the funds that the state allocates to us. The state is ultimately responsible to pay for hospital treatment costs.
- After April 1, 2019, the BH-ASO will only be responsible to pay for psychiatric hospital treatment for non-Medicaid persons.

STATE OF WASHINGTON
HEALTH CARE AUTHORITY
626 8th Avenue, SE • P.O. Box 45502 • Olympia, Washington 98504-5502

November 2, 2018

Joe Valentine
Administrator
North Sound BHO
301 Valley Mall Way
Mount Vernon, WA 98273

Dear Administrator Valentine:

SUBJECT: Integrated Managed Care Implementation

On October 30, Health Care Authority verbally notified the North Sound Behavioral Health Organization (BHO) of our intent to delay the implementation of integrated managed care in the region until at least April 1, 2019. This letter serves as a written notification of that decision. As discussed on the call, as part of this new implementation date, HCA will provide technical assistance to the North Sound BHO to meet readiness as the Behavioral Health Administrative Service Organization (BH-ASO) and will no longer implement the "transition year" approach.

Additionally, HCA will extend a BHO contract to North Sound for the interim 2019 period, as well as request the managed care plans remain in place under their current Apple Health managed care structure. Importantly, please note that the statewide implementation of the foster care program managed by Coordinated Care of Washington will continue on January 1, 2019, including the management of behavioral health benefits for the foster care, adoption support, and foster care alumni population.

HCA is working to review the documents submitted by North Sound BHO on October 29 as quickly as possible, and to produce the initial readiness review report by November 16, 2018. Following this letter, we will also provide additional written guidance regarding the updated readiness schedule and other key implementation dates between now and the anticipated April 1, 2019 go-live date.

Thank you for your hard work to date and your flexibility as we implement the integrated managed care program statewide by 2020. We look forward to our continued partnership.

Sincerely,

MaryAnne Lindeblad, BSN, MPH
Medicaid Director

By email

cc: Rashi Gupta, Senior Policy Advisor, Behavioral Health Integration, GOV
Annette Schuffenhauer, Chief Legal Officer, DLS, HCA
Isabel Jones, Integration Policy Manager, MSA, HCA
Alice Lind, Section Manager, MPDI, MPOI, HCA

North Sound Behavioral Health Organization

2019 Behavioral Health Facilities Capital Funding Request

- In 2017, the North Sound Region Counties submitted a capital funding request to address the significant shortage of behavioral health treatment beds in the North Sound Region.

- The 2018 State Capital Budget provided enough funding to begin development of most of the projects prioritized for the 2017 – 2019 biennium.

- **Development of all the facilities that received funding are now underway: there are secured sites for each facility and the initial schematic designs, detailed cost estimates, and environmental assessments completed.**

- Three of the funded projects will need additional funding to complete construction.

- The Skagit Stabilization Campus projects received only partial funding in 2018 contingent on the procurement of land to locate the facilities. A parcel of land has now been purchased by Skagit County for these projects.

- An additional 8 bed wing of SUD treatment and detox beds is proposed for the Skagit Stabilization Campus to be designed and partially funded in partnership with North Sound Tribes.

- The SUD Residential Treatment Centers that will occupy the re-purposed Denny Juvenile Justice Center will need an additional $5.1 million but Snohomish County will be covering $2.1 million with local millage dollars. The request for 2019 Capital Dollars would be for the remaining $3 million.

- Even with the opening of the new facilities, the North Sound region will still have an insufficient number of SUD residential treatment beds to meet current needs, and this need will grow over the next 5 years with the continued growth in population.

- Attached is an updated bed need projection based on the projections that two different planning consultants did in 2016 and 2017. Population growth has continued at a steady pace to support these projections. [see attached bed need projection].

The additional funding being requested is:

Project	Total Cost	Current Funding	Additional Funding Needed
1. Skagit Stabilization Campus a) Evaluation & Treatment b) Secure Detox c) North Sound/Tribal Treatment Facility **Total**	 $ 8.4 million $ 8.4 million $ 4.2 million **$ 21 million**	**$ 4 million:** • $1.5 million State • $2.5 million BHO	**$ 17 million**
Island County Triage/Sub-Acute Detox Center	**$ 7.5 million**	**$ 5 million:** • $4 million State • $1 million BHO • Land purchased by Island County	**$ 2.5 million**
Snohomish County SUD Residential Treatment	**$ 18 million**	**$ 15 Million:** • **$** 10 million State • $ 3 million BHO • $ 2 million Sno. County	**$3 million**
Total 2019 Funding Request	**$ 46.5 million**	**$ 24 million**	**$22.5 million**

Attachments:

- *North Sound BHO Inpatient Bed Needs Summary*
- *North Sound BHO Facility Plan Status Report*
- *Schematic Designs for Snohomish, Whatcom, Skagit, and Island County Facilities*

North Sound Behavioral Health Organization
Facilities and Recovery System of Care Plan Summary
Updated October, 2018

Capital Budget Request for 2017-19 Biennium

The North Sound Behavioral Health Organization (BHO), and its 5 counties submitted a request for Capital Funds at the beginning of the 2017 Legislative Session to phase in the funding and construction of the needed facilities over the next two biennia. Below is a summary of which projects the legislature funded and the status of each project.

Facility	Request	Funded	Explanation	Current Status
Substance Use Disorder Intensive Inpatient Treatment Facilities - Everett Two 16 Bed Facilities	$12 million for both facilities	$ 10 million	Remodel a large portion of the county owned Denney Juvenile Justice Center which is a county-owned to accommodated (2) 16 bed treatment facilities. *The North Sound BHO provided $2.5 million in seed money.*	• Schematic design and cost estimate completed. • Pre-application meeting with city of Everett held. No public opposition • Construction design underway. • Pioneer Human Services selected to operate both programs. • Snohomish County is also providing support such as in-kind support • To include co-occuring treatment facility • Construction begin: 2nd Qtr 2019 Completion: 2nd Qtr 2020.
Mental Health Triage - Bellingham 16 Bed	$5 million	$ 5 million	A new facility which would replace the existing smaller Triage facility which is on county-owned land. *The North Sound BHO provided $2.5 million in seed money for this and the new Detox facility.*	• Schematic design and cost estimate are now completed. • The necessary application form to draw down the Department of Commerce funds have been submitted. • Construction design underway. • Target completion : December, 2019. • Operation to begin 1st Qtr, 2020
Acute Detox - Bellingham 16 Bed	$ 2 million	$ 2 million	This would be a new facility located adjacent to the new Triage facility.	Same as above

Skagit Stabilization Campus - Evaluation and Treatment (E&T) Facility – Skagit County 16 Bed	$6 million	$1.5 million	To replace the existing E&T located on the North Cascades Campus. The lease has been extended until June, 2021. *The North Sound BHO provided $2.5 million in seed money for both the E&T and proposed Detox Facility.*	• Skagit county has purchased an 8 acre parcel of land in Sedro Wooley off Highway 20. • Preliminary schematic design for an E&T and a Secure Detox has been completed. • A preliminary design to locate additional SUD treatment facilities on the site have been developed. • North Sound Tribes interested in partnering on design and funding.
Skagit Stabilization Campus - Acute Detox 16 Bed – Skagit County	$6 million	The $1.5 million allocated for the E&T will support site planning for the entire campus location	Locate adjacent to the E&T on the Stabilization Campus. This may be further developed to become a *Secure Detox* for persons who are involuntarily committed.	Same as above
Tri-County Triage and Sub-Acute Detox - 8 Bed	$4 million	$4 million	Meets the need for access to services for Island, San Juan, and West Skagit County. Island County has purchased property in Oak Harbor where this facility can be located. *The North Sound BHO and Skagit County provided $ 1 million in seed money.*	• Schematic design and cost estimate completed. Proposed design changed to a 10 bed facility. • Site analysis completed • Conditional use application submitted – public meeting in October. • More detailed cost estimate shows project could go up to $6 million. – design changes will try to reduce this. Island County also providing financial support.
Long Term Substance Use Disorder Treatment Facility 16 Bed	$6 million	Not Funded	Replaces 16 of the 32 beds it is estimated North Sound will need when Pioneer Center North closes. Location to be identified.	Overal site design for the Skagit Stabilization Campus includes the possibility for a 32 bed SUD Residential Treament Facility with a special focus on Opioid addiction.
2017-19	**$41 million**	**$22.5 million**		
BHO Seed Money	**$8.5**			
Unfunded	**$ 10 million**			

North Sound ASO

Mental Health Block Grant 2019
Substance Abuse Block Grant 2019

The Behavioral Health Advisory Board is the approval body for the Mental Health Block Grant (MHBG) and Substance Abuse Block Grant (SABG) plans. Below is an overview of the changes being made to both plans for 2019. The actual plans are in your board packet.

MHBG:

North Sound BHO/ASO will be repurposing the MHBG for 2019. Currently most of the funding is contracted with the counties to house individuals with SMI who are homeless. The funding pays for housing case managers, flexible funding to prevent individuals and families from entering a homeless status and transitional housing.

For 2019, the BHO/ASO has identified a shortfall in funding for our crisis system, due to the shortfall the MHBG funding will be used to shore up the crisis system to prevent major cuts to the current integrated crisis system.

The key changes from 2018to 2019 plan are:

- Fund the Crisis Prevention and Intervention teams
- Fund crisis stabilization services for Non-Medicaid individuals in our Crisis Triage Centers

Our plan will be developed in November 2018 and submitted to HCA by December 1, 2018 for approval.

SABG:

The key changes from the 2018 SABG plan are:

- Reduced the allocation in residential treatment as will no longer support Medicaid IMD as in 2018
- Added allocation for secure detox services
- Increased the allocation for PPW services of
    a) PPW Housing Support
    b) PPW-specific Outreach
- Increased the allocation for Outpatient, OST and added an allocation for waivered prescribers
- Increased the allocation for workforce development, capacity management, and implementing and evaluating this SABG Plan

Exhibit J – RSA SABG Project Plan

Introduction

Washington State's Substance Use Disorder strategies to further the goals of the Combined Federal Block Grant will rely on service delivery through BH-ASO. Contracts with BH-ASO continue to support flexibility to meet the needs of populations based on local planning efforts and goals as identified in this Project Plan. Our collective overarching "Goal" is to ensure effective services are provided across populations with measurable outcomes and performance indicators.

This Plan is for January 1, 2019 – June 30, 2019. All Substance Abuse Block Grant funds contractually allocated for services provided, but not expended for services actually provided by June 30, 2018, may not be used or carried forward.

Please complete both sections (Section 1- Proposed Plan Narratives and Section 2 – Proposed Project Summaries and Expenditures) in this document and submit electronically to HCA for approval prior to submitting your first A-19 invoice. Contact Person identified below if there are any questions.

DO NOT MODIFY OR DELETE ANY PARTS OF THIS TEMPLATE.

Instructions:

- Provide a detailed description for each anticipated range of services. There is no word limit. Each cell will automatically expand.
- Only complete Categories/Subcategories that align with local plans. There is no requirement to provide services in each Category.
- Insert Planned Expenditure Amounts for each "Good and Modern Systems of Care* (G & M) category under column heading "Proposed Expenditure Amount." The "Grand Total" at bottom of that column must equal total contract amount. The "Grand Total" will automatically calculate off of the amounts entered into each "Proposed Total Expenditure Amount" text box.
- Federal Requirement – A minimum of 10% of funding must be expended to maintain, develop or enhance services for Pregnant, Postpartum Women and Women with Dependent Children (PPW). Provide the number of PPW expected to be served.
- "Outcomes and Performance Indicators" – Provide planned outcomes that are measurable and define what indicators will be used to support progress towards outcomes.
- Tab or use your curser to enter into each text box.
- Use you curser to enter amounts into "Proposed Total Expenditure Amount." You do not need to enter a "$" – it will automatically add the symbol when you move to the next text box.

*The G&M system is designed and implemented using a set of principles that emphasize behavioral health as an essential part of overall health in which prevention works, treatment is effective and people recover.

Region: North Sound	Current Date: October 23, 2018	Total SABG Allocation: $1,644,719
BH-ASO Contact Person: Margaret Rojas/Sharon Toquinto	Phone Number: 360-416-7013	Email: deliverables@northsoundbho.org

Section 1 Proposed Plan Narratives	
Needs Assessment (required)	**Describe what strengths, needs, and gaps were identified through a needs assessment of the geographic area of the BH-ASO. Include age, race/ethnicity, gender, and language barriers**. Strengths Additional in-region capacity that opened this fiscal year including one additional 3.7 acute withdrawal management facility opening in south Snohomish County, a 3.5 residential facility for men in Skagit County; an additional residential 16 bed North Sound CORP for men and women that opened at PCN Skagit County; additional outpatient facilities opened by out of region providers in underserved areas of our region. Under the comprehensive North Sound Regional Opioid Response Plan, a Regional Opioid Summit was held with approximately 150 in attendance to guide intra-regional coordination, and, a Youth Summit is currently under development for September 2018. North Sound BH-ASO collaborated with the five regional counties to submit a coordinated application with multiple components under the Department of Commerce Behavioral Health Facilities Application process. Additionally, funding was awarded to North Sound BH-ASO from the state legislature to increase capacity by developing or remodeling facilities in the North Sound region based on each County's facility plan using their community needs assessment. Needs and gaps CDP workforce increased; greater accessibility to buprenorphine and other medication assisted treatment in underserved areas; need for additonal waivered prescribers for individuals to initiate medication prior to SUD treatment admission, and/or while incarcerated and prior to release from incarceration; lack of recovery housing and low income housing in general; adolescent residential program for boys; adolescent withdrawal management services; additional 3.7 withdrawal management farther north in the region; increased PPW Housing Support Services; and, exploration with Counties and providers on the addition of PPW-specific Outreach Services.
Cultural Competence (required)	**Provide a narrative summarizing how cultural competence overall, is incorporated within proposed projects. Identify what anticipated efforts will be taken to measure progress.** According to North Sound BH-ASO contract and policies 1515 and 1521, all providers must ensure their services are culturally and linguistically competent. All network providers must have internal policies written to promote the maintenance of cultural and linguistic competence toward consumers, employees, and the community at large. All newly hired staff at network providers are required to complete Relias trainings on cultural competence and this is periodically assessed by the BH-ASO for compliance. For all areas of cultural competence, these areas are reviewed during the administrative reviews of the network providers conducted by the BH-ASO.
Continuing Education for Staff (required)	**Describe of how continuing education for employees of treatment facilities is expected to be implemented.** The North Sound BH-ASO fully funds the online Relias Training for each regional provider site. Relias includes at least 82 NAADAC trainings that provide CEU for CDP/T. North Sound BH-ASO continues to convene the regional providers for the quarterly Regional Training Committee (RAC). This committee determines which trainings are provided in the region, both one-time and those repeated as core skill expectations. These trainings are scheduled and funded by the BH-ASO, as is the training site. RAC is in the process of establishing trainings through the end of 2018. North Sound BH-ASO held a training on the Golden Thread for our provider network that was provided by MTM and 135 provider clinical staff attended. A Regional Opioid Summit was held with 150 participants that included provider staff, family members, tribal members, law enforcement, jail staff,

	local prosecutors and defense attorneys, and in September a Regional Youth Summit was held to review and discuss the substance use disorder treatment needs of youth as well as early intervention and prevention strategies. The North Sound BH-ASO collaborates with the regional Tribal Nations to hold the annual North Sound Tribal Conference since 2001, and that this year included 230 participants.
Charitable Choice (required)	**Provide a description of how faith-based organizations will be incorporated into your network and how referrals will be tracked.** Catholic Community Services (CCS) is a large faith-based organization fully incorporated as a provider in the North Sound BH-ASO for many years, as a provider of mental health services and then substance use disorder at the BH-ASO transition last year. CCS continues to have sites for both service areas in Snohomish, Skagit and Whatcom counties and provide PPW Housing Support in Skagit and Whatcom counties. If other faith-based organizations communicated interest in joining our provider network, we would accept their application through a periodic public request for qualifications process. We opened such a process last year for SUD OP services and no faith-based organizations applied.
Coordination of Services (required)	**Provide a description what activities or initiatives will be or are in place to ensure services are coordinated with other appropriate services**. There continues to be a meeting each month between North Sound BH-ASO and the County Coordinators from each County, called by and facilitated by the Executive Director of the North Sound BH-ASO. The Coordinators are brought into mutual decision-making processes and planning early on, to shape all regional planning; the Counties remain valued partners of the North Sound BH-ASO. Counties are integral to North Sound's facilities development initiative which allowed through multiple meetings detailed discussions of each County's SUD services needs in order for a regional plan to be developed together and coordinated for the region. Tribal Nations in the North Sound region also continue to be valued partners that participate in our planning and together we maintain an annual tribal conference for training of counselors in both initial and continued development of culturally specific skills, knowledge and expertise. The SUD provider network continues to be required by contract to coordinate services with health, mental health, other SUD, and any other care needs based on the individual needs. North Sound BH-ASO continues to meet Policy 1530 addressing system coordination with other systems of care Under the Opioid Response Plan, several strategies include local coordination of systems implemented by the BH-ASO in order to develop coordination for those experiencing OUD, their families, their children, their communities. The Accountable Communities of Health requested to contract their opioid-response goals to North Sound BH-ASO and it was agreed to incorporate their goals and strategies into the North Sound Opioid Response Plan. As a strategy of this plan, the Regional Opioid Summit held last fall promoted knowledge of services, identification of need, missing services, and coordination on behalf of the individuals in need of or using SUD services. A Youth Summit scheduled for September 2018 occurred with approximately 150 attendees. North Sound BH-ASO initiated an application for the SAMHSA Targeted Capacity grant Medication Assisted Treatment-Prescription Drug Opioid Addiction to further develop the medication assisted treatment coordinated system in the North Sound region. Several providers offered immediately to participate and collaboration including a Tribal Nation program.
Public Comment/Local Board/BH-ASO Advisory Board Involvement (required)	**Describe how you facilitated public comment from any person, behavioral health association, individuals in recovery, families, and local boards in the development of this SABG Plan**. The North Sound BH-ASO continues to work closely with each of the five regional counties and closely coordinates with each County's Behavioral Health Coordinator, as well as their designated County Commissioner/Councilperson who sits on our active

	formal governance board. The regional Counties, regional Tribal Nations, and North Sound BH-ASO continue to work closely together and actively collaborate. The County Coordinators provide input, discussion and mutually-made decisions through a monthly meeting called by the Executive Director of the North Sound BH-ASO, as well as their participation in particular projects. The Tribal Nations provide input, discussion and decisions made through a quarterly meeting jointly called by the Tribal Nations Behavioral Health Leadership and the Executive Director of North Sound BH-ASO. These meetings are consistent and ongoing so that commenting and input is active, consistent and ongoing. The Quality Management Oversight Committee (QMOC) continues and includes Advisory Board members active involvement as well as County and Provider representation. The Executive Director keeps the Advisory Board informed of BH-ASO planning and facilitates discussion and inclusion through monthly Advisory Board Leadership meetings.
Program Compliance (required)	**Provide a description of the strategies that will be used for monitoring program compliance with all SABG requirements.** SABG requirements are included in all subrecipient contracts and are monitored through utilization reviews, data reconciliation, encounter reporting and/or narrative reporting.
Recovery Support Services (optional)	**Provide a description of how and what recovery support services will be made available to individuals in SUD treatment and their families.** Transportation costs to/from residential treatment are reimbursed to the provider whether outpatient or residential.
Cost Sharing (optional)	**Provide a description of the policies and procedures established for cost-sharing, to include how individuals will be identified as eligible, how cost-sharing will be calculated, and how funding for cost-sharing will managed and monitored.** North Sound BH-ASO does not use SABG funds for this purpose.

Section 2 Proposed Project Summaries and Expenditures *The * indicates a required component of the Proposed Project Summary*				
Category/Sub Category	**Provide a plan of action for each supported activity**	**Proposed # PPW to be served**	**Outcomes and Performance Indicators**	**Proposed Total Expenditure Amount**
Prevention & Wellness – Preventive services, such as drug use prevention and early intervention, are critical components of wellness.				$280,864
***PPW Outreach**	Currently working with Snohomish County on potentially developing specific PPW Outreach for 2019	20	Monthly reporting: # of women served # pregnant # parenting # assessments obtained # treatment admits and type of treatment # initiating MAT	[redacted]
Outreach to Individuals Using Intravenous Drugs (IUID)	Opioid Outreach services are located in four counties: Island, Skagit, Snohomish, and Whatcom. Island County: opioid outreach team of outreach worker, Public Health Nurse, and Sheriff Deputy. Skagit County: opioid outreach met with challenges for ongoing service provision in the regional hospital and emergency department. Currently it is being reformed to fit the local area to outreach to homeless population living on the streets. Snohomish County: opioid outreach is provided in the community and in conjunction with the Sheriff Department embedded social workers.	20	Monthly reporting by County Number of hours of service provided Number of people outreached Of these, # pregnant and/or parenting Number of assessments obtained Number of treatment admits Number of MAT received, as indicated	

	Whatcom County: opioid outreach is provided through the county housing outreach and support teams to prepare the person for success in housing as well as to be able to remain in housing.			
Brief Intervention				
Drug Screening				
***Tuberculosis Screening**	All SUD OP network providers are required by contract to assure TB screening is provided and referrals are made to medical providers to ensure TB treatment is provided.		Verification through UR	
Engagement Services – Assessment/admission screening related to SUD to determine appropriateness of admission and levels of care. Education Services may include information and referral services regarding available resources, information and training concerning availability of services and other supports. Educational programs can include parent training, impact of alcohol and drug problems, anxiety symptoms and management, and stress management and reduction. Education services may be made available to individuals, groups, organizations, and the community in general. This is different than staff training. Treatment services must meet the criteria as set forth in WAC 246-341				$25,000
Assessment	Provided through OP treatment providers and withdrawal management providers	5	Verification through provider data transmitted to BH-ASO	
***Engagement and Referral**	This is a service OP providers can use in appropriate situations	8	Monthly reporting Verification through provider data transmitted to BH-ASO	
***Interim Services**	All SUD network providers are required by contract to assure interim services are provided within 48 hours if pregnant or an individual who uses drugs intravenously, who cannot be admitted into treatment due to lack of capacity. North Sound BH-ASO did provide through MTM to all providers, Open Access training and TA, therefore SABG priority populations are admitted to	6	Verification through data transmitted to BH-ASO Verification through UR	

	services without a need for Interim Services.			
Educational Programs				
Outpatient Services – Services provided in a non-residential SUD treatment facility. Outpatient treatment services must meet the criteria as set forth in WAC 246-341.				$183,650
Individual Therapy		18	Verification through data transmitted to BH-ASO Verification through UR	
Group Therapy		18	Verification through data transmitted to BH-ASO Verification through UR	
Family Therapy				
Multi-Family Counseling Therapy				
Medication Assisted Therapy (MAT)		20	Verification through data transmitted to BH-ASO Verification through UR	
Community Support (Rehabilitative) – Consist of support and treatment services focused on enhancing independent functioning.				$0
Case Management				
Recovery Housing				
Supported Employment				
Other Support (Habilitative) – Structured services provided in segments of less than 24 hours using a multi -disciplinary team approach to develop treatment plans that vary in intensity of services and the frequency and duration of services based on the needs of the client.				$257,000
PPW Housing Support Services	Providers continue to be Brigid Collins, Catholic Community Services, and Evergreen Recovery Centers, and we are working with them on a plan to increase service provision. The services continue to be safe, healthy and alcohol/drug free housing support for PPW and their children.	80	Verification through required reporting Verification through UR	
Supported Education				

Housing Assistance		[redacted]		[redacted]
Spiritual/Faith-Based Support				
Intensive Support Services – Services that are therapeutically intensive coordinated and structured group-oriented. Services stabilize acute crisis and clinical conditions, utilizing recovery principles to help return individuals to less intensive outpatient, case management, and/or other recovery based services.				$40,000
***Therapeutic Intervention Services for Children**	Services are provided through the contracted PPW Residential facilities throughout the state. These include Evergreen Recovery Centers, New Horizons Care Centers, and Triumph Treatment.	8	Verification through data transmitted to BH-ASO	[redacted]
Sobering Services				
Out of Home Residential Services – 24 hour a day, live-in setting that is either housed in or affiliated with a permanent facility. A defining characteristic is that they serve individuals who need safe and stable living environments in order to develop their recovery skills. Treatment services must meet the criteria as set forth in WAC 246-341.				$441,197
Sub-acute Withdrawal Management	Contracts continue to include Whatcom Community Detox; Skagit Crisis Center; ABHS SS III; and Yakima Detox through Comprehensive Care.	1 Pregnant women would receive withdrawal management services from a CUP as they would be experiencing a high risk pregnancy.	Verification through data transmitted to BH-ASO Verification through UR	[redacted]
Crisis Services Residential/ Stabilization (Secure Detox Services)	Secure Detox Services under ITA are provided by ABHS, Spokane and ABHS, Chehalis	1 Pregnant women would receive withdrawal management services from a CUP as they would be experiencing a high risk pregnancy	DCR data transmission to BH-ASO Secure Detox service data transmission to BH-ASO	
Intensive Inpatient Residential Treatment	Contracts continue with the residential providers statewide providing this level of care, and the BH-ASOO continues to use single	2	Verification through data transmitted to BH-ASO Verification through UR	

	case agreements with providers not contracted, in order to assure individuals are receiving the most appropriate care to meet their needs. Contracted services are required to meet WAC and block grant requirements. Network include: ABHS; Daybreak Youth; Excelsior Youth; Healing Lodge of Seven Nations; Legacy House; New Horizon Care Centers; Lifeline Connections; North Sound CORP; Olalla Recovery; PCN/E; Prosperity Wellness Center; Sea Mar; SPARC; Sundown M; Thunderbird House; and, Triumph Treatment.			
Long Term Residential Treatment	Contracts continue with the residential providers statewide providing this level of care, and the BH-ASO continues to use single case agreements with a non-contracted providers to assure individuals are receiving the most appropriate care to meet their needs. Contracted services are required to meet WAC and block grant requirements. Ongoing contracts include: ABHS; Evergreen Recovery Centers; New Horizon Care Centers; PCN/E; North Sound CORP; Seattle CORP; Sea Mar; SPARC; Thunderbird House; and, Triumph Treatment.	4	Verification through data transmitted to BH-ASO Verification through UR	
Recovery House Residential Treatment	Contracts continue with the residential providers statewide providing this level of care, and continue to use single case agreements with a non-contracted	1	Verification through data transmitted to BH-ASO Verification through UR	

	provider to assure individuals are receiving the most appropriate care to meet their needs. In contract services are required to meet WAC and SABG requirements. Ongoing contracts include: ABHS; New Horizon Care Centers; Seadrunar and SPARC.			
Involuntary Commitment				
Acute Intensive Services -24-hour emergency services that provide access to a clinician. The range of emergency services available may include but are not limited to direct contact with clinician, medication evaluation, and hospitalization. Services must meet the criteria as set forth in WAC 246-341.				$292,008
Acute Withdrawal Management	Contracts continue with the acute withdrawal management providers. A new facility opened in south Snohomish County and secure detox was added to our provider network. Providers include: ABHS Secure Detox Chehalis, ABHS Secure Detox Spokane, Evergreen Detox Everett; Evergreen Detox Lynnwood; Daybreak, and Lifeline Connections.	2 Pregnant women would receive voluntary withdrawal management services from a CUP as they would be experiencing a high risk pregnancy.	Verification through data transmitted to BH-ASO Verification through UR	
Recovery Supports –A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Recovery emphasizes the value of health, home, purpose, and community to support recovery.				$25,000
***Interim Services**	**See Engagement Services**			
***Transportation for PPW**	Transportation specifically for PPW can be provided through the regional transportation broker, although capacity and availability s quite limited in in the North Sound region. Transportation for those traveling to/from SUD residential is reimbursed.		Invoicing to BH-ASO	
Transportation	Transportation for those traveling to/from SUD residential is reimbursed.		Invoicing to BH-ASO	

***Childcare Services**	Childcare services through licensed childcare providers are available when mother is in outpatient.		Invoicing to BH-ASO	
***Other SABG activities – any activity necessary to plan, carry out, and evaluate this SABG plan, including Continued Education/training, tuition reimbursement for CDP education, logistics cost for conferences regarding SABG services and requirements, capacity management infrastructure, and conducting needs assessments.**				$100,000
Grand Totals				**$1,644,719**

Exhibit A - Behavioral Health Administrative Services Organization (BH ASO)

SFY19 **Revised** Mental Health Block Grant (MHBG) Project Plan

1/1/2019 – 12/31/2019

Introduction

Washington State's Mental Health strategies to further the goals of the Combined Federal Block Grant will rely on service delivery through ASOs. Contracts with ASOs continue to support flexibility to meet the needs of populations based on local planning efforts and goals as identified in this Project Plan. Our collective overarching "Goal" is to ensure effective services are provided across populations with measurable outcomes and performance indicators.

ASO: North Sound	**Current Date: 10/26/18**	**Total MHBG Allocation:**
ASO Contact Person: Margaret Rojas	**Phone Number: 360-416-7013**	**Email: margaret_rojas@northsoundbho.org**

This Plan is for January 1, 2019 – December 31, 2019. All Mental Health Block Grant funds contractually allocated for services provided, but not expended for services actually provided by June 30, 2019, may not be used or carried forward.

Please complete both sections (Section 1-Proposed Plan Narratives and Section 2–Proposed Project Summaries and Expenditures) in this document and submit electronically in WORD to Mark Haines-Simeon at hainemc@dshs.wa.gov and Daniel (Danny) Highley at highld@dshs.wa.gov no later than 5:00 P.M. **April 1, 2018**. The ASO Contact Person identified above will be contacted if there are any questions.

DO NOT MODIFY OR DELETE ANY PARTS OF THIS TEMPLATE.

Instructions:

- Provide a detailed description for each anticipated range of services. There is no word limit. Each cell will automatically expand.
- Only complete Categories/Subcategories that align with local plans. There is no requirement to provide services in each Category.
- Insert Planned Expenditure Amounts for each "Good and Modern Systems of Care* (G & M) category under the column heading "Proposed Total Expenditure Amount." The Grand Total at bottom of that column must equal total MHBG Allocation.
- Insert the number of Adults with SMI** and Children with SED** projected to be served.
- "Outcomes and Performance Indicators" – Provide planned outcomes that are measurable and define what indicators will be used to support progress towards outcomes.

*The G&M system is designed and implemented using a set of principles that emphasize behavioral health as an essential part of overall health in which prevention works, treatment is effective, and people recover. There is no requirement to provide services in each Category.

**SMI/SED Definitions - For MHBG planning and reporting, SAMHSA has clarified the definitions of SED and SMI: Children with SED refers to persons from birth to age 18 and adults with SMI refers to persons age 18 and over: (1) who currently meets or at any time during the past year has met criteria for a mental disorder – including within developmental and cultural contexts – as specified within a recognized diagnostic classification system (e.g. most recent editions of DSM, ICD, etc.), and (2) who displays functional impairment, as determined by a standardized measure, which impedes progress towards recovery and substantially interferes with or limits the person's role or functioning in family, school, employment, relationships, or community activities.

Section 1 Proposed Plan Narratives	
Needs Assessment	Describe what strengths, needs, and gaps were identified through a needs assessment of the geographic area of the ASO. To the extent available, include age, race/ethnicity, gender, and language barriers. ***Begin writing here****:* *Family Haven (Tulalip)* As discussed in previous application there has been a need for someone to work with young men who do not feel that the typical mental health approach works for them but continue to struggle with mental health issues including depression, anger management, suicide and chemical dependency issues. *North Sound ICRS* The ICRS has been in place since the inception of the ASO, its capacity has expanded through the years, due to population growth and the number of individuals that are struggling with their mental health disorder. Our counties are instrumental in informing the North Sound ASO where the "hot spots" are for service need. With the growing number of individuals who are homeless it is imperative that we continue providing and continue expanding our mobile outreach teams to reach individuals that need an intervention prior to being subjected to the Involuntary Treatment Act (ITA).
Cultural Competence*	Provide a narrative summarizing how cultural competence overall, is incorporated within proposed projects. Identify what anticipated efforts will be taken to measure progress. ***Begin writing here****:* *Family Haven (Tulalip)* The TEAM outreach staff is a Tulalip Tribal member and is well known in the community, which means he also knows the community members and how they are all connected as well. He also knows the reservation, the "hideouts", hangouts, and the cool places to take the guys for special activities like hiking and fishing. He also knows the traditions, as well as who to go to for information on other topics having to do with the history of Tulalip and the other tribes. We are very lucky to have him as the staff person in this position. *North Sound ICRS* In the crisis system it is a necessity to have teams that are culturally sensitive, preferably bicultural and reflective of the geographic region they serve. Our providers have active diversity recruitment strategies and work with local community organizations that serve

	individuals from various backgrounds. The teams are aware of Tribal land limitations and are always mindful of received expressed permission when conducting an outreach on Tribal reservations.
Peer Review	Confirm <u>all</u> ASO subcontractors will be contractually required to participate in peer reviews, as requested. ***Begin writing here**:* <u>*Family Haven (Tulalip)*</u> We will comply as requested by HCA in peer reviews. Please give notice to ensure TEAM outreach worker and Family Haven program manager are available to participate. <u>*North Sound ICRS*</u> The providers of mobile outreach teams will be required to participate in peer reviews.
Children's Services	Describe how integrated system of care will be provided for children with SED with multiple needs, including: social services, educational services, juvenile services, and substance use disorder services (include statements to describe overall service system for children; **<u>not limited to MHBG services</u>**). ***Begin writing here:*** <u>*Family Haven (Tulalip)*</u> TEAM outreach staff will work with families, social workers and guardians, as well as detention centers and with schools on reaching out to parents of youth struggling to provide services to young native males who are struggling with more than normal adolescent issues but refuse to engage in typical offered services. The goal will to be address their whole being and goals. This would include their physical; by attending Dr appointments, being physically active, eating healthy, engaging in school or job opportunities- getting back into school, finding school support, filling out applications practicing for interviews, discussing and dealing with substances; getting into services if needed, addressing feelings and emotions in healthy ways especially anger and depression and building on future goals. <u>*North Sound ICRS*</u> Mobile outreach teams are called on to reach out to all ages, there are no limitations to their service population. Our mobile outreach teams are child servicing providers, including WISe teams. This is a nice continuum of care for the teams to refer to their own children/youth serving teams or to our other ICN child serving providers. Our network has been working together for several years, the teams are familiar with resources available within their catchment area. School based services are also offered by the provider of the mobile outreach teams along with SUD services.

Exhibit A - Behavioral Health Administrative Services Organization (BH ASO)

SFY19 **Revised** Mental Health Block Grant (MHBG) Project Plan

1/1/2019 – 12/31/2019

Public Comment/Local Board Involvement	Describe how you facilitated public comment from any person, behavioral health association, individuals in recovery, families, and local boards in the development of this MHBG Plan. ***Begin writing here**:* *Family Haven (Tulalip)* *There continues to be support for this specialized approach to working with male youth from community elders, other community members, the youth, as well as support from the Tulalip Tribes child welfare program for this work. We also work in coordination with the mental wellness program and the chemical dependency programs to coordinate care whenever possible.* *North Sound ICRS* The BH Advisory Board will be reviewing the revised MHBG plan at the November 6, 2018 meeting, they will be asked to approve the plan on the 6th.
Outreach Services	Provide a description of how outreach services will target individuals who are homeless and how community-based services will be provided to individuals residing in rural areas (**not limited to MHBG services**). ***Begin writing here**:* *Family Haven (Tulalip)* As mentioned above This staff is very aware of the Tulalip reservation area and knows the places were the youth congregate. He continues to work with youth that are couch surfing which is very common. The youth that go from one family or friends house for a few days to another living out of backpacks. Since the TEAM outreach knows the families it is easier for him to locate the youth. *North Sound ICRS* The MHBG will be allocated to mobile outreach teams within the North Sound RSA. The team is often called out to the more rural areas of the counties, we hope this will increase when embedding with law enforcement. Most of the calls the teams receive are outreach calls to individuals who are living on the street and outwardly displaying symptoms that are causing concerns within the community.
Staff Training	Describe the plan to ensure training is available for mental health providers and to providers of emergency mental health services and how this plan will be implemented (**description not limited to MHBG services; MHBG funds can only support training to better serve SMI/SED**). ***Begin writing here**:* *Family Haven (Tulalip)*

	TEAM outreach will continue to meet with supervisor 2x a week to review cases and ideas/problem for how to serve the youth. Staff will also continue to participate in motivational interviewing training and at least 1 other training that will support him in his work with these youths. Staff will attend trainings that focus on this population when we find them. *North Sound ICRS* Mobile outreach teams receive safety training, motivational interviewing and ongoing professional development. They often attend community forums/meetings to market their services to local jurisdictions and community groups.
Program Compliance	Provide a description of the strategies that will be used for monitoring program compliance with all MHBG requirements. ***Begin writing here**:* *Family Haven (Tulalip)* Monthly reports will be submitted on the number of clients being served, the successes and some of the barriers and attempts to overcome them. TEAM outreach staff will record all outreach attempts in log. He will also keep files on each client on case load. These files will be locked up in his office and be in compliance with HIPPA regulations. TEAM outreach staff will meet at least 2x a week with Family Haven program manager to review clients and discuss issues, possible supports and success. Satisfaction surveys will also be given at least every 6 months to those in the program. The PHQ9 will also be reviewed quarterly or sooner if needed. *North Sound ICRS* Providers will be submitting monthly reports on the number of outreaches, diversions and placements. Along with the number of community/marketing events/strategies they have conducted/implemented.
Cost Sharing (optional)	Provide a detailed, accounting based description of the policies and procedures established for cost-sharing, including how individuals will be identified as eligible, how cost-sharing will be calculated, and how funding for cost-sharing will be actively managed and monitored. ***Begin writing here: no cost sharing identified***

*__Cultural Competence Definition:__ "Cultural competence" means the ability to recognize and respond to health-related beliefs and cultural values, disease incidence and prevalence, and treatment efficacy. Examples of cultural competent care include striving to overcome cultural, language, and communication barriers, providing an environment in which individuals from diverse cultural backgrounds feel comfortable discussing their cultural health beliefs and practices in the context of negotiating treatment options, encouraging individuals to express their spiritual beliefs and cultural practices, and being familiar with and respectful of various traditional healing systems and beliefs and, where appropriate, integrating these approaches into treatment plans.

Exhibit A - Behavioral Health Administrative Services Organization (BH ASO)

SFY19 **Revised** Mental Health Block Grant (MHBG) Project Plan

1/1/2019 – 12/31/2019

Section 2 **Proposed Project Summaries and Expenditures**				
Category/Sub Category	Provide a plan of action for each supported activity	Proposed #Children with SED	Proposed #Adults with SMI	Proposed Total Expenditure Amount
Prevention & Wellness – Activities that enhance the ability of persons diagnosed with SMI or SED, including their families, to effectively decrease their need for intensive mental health services:				10,000
Screening, Brief Intervention and Referral to Treatment	*Family Haven (Tulalip)* PHQ is used to assess Quarterly and discussed with supervisor and how to refer as needed. TEAM Outreach will continue to assist in connecting youth to CD services and mental health services.	12	3	[redacted]
Brief Motivational Interviews	*Family Haven (Tulalip)* TEAM Outreach uses motivational interviewing while working with youth to find out what real goals the youth are wanting to work on.	12	3	
Parent Training		12	12	
Facilitated Referrals	*Family Haven (Tulalip)* TEAM Outreach does this including getting set up with healthcare coverage, assisting with the paperwork for starting services, supporting during initial sessions.	12	3	
Relapse Prevention/ Wellness Recovery Support				
Warm Line: Please note that ALL costs that directly serve persons with SMI/SED and their families must be tracked.				
Outcomes and Performance Indicators				
Engagement Services – Activities associated with providing evaluations, assessments, and outreach to assist persons diagnosed with SMI or SED, including their families, to engage in mental health services:				30,000

Assessment				
Specialized Evaluations (Psychological and Neurological)				
Service Planning (including crisis planning)	*Family Haven (Tulalip)* TEAM Outreach works with youth on how to deal with their suicidal thoughts, anger, before problems occur. And if they become a problem who can they reach out to beyond him for support.	12	1	
Educational Programs				
Outreach Specific to SMI/SED	*Family Haven (Tulalip)* This program was established for youth that would not engage in the typical mental health support services. This is long term relationship building, beginning with trust and working on youth goals and then larger life goals as they continue.	12	3	
Outcomes and Performance Indicators				
Outpatient Services – Outpatient therapy services for persons diagnosed with SMI or SED, including services to help their families to appropriately support them.				0
Individual Evidenced-Based Therapies				
Group Therapy				
Family Therapy				
Multi-Family Counseling Therapy				
Consultation to Caregivers				
Outcomes and Performance Indicators				
Medication Services – Necessary healthcare medications, and related laboratory services, not covered by insurance or Medicaid for persons diagnosed with SMI or SED to increase their ability to remain stable in the community.				0
Medication Management				
Pharmacotherapy				
Laboratory Services				
Outcomes and Performance Indicators				

Community Support (Rehabilitative) – Community-based programs that enhance independent functioning for persons diagnosed with SMI or SED, including services to assist their families to care for them.				30,000
Parent/Caregiver Support	*Family Haven (Tulalip)* TEAM outreach when needed works with families on how to reduce issues in the home and build on new skills learned. He has also supported youth in having discussions with their family on hard topics.	12		[redacted]
Skill Building (social, daily living, cognitive)	*Family Haven (Tulalip)* TEAM outreach staff works with the young men on getting back enrolled or attending school, preparing for job interviews. In addition, staff will assist the youth on learning and develop healthy peer groups by engaging in supportive social activities.	12	2	
Case Management				
Continuing Care				
Behavior Management	*Family Haven (Tulalip)* TEAM outreach staff works with the young men on how to deal with their emotions expanding them from just reacting to anger and finding ways to express and deal with frustration and other feelings in ways that are more acceptable. Also, how to understand the emotions going on within themselves so that suicidal ideation and substance use is not a go to option.	12	2	
Supported Employment				

Permanent Supported Housing				[redacted]
Recovery Housing				
Therapeutic Mentoring	*Family Haven (Tulalip)* Most of these youths have refused to go to therapy and or CD services and have only engaged with this outreach worker. I as his supervisor, with a MA in counselling, discuss ways to incorporate therapeutic approaches into his traditional way of working with the youth in a natural way.	12		

Exhibit A - Behavioral Health Administrative Services Organization (BH ASO)

SFY19 **Revised** Mental Health Block Grant (MHBG) Project Plan

1/1/2019 – 12/31/2019

Traditional Healing Services	*Family Haven (Tulalip)* Through one on one meetings with the young men, the TEAM outreach staff builds on the youth's traditional beliefs as Tulalip and native men. This includes discussions around traditions, culture and family ways and how this all blends with their lives and struggles of today.	12	3	
Outcomes and Performance Indicators				
Recovery Support Services – Support services that focus on improving the ability of persons diagnosed with SMI or SED to live a self-direct life and strive to reach their full potential.				5,000
Peer Support	*Family Haven (Tulalip)* TEAM Outreach has a support group where the young men (not completed on their report).	12		
Recovery Support Coaching	*Family Haven (Tulalip)* TEAM Outreach meet with the youth regularly with youth on the road to recovery or struggling to get on the road discuss this and how to get support for healthy life and wellness.			
Recovery Support Center Services				
Supports for Self-Directed Care				
Outcomes and Performance Indicators				
Other Supports (Habilitative) – Unique direct services for persons diagnosed with SMI or SED, including services to assist their families to continue caring for them.				

Personal Care				[redacted]
Respite				
Support Education				

Exhibit A - Behavioral Health Administrative Services Organization (BH ASO)

SFY19 **Revised** Mental Health Block Grant (MHBG) Project Plan

1/1/2019 – 12/31/2019

Transportation	*Family Haven (Tulalip)* TEAM Outreach provides transportation for the youth for a variety of reasons including; signing up for services, getting to appointments, getting to school/work, cultural activities, getting home. Youth have also called when they needed to get out of places or situations they felt unsafe in.	12	3	
Assisted Living Services				
Trained Behavioral Health Interpreters				
Interactive communication Technology Devices				
Outcomes and Performance Indicators				
Intensive Support Services – Intensive therapeutic coordinated and structured support services to help stabilize and support persons diagnosed with SMI or SED.				0
Assertive Community Treatment				
Intensive Home-Based Services				
Multi-Systemic Therapy				
Intensive Case Management				
Outcomes and Performance Indicators				
Out of Home Residential Services – Out of home stabilization and/or residential services in a safe and stable environment for persons diagnosed with SMI or SED.				511,760
Crisis Residential/Stabilization	Crisis stabilization services will be conducted in our three Triage Centers and two E&Ts for Non-Medicaid individuals. By diverting individuals to our Triage and E&Ts it reduces the need to send individuals to the Emergency Departments and diverts them from jail. Law enforcement drops off individuals at our Triage Centers which has nurses to conduct the medical clearance, again keeping folks out of the Emergency		15% of Non-Medicaid would meet MHBG requirements	

	Department and having repeated contact with first responders.			
Adult Mental Health Residential				
Children's Residential Mental Health Services				
Therapeutic Foster Care				
Outcomes and Performance Indicators				
Acute Intensive Services – Acute intensive services requiring immediate intervention for persons diagnosed with SMI or SED.				511,760
Mobile Crisis	North Sound Integrated Crisis Response System (ICRS) provides mobile outreach teams in the three most populous counties, Skagit, Snohomish and Whatcom Counties. Additionally, we have "extenders" in the San Juan Islands that are attached to our ITA teams for outreach to individuals prior to needing a DCR intervention. This has been a great opportunity to reach out to the Islands These teams will be working closely with/embedded with local law enforcement to ensure individuals with SMI are treated in a MH facility and not in jail. We anticipate the ability to divert individuals to our triage facilities where nurses are positioned to conduct a medical clearance screen and keep the individuals from rotating through the Emergency Departments.	Less than 5% of youth would meet MHBG requirements	13-15% would meet MHBG requirements	
Peer-Based Crisis Services	North Sound ICRS uses peers on the mobile outreach teams, and to conduct follow up contact once the individual returns to the community or the immediate crisis has subsided. Peers are extremely effective at helping individuals work through their crisis by providing their experience living with a mental health disorder and providing encouragement and coping skills needed to move toward recovery.		Same % as above	
Urgent Care				
23 Hour Observation Bed				

24/7 Crisis Hotline Services				[redacted]
Outcomes and Performance Indicators				[redacted]
Non-Direct Activities – Example of qualifying non-direct activities includes Staff/provider training and/or conference costs to better serve persons with SMI/SED – identified under the title of Workforce Development/Conferences.				
Workforce Development/Conferences				[redacted]
Grand Total	[redacted]			1,098,520

MEMORANDUM

November 6th, 2018

TO: North Sound BHO Advisory Board

FROM: Joe Valentine, Executive Director

RE: November 8th, County Authorities Executive Committee Agenda

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

Summary:
The North Sound Behavioral Health Organization is changing to the North Sound Behavioral Health Administrative Services Organization. To accommodate this, we are requesting to set up a new fund in the Skagit County Auditor and Treasurer's Office to track revenues and expenditures.

Motion #18-130
To create a new fund at the Skagit County Auditor and Treasurer's Office. The name of the fund will be the North Sound Behavioral Health Administrative Services Organization Operating Fund. It will be established January 1, 2019.

***

Summary:
Professional Service Contracts
The Accountable Communities of Health (ACH) mid-adopter funds will be used to fund the provider contracts to ensure the provider's electronic health record will meet the requirements for data submission beginning April 1, 2019. XPIO will continue consultation where needed, however, most of the funding will pay for the software/hardware upgrades/modifications. The individual provider funding has not been determined. The motion below gives the Executive Director authority to sign the contracts once the funding is determined.

Motion #18-131

- Authorizing the Executive Director to sign the contracts once funding has been determined for network providers participating in the XPIO consultation and implementation.

***

Summary:
Projects for Assistance in Transition from Homelessness (PATH)
PATH services are in Snohomish and Whatcom County delivered by Compass Health. This is an outreach program to individuals/families who are homeless, with a special emphasis on Veterans.

Motion #18-132

- HCA-North Sound BHO-PATH-19 is for outreach services in Snohomish County. The maximum consideration on this contract is $41,816 with the term of the contract October 1, 2018 through December 31, 2018.

- HCA-North Sound BHO-PATH-19 is for outreach services in Whatcom County. The maximum consideration on this contract is $12,940 with the term of the contract October 1, 2018 through December 31, 2018.

***

Motion #18-133 *Placeholder for Compass Health contracts once we identify match payments*

***

Summary:

Snohomish County Behavioral Health Facilities

Snohomish County is requesting $100,000 more in Medicaid funding to purchase furniture and other essentials for the services that will occur in the Carnegie Resource Center. The original cost estimate was estimated lower than actual costs. The Center will serve veterans, homeless individuals/families, recently released inmates and other persons needing mental health/substance use treatment. Snohomish County will be contributing a 10% match. This contract is being extended through March 31, 2019.

Snohomish County is requesting $620,000 in Medicaid Funds for the renovations at the Denny Juvenile Center. The Center will be used as a Behavioral Health Treatment Center with two 16-bed units serving adults. The funding will purchase beds, mattresses, storage cabinets, desks, chairs, tables, appliances and other essential furniture, fixtures and equipment needed for start-up. Items will be securely stored by Snohomish County until construction is completed. Snohomish County will be contributing a 10% match

Motion #18-134

- North Sound BHO-Snohomish County-Medicaid-16-18 Amendment 6 to increase the contract by $720,000 for a new maximum consideration of $7,466,294 with the term remaining the same April 1, 2016 through March 31, 2019.

***

Summary:

6032 Retention/Recruitment Funds

6032 funds will be distributed to network providers who applied for the retention and recruitment funding. The legislature identified wages as one of the priorities for the 6032 funds. The areas identified are:

- Workforce/Recruitment and Retention
- Licensing and certification fees
- Loan repayment assistance

Motion# 18-135

- *This is a placeholder until Bill W can determine the costs in each category based on a Medicaid-State fund split.*

***

Summary:

WISe Expansion

Compass Health has requested a WISe start up budget for the WISe expansion they are currently implementing. The total amount is $627,000, with $150,000 in wages and benefits, $375,000 in supplies, computers, desks, chairs, cell phones and other furnishings and $102,000 in overhead (15%). The expansion of WISe is in all five (5) counties.

Motion #18-136

- North Sound BHO-Compass Health-PSC-18-19 is for WISe expansion startup funds in the amount of $627,000. The term of the contract is March 1, 2018 through March 31, 2019.

***

Summary:

Skagit County Administration

Skagit County is requesting funds in the amount of $40,000 for the project oversight, phase II planning and design for the Skagit Stabilization Campus Evaluation and Treatment and Secure Detox facilities.

Motion #18-137

- North Sound BHO-Skagit County Admin-18 Amendment to provide $40,000 in funding to oversee the development of the Skagit Stabilization Facility planning and design. The new maximum consideration for this agreement is $980,930.20 with the term remaining the same January 1, 2018 through December 31, 2018.

***

Informational

- Mental Health Block Grant (MHBG) funding changes for 2019. $1,023,620 will be allocated toward the crisis system, specifically for Crisis Prevention and Intervention Teams and Crisis Stabilization for Non-Medicaid individuals in our Triage Centers. Additionally, we will continue funding the Tulalip Tribes for at risk youth outreach at $75,000 annually.

- Substance Abuse Block Grant (SABG) funding changes for 2019. A portion of the SABG funding will be moved from outpatient services to Pregnant and Parenting Women Housing Supports and Therapeutic Intervention for Children.

NORTH SOUND BEHAVIORAL HEALTH ORGANIZATION ADVISORY BOARD

2019-2020 Work Plan

Focus Areas

➔ Accountability

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

➔ Communication

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

➔ Crisis System – Supporting System Delivery

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

Positive Outcomes

➔ Care Is Improving

➔ Efficiencies In System Delivery

➔ Better Coordination Between Systems

➔ Lives Have Improved

➔ Healthier Communities

➔ Communities Are Holding MCOs Accountable

2018 Pre-Meetings, Site Visits, Conferences and Legislative Visits

Date	Pre-Meeting Topics	Note
January	North Sound BHO Website Redesign	Kurt Iverson
February	Managed Care Organizations	
March	Managed Care Organizations	
April	Medication Assisted Treatment	Dr. Kartman
May	Suicide Prevention Policies/Guidelines w/Providers-VOA	Pat Morris (VOA)
June	Suicide Prevention Policies/Guidelines w/Providers-VOA	Pat Morris (VOA)
July	*Retreat/No Pre-Meeting*	
August	Quality Management Oversight Committee (QMOC) 101	Betsy Kruse
September	Visual Art & Poetry Contest Award Ceremony/No Pre-Meeting	
October	Youth Behavioral Health/Criminal Justice	Ted Ryle; Juvenile Rehab. Director
November	North Sound BHO Crisis System	Sandy Whitcutt & Michael McAuely
December	Holiday Potluck - No Pre Meeting	
	Crisis Intervention Team (CIT) Training in 2018	
	SeaMar Co-Occurring Outpatient Treatment	
	Tribal Behavioral Health Programs	
	Certified Peer Specialist Model and Recovery Coach Model	
	Smokey Point Behavioral Hospital	
	Eating Disorders	
	Aurora House Mental Health Residential Treatment Facilities	
	Integration of Behavioral and Physical Care	

Date	Site Visits	Note
March 23, 2018	Swinomish Wellness Center	1:00 - 2:30
June 6, 2018	Lynnwood Detox Center	10:00 - 11:30

Date	Advocacy	Note
February 22 - 23	Legislative Session Visit	Completed

Date	Conferences	Location
June 20 - 22	Behavioral Health Conference	Kennewick
Sept. 28-29	NAMI Conference - The Road to Recovery: Mental Health Matters	Yakima Convention Center
May 16-17	Tribal Conference	Skagit - Bow
October 15 - 16	Co-Occurring Disorders Conference	Yakima Convention Center

WA Governor’s Office Follow
News and updates from Gov. Jay Inslee and his administration.
Oct 17 · 3 min read

Inslee works to improve Washington’s behavioral health system

The governor was in Central and Northwest Washington this week to tour patient-centered facilities.

Gov. Jay Inslee traveled to Wenatchee and Everett this week to promote his five-year plan to create small, community-based behavioral health facilities that ensure that people are treated near their family and friends.

Inslee is working with legislators to change Washington's behavioral health system. Washington currently has two large state hospitals, Western State and Eastern State, and under Inslee’s plan they will continue focusing on serving forensic—or court-ordered—and hard-to-place civil commitment patients. Other civil commitment patients will be served in new, 16-bed regional hospitals run by the state and other community-based care facilities.

In Wenatchee the governor visited Parkside, a new behavioral health treatment facility. Parkside will treat clients throughout the North Central Accountable Community of Health Region in Chelan, Douglas, Grant, and Okanogan Counties. Inslee then toured Medical Unit 1, the behavioral unit at Central Washington Hospital.

Inslee visits Medical Unit 1 at Central Washington Hospital in Wenatchee, October 12, 2018 (Office of the Governor photo)

MU1 has successfully increased collaboration between community partners, which ultimately provides better outcomes for patients. The partnership includes Confluence Health, Catholic Charities, additional local behavioral health and substance abuse providers, law enforcement, jail officials, county prosecutors, local judges and public defenders.

In Everett, the governor spoke to family members and individuals with lived experience in navigating the behavioral health system. Inslee then visited Sunrise, a new 16-bed group home for those stable enough to be released from state hospitals, but who still need round-the-clock care. The governor heard from providers and staff ahead of patients being admitted later this fall.

Inslee hears from family members, patients and providers impacted by the current behavioral health system in Everett, October 16, 2018 (Office of the Governor photo)

“In Wenatchee and Everett, I saw dedicated professional staff who want the very best for these patients. Medical professionals, law enforcement and local elected officials and community leaders recognize that patients do better when they are able to stay in their own community, close to family and friends,” Inslee said.

Inslee visited Parkside, a behavioral health facility in Wenatchee, October 12, 2018 (Office of the Governor photo)

"I believe in transitioning our civil population to state run facilities as much as possible is the best option. Ensuring that we have quality, stability and continuity of care will ensure our success," Inslee continued.

Earlier this year, Inslee signed a bill to overhaul the oversight of behavioral health programs in Washington and integrate those programs with other health care services. Part of that vision includes increasing the number of behavioral health resources available throughout the state, so that patients can receive treatment in their own communities.

Patient support tools at Sunrise, a behavioral health facility in Everett (Office of the Governor photo)

The governor's 2019–2021 budget proposal will include the policy changes and funding needed to make the transition.

Inslee and his staff will work closely with legislators, state agencies, patient advocates, labor and others in the coming months to ensure the plan adequately takes into account the funding and timing to coordinate workforce transition and facility siting and construction.

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..


Let's
Mingle
and
Jingle
North Sound Behavioral Health Organization
Advisory Board
Annual Holiday Potluck
Tuesday, December 4th 11:30 a.m. - 1:00 p.m.
Bring a dish to share!


LET'S CELEBRATE
Menu:
Main Dish: Turkey
Mashed Potatoes
Gravy