North Sound Behavioral Health Advisory Board

Agenda

April 6, 2021

1:00 p.m. – 3:00 p.m.

Call to Order and Introductions

Revisions to the Agenda

Approval of March Minutes

Announcements

- **United Healthcare Advisory Board Representation**
- **Behavioral Health Performance Study for Regional Providers**

Brief Comments or Questions from the Public

Executive/Finance Committee Report

- **Approval of March Expenditures**

Executive Director's Report

Executive Director's Action Items

Old Business

- **Advisory Board Brochures**
- **Advisory Board 2021-2022 Legislative Advocacy**

New Business

- **2021 Washington Behavioral Healthcare Conference**
- **Advisory Board Summer Recess**

Report from Advisory Board Members

Reminder of Next Meeting

Adjourn

North Sound Behavioral Health Advisory Board

March 2, 2021

1:00 – 3:00

Meeting Minutes

Empowering individuals and families to improve their health and well-being

Members Present on Phone GoToMeeting Platform:

- **Island County: Candy Trautman, Chris Garden**
- **San Juan:**
- **Skagit County: Duncan West, Patti Bannister, Jere LaFollete**
- **Snohomish County: Marie Jubie, Fred Plappert, Pat O'Maley-Lanphear, Jack Eckrem, Jennifer Yuen**
- **Whatcom County: Arlene Feld, Kara Mitchell, Michael Massanari, Alan Friedlob**

Members Excused:

- **Island County:**
- **San Juan County: Diana Porter**
- **Skagit County: Ron Coakley**
- **Snohomish County: Joan Bethel**
- **Whatcom County:**

Members Absent:

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

North Sound BH-ASO Staff: Joe Valentine, Maria Arreola (Recording).

Managed Care Organization Representation:

- **United Healthcare: Allan Fischer**
- **Coordinated Care: Naomi Herrera**
- **Molina Healthcare: Kelly Anderson**
- **Community Health Plan of Washington [CHPW]: Marci Bloomquist**

Guests: Kala Buchanan, North Sound Ombuds, Samantha Moore, North Sound Ombuds

Pre-Meeting Training

Lucy Mendoza, Health Care Authority (HCA), Tribal Behavioral Health Administrator and Archelle Ramos, HCA, Regional Tribal Liaison provided information on the Tribal Crisis Services Coordination and Protocols.

Call to order and Introductions

The meeting was called to order by Chair West at 1:03 p.m.

Revisions to the Agenda

No revisions mentioned

Approval of February Minutes

Motion made for the approval of the February meeting minutes as written, motion seconded, all were in favor, Motion Carried.

Announcements

Alan attended the February meeting and expressed to proceed with official appointment to the Board. Motion to approve Alan Friedlob seat on the Board for Whatcom county. Motion seconded. All in Favor. Motion Carried.

Brief Comments from the Public

None

Executive Directors Report

Joe reported on

- Legislation
- Crisis Services
- Crisis Services Annual Assessment
- Update on Federal Emergency Funds
- PATH Grant
- Tribal HCA Protocols for Crisis Coordination
- Crisis Care Coordination Data Exchange Platform

Executive/Finance Committee Report

The February Expenditures were reviewed and discussed. Motion to move the Expenditures to the Board of Directors for approval. Motion seconded. All in Favor. Motion Carried.

Old Business

Advisory Board Crisis Services Metrics Update

Chair West proposed highlighted data to the Board. Discussion took place regarding the purpose of the data. The purpose is to bring highlights from the North Sound Internal Quality Management Committee to the Board. Further discussion will take place during the April Executive Finance Committee [EFC] meeting. The EFC will bring back further proposals during the April meeting.

New Business

OMBUDS Annual Report

Kayla provided the Ombuds Annual Report. Kayla covered the following

- Agency Complaints
- Complaint Categories
    - Majority of complaints came from Access to Care
- Insurance Types
    - Majority insurance type are Medicaid
- Payer of Services

Advisory Board Brochures

Members reviewed proposed flyer and brochures. The informational brochures will be distributed to the community, County Coordinators, agencies, and Managed Care Organizations. The purpose is to inform communities of the contribution individuals can have serving on the Board for the behavioral health system. It was determined to have an Editing Workgroup revise the brochures of 5 members. Members that are interested are to contact Maria. Maria will set up a meeting with the Editing Workgroup. Maria will collaborate with Mandy Iverson, North Sound BH-ASO Human Resource Specialist to bring back a draft brochure during the April meeting.

Report from Advisory Board Members

None

Reminder of Next Meeting

Tuesday, April 6, 2021 via Zoom Platform

Adjourn

Chair West adjourned the meeting at 2:55 p.m.

Comagine Health

Participation Requested: Behavioral Health Performance Measure Study

The Health Care Authority (HCA) requested Comagine Health to conduct a study that will analyze performance measure variation across multiple payers and Accountable Communities of Health (ACHs). The goal is to gain insight into why performance varies across payers and ACH region, and over time. This will help inform and target quality improvement activities across regions and payers, including measures related to high-profile care coordination needs between physical health and behavioral health providers.

We need your help! We would like to learn from behavioral health and medical providers what would help improve care delivery for Medicaid clients.

HCA provided Comagine with 12 measures to analyze, trended from 2018-2020, calculated by the Department of Social and Health Services Research and Data Analysis. These measures reflect care delivered in multiple settings: primary care, behavioral health, and other outpatient and inpatient settings. The measures are sensitive to care coordination and communication across settings, such as:

- Proportion of clients with an indication of need for mental health services who access services;
- Proportion of clients with an indication of need for substance use disorder services who access services;
- Readmission to psychiatric inpatient care within 30 days;
- Follow up after hospitalization for mental illness within 7 and 30 days; and
- Follow up after emergency department visits for mental illness and substance use disorder within 7 days.

Our ask

Comagine Health will be attending provider meetings throughout the state in April and early May. At each meeting, HCA staff will present performance measure results for your region, including measures for two social determinants of health and certain measures broken out by children and adults. Comagine Health will then administer a short survey. Your input is critical to help us understand why performance measures have changed across regions over time. We are requesting that you attend the meeting in your region and participate in this important survey. As time allows, we would invite you to also enter a dialogue with us on these trends in data.

The meeting for the North Sound region is April 21, 1:00 – 3:00. If you do not have this meeting on your calendar, please contact Lisa Hudspeth at Lisa_Hudspeth@nsbhaso.org. It will be important to join via the link provided (not just phone in) to be able to participate in the survey.

April 21: 1:00 – 3:00
https://comaginehealth.zoom.us/j/94149192021?pwd=V0REMmxGNDdtODd5cGhHSm9BTU1qdz09
Password: 408955

877 853 5247 | 888 788 0099
Meeting ID: 941 4919 2021
Password: 408955

HCA will be happy to share the results of the study with each region this summer after Comagine Health completes the report.

North Sound Behavioral Health Administrative Services Organization
Advisory Board Budget
March 2021

	Total	All Conferences	Board Development	Advisory Board Expenses	Stakeholder Transportation	Legislative Session
		Project # 1	Project # 2	Project # 3	Project # 4	Project # 5
Budget	**$ 20,000.00**	$ 9,900.00	$ 1,000.00	$ 9,000.00		$ 100.00
Expense	0.00					
Under / (Over) Budget	$ 20,000.00	$ 9,900.00	$ 1,000.00	$ 9,000.00	$ -	$ 100.00
		All expenses to attend Conferences	Advisory Board Retreat/Summit	Costs for Board Members (meals mileage, misc.)	Non- Advisory Board Members, to attend meetings and special events	Shuttle, meals, hotel, travel

For Board Approval

Pioneer Human Services

PHS is requesting startup funding for the Snohomish County Denny Facility in the amount of $143,790.32 for IT equipment and a vehicle for program use. 32 beds being transferred from Pioneer Center North to the Everett facility, 16 beds for SUD residential treatment with a focus on Opioid addiction, and 16 beds for co-occurring mental health/substance abuse treatment. PHS is also applying for a grant to cover smaller capital costs.

This would be a cost reimbursement contract.

- Vehicle $31,995.32
- IT Equipment $111,795

Motion #21-18

North Sound BH-ASO-PHS-ICN-19-21 Amendment 5 for the provision of adding startup costs for the Snohomish County Denny Facility. The maximum amount is $143,790.32. The contract term is July 1, 2019 through June 30, 2021 with an automatic one-year renewal on July 1, 2021 based on continued compliance with the terms of the contract.

Behavioral Health Enhancement Funds (BHEF)

This funding is a legislative proviso to help providers recruit and retain staff. After surveying providers, we requested proposals on the usage of the funds. We receive $992,088.00 per year in BHEF. The asks were higher than our allocation, so we have allocated the funds based on the provision of ASO services they are currently providing.

Here are the 6-month allocations.

- Lake Whatcom Center
  - $124,000
- Sunrise
  - $2,000
- Compass Health
  - $300,000
- Lifeline
  - $50,000
- Sea Mar
  - $20,000

Motion #21-19

- North Sound BH-ASO-LWC-ICN-19-21 Amendment 1 for the provision of adding Behavioral Health Enhancement Funds to the contract for the period of January 1, 2021 through June 30, 2021 in the amount of $124,000. The contract term is July 1, 2019 through June 30, 2021 with an automatic one-year renewal on July 1, 2021 based on continued compliance with the terms of the contract.

- North Sound BH-ASO-Sunrise Services-ICN-19-21 Amendment 2 for the provision of adding Behavioral Health Enhancement Funds to the contract for the period of January 1, 2021 through June 30, 2021 in the amount of $2,000. The contract term is July 1, 2019 through June 30, 2021 with an automatic one-year renewal on July 1, 2021 based on continued compliance with the terms of the contract.

- North Sound BH-ASO-Compass Health-ICN-19-21 Amendment 5 for the provision of adding Behavioral Health Enhancement Funds to the contract for the period of January 1, 2021 through June 30, 2021 in the amount of $300,000. The contract term is July 1, 2019 through June 30, 2021 with an automatic one-year renewal on July 1, 2021 based on continued compliance with the terms of the contract.

- North Sound BH-ASO-Lifeline Connections-ICN-19-21 Amendment 3 for the provision of adding Behavioral Health Enhancement Funds to the contract for the period of January 1, 2021 through June 30, 2021 in the amount of $50,000. The contract term is July 1, 2019 through June 30, 2021 with an automatic one-year renewal on July 1, 2021 based on continued compliance with the terms of the contract.

- North Sound BH-ASO-Sea Mar-ICN-19-21 Amendment 2 for the provision of adding Behavioral Health Enhancement Funds to the contract for the period of January 1, 2021 through June 30, 2021 in the amount of $20,000. The contract term is July 1, 2019 through June 30, 2021 with an automatic one-year renewal on July 1, 2021 based on continued compliance with the terms of the contract.

North Sound BH ASO Executive Director's Report

April 6, 2021

1. **LEGISLATION**
   - An update on key behavioral health bills **as of March 9** is attached [attachment 1]
   - 1477 would implement the new "988" phone line and create new "crisis call center hubs" which would handle the 988 calls and be able to dispatch mobile crisis teams.
   - The ASOs and many other groups have raised concerns about creating a duplicate system that would operate parallel to our existing system of regional behavioral health crisis lines. However, we have expressed support for the goal of using the "988" number to simplify access to crisis services.
   - Many of the amendments that were made on the House bill would resolve some of the concerns around overlapping jurisdiction and duplication with the existing systems.
   - A different version is currently being reviewed by the Senate Ways and Means Committee.
   - The bill calls for the establishment of a "Crisis Response Improvement Strategy Committee" would include BH-ASOs and Crisis Call Center providers among other stakeholders.

2. **BUDGET**
   - Both the House and Senate versions of the 2021-2023 Operating budget include new and expanded funding for behavioral health services. The House budget includes funding to implement the new 988 system.
   - The House Budget also includes some specific behavioral health allocations for Whatcom and Island Counties:
     1) $300,000 in both FY 2022 and FY 2023 to provide "trauma informed counseling services to children and youth in Whatcom County schools;
     2) $200,000 in both FY 2022 and FY 2023 to establish the "Whatcom county crisis stabilization center as a pilot project for diversion from the criminal justice system to appropriate community-based treatment"; and,
     3) $375,0000 in both FY 2021 and FY 2022 to "provide a one-time grant to Island county to fund a pilot program to improve behavioral health outcomes for young people in rural communities".

3. **NEW FEDERAL BLOCK GRANT FUNDS**
   - The state of Washington is expecting to receive new federal Mental Health [MHBG] and Substance Abuse Block Grant [SABG] funds as part of the federal COVID relief response.
   - The expected SABG Award is about $35.4 million and the MHBG Award would be about $19.2 million. These would be 2-year awards.
   - Attached is HCA's proposed allocation of these funds [attachment 2].

- This proposed allocation has to be approved first by the legislature and then submitted to SAMHSA.
- Our ROUGH estimate of how much of the proposed ASO specific allocation to the North Sound would be about $600,000 a year for MHBG and $ 1.1 million a year for SABG.
- Some of the allocated money can be used for Rental Assistance, which is not allowed now. There would also be a specific allocation for Crisis Services.

4. CRISIS SERVICES

- **Weekly Crisis Capacity Indicator Report – through March 20** [attachment #3]
  - Calls to the Crisis Line remain at historically high levels and after having leveled out for the last few months have started to inch upward again in the last few weeks.
  - The trend line of number of dispatches of mobile crisis outreach teams continue to climb
  - The number of Involuntary Treatment Act [ITA] investigations have remained stable at historical levels.
  - Both Crisis Service calls and mobile crisis outreaches for youth continue to climb
  - The use of Telehealth for ITA investigations has grown over the last 4 weeks.
  - Hospital placements at Providence Everett have been very high in the last four weeks.

- **North Sound Crisis Metrics Report – through February 2021 [**attachment #4]
  - All state required performance metrics have been met.
  - There has been steady improvement in answering calls under 30 seconds and reduced the call abandonment rate.

5. **EXPANSION OF MOBILE CRISIS OUTREACH**

- In keeping with our priorities to expand mobile crisis outreach services and co-responder models, we have received two expansion proposals: one from Compass Health and one from Snohomish County Human Services.
- The Compass proposal would expand its new "Impact" co-responder program to Whatcom County and the Snohomish County proposal would expand the number of DCRs and create expanded direct access from law enforcement agencies.

6. EXPANSION OF MEDICATED ASSISTED TREATMENT TO EAST SKAGIT

- The NS MAT PDOA project with Lifeline Connections as our clinical provider, have partnered with the Mount Baker Presbyterian Church (MBPC) to bring Medication Assisted Treatment (MAT) to Eastern Skagit County.
- The model includes Nurse Care Managers who will meet with individuals, conduct intakes, and coordinate care with a MAT prescriber via Telehealth. A Substance Use Disorder Professional Trainee [SUDP-T] and Care Navigator will also be on site. MBPC already serves as a community recovery resource and will assist in outreach, as will opioid outreach team members from Community Action.

- Services became available on March 23 and will be available every Tuesday from 10-3.

7. UPDATE ON PEER PATHFINDER PROGRAM

- Our new contractor for the Peer Pathfinder program – Lifeline Connections – has been successful in hiring the Peers for the program.

8. BUSINESS AND OCCUPATION TAX [B&O]

- Last year the Governor vetoed a legislative proposal to continued the B&O tax deduction for BH-ASOs and other behavioral health organizations.
- Our attorney sent a letter to the Department of Revenue arguing that the B&O tax should not apply to the North Sound BH-ASO because all of our funding is from Medicaid, grants, and state general fund.
- On March 24, the Department of Revenue finally sent us a letter agreeing with our position that we should be exempt from the B&O tax.

9. BHO CLOSE-OUT LIABILITY DISCUSSIONS

- A follow up discussion was held with MaryAnne Lindeblad and other HCA staff on March 31, 2021. This was in response to her February 17, 2021 and our March 17 response from Jill Johnson following the March Board of Directors meeting.

A) <u>BHO Close Out Liability</u>

- We followed up on the motions passed by the Board and have sent the first installment of payment to HCA on March 25 in the amount of $1,999,364
- The discussion covered both the remaining BHO close out liability of $4,886,720 and the State Auditor "Accountability" Audit report.
- We clarified that:
  1) Proposal offers to reimburse the BHO account for the seed money that was provided to the counties for the new behavioral health facilities since this is an asset that the ASO is benefiting from; and,
  2) Our attorney's review of our Interlocal Operating Agreement would allow the Board the flexibility to do this since the "restated" Operating Agreement was to operate both the BHO and the ASO.
- Some of the HCA staff felt that perhaps the reimbursement of the BHO for the facility money was in fact permissible. They are going to discuss more internally.

B) <u>Accountability Audit</u>

- Our attorney reviewed our response to the audit and why we feel that retention payments were legally allowable. The HCA staff will discuss more internally and consult with their AG.
- They promised a written response on both issues by next week.

Behavioral Health Bill List
As of April 5, 2021

Bill	Key Provisions	Status
2SHB1477	• Creates a state designated crisis hotline center(s) with broad responsibilities to coordinate with other crisis services including dispatching mobile crisis teams. Expands funding for other crisis services including demographically specific crisis teams.	Public Hearing in Senate Ways & Means on April 5
1086	• Eliminates regional behavioral health Ombuds services and creates a state office of behavioral health consumer advocacy	Referred to Senate Rules on April 2
1296	• Restores the B&O tax deduction for BH-ASOs and other health or social welfare organizations on government funded behavioral health services • Department of Revenue granted our appeal to be exempt from the B&O tax.	Passed by Senate W&M – Referred out to Senate Rules on the 26th
SHB 1348	• Directs HCA to seek federal waivers to suspend rather than terminate persons in jail for less than 30 days	Referred out to House Rules on March 26
5073	• Makes a number of technical changes to the ITA act, including allowing DCRs to use video for ITA investigations and expands minimum requirements for Less Restrictive Orders	Referred to House Rules n April 2
5074	• Establishes a "safe station pilot program" in fire stations. • Allows them to employ SUD Peer specialists and make referrals to E&Ts and Withdrawal management facilities.	Passed the Senate. First Reading in House Health Care and Wellness on February 26
5328	• Directs HCA to seek a state plan amendment to incorporate the clubhouse modality and requires clubhouses to be accredited by Clubhouse International	First hearing in House Health Care & Wellness on March 5
5476	• Replaces 1499. • Expands SUD services, creates a substance abuse advisory committee, eliminates some criminal penalties for personal possession	First Reading in House Health Care and Wellness on March 23
SSB 5157	• Requires the establishment of performance measures for Medicaid plans related to rates of criminal justice system involvement	Passed Senate. Now referred to House Rules

• 1504 • 1311 • 1007	• Establishes a behavioral health workforce pilot program and provides training support grants to providers • Allows for persons participating n authorized apprenticeship programs to qualify for substance use disorder professional certification • Removes limitation on number of supervised experience hours that a person pursuing a license as a social worker may complete through distance supervision	• Scheduled for Senate W&M on April 1 • Passed both House and Senate • Passed both House and Senate

Behavioral Health Block Grant Enhancement Funding

Behavioral Health Advisory Council
and Partner Review of Proposals
March 24, 2021

Washington State Health Care Authority

WELCOME!

-Keri Waterland, Susan Kydd and Josh Wallace

Agenda

Agenda item	Presenter	Time
• Block Grant Enhancement Funds opportunity	Michael Langer	• 10 minutes
• Proposal presentation: Substance Abuse Block Grant (SABG) enhancement funds	Section Managers	• 1 hour
• Questions/feedback	All	• 30 minutes
• Break		• 10 minutes
• Proposal presentation: Mental Health Block Grant (MHBG) enhancement funds	Section Managers	• 1 hour
• Questions/feedback	All	• 30 minutes
• Survey link/adjourn	Louise Nieto	• 10 minutes

About Block Grants

-Michael Langer, Deputy Director, HCA/DBHR

Block Grant Purpose

The Substance Abuse Mental Health Services Administration (SAMHSA) funds two federal block grants

- Mental Health Block Grant (MHBG)
- Substance Abuse Block Grant (SABG)

General Mental Health Block Grant Rules

- **SAMHSA awards federal block grants every two years under the following parameters:**
  - Funding priority treatment and recovery for individuals without insurance or for whom coverage is terminated for short periods of time.
  - MHBG serves adults diagnosed with a Serious Mental Illness (SMI) or youth with Serious Emotional Disturbance (SED).
  - Set aside requirements for First Episode Psychosis (FEP) and Crisis Services.

General Substance Abuse Block Grant Rules

- **The SABG funds are intended for prevention, treatment and recovery support services:**
  - Set-aside requirement for Prevention.
  - Target populations include pregnant women and women with dependent children (PPW) and persons whose use includes intravenous drugs (IVD).

SAMHSA Block Grant Enhancement Funds for COVID-19 Relief

Washington State Health Care Authority

Enhancement Award Amounts, Timeline, and Details

• **SABG Enhancement Award**	• $35,415,872
• **MHBG Enhancement Award**	• $19,222,372
• **Period of Performance**	• March 15, 2021 – March 14, 2023
• **Block Grant Plan Due to SAMHSA**	• April 5, 2021
• **No-cost extension?**	• Possible, but not guaranteed
• **Set-asides**	• Prevention, first episode psychosis and crisis services

SAMSHA Grant Notice: https://www.samhsa.gov/newsroom/press-announcements/202103110230

Award Requirements

- Funds may not be used to off-set revenue losses.
- Funds may not be used to supplant resources.
- Award is one-time only, for two years.

SAMHSA Enhancement Fund Flexibilities

- SAMHSA is offering additional flexibilities for the enhancement funding, including but not limited to:
  - Purchase of Personal Protective Equipment for staff and persons receiving SUD services.
  - Purchase Wi-Fi and other related technologies and equipment to improve service delivery.
  - Hiring of outreach workers for regular check-in for people with SUD.
  - Hiring outreach and peer support workers for regular check-ins with individuals with SMI/SED.
  - COVID-19 related expenses for those with SMI/SED, SUD prevention, treatment and recovery support services.
  - Housing Assistance

SABG Enhancement Fund Allocations

SABG Award	$35,415,872		
	Allocation %		Allocation Amount
Prevention	25%	$	8,853,968
HQ Treatment CYF/TAY	3%	$	1,062,476
HQ Treatment Adult	2%	$	659,200
Treatment BH-ASO	35%	$	12,444,672
Recovery Support Services	25%	$	8,853,968
Tribal	5%	$	1,770,794
Administration	5%	$	1,770,794
Total	**100%**	**$**	**35,415,872**

MHBG Enhancement Fund Allocations

MHBG Award	$19,222,372		
	Allocation %	Allocation Amount	
FEP Set-A-Side	12%	$	2,306,685
HQ Treatment CYF/TAY	3%	$	576,671
HQ Treatment Adult	3%	$	576,671
Treatment BH-ASO	35%	$	6,727,830
Recovery Support Services	30%	$	5,766,712
Tribal	5%	$	961,119
Administration	5%	$	961,119
Crisis Set-Aside	7%	$	1,345,566
Total	**100%**	**$**	**19,222,372**

Short Timeline…

Plans Due April 5th

Legislative interest

Behavioral Health Advisory Council Recommendations

- Continue SOR II funding.
- Communities and providers need support to keep coordinated services in place.
- Provide scholarships for behavioral health professional development.
- Provide training for anyone whose work intersects with youth behavioral health.
- Provide funds to ABA providers for creation of webinars/virtual trainings.
- Provide funds to help pay for lodging for families whose children reside in in-patient facilities.
- Provide funds for in-home coaching and support to help with the transition back home.
- Provide trainings for new skills and tools to parents.
- Provide funds to collaborate with other states who have high health outcome ratings.
- Provide funds for DBT providers to create webinars and virtual skill building materials.
- Acceptance commitment therapy training for providers.

DBHR Section Proposals for SABG

SABG Prevention Proposals - $8,853,968

Project	Description	Percent of SABG Allocation
Community Prevention Services	-Community Prevention and Wellness Initiative Coalition Expansion	89%
Young Adults Services	-COVID 19 Check-In with Yourself Program for Young Adults -First Years Away from Home: Letting Go and Staying Connected -Young Adult Health Survey	6%
Outreach	-SUD Prevention and Wellness Campaign	4%
EBP Development	-WSU evaluation of the impacts and outcomes of the virtual Strengthening Families Program 10-14 -Evaluation of the Youth Participatory Action Research (YPAR)	1%

SABG Children, Youth & Family Proposals - $1,062,476

Project	Description	Percent of SABG Allocation
Collegiate Recovery Services	Statewide Harm Reduction Approach to expand to a minimum of 3 additional community colleges or technical schools.	75%
Allocation for services allowable under SABG from the Children, Youth Behavioral Health Workgroup	Special Session occurs Tuesday, 3/23	25%

SABG Adult Treatment Proposals - $659,200

Project	Description	Percent of SABG Allocation
WA Recovery Helpline	Continuation of WA Recovery Helpline for ED linkage and benefits access.	46%
Opioid Treatment Program Central Registry	Continuation of emergency funded Lighthouse Central Registry system for OTP providers.	16%
Opioid Treatment Network Program Research and Evaluation	Contract with RDA to utilize GPRA data and monthly programmatic reports to conduct research on the effectiveness of Opioid Treatment Networks and their associated interventions.	38%

SABG BH-ASO Treatment Proposals - $12,444,672

Project	Description	Percent of SABG Allocation
BH-ASOs	Contracted to provide treatment services to low-income, non-Medicaid individuals	100%

SABG Recovery Support Services Proposals - $8,853,968

Project	Description	Percent of SABG Allocation
Direct Services	-Peer Bridger pilot to SUD Tx agencies -Adding co-occurring CPC to HARPS and F-HARPS -Peer pathfinder connecting with individuals exiting jails -Expand peer-run/peer-operated services	47%
Participant Support to Engage in Treatment	-Bus passes to access treatment -Food cards to meet basic needs	9%
Workforce Development	Expanding online continuing education curriculums -Intentional Peer Support -CCAR continuing education for peers -EBP PSH/IPS online curriculums	7%
Rental Assistance	-Administered through the BHASOs for individuals currently homeless	29%
Infrastructure - Technology	-Housing resource search engine -CPC credential dashboard -RR software and portal -Enhancement to Pathways to Employment	4%
Infrastructure – Technical Assistance	-Supportive housing institute for SUD population	3%

SABG Tribal Proposals - $1,770,794

Project	Description	Percent of MHBG Allocation
Grants to Tribes and Urban Indian Health Organizations	-Provide grants to 29 federally recognized Tribes and two Urban Indian Health Organizations	77%
TARGET replacement pilot	-Pilot a project between a Tribe and EPIC to develop a system to receive and automatically upload SAMHSA-required data to HCA's Behavioral Health Data Store. This facility will offer a replacement for the TARGET system for which tribal facilities have used for many years.	6%
Certified Peer Counseling AI/AN Adaptation and Tribal Trainings	-Provide funding to build the capacity to develop their CPC program including up to two Tribal CPC trainings, a CPC Training of Trainers, technical assistance for Tribal CPC programs, addressing testing concerns, adapt the CPC training for Tribal communities.	6%
Traditional Healing Pilot Project	-Contract with the Seattle Indian Health Board to document best practices to offer traditional healing/Traditional Indian Medicine (TIM), and analyze the health outcomes and potential cost savings from offering TIM services.	11%

Link to Survey/Feedback:

https://hca.servicenowservices.com/assessment_take2.do?sysparm_assessable_type=1ccb82c21b83e01030e587bae54bcb16

Additional Questions?

Washington State Health Care Authority

BREAK – 10-15 minutes

DBHR Section Proposals for Mental Health Block Grant

MHBG FEP Proposals - $2,306,685

Project	Description	Percent of MHBG Allocation
Early Identification and Intervention for Psychosis	Treatment team travels to the home, school or elsewhere in the community to provide assessment, screening and behavioral health services for individuals and families affected by First Episode Psychosis	100%

MHBG Children, Youth & Family Proposals - $576,671

Project	Description	Percent of MHBG Allocation
Phase One: WISe I/IDD Mental Health Co-occurring Workforce training project	-Developing Workforce & Enhancing Local Care Networks to support Youth with Intellectual or Developmental Disabilities including Autism Spectrum Disorder -Provides workforce training and development to address the need in providing co-occurring services for youth with ID/DD including ASD. Also provides funding for community coordination and input from youth, families and system partners. -Meets multiple Block Grant priorities (Combating opioid crisis, Addressing SMI/SED)	35%
Allocation for services allowable under MHBG from the Children, Youth Behavioral Health Workgroup	-Special Session occurs Tuesday, 3/23	65%

MHBG Adult Treatment Proposals - $576,671

Project	Description	Percent of MHBG Allocation
Cognitive Behavioral Therapy for Psychosis	Expansion of current contract to deliver Cognitive Behavioral Therapy for Psychosis to a cohort of clinicians who are serving people on 90/180 involuntary civil commitment orders. Building skills needed in the community upon discharge.	22%
Trauma Informed Care for Designated Crisis Responders	Modify curriculum of Trauma Informed Care training specifically for Designated Crisis Responders to incorporate the skills into their practice.	9%
Mental Health Specialist Academy Training	Develop a curricula for a 100-hour course for MH professionals to secure credentials to become Older Adult Mental Health Specialists, ID/DD Mental Health Specialists, and Ethnic Minority Mental Health Specialists.	69%

MHBG BH-ASO Treatment Proposals - $6,727,830

Project	Description	Percent of SABG Allocation
BH-ASOs	Contracted to provide treatment services to low-income, non-Medicaid individuals	100%

MHBG Recovery Support Services Proposals - $5,766,712

Project	Description	Percent of MHBG Allocation
Direct Services	-Peer Bridger pilot to SUD Tx agencies -Adding co-occurring CPC to HARPS and F-HARPS -Peer pathfinder connecting with individuals exiting jails -Expand peer-run/peer-operated services	33%
Participant Support to Engage in Treatment	-Bus passes to access treatment -Food cards to meet basic needs	6%
Workforce Development	-Expanding online continuing education curriculums -Intentional Peer Support -CCAR continuing education for peers -EBP PSH/IPS online curriculums	9%
Rental Assistance	-Administered through the BHASOs for individuals currently homeless	48%
Infrastructure – Strategic Planning	-BH Housing Action plan -White paper on licensing strategies for peer-run/peer-operated agencies	1%
Infrastructure - Technology	-Housing resource search engine -CPC credential dashboard -RR software and portal -Enhancement to Pathways to Employment	4%

MHBG Tribal Proposals - $961,119

Project	Description	Percent of MHBG Allocation
Grants to Tribes and Urban Indian Health Organizations	-Provide grants to 29 federally recognized Tribes and two Urban Indian Health Organizations	10%
Traditional Healing Pilot Project	-Contract with the Seattle Indian Health Board to document best practices to offer traditional healing/Traditional Indian Medicine (TIM), and analyze the health outcomes and potential cost savings from offering TIM services.	90%

Crisis Services Proposals - $1,345,566

Project	Description	Percent of SABG Allocation
BH-ASOs Crisis Services Treatment Funding	Services include 24-hour-a-day emergency care services, mobile crisis, crisis line and DCR services.	100%

Menti Feedback

Stacy Buck

Washington State Health Care Authority

Questions?

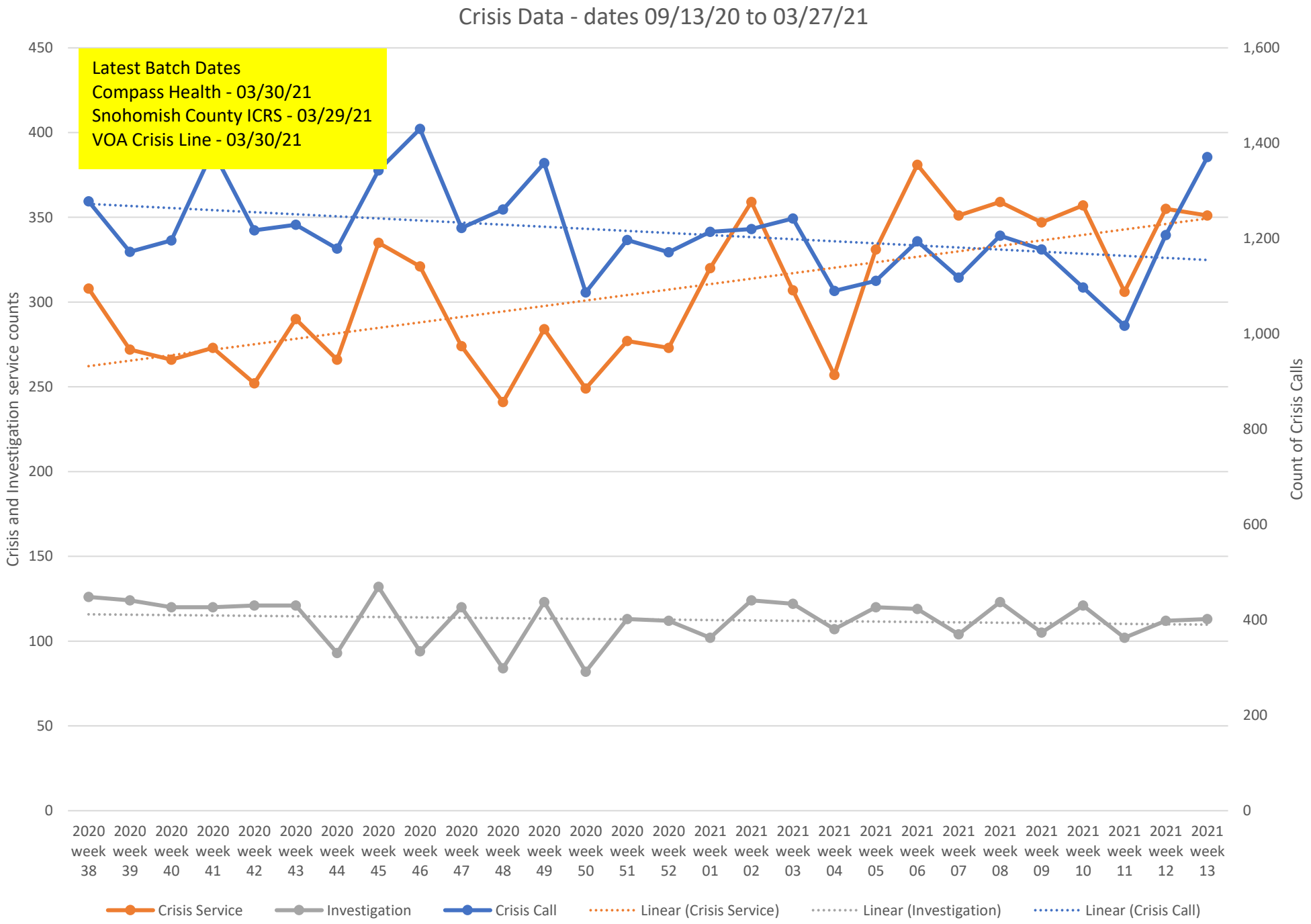
Survey Link for Feedback:
https://hca.servicenowservices.com/assessment_take2.do?sysparm_assessable_type=1ccb82c21b83e01030e587bae54bcb16

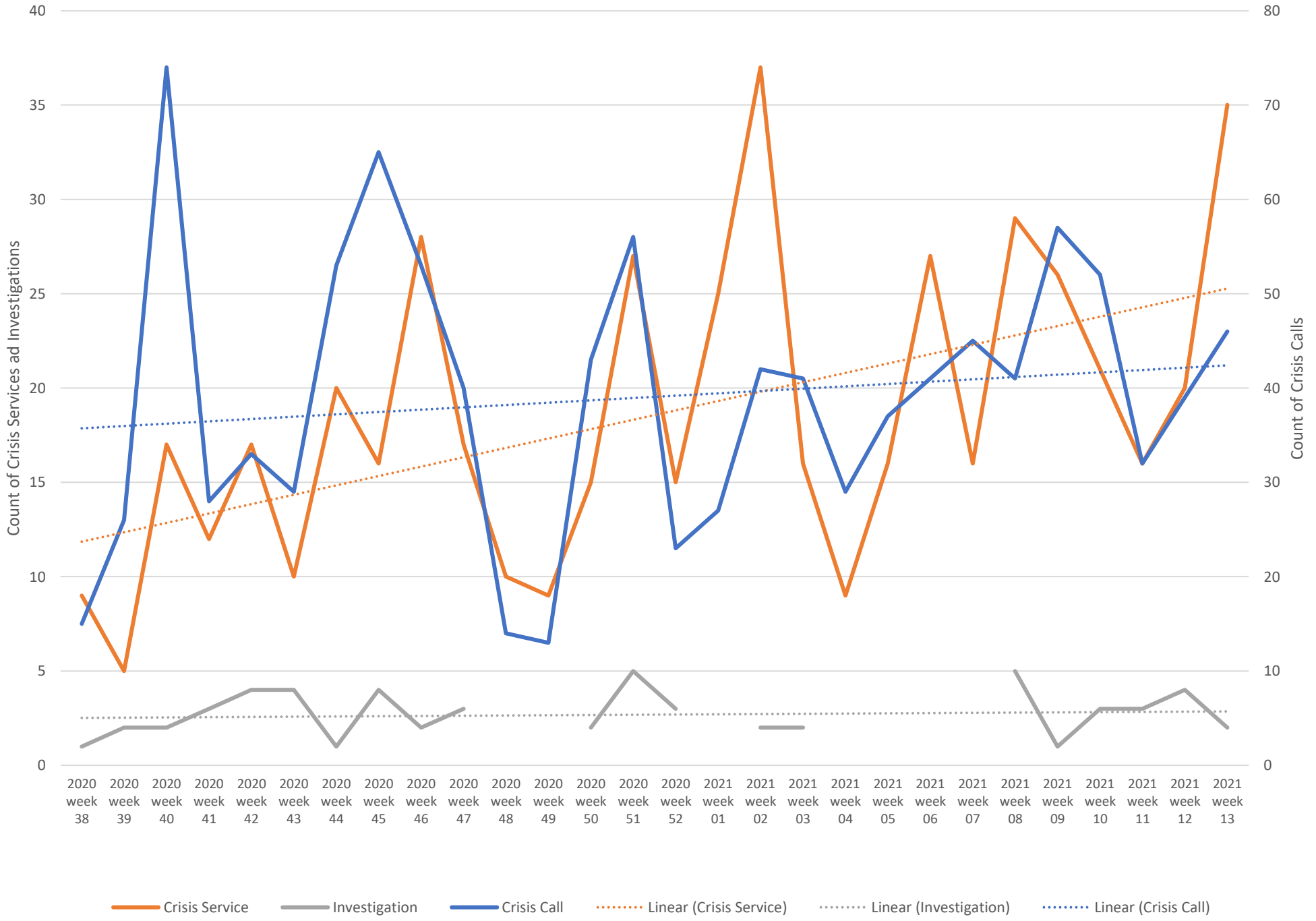
Block Grant Email: hcadbhrgrants@hca.wa.gov

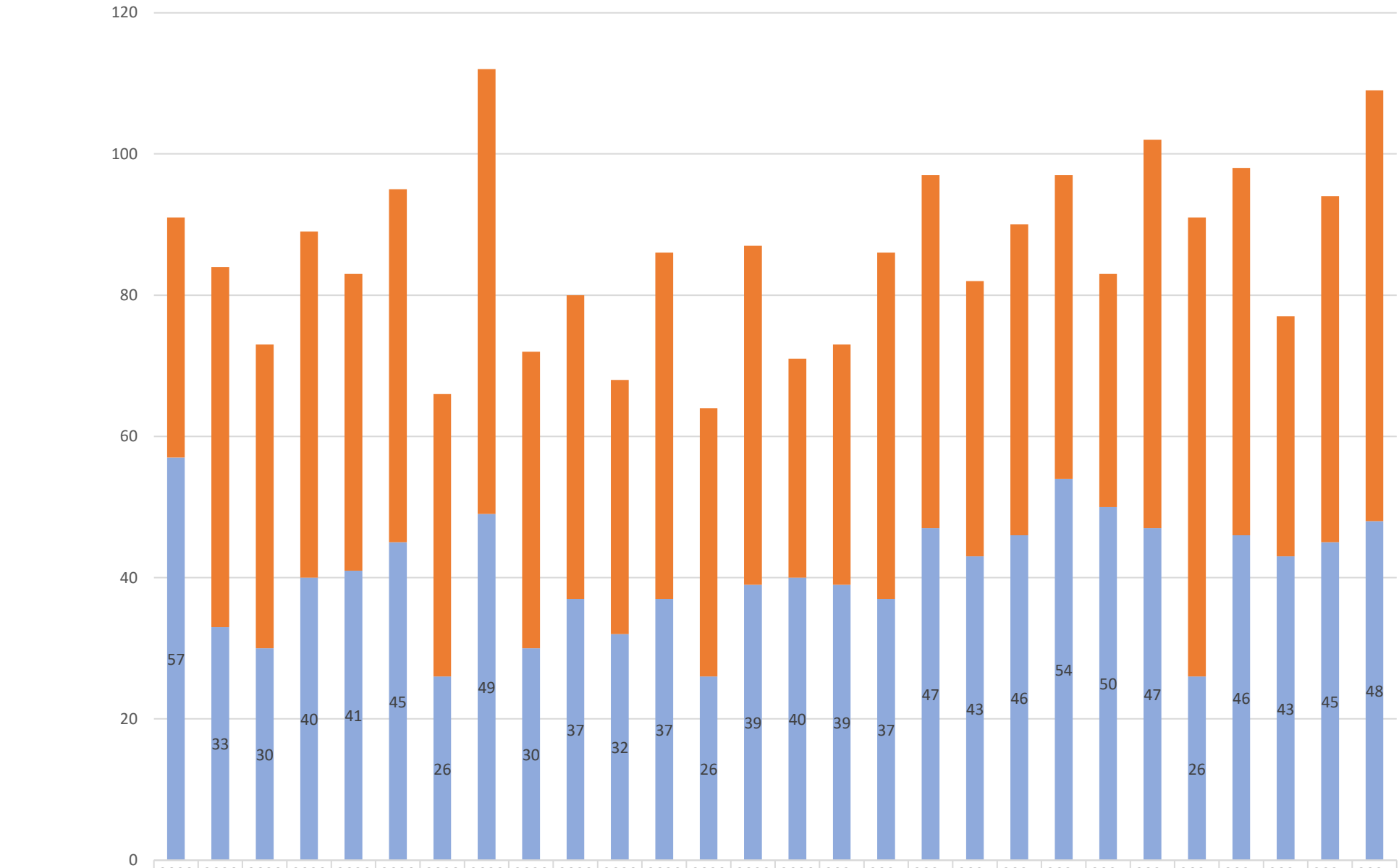
SAMSHA Grant Notice:
https://www.samhsa.gov/newsroom/press-announcements/202103110230

Washington State Health Care Authority

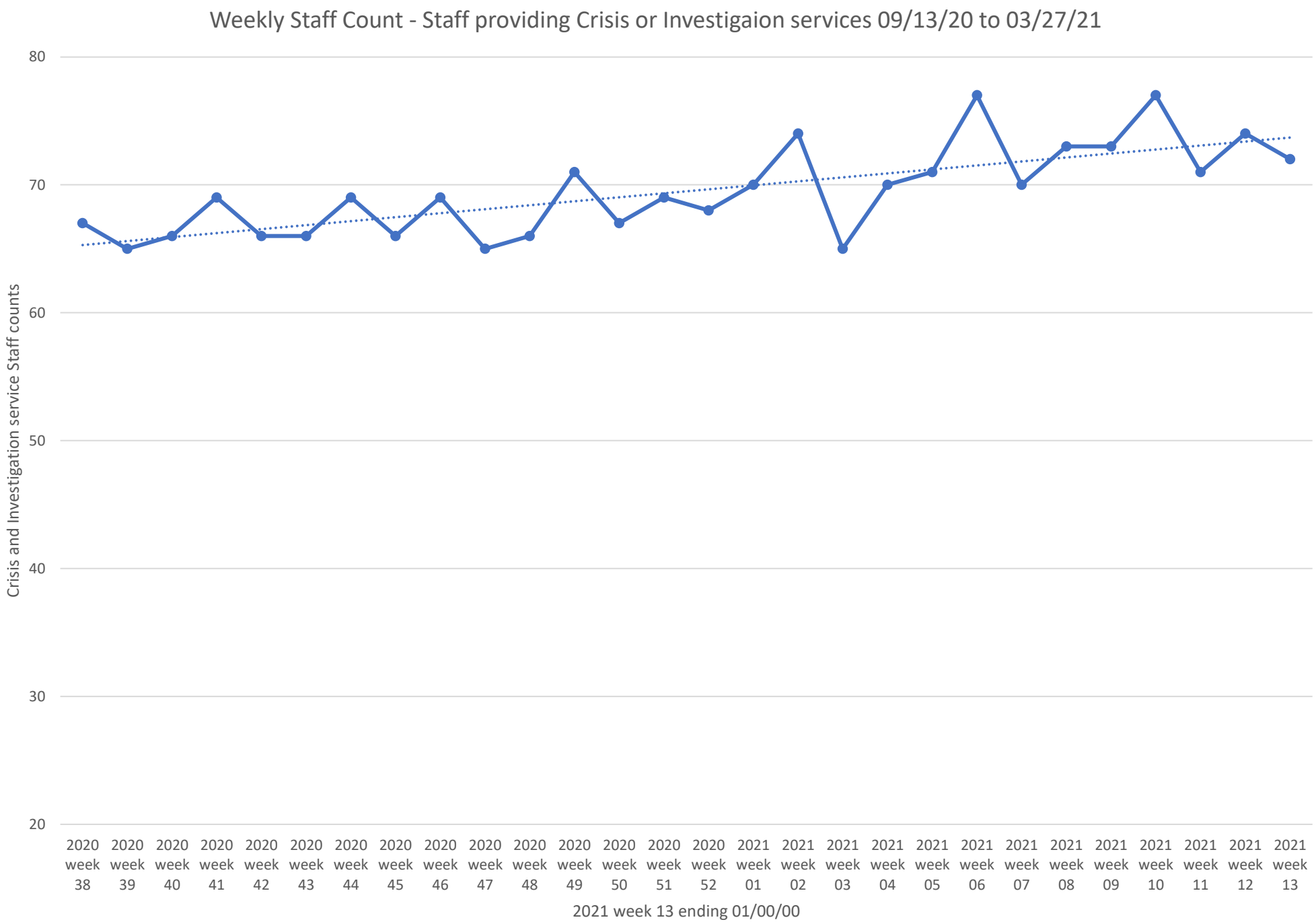
Weekly Crisis Capacity Indicator Snapshot

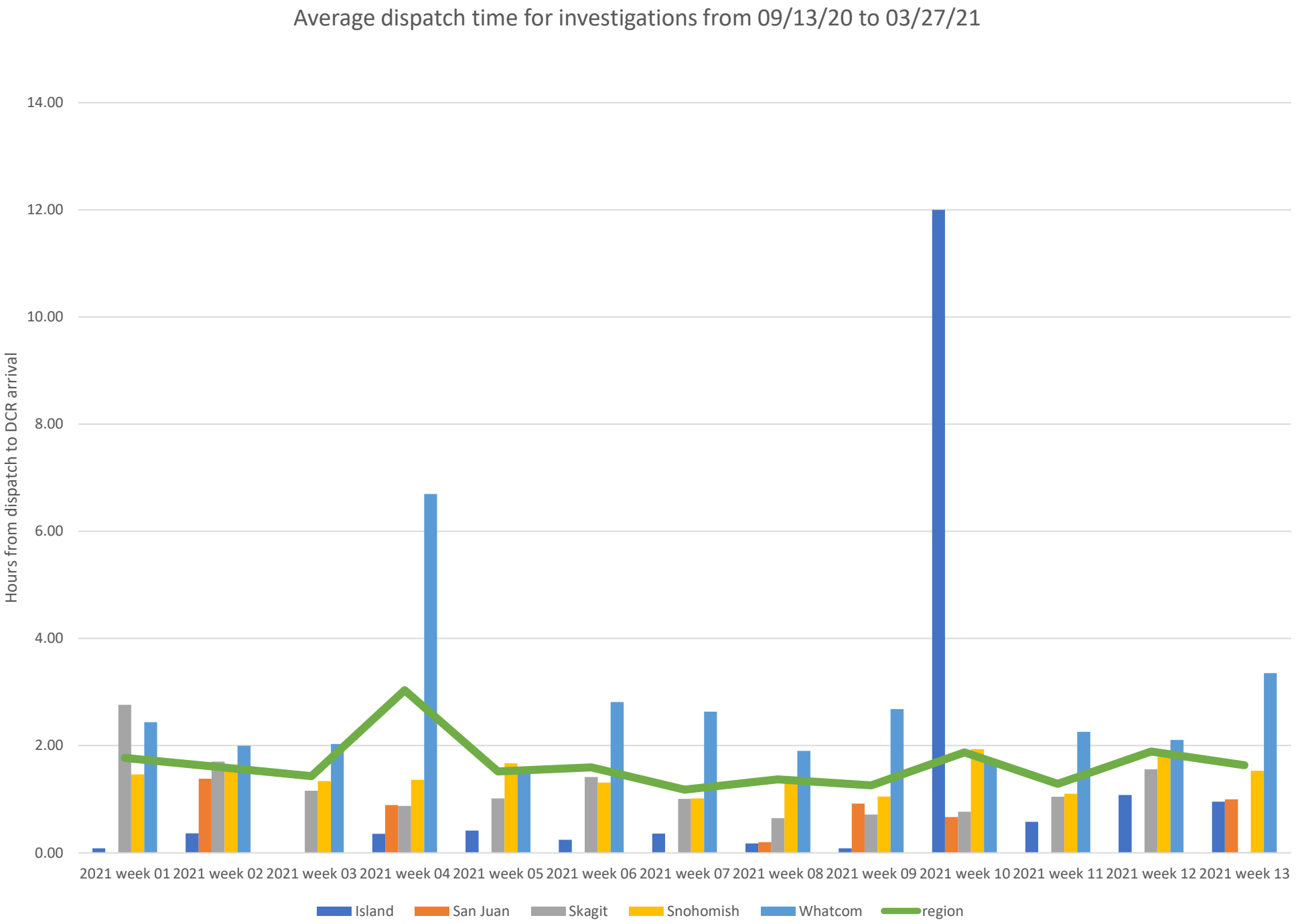

Crisis Data - dates 09/13/20 to 03/27/21
Latest Batch Dates
Compass Health - 03/30/21
Snohomish County ICRS - 03/29/21
VOA Crisis Line - 03/30/21
Crisis and Investigation service counts
Count of Crisis Calls
450
400
350
300
250
200
150
100
50
0
1,600
1,400
1,200
1,000
800
600
400
200
0
2020 week 38
2020 week 39
2020 week 40
2020 week 41
2020 week 42
2020 week 43
2020 week 44
2020 week 45
2020 week 46
2020 week 47
2020 week 48
2020 week 49
2020 week 50
2020 week 51
2020 week 52
2021 week 01
2021 week 02
2021 week 03
2021 week 04
2021 week 05
2021 week 06
2021 week 07
2021 week 08
2021 week 09
2021 week 10
2021 week 11
2021 week 12
2021 week 13
Crisis Service
Investigation
Crisis Call
Linear (Crisis Service)
Linear (Investigation)
Linear (Crisis Call)


Crisis Data: Ages 0-17 - dates 09/13/20 to 03/27/21
Count of Crisis Services ad Investigations
Count of Crisis Calls
0
5
10
15
20
25
30
35
40
0
10
20
30
40
50
60
70
80
2020 week 38
2020 week 39
2020 week 40
2020 week 41
2020 week 42
2020 week 43
2020 week 44
2020 week 45
2020 week 46
2020 week 47
2020 week 48
2020 week 49
2020 week 50
2020 week 51
2020 week 52
2021 week 01
2021 week 02
2021 week 03
2021 week 04
2021 week 05
2021 week 06
2021 week 07
2021 week 08
2021 week 09
2021 week 10
2021 week 11
2021 week 12
2021 week 13
Crisis Service
Investigation
Crisis Call
Linear (Crisis Service)
Linear (Investigation)
Linear (Crisis Call)

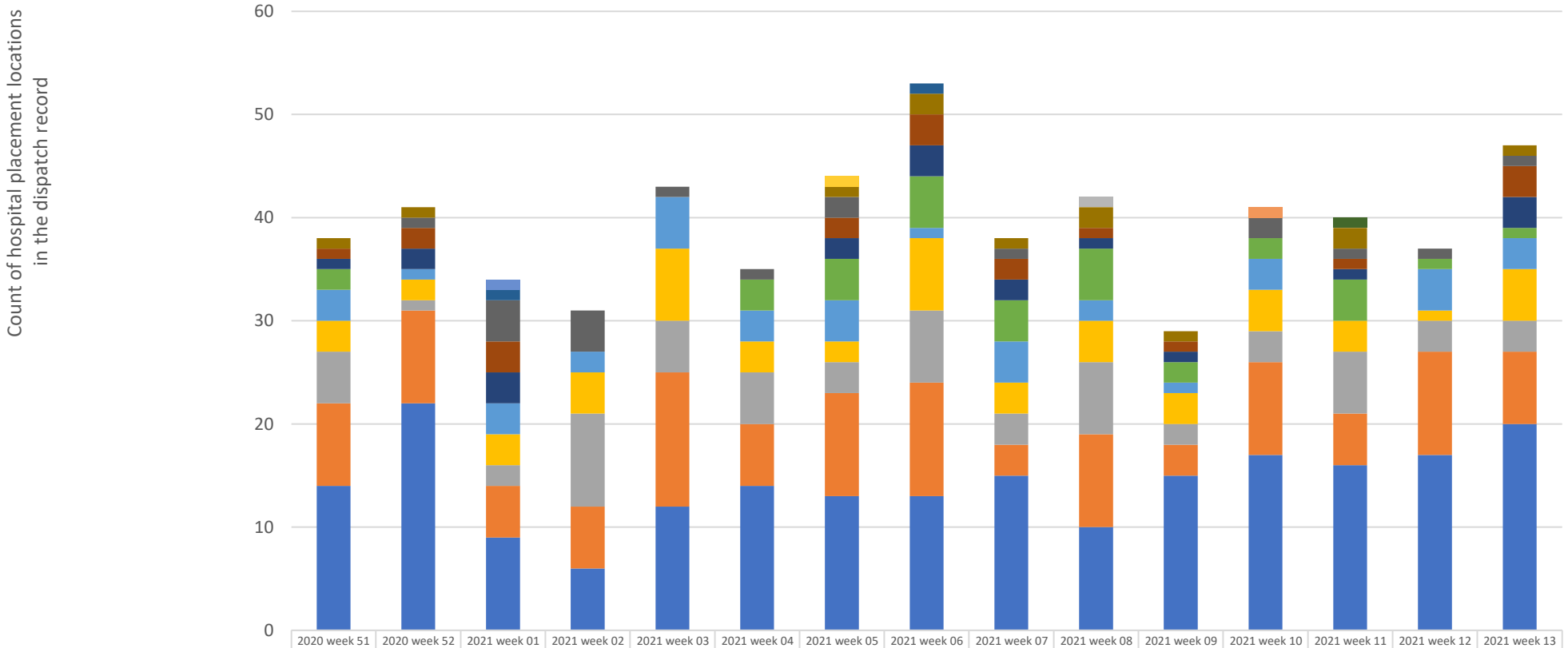


	2020 week 38	2020 week 39	2020 week 40	2020 week 41	2020 week 42	2020 week 43	2020 week 44	2020 week 45	2020 week 46	2020 week 47	2020 week 48	2020 week 49	2020 week 50	2020 week 51	2020 week 52	2021 week 01	2021 week 02	2021 week 03	2021 week 04	2021 week 05	2021 week 06	2021 week 07	2021 week 08	2021 week 09	2021 week 10	2021 week 11	2021 week 12	2021 week 13
dispatch resulting in other outcom	34	51	43	49	42	50	40	63	42	43	36	49	38	48	31	34	49	50	39	44	43	33	55	65	52	34	49	61
dispatch resulting in detention	57	33	30	40	41	45	26	49	30	37	32	37	26	39	40	39	37	47	43	46	54	50	47	26	46	43	45	48

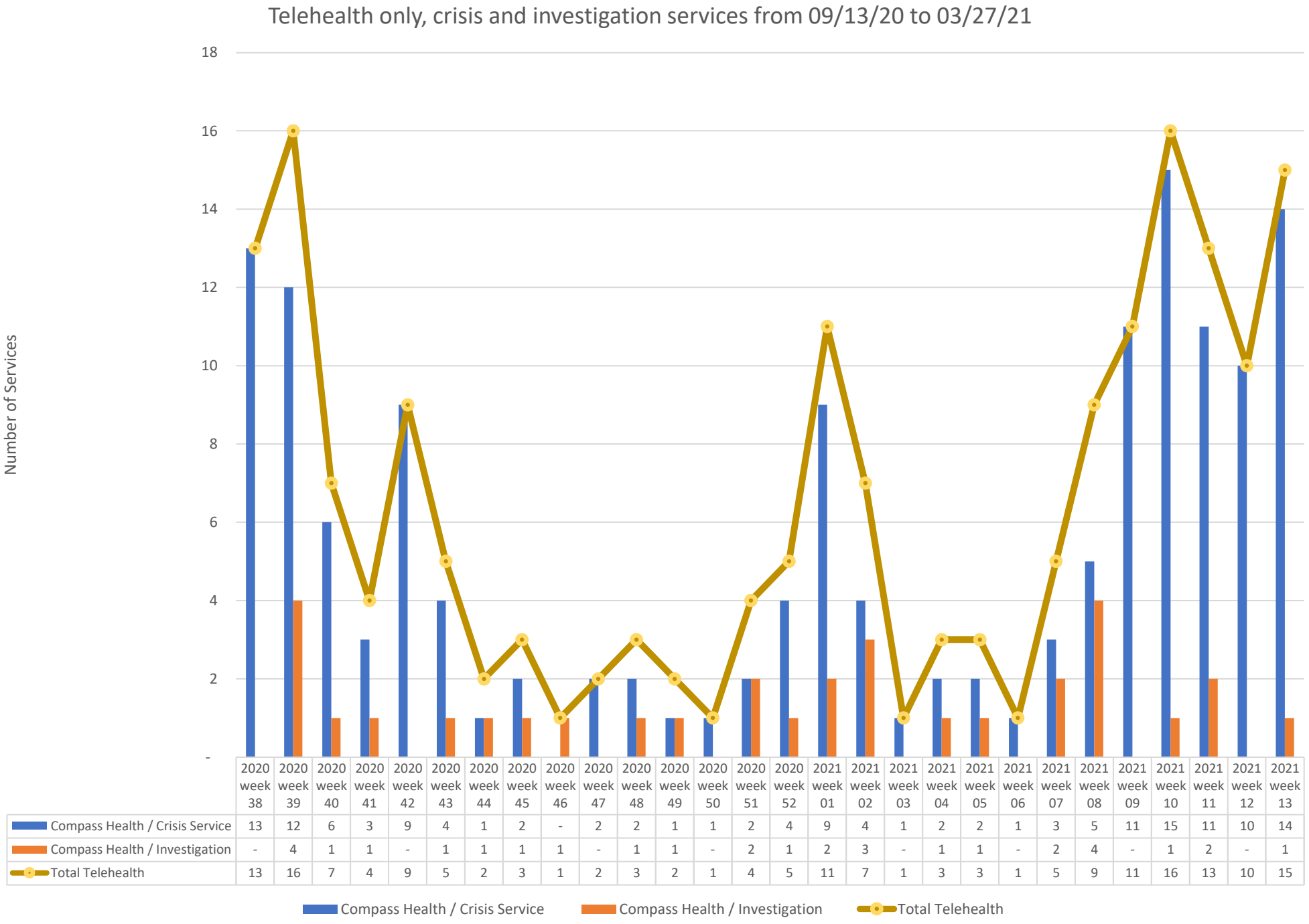

Weekly Staff Count - Staff providing Crisis or Investigaion services 09/13/20 to 03/27/21
Crisis and Investigation service Staff counts
80
70
60
50
40
30
20
2020 week 38
2020 week 39
2020 week 40
2020 week 41
2020 week 42
2020 week 43
2020 week 44
2020 week 45
2020 week 46
2020 week 47
2020 week 48
2020 week 49
2020 week 50
2020 week 51
2020 week 52
2021 week 01
2021 week 02
2021 week 03
2021 week 04
2021 week 05
2021 week 06
2021 week 07
2021 week 08
2021 week 09
2021 week 10
2021 week 11
2021 week 12
2021 week 13
2021 week 13 ending 01/00/00


Average dispatch time for investigations from 09/13/20 to 03/27/21
Hours from dispatch to DCR arrival
14.00
12.00
10.00
8.00
6.00
4.00
2.00
0.00
2021 week 01
2021 week 02
2021 week 03
2021 week 04
2021 week 05
2021 week 06
2021 week 07
2021 week 08
2021 week 09
2021 week 10
2021 week 11
2021 week 12
2021 week 13
Island
San Juan
Skagit
Snohomish
Whatcom
region

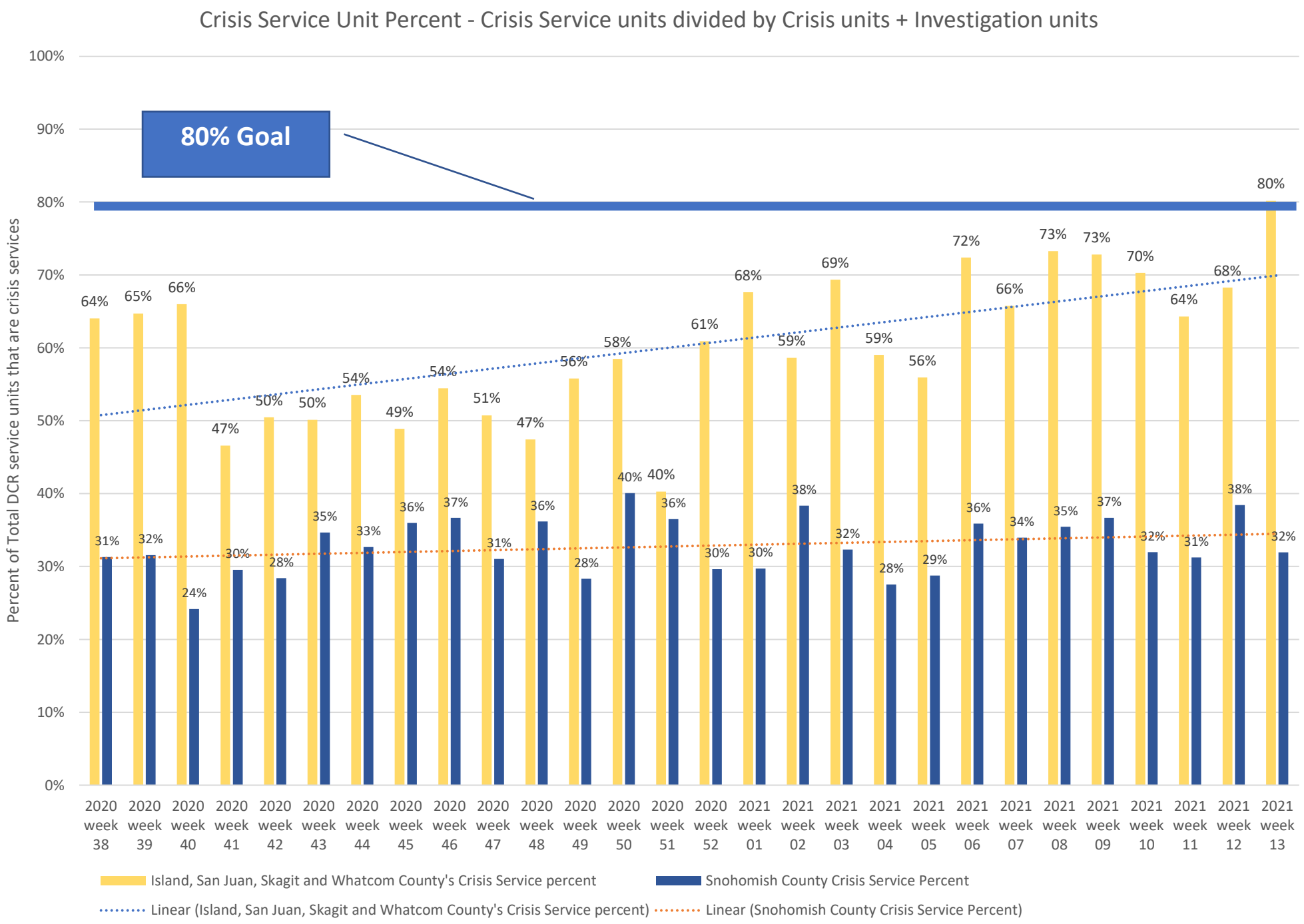
Hospital placement locations (Invol and Vol) - No adjustment has been made for timely data - recent weeks likely low

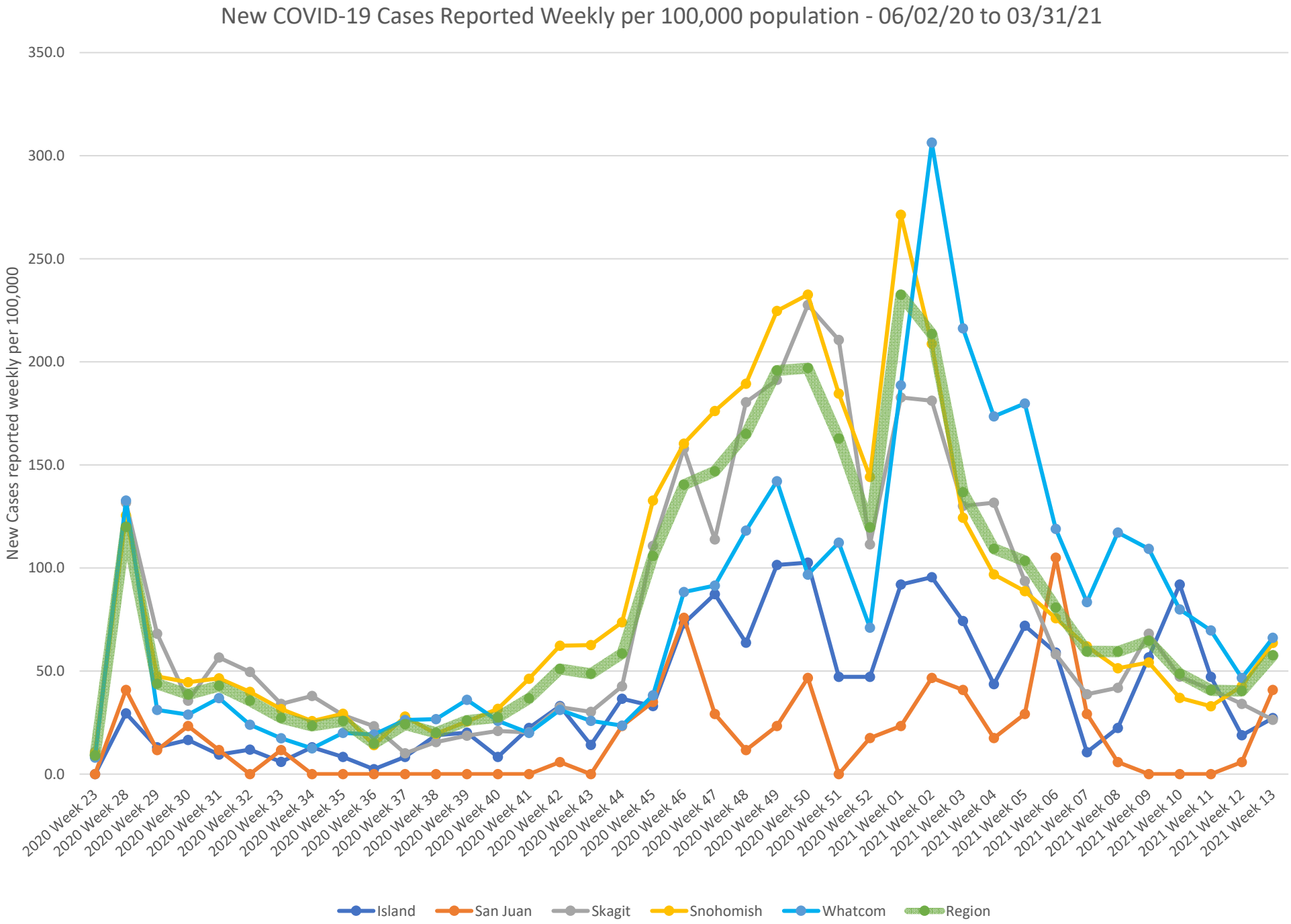


	2020 week 51	2020 week 52	2021 week 01	2021 week 02	2021 week 03	2021 week 04	2021 week 05	2021 week 06	2021 week 07	2021 week 08	2021 week 09	2021 week 10	2021 week 11	2021 week 12	2021 week 13
Thurston/Mason E&T Facility							1								
Cascade Behavioral Hospital LLC										1					
Valley General Hospital												1			
Swedish - Seattle			1												
ABHS Spokane													1		
Swedish - Mill Creek			1					1							
VALLEY CITIES COUNSELING AND CONSULTATION	1	1					1	2	1	2	1		2		1
ABHS Chehalis		1	4	4	1	1	2		1			2	1	1	1
Mukilteo	1	2	3				2	3	2	1	1		1		3
Compass - Mukilteo E&T	1	2	3				2	3	2	1	1		1		3
BHC Fairfax Monroe	2					3	4	5	4	5	2	2	4	1	1
Telecare NS E&T	3	1	3	2	5	3	4	1	4	2	1	3		4	3
Smokey Point Behavioral Hospital	3	2	3	4	7	3	2	7	3	4	3	4	3	1	5
Skagit Regional Psychiatry	5	1	2	9	5	5	3	7	3	7	2	3	6	3	3
Swedish - Edmonds	8	9	5	6	13	6	10	11	3	9	3	9	5	10	7
Providence - Everett	14	22	9	6	12	14	13	13	15	10	15	17	16	17	20



	2020 week 38	2020 week 39	2020 week 40	2020 week 41	2020 week 42	2020 week 43	2020 week 44	2020 week 45	2020 week 46	2020 week 47	2020 week 48	2020 week 49	2020 week 50	2020 week 51	2020 week 52	2021 week 01	2021 week 02	2021 week 03	2021 week 04	2021 week 05	2021 week 06	2021 week 07	2021 week 08	2021 week 09	2021 week 10	2021 week 11	2021 week 12	2021 week 13
Compass Health / Crisis Service	13	12	6	3	9	4	1	2	-	2	2	1	1	2	4	9	4	1	2	2	1	3	5	11	15	11	10	14
Compass Health / Investigation	-	4	1	1	-	1	1	1	1	-	1	1	-	2	1	2	3	-	1	1	-	2	4	-	1	2	-	1
Total Telehealth	13	16	7	4	9	5	2	3	1	2	3	2	1	4	5	11	7	1	3	3	1	5	9	11	16	13	10	15

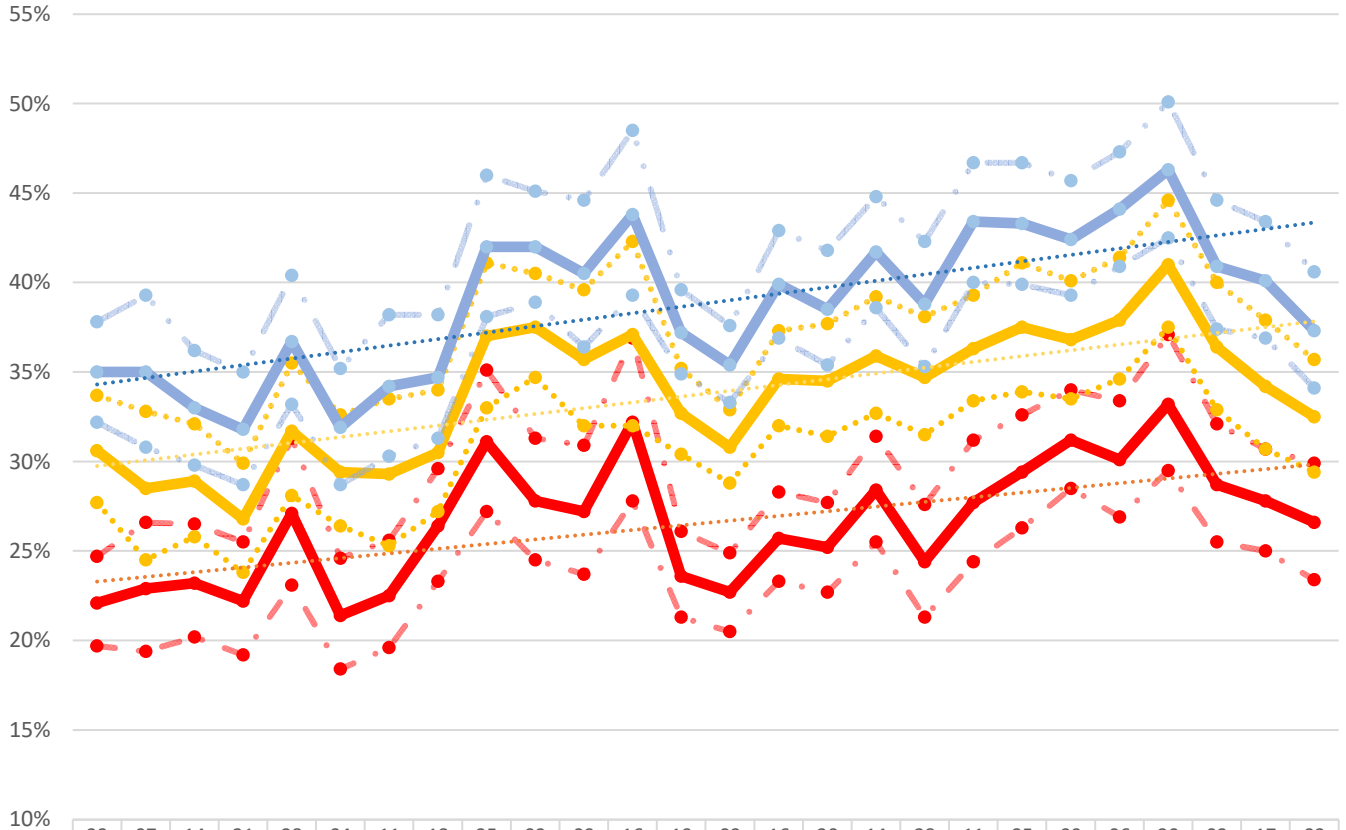

Crisis Service Unit Percent - Crisis Service units divided by Crisis units + Investigation units
Percent of Total DCR service units that are crisis services
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
80% Goal
64% 65% 66% 47% 50% 50% 54% 49% 54% 51% 47% 56% 58% 61% 68% 59% 69% 59% 56% 72% 66% 73% 73% 70% 64% 68% 80%
31% 32% 24% 30% 28% 35% 33% 36% 37% 31% 36% 28% 40% 40% 36% 30% 30% 38% 32% 28% 29% 36% 34% 35% 37% 32% 31% 38% 32%
2020 week 38
2020 week 39
2020 week 40
2020 week 41
2020 week 42
2020 week 43
2020 week 44
2020 week 45
2020 week 46
2020 week 47
2020 week 48
2020 week 49
2020 week 50
2020 week 51
2020 week 52
2021 week 01
2021 week 02
2021 week 03
2021 week 04
2021 week 05
2021 week 06
2021 week 07
2021 week 08
2021 week 09
2021 week 10
2021 week 11
2021 week 12
2021 week 13
Island, San Juan, Skagit and Whatcom County's Crisis Service percent
Snohomish County Crisis Service Percent
Linear (Island, San Juan, Skagit and Whatcom County's Crisis Service percent)
Linear (Snohomish County Crisis Service Percent)


New COVID-19 Cases Reported Weekly per 100,000 population - 06/02/20 to 03/31/21
New Cases reported weekly per 100,000
350.0
300.0
250.0
200.0
150.0
100.0
50.0
0.0
2020 Week 23
2020 Week 28
2020 Week 29
2020 Week 30
2020 Week 31
2020 Week 32
2020 Week 33
2020 Week 34
2020 Week 35
2020 Week 36
2020 Week 37
2020 Week 38
2020 Week 39
2020 Week 40
2020 Week 41
2020 Week 42
2020 Week 43
2020 Week 44
2020 Week 45
2020 Week 46
2020 Week 47
2020 Week 48
2020 Week 49
2020 Week 50
2020 Week 51
2020 Week 52
2021 Week 01
2021 Week 02
2021 Week 03
2021 Week 04
2021 Week 05
2021 Week 06
2021 Week 07
2021 Week 08
2021 Week 09
2021 Week 10
2021 Week 11
2021 Week 12
2021 Week 13
Island
San Juan
Skagit
Snohomish
Whatcom
Region

Washington State Indicators of Anxiety or Depression Based on Reported Frequency of Symptoms During Last 7 Days

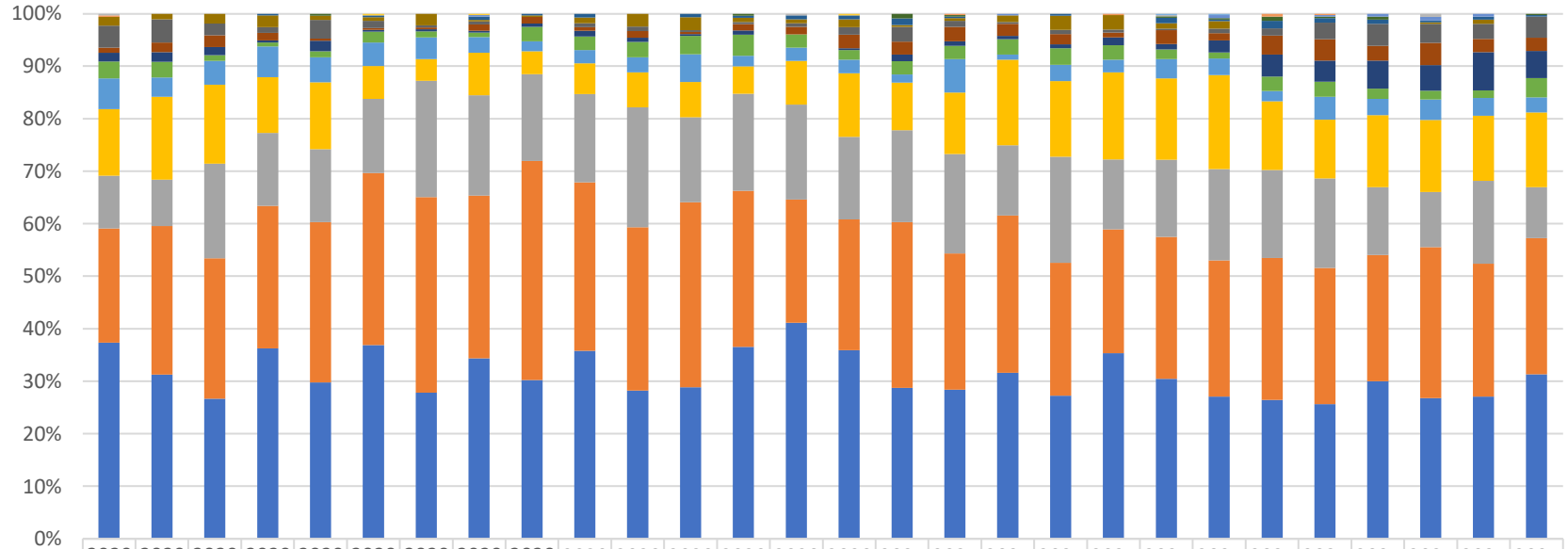
The U.S. Census Bureau, in collaboration with five federal agencies, launched the Household Pulse Survey to produce data on the social and economic impacts of Covid-19 on American households. The Household Pulse Survey was designed to gauge the impact of the pandemic on employment status, consumer spending, food security, housing, education disruptions, and dimensions of physical and mental wellness.

https://data.cdc.gov/NCHS/Indicators-of-Anxiety-or-Depression-Based-on-Repor/8pt5-q6wp



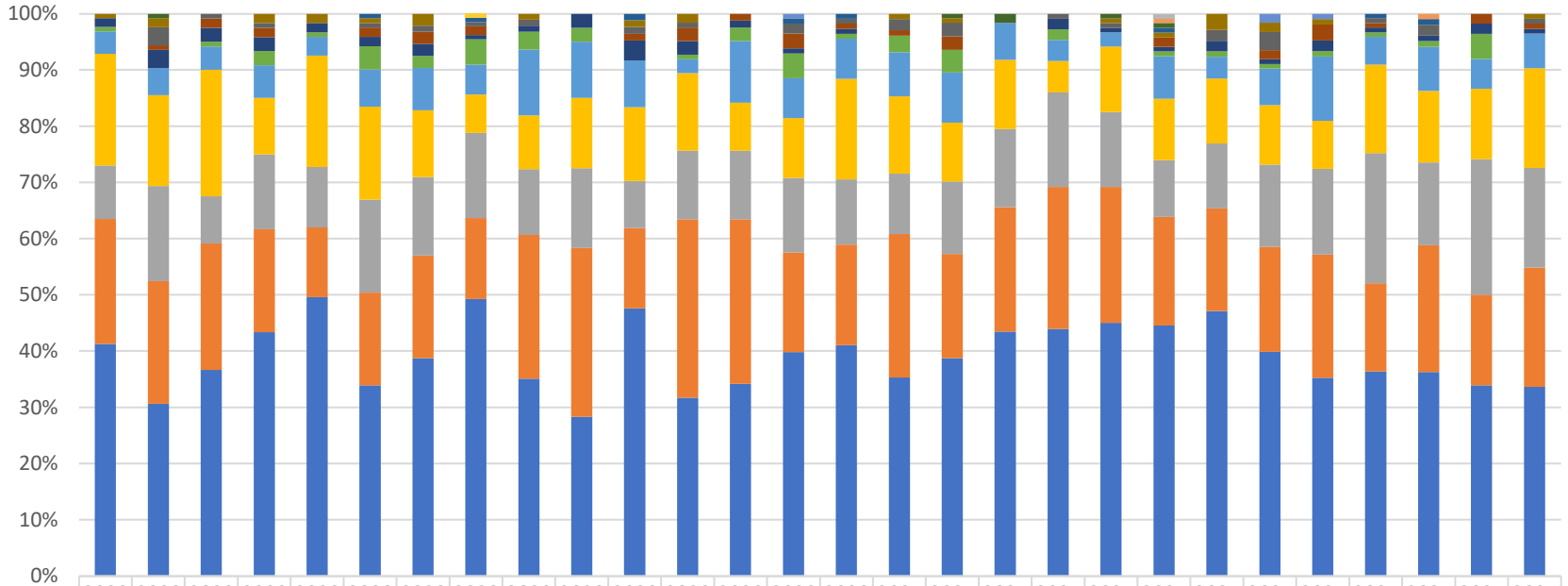
	23 Apr-05 May	07 May-12 May	14 May-19 May	21 May-26 May	28 May-02 Jun	04 Jun-09 Jun	11 Jun-16 Jun	18 Jun-23 Jun	25 Jun-30 Jun	02 Jul-07 Jul	09 Jul-14 Jul	16 Jul-21 Jul	19 Aug-31 Aug	02 Sep-14 Sep	16 Sep-28 Sep	30 Sep-12 Oct	14 Oct-26 Oct	28 Oct-09 Nov	11 Nov-23 Nov	25 Nov-07 Dec	09 Dec-21 Dec	06 Jan-18 Jan	20 Jan-01 Feb	03 Feb-15 Feb	17 Feb-01 Mar	03 Mar-15 Mar
% with Symptoms of Depressive Disorder low conf. level	20%	19%	20%	19%	23%	18%	20%	23%	27%	25%	24%	28%	21%	21%	23%	23%	26%	21%	24%	26%	29%	27%	30%	26%	25%	23%
% with Symptoms of Depressive Disorder value	22%	23%	23%	22%	27%	21%	23%	26%	31%	28%	27%	32%	24%	23%	26%	25%	28%	24%	28%	29%	31%	30%	33%	29%	28%	27%
% with Symptoms of Depressive Disorder high conf. level	25%	27%	27%	26%	31%	25%	26%	30%	35%	31%	31%	37%	26%	25%	28%	28%	31%	28%	31%	33%	34%	33%	37%	32%	31%	30%
% with Symptoms of Anxiety Disorder low conf. level	28%	25%	26%	24%	28%	26%	25%	27%	33%	35%	32%	32%	30%	29%	32%	31%	33%	32%	33%	34%	34%	35%	38%	33%	31%	29%
% with Symptoms of Anxiety Disorder value	31%	29%	29%	27%	32%	29%	29%	31%	37%	38%	36%	37%	33%	31%	35%	35%	36%	35%	36%	38%	37%	38%	41%	36%	34%	33%
% with Symptoms of Anxiety Disorder high conf. level	34%	33%	32%	30%	36%	33%	34%	34%	41%	41%	40%	42%	35%	33%	37%	38%	39%	38%	39%	41%	40%	41%	45%	40%	38%	36%
% with Symptoms of Anxiety or Depressive Disorder low conf. level	32%	31%	30%	29%	33%	29%	30%	31%	38%	39%	36%	39%	35%	33%	37%	35%	39%	35%	40%	40%	39%	41%	43%	37%	37%	34%
% with Symptoms of Anxiety or Depressive Disorder value	35%	35%	33%	32%	37%	32%	34%	35%	42%	42%	41%	44%	37%	35%	40%	39%	42%	39%	43%	43%	42%	44%	46%	41%	40%	37%
% with Symptoms of Anxiety or Depressive Disorder high conf. level	38%	39%	36%	35%	40%	35%	38%	38%	46%	45%	45%	49%	40%	38%	43%	42%	45%	42%	47%	47%	46%	47%	50%	45%	43%	41%

Place of Service -Crisis Services, percent of total by week



	2020 week 38	2020 week 39	2020 week 40	2020 week 41	2020 week 42	2020 week 43	2020 week 44	2020 week 45	2020 week 46	2020 week 47	2020 week 48	2020 week 49	2020 week 50	2020 week 51	2020 week 52	2021 week 01	2021 week 02	2021 week 03	2021 week 04	2021 week 05	2021 week 06	2021 week 07	2021 week 08	2021 week 09	2021 week 10	2021 week 11	2021 week 12	2021 week 13
Custodial Care Facility																					1	1						
Community Mental Health Center						1		1							1													
Nursing Facility	1													1							1					2		
Psych. Residential	1																1			1			2	1				
School								1										1				2		1	2	2	2	
On Campus Outpatient Hospital					1								1			3	1				1	1	3	1	2			1
Group Home				1		1		2	1	2		2	1	2	2	4	1		1		4	1	5	3	3	1	2	1
Homeless Shelter	5	3	5	6	2	2	6	1	1	3	6	7	2	2	4	1	2	4	7	9	4	5				1	3	
Telehealth	13	12	6	3	9	4	1	2		2	2	1	1	2	4	9	4	1	2	2	1	3	5	11	15	11	10	14
Prison Correctional Facility	3	5	6	4	1	1	1	4	4	2	3	1	3	4	7	8	10	7	5	3	10	5	13	14	10	13	9	9
Assisted Living Facility	5	5	4	1	5	1	1	1	2	3	2	1	2		1	4	3	2	2	5	4	8	15	14	19	15	26	18
Inpatient Psychiatric Facility	10	8	3	2	3	6	3	3	9	7	7	10	10	7	5	8	9	9	8	9	7	4	10	10	7	5	5	13
Inpatient Hospital	18	10	12	16	12	13	11	10	6	7	7	15	5	7	7	5	23	3	8	8	14	11	7	15	11	12	12	10
Emergency Room Hospital	39	43	40	29	32	18	11	27	14	16	16	19	13	23	33	29	42	50	37	55	59	63	47	39	49	42	44	50
Home	31	24	48	38	35	41	59	64	53	46	55	46	46	50	43	56	68	41	52	44	56	61	60	59	46	32	56	34
Other Place of Service	67	77	71	74	77	95	99	104	134	88	75	100	74	65	68	101	93	92	65	78	103	91	97	90	86	88	90	91
Office	115	85	71	99	75	107	74	115	97	98	68	82	91	114	98	92	102	97	70	117	116	95	95	89	107	82	96	110

Place of Service -Investigations, percent of total by week



	2020 week 38	2020 week 39	2020 week 40	2020 week 41	2020 week 42	2020 week 43	2020 week 44	2020 week 45	2020 week 46	2020 week 47	2020 week 48	2020 week 49	2020 week 50	2020 week 51	2020 week 52	2021 week 01	2021 week 02	2021 week 03	2021 week 04	2021 week 05	2021 week 06	2021 week 07	2021 week 08	2021 week 09	2021 week 10	2021 week 11	2021 week 12	2021 week 13
Non residential SUD Facility								1																				
Custodial Care Facility																					1							
On Campus Outpatient Hospital																					1					1		
Psych. Residential														1									2	1				
Homeless Shelter		1															1	2		1	1							
Community Mental Health Center						1		1			1			1	1						1				1	1		
Office	1	2		2	2	1	2		1		1	2				1	1			1	1	3	2	1				1
Telehealth		4	1	1		1	1	1	1		1	1		2	1	2	3		1	1		2	4		1	2		1
Group Home		1	2	2		2	2	2			1	3	1	3	1	1	3				2		2	3	1		2	1
Assisted Living Facility	2	4	3	3	2	2	2	1	1	3	3	3	1	1	1				2	1	1	2	1	2	1	1	2	1
Home	1		1	3	1	5	2	6	3	3		1	2	5	1	3	5		2		1	1	1	1	1	1	5	
Prison Correctional Facility	5	6	5	7	4	8	7	7	11	12	7	3	9	8	8	8	11	8	4	3	9	4	8	12	6	8	6	7
Inpatient Hospital	25	20	27	12	24	20	11	9	9	15	11	17	7	12	20	14	13	15	6	14	13	12	13	9	19	13	14	20
Other Place of Service	12	21	10	16	13	20	13	20	11	17	7	15	10	15	13	11	16	17	18	16	12	12	18	16	28	15	27	20
Inpatient Psychiatric Facility	28	27	27	22	15	20	17	19	24	36	12	39	24	20	20	26	23	27	27	29	23	19	23	23	19	23	18	24
Emergency Room Hospital	52	38	44	52	60	41	36	65	33	34	40	39	28	45	46	36	48	53	47	54	53	49	49	37	44	37	38	38

North Sound Crisis Metric and Reporting

Call Center, DCR dispatch and Crisis Services

Crisis Calls, Triage Calls, Dispatches, Investigations and Crisis Services

Prepared By Dennis Regan 3/11/2021

NORTH SOUND BEHAVIORAL HEALTH
ADMINISTRATIVE SERVICES ORGANIZATION

2021 East College Way, Suite 101 Mount Vernon,WA 98273

360.416.7013|800.864.3555|F: 360.416.7017

www.nsbhaso.org

Table of Contents

Executive Summary

Crisis System Metric Dashboards

North Sound Crisis Calls

Period From Mar-20 To Feb-21

	crisis calls	Calls Answered	Calls LT 30 sec	Average answer	Calls
Prior 12 mo. Avg	3,157	2,967	2,709	0:00:22	190
Min	2,326	2,226	1,993	0:00:09	97
Max	4,582	4,312	3,913	0:00:33	322
St dev	719	680	698	0:00:07	73
Feb-21	3,240	3,143	3,020	0:00:17	97
Current Month	✓	✓	✓	✓	✓

North Sound Investigations

Period From Mar-20 To Feb-21

	invest.	detentions	MH invest.	SUD invest.	MH and SUD invest.	Referred from Law Enforcement	avg dispatch response time hrs.
Prior 12 mo. Avg.	369	179	217	19	133	38	1.45
Min	326	146	191	12	107	24	1.19
Max	429	201	250	29	154	56	1.82
Standard dev.	29	19	15	5	14	10	0.20
Feb-21	363	171	208	18	132	25	1.38
Current Month	✓	✓	✓	✓	✓	✓	✓

	Detentions and Commitments	Less Restrictive Options MH	No Detention Due to Issues	Voluntary MH Treatment	Other
Prior 12 mo. Avg.	192	2	5	108	63
Min	158	0	1	81	46
Max	221	4	8	122	82
Standard dev.	20	1	2	12	10
Feb-21	184	0	8	115	56
Current Month	✓	✓	✓	✓	✓

✓ Inside 2 stdev
! at 2 stdev
✗ outside 2 stdev

Areas outside limits

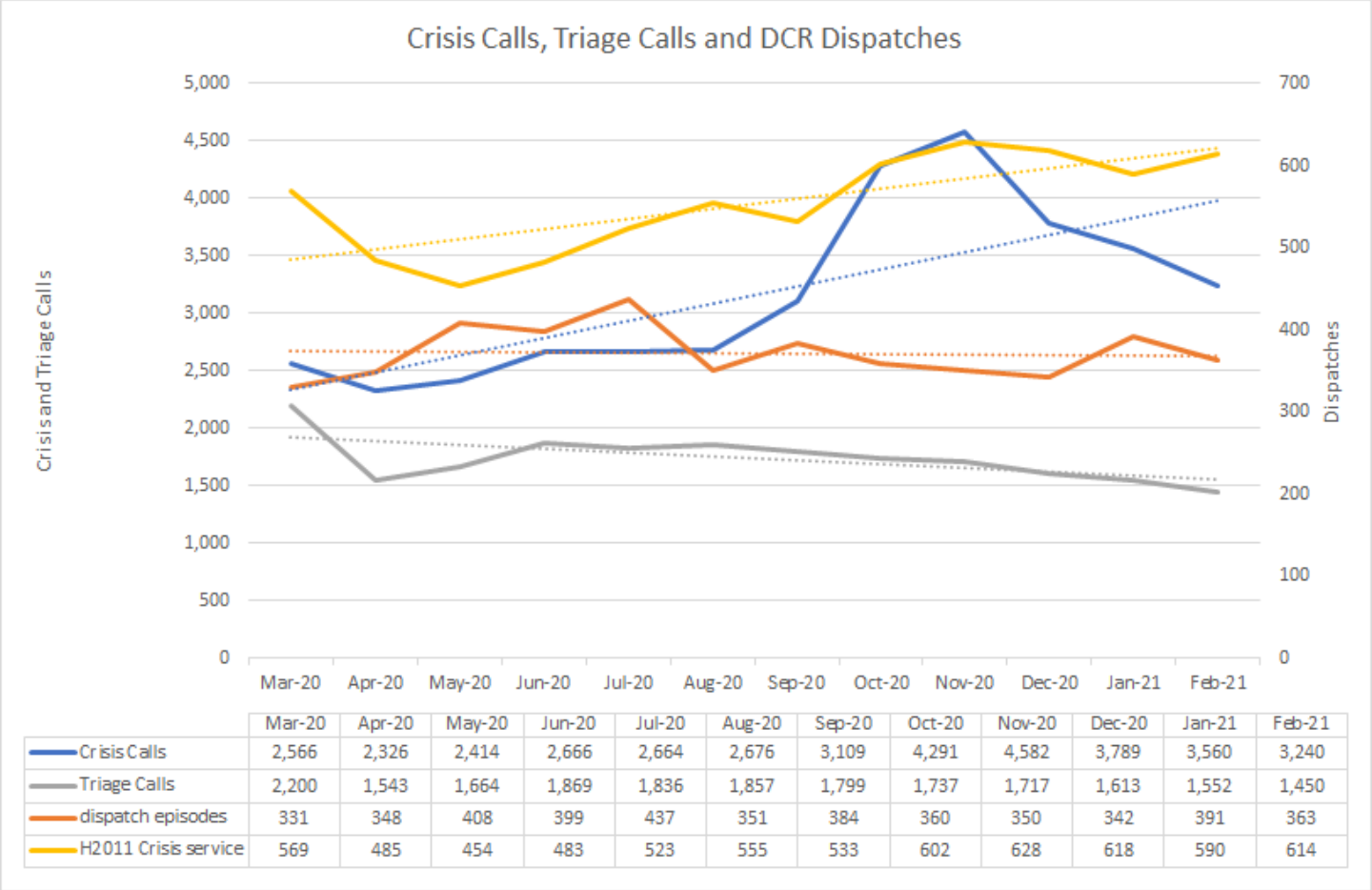
Crisis Calls metrics outside limits

All measures inside the 2 std dev limit.

Investigation metrics outside limits

All measures inside the 2 std dev limit.

Crisis Calls, Triage Calls and DCR Dispatches



	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Crisis Calls	2,566	2,326	2,414	2,666	2,664	2,676	3,109	4,291	4,582	3,789	3,560	3,240
Triage Calls	2,200	1,543	1,664	1,869	1,836	1,857	1,799	1,737	1,717	1,613	1,552	1,450
dispatch episodes	331	348	408	399	437	351	384	360	350	342	391	363
H2011 Crisis service	569	485	454	483	523	555	533	602	628	618	590	614

Crisis Calls: Inbound public calls or outbound/follow up calls related to care management activities.

Triage Calls: Primarily used as a Professional line for triaging and coordinating Mobile Crisis Outreaches Services.

Crisis Call Center

Volunteers of America is the contractor for crisis calls and triage calls.

The Crisis Call Center is not meeting the 90% goal for calls answered in less than 30 seconds for a one year average (85.4%). The current month is 93.2%.

The Crisis Call Center one year average is not meeting the contract required 5.0% Call Abandonment rate, the one year average is (6.0%) . The current month is meeting the goal (3.0%) continuing a 7 month trend of improvement.

Crisis Calls

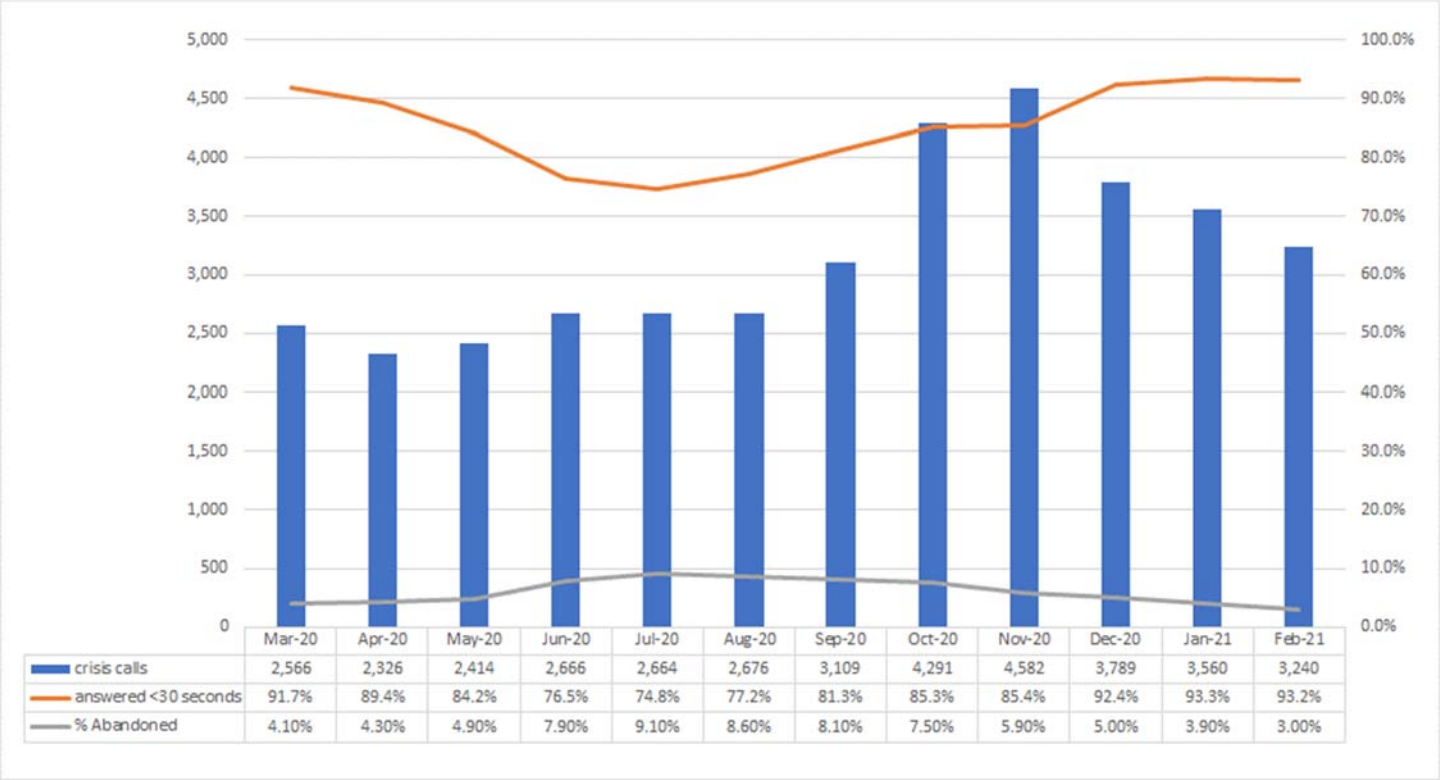
Period From Mar-20 To Feb-21

	Avg Monthly calls	Avg % answered < 30	Avg % abandoned
Feb-21	3,240	93.2%	3.0%
Average	3,157	85.4%	6.0%
Min	2,326	74.8%	3.0%
Max	4,582	93.3%	9.1%

Monthly Crisis Call metrics

Month	crisis calls	answered <30 seconds	% Abandoned
Mar-20	2,566	91.7%	4.10%
Apr-20	2,326	89.4%	4.30%
May-20	2,414	84.2%	4.90%
Jun-20	2,666	76.5%	7.90%
Jul-20	2,664	74.8%	9.10%
Aug-20	2,676	77.2%	8.60%
Sep-20	3,109	81.3%	8.10%
Oct-20	4,291	85.3%	7.50%
Nov-20	4,582	85.4%	5.90%
Dec-20	3,789	92.4%	5.00%
Jan-21	3,560	93.3%	3.90%
Feb-21	3,240	93.2%	3.00%

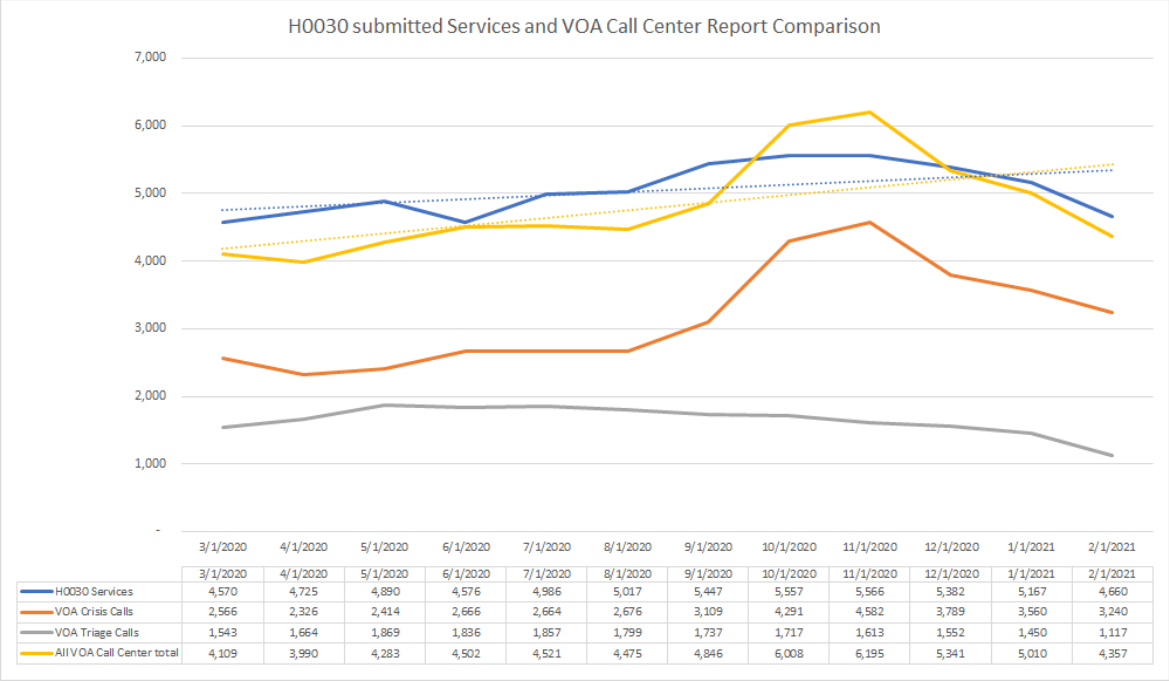
Crisis Calls monthly comparison



	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
crisis calls	2,566	2,326	2,414	2,666	2,664	2,676	3,109	4,291	4,582	3,789	3,560	3,240
answered <30 seconds	91.7%	89.4%	84.2%	76.5%	74.8%	77.2%	81.3%	85.3%	85.4%	92.4%	93.3%	93.2%
% Abandoned	4.10%	4.30%	4.90%	7.90%	9.10%	8.60%	8.10%	7.50%	5.90%	5.00%	3.90%	3.00%

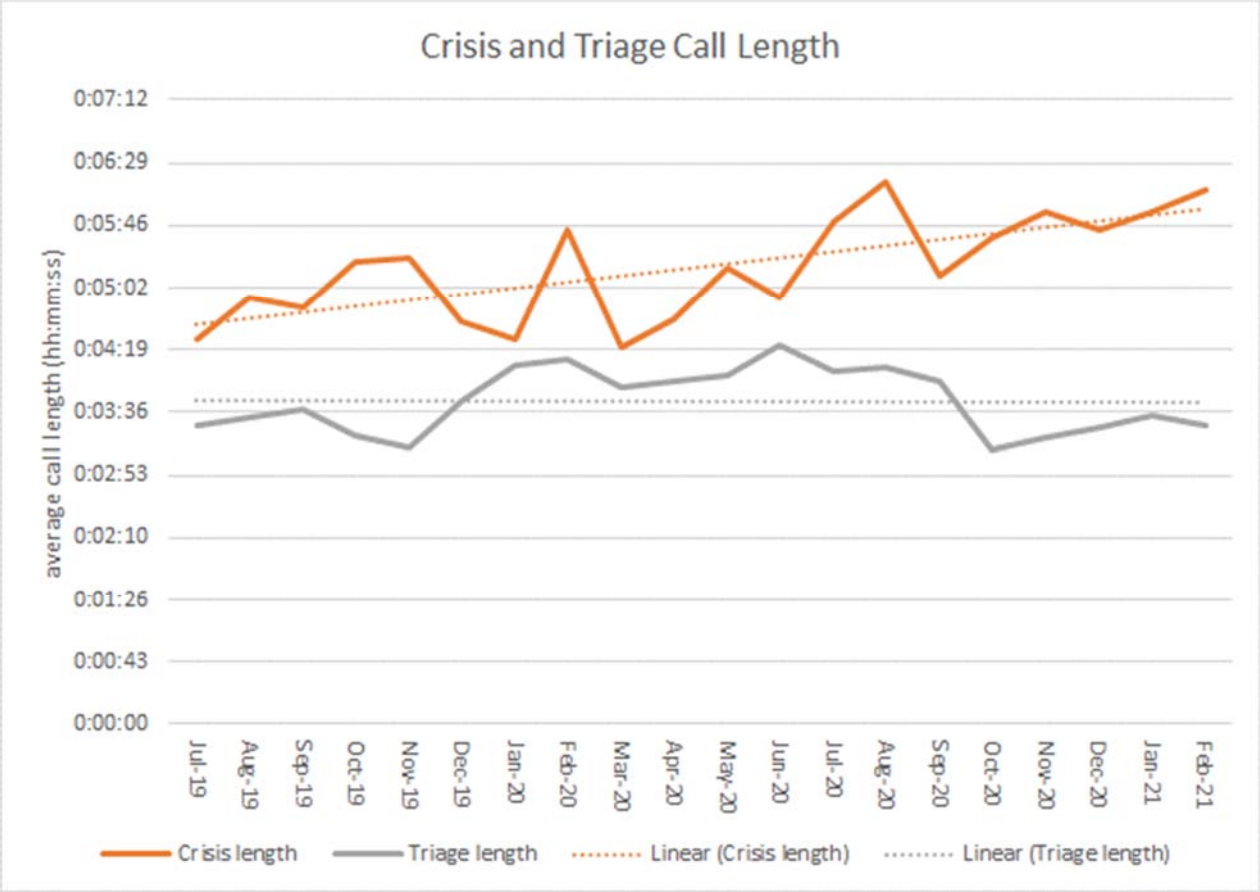
Crisis Service and VOA Call Center report comparison

VOA submits a call center report monthly. H0030 services are also submitted – these are different counts, this comparison is presented to understand the difference.



	3/1/2020	4/1/2020	5/1/2020	6/1/2020	7/1/2020	8/1/2020	9/1/2020	10/1/2020	11/1/2020	12/1/2020	1/1/2021	2/1/2021
H0030 Services	4,570	4,725	4,890	4,576	4,986	5,017	5,447	5,557	5,566	5,382	5,167	4,660
VOA Crisis Calls	2,566	2,326	2,414	2,666	2,664	2,676	3,109	4,291	4,582	3,789	3,560	3,240
VOA Triage Calls	1,543	1,664	1,869	1,836	1,857	1,799	1,737	1,717	1,613	1,552	1,450	1,117
All VOA Call Center total	4,109	3,990	4,283	4,502	4,521	4,475	4,846	6,008	6,195	5,341	5,010	4,357

Comparison of Crisis Call and Triage Call Length



Triage Call Center

The Triage Call Center is tasked with providing immediate and direct contact with behavioral health professionals providing services in the region. It provides Crisis services workers and Designated Crisis Responders a direct phone link to coordinate services.

The Triage Call Center is not meeting the 90% goal for calls answered in less than 30 seconds. The one year average is 85.2% - less than the 90% goal. The most recent month is 90.6%, meeting the goal.

The Triage Call Center is meeting the 95% goal for calls not abandoned in the current month. The one year average is 96.8%, meeting the 95% goal.

Triage Calls

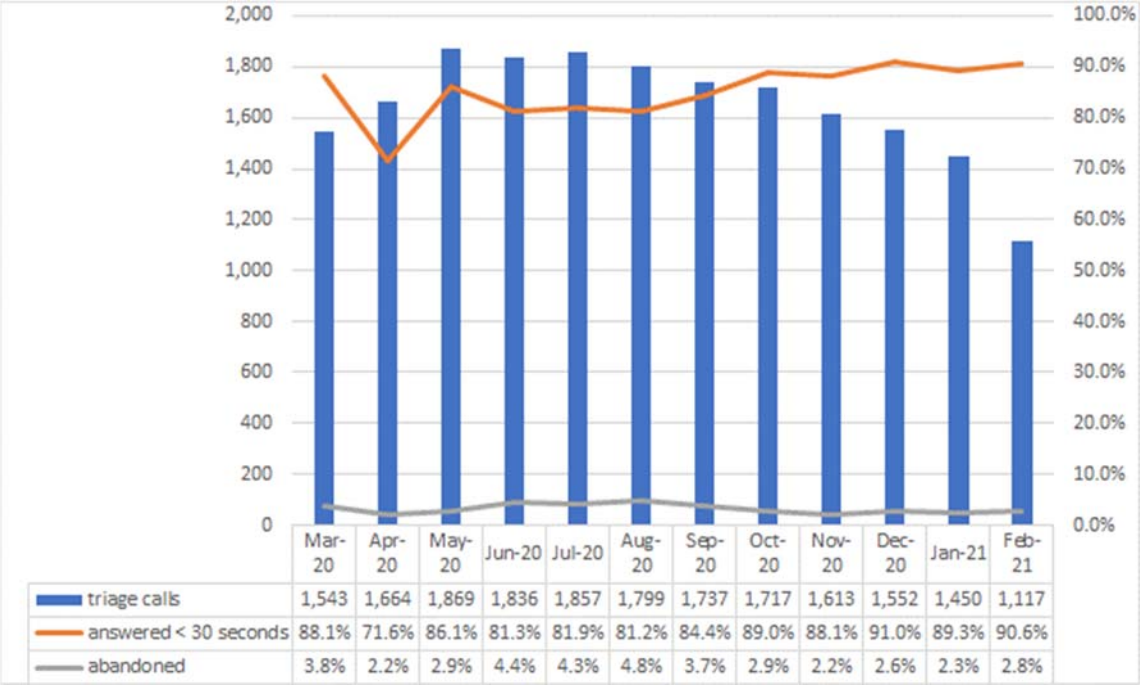
Period From Mar-20 To Feb-21

	Avg Monthly calls	Avg % answered < 30	Avg % abandoned
Feb-21	1,117	90.6%	2.8%
Average	1,646	85.2%	3.2%
Min	1,117	71.6%	2.2%
Max	1,869	91.0%	4.8%

Monthly Triage Call metrics

Month	triage calls	answered < 30 seconds	abandoned
Mar-20	1,543	88.1%	3.8%
Apr-20	1,664	71.6%	2.2%
May-20	1,869	86.1%	2.9%
Jun-20	1,836	81.3%	4.4%
Jul-20	1,857	81.9%	4.3%
Aug-20	1,799	81.2%	4.8%
Sep-20	1,737	84.4%	3.7%
Oct-20	1,717	89.0%	2.9%
Nov-20	1,613	88.1%	2.2%
Dec-20	1,552	91.0%	2.6%
Jan-21	1,450	89.3%	2.3%
Feb-21	1,117	90.6%	2.8%

Triage Calls monthly comparison

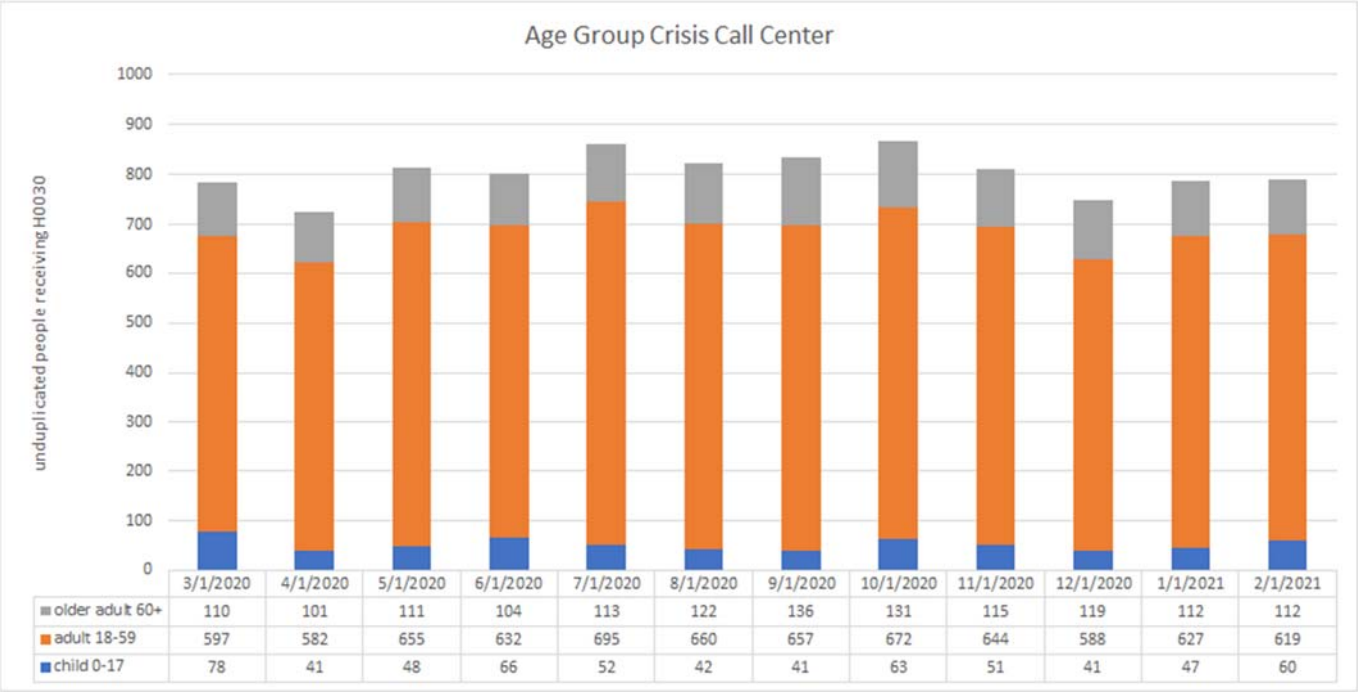


	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
triage calls	1,543	1,664	1,869	1,836	1,857	1,799	1,737	1,717	1,613	1,552	1,450	1,117
answered < 30 seconds	88.1%	71.6%	86.1%	81.3%	81.9%	81.2%	84.4%	89.0%	88.1%	91.0%	89.3%	90.6%
abandoned	3.8%	2.2%	2.9%	4.4%	4.3%	4.8%	3.7%	2.9%	2.2%	2.6%	2.3%	2.8%

Call Center Demographics

Age Group

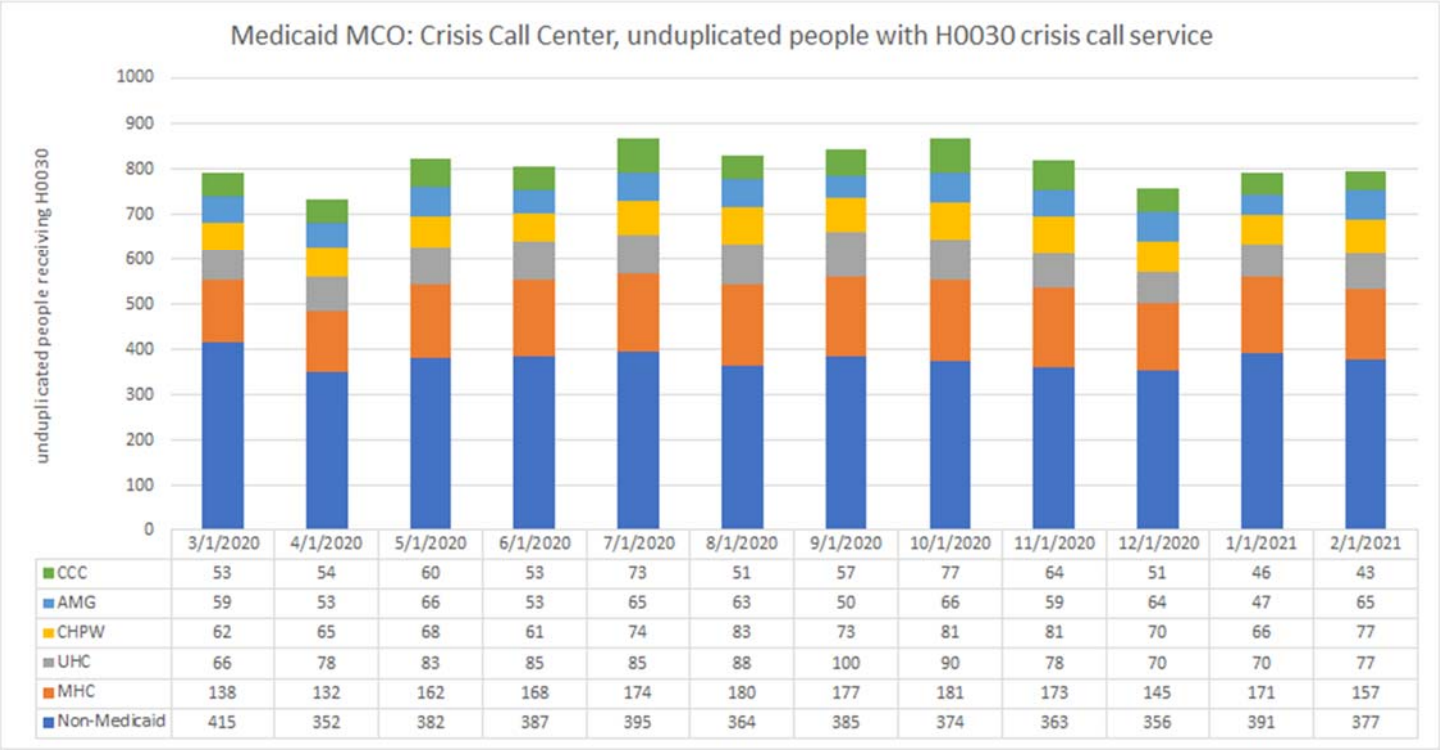
For ages 0-17, 18-59 and 60+



	3/1/2020	4/1/2020	5/1/2020	6/1/2020	7/1/2020	8/1/2020	9/1/2020	10/1/2020	11/1/2020	12/1/2020	1/1/2021	2/1/2021
older adult 60+	110	101	111	104	113	122	136	131	115	119	112	112
adult 18-59	597	582	655	632	695	660	657	672	644	588	627	619
child 0-17	78	41	48	66	52	42	41	63	51	41	47	60

Funding Source

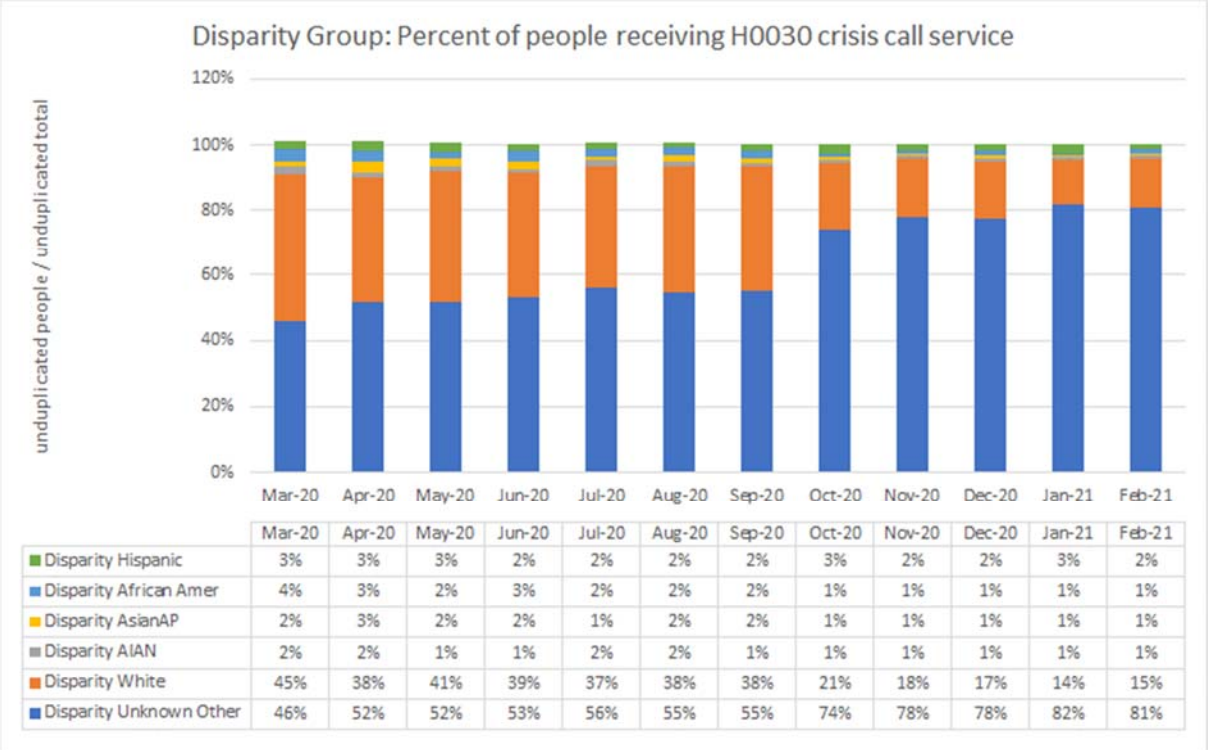
Med = people in the North Sound BHO payment file.



	3/1/2020	4/1/2020	5/1/2020	6/1/2020	7/1/2020	8/1/2020	9/1/2020	10/1/2020	11/1/2020	12/1/2020	1/1/2021	2/1/2021
CCC	53	54	60	53	73	51	57	77	64	51	46	43
AMG	59	53	66	53	65	63	50	66	59	64	47	65
CHPW	62	65	68	61	74	83	73	81	81	70	66	77
UHC	66	78	83	85	85	88	100	90	78	70	70	77
MHC	138	132	162	168	174	180	177	181	173	145	171	157
Non-Medicaid	415	352	382	387	395	364	385	374	363	356	391	377

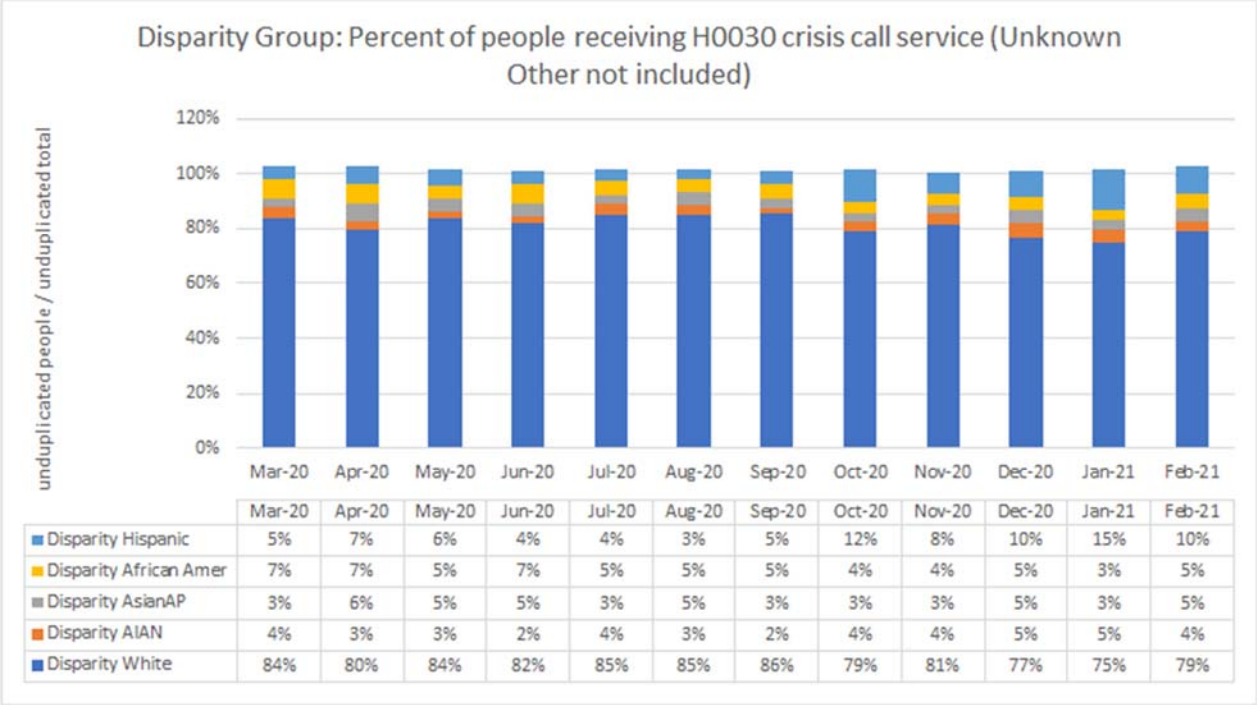
Ethnicity

The largest group in ethnicity is other / unknown because often the ethnicity is not provided.



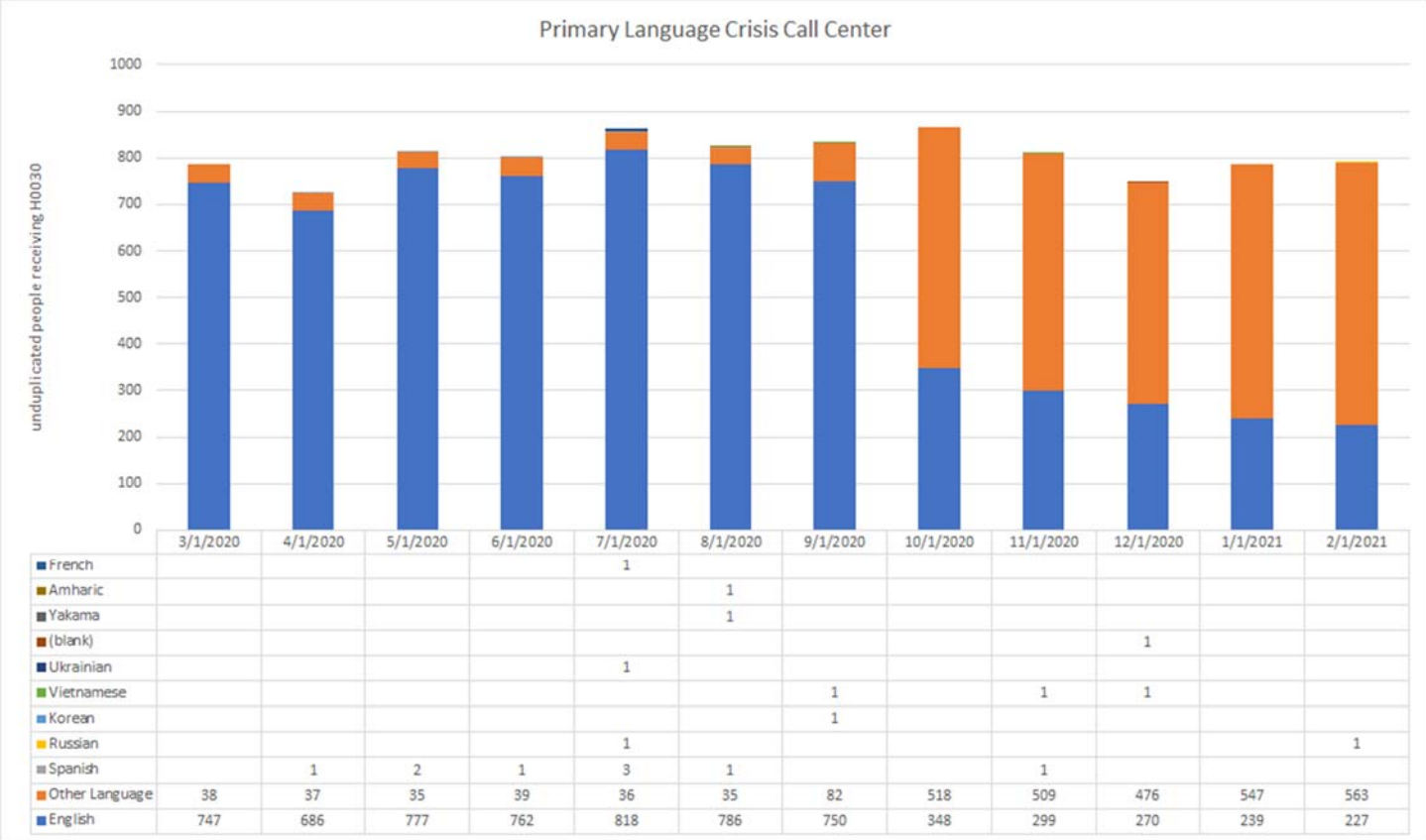
	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Disparity Hispanic	3%	3%	3%	2%	2%	2%	2%	3%	2%	2%	3%	2%
Disparity African Amer	4%	3%	2%	3%	2%	2%	2%	1%	1%	1%	1%	1%
Disparity AsianAP	2%	3%	2%	2%	1%	2%	2%	1%	1%	1%	1%	1%
Disparity AIAN	2%	2%	1%	1%	2%	2%	1%	1%	1%	1%	1%	1%
Disparity White	45%	38%	41%	39%	37%	38%	38%	21%	18%	17%	14%	15%
Disparity Unknown Other	46%	52%	52%	53%	56%	55%	55%	74%	78%	78%	82%	81%

Taking out the other / unknown group



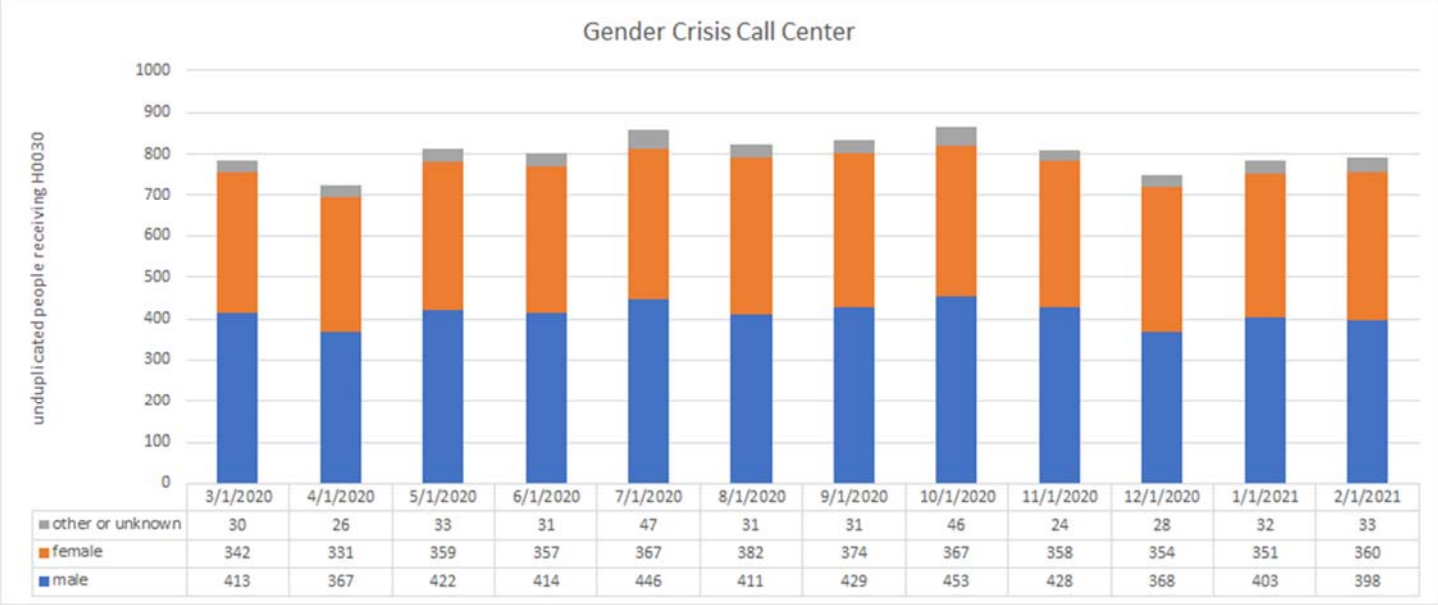
	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Disparity Hispanic	5%	7%	6%	4%	4%	3%	5%	12%	8%	10%	15%	10%
Disparity African Amer	7%	7%	5%	7%	5%	5%	5%	4%	4%	5%	3%	5%
Disparity AsianAP	3%	6%	5%	5%	3%	5%	3%	3%	3%	5%	3%	5%
Disparity AIAN	4%	3%	3%	2%	4%	3%	2%	4%	4%	5%	5%	4%
Disparity White	84%	80%	84%	82%	85%	85%	86%	79%	81%	77%	75%	79%

Primary Language



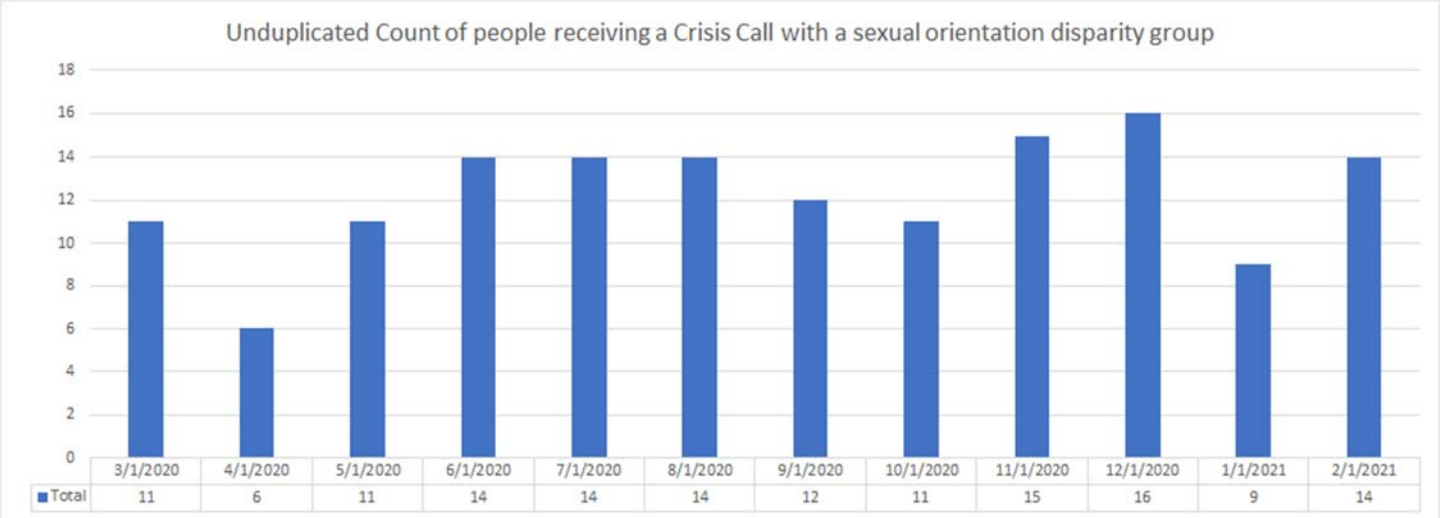
	3/1/2020	4/1/2020	5/1/2020	6/1/2020	7/1/2020	8/1/2020	9/1/2020	10/1/2020	11/1/2020	12/1/2020	1/1/2021	2/1/2021
French					1							
Amharic						1						
Yakama						1						
(blank)										1		
Ukrainian					1							
Vietnamese							1		1	1		
Korean							1					
Russian					1							1
Spanish		1	2	1	3	1			1			
Other Language	38	37	35	39	36	35	82	518	509	476	547	563
English	747	686	777	762	818	786	750	348	299	270	239	227

Gender



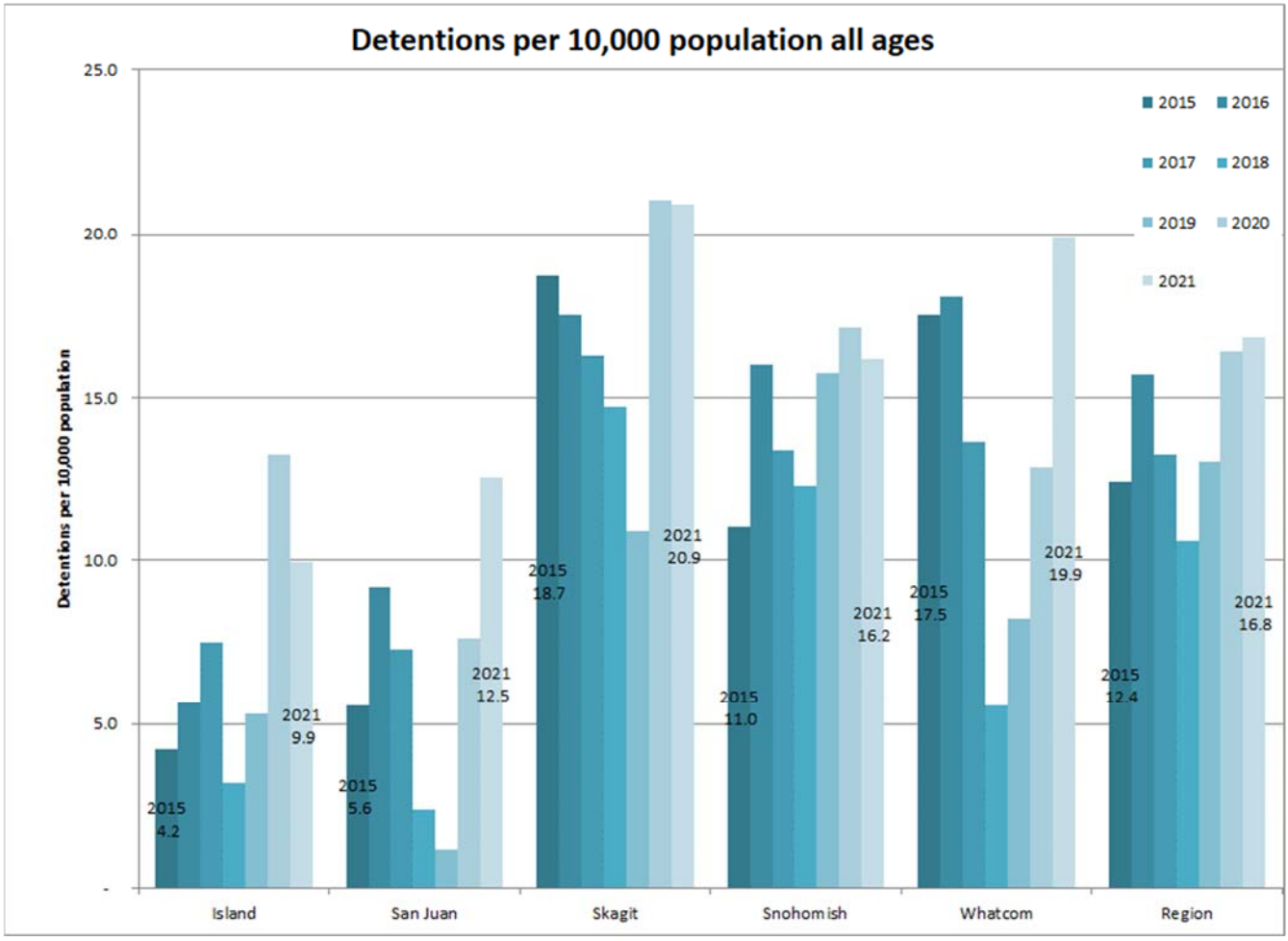
	3/1/2020	4/1/2020	5/1/2020	6/1/2020	7/1/2020	8/1/2020	9/1/2020	10/1/2020	11/1/2020	12/1/2020	1/1/2021	2/1/2021
other or unknown	30	26	33	31	47	31	31	46	24	28	32	33
female	342	331	359	357	367	382	374	367	358	354	351	360
male	413	367	422	414	446	411	429	453	428	368	403	398

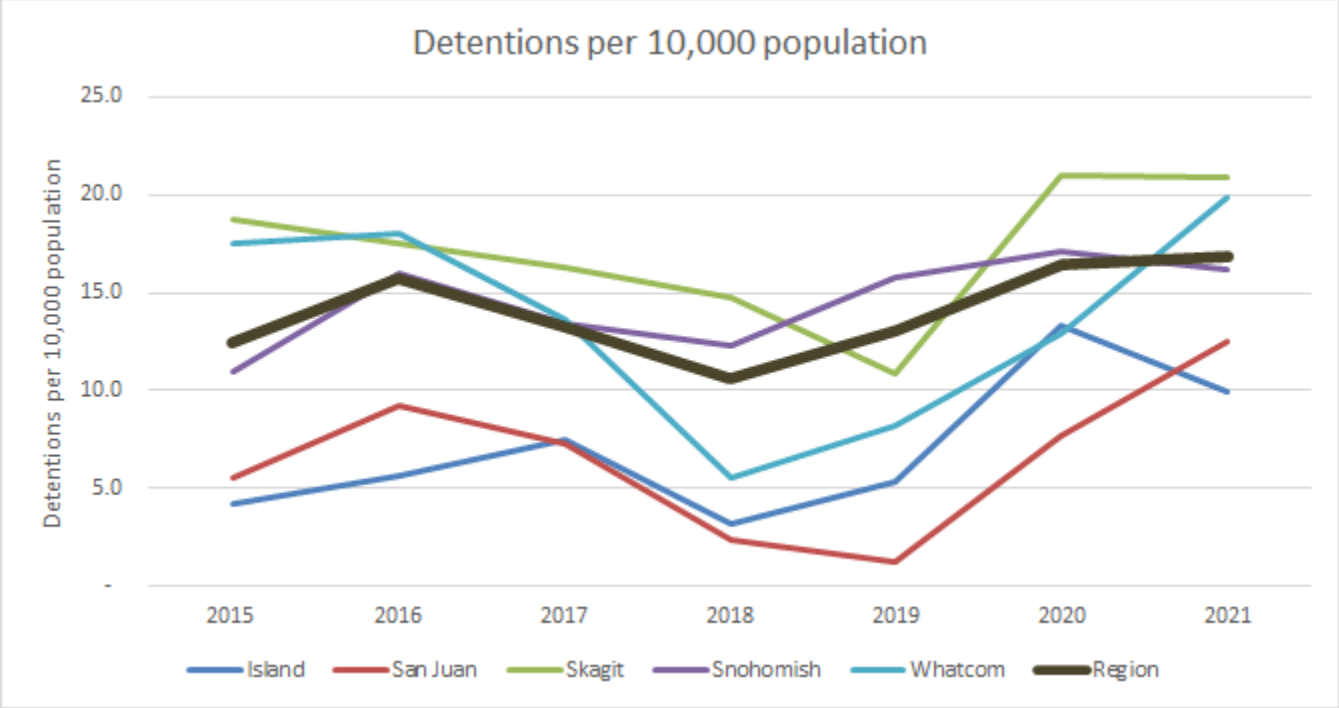
Sexual Orientation



Dispatches, Detentions and Detention Rates

Per Capita Detention Rates





2020 is imputed based on current data available

Detentions

72 hour detentions as of 3/8/2021

detention count	year of detention							Proj.
County	2015	2016	2017	2018	2019	2020	2021	2021
Island	34	47	62	27	45	114	16	86
San Juan	9	15	12	4	2	13	4	21
Skagit	226	214	202	185	139	272	51	274
Snohomish	834	1,236	1,057	989	1,292	1,434	257	1,381
Whatcom	367	384	295	122	183	291	85	457
Grand Total	**1,470**	**1,896**	**1,628**	**1,327**	**1,661**	**2,124**	**413**	2,219

Population

population	2015 est	2016 est	2017 est	2018 trend	2019 trend	2020 trend	2021 trend
Island County	80,600	82,910	82,790	84,290	84,710	85,850	86,510
San Juan County	16,180	16,320	16,510	16,667	16,846	17,010	17,184
Skagit County	120,620	122,270	124,100	125,810	127,600	129,337	131,109

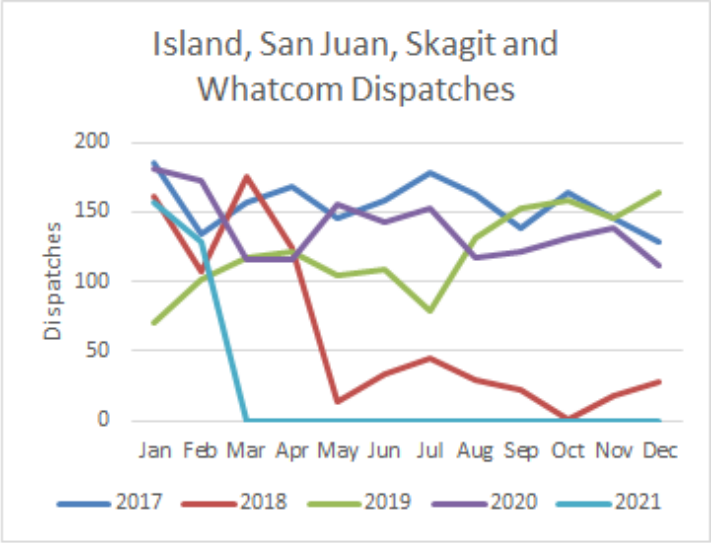
population	2015 est	2016 est	2017 est	2018 trend	2019 trend	2020 trend	2021 trend
Snohomish County	757,600	772,860	789,400	805,087	821,342	837,219	853,348
Whatcom County	209,790	212,540	216,300	219,387	222,922	226,159	229,594
Grand Total	**1,184,790**	**1,206,900**	**1,229,100**	**1,251,240**	**1,273,420**	**1,295,573**	**1,317,744**

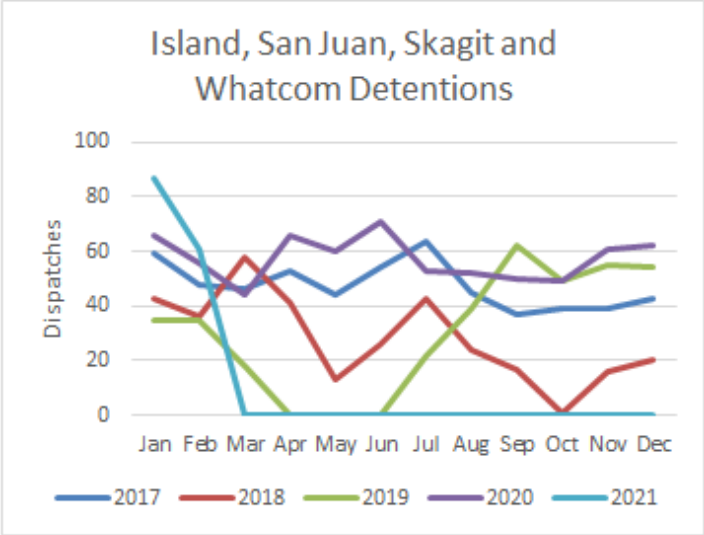
Per Capita Detention rate

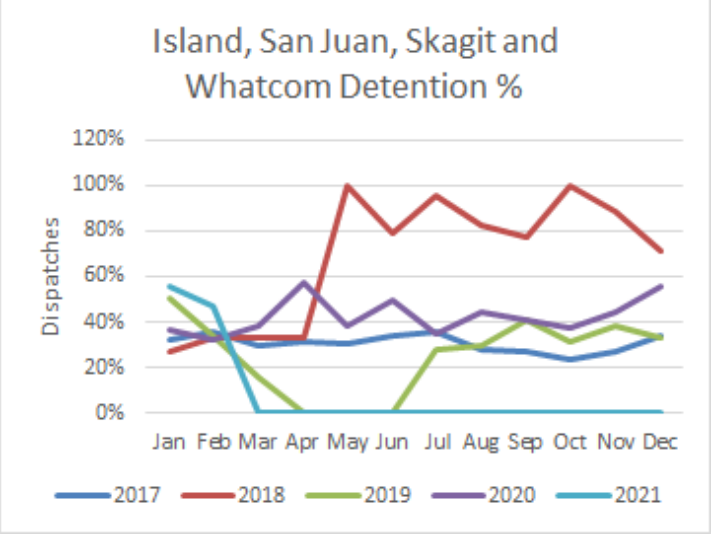
Detention Rates per 10,000 Population

county	2015	2016	2017	2018	2019	2020	2021
Island	4.2	5.7	7.5	3.2	5.3	13.3	9.9
San Juan	5.6	9.2	7.3	2.4	1.2	7.6	12.5
Skagit	18.7	17.5	16.3	14.7	10.9	21.0	20.9
Snohomish	11.0	16.0	13.4	12.3	15.7	17.1	16.2
Whatcom	17.5	18.1	13.6	5.6	8.2	12.9	19.9
Region	12.4	15.7	13.2	10.6	13.0	16.4	16.8

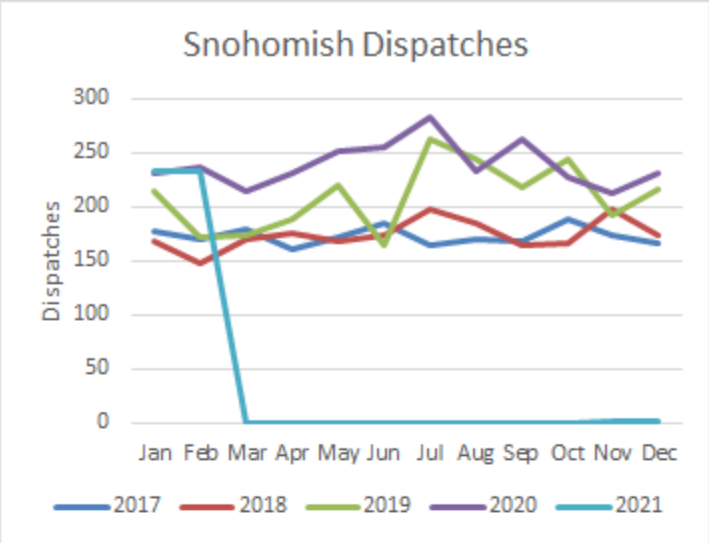
Island, San Juan, Skagit, and Whatcom

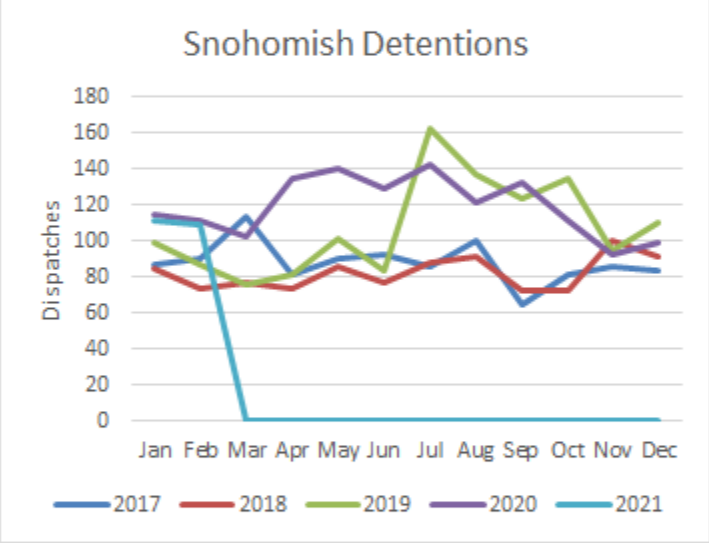


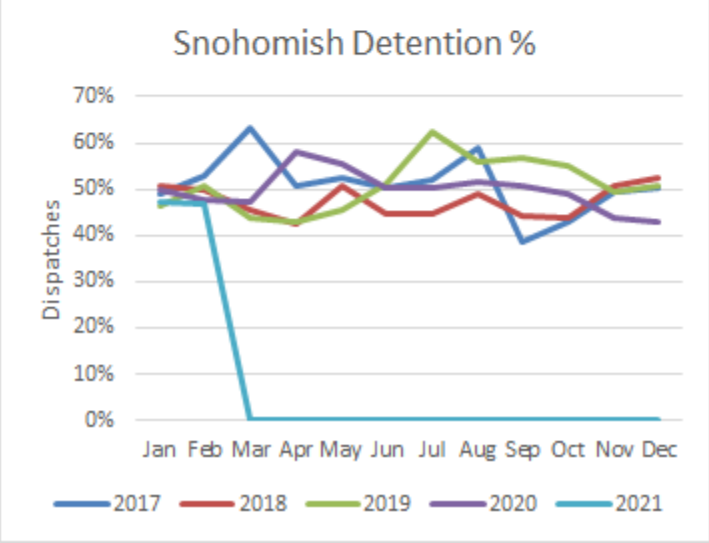




Snohomish


Snohomish Dispatches
300
250
200
150
100
50
0
Dispatches
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
2017 2018 2019 2020 2021


Snohomish Detentions
180
160
140
120
100
80
60
40
20
0
Dispatches
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
2017 2018 2019 2020 2021


Snohomish Detention %
70%
60%
50%
40%
30%
20%
10%
0%
Dispatches
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
2017 2018 2019 2020 2021

Dispatch, Detention and Detention Rate Values

Count of Dispatches

Island, San Juan, Skagit and Whatcom

Count of dispatches month	Yea 2017	2018	2019	2020	2021
Jan	185	161	70	181	157
Feb	135	108	102	173	129
Mar	157	175	117	116	17
Apr	168	124	121	116	
May	145	13	104	156	
Jun	158	33	109	143	
Jul	179	45	79	153	
Aug	163	29	132	117	
Sep	139	22	153	122	
Oct	164	1	158	132	
Nov	145	18	145	138	
Dec	128	28	164	111	
Grand Total	**1,866**	**757**	**1,454**	**1,658**	**303**

Snohomish

Count of dispatches month	Yea 2017	2018	2019	2020	2021
Jan	177	168	214	231	234
Feb	170	148	172	236	233
Mar	180	170	173	215	73
Apr	160	175	188	232	
May	171	169	221	252	
Jun	185	173	164	256	
Jul	165	198	262	284	
Aug	170	185	245	234	
Sep	168	165	218	262	
Oct	189	167	245	228	
Nov	174	197	192	212	1
Dec	167	173	217	231	1
Grand Total	**2,076**	**2,088**	**2,511**	**2,873**	**542**

Count of Detentions

Island, San Juan, Skagit and Whatcom

Sum of detention month	Yea 2017	2018	2019	2020	2021
Jan	59	43	35	66	87
Feb	48	36	35	56	61
Mar	46	58	18	44	8
Apr	53	41	0	66	
May	44	13	0	60	
Jun	54	26	0	71	
Jul	64	43	22	53	
Aug	45	24	39	52	
Sep	37	17	62	50	
Oct	39	1	49	49	
Nov	39	16	55	61	
Dec	43	20	54	62	
Grand Total	**571**	**338**	**369**	**690**	**156**

Snohomish

Sum of detention month	Yea 2017	2018	2019	2020	2021
Jan	87	85	99	115	111
Feb	90	74	87	112	109
Mar	114	77	76	102	37
Apr	81	74	81	135	
May	90	86	101	140	
Jun	93	77	84	129	
Jul	86	88	163	143	
Aug	100	91	137	121	
Sep	65	73	124	133	
Oct	81	73	135	112	
Nov	86	100	95	93	0
Dec	84	91	110	99	0
Grand Total	**1057**	**989**	**1292**	**1434**	**257**

Detention Percents

Island, San Juan, Skagit and Whatcom

detentions / dispatches	2017	2018	2019	2020	2021
Jan	32%	27%	50%	36%	55%
Feb	36%	33%	34%	32%	47%
Mar	29%	33%	15%	38%	47%
Apr	32%	33%	0%	57%	
May	30%	100%	0%	38%	
Jun	34%	79%	0%	50%	
Jul	36%	96%	28%	35%	
Aug	28%	83%	30%	44%	
Sep	27%	77%	41%	41%	
Oct	24%	100%	31%	37%	
Nov	27%	89%	38%	44%	
Dec	34%	71%	33%	56%	
Grand Total	31%	45%	25%	42%	51%

Snohomish

detentions / dispatches	2017	2018	2019	2020	2021
Jan	49%	51%	46%	50%	47%
Feb	53%	50%	51%	47%	47%
Mar	63%	45%	44%	47%	51%
Apr	51%	42%	43%	58%	
May	53%	51%	46%	56%	
Jun	50%	45%	51%	50%	
Jul	52%	44%	62%	50%	
Aug	59%	49%	56%	52%	
Sep	39%	44%	57%	51%	
Oct	43%	44%	55%	49%	
Nov	49%	51%	49%	44%	0%
Dec	50%	53%	51%	43%	0%
Grand Total	51%	47%	51%	50%	47%

Crisis System Overview

Unduplicated people served in crisis system

The table included below is an unduplicated count of people across all three crisis system services - crisis calls, investigations and crisis services. All totals are unduplicated totals of people across the subcategories.

Crisis, Investigation and Hotline Services

Unduplicated People Agency/fund source/modality	Mont	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Undup. Total
Compass Health		167	166	191	207	222	215	277	309	327	290	318	302	2,098
Medicaid		99	84	95	112	121	116	145	138	164	149	184	170	1,070
Crisis Service		99	84	95	112	121	116	145	138	164	149	184	170	1,070
Non Medicaid		119	131	154	162	169	157	196	203	199	185	204	195	1,582
Crisis Service		63	73	84	88	96	93	127	106	96	108	128	132	945
Investigation		86	94	120	125	127	108	125	122	121	100	117	109	1,080
Snohomish County ICRS		318	288	292	316	333	318	325	319	291	300	296	303	2,482
Medicaid		133	134	137	149	171	165	176	167	161	157	147	150	1,231
Crisis Service		133	134	137	149	171	165	176	167	161	157	147	150	1,231
Non Medicaid		263	247	254	281	281	273	272	261	231	252	257	262	2,195
Crisis Service		162	135	131	154	147	136	133	133	126	140	142	137	1,303
Investigation		187	189	207	237	234	220	217	204	180	209	220	216	1,787
VOA Crisis Line		785	724	814	802	860	824	834	866	810	748	786	791	6,586
Medicaid		378	382	439	420	471	465	457	495	455	400	400	419	3,235
Crisis Call		378	382	439	420	471	465	457	495	455	400	400	419	3,235
Non Medicaid		415	352	382	387	395	364	385	374	363	356	391	377	3,560
Crisis Call		415	352	382	387	395	364	385	374	363	356	391	377	3,560
Undup. Total		**1,270**	**1,178**	**1,297**	**1,325**	**1,415**	**1,357**	**1,436**	**1,494**	**1,428**	**1,338**	**1,400**	**1,396**	**11,166**

Crisis Services in conjunction with investigation services

Documenting crisis services on the same day before and after the investigation is important to encourage and quantify the diversion and recovery work being done around investigations. Follow up services do the same for crisis services occurring the next two days. It's important to note this is a new measure and no goals or expectations have been set for it yet. All measures in this section are 7/1/2019- ytd. Please not that this information is service, not units of service. A service can have multiple units depending on length of the service.

Same Day and Follow on Summary

	Percent of investigations with **Same Day** service	Percent of investigations with **Follow-Up** service - not same day
Compass Health	76.0%	20.8%
Snohomish County ICRS	65.4%	19.1%

Same Day Crisis Services by County

Investigation Services not units Beginning 7/1/2019

services agency	County Island	San Juan	Skagit	Snohomish	Whatcom	Grand Total
Compass Health	318	57	921		1,630	2,926
No Same Day	70	12	351		268	701
Same day Crisis Service	248	45	570		1,362	2,225
Snohomish County ICRS				6,004		6,004
No Same Day				2,075		2,075
Same day Crisis Service				3,929		3,929

Investigation Services not units Beginning 7/1/2019

services agency	County Island	San Juan	Skagit	Snohomish	Whatcom	Grand Total
Compass Health	100.00%	100.00%	100.00%	0.00%	100.00%	32.77%
Same day Crisis Service	77.99%	78.95%	61.89%		83.56%	76.04%
No Same Day	22.01%	21.05%	38.11%		16.44%	23.96%
Snohomish County ICRS	0.00%	0.00%	0.00%	100.00%	0.00%	67.23%
Same day Crisis Service				65.44%		65.44%
No Same Day				34.56%		34.56%

Follow On Crisis Services by County

Investigation Services not units Beginning 7/1/2019

services agency	County Island	San Juan	Skagit	Snohomish	Whatcom	Grand Total
Compass Health	318	57	921		1,630	2,926
Follow up - not same day	60	15	140		393	608
No Follow-up	258	42	781		1,237	2,318
Snohomish County ICRS				6,004		6,004
Follow up - not same day				1,147		1,147
No Follow-up				4,857		4,857

Investigation Services not units Beginning 7/1/2019

services agency	County Island	San Juan	Skagit	Snohomish	Whatcom	Grand Total
Compass Health	100.00%	100.00%	100.00%	0.00%	100.00%	32.77%
Follow up - not same day	18.87%	26.32%	15.20%		24.11%	20.78%
No Follow-up	81.13%	73.68%	84.80%		75.89%	79.22%
Snohomish County ICRS	0.00%	0.00%	0.00%	100.00%	0.00%	67.23%

Investigation Services not units Beginning 7/1/2019

services agency	County Island	San Juan	Skagit	Snohomish	Whatcom	Grand Total
Follow up - not same day				19.10%		19.10%
No Follow-up				80.90%		80.90%

North Sound Crisis Dispatch Metrics

The North Sound Investigation data is captured in the North Sound ASO data system through the ICRS contact sheet data submitted by Designated Crisis Responders (DCR's).

Current Investigation Data Used

Total Investigations/detentions/response and LE referral

month	invest.	detentions	avg dispatch response time hrs.	Referred from Law Enforcement	detention percent
Mar-20	326	146	1.5	47	45%
Apr-20	343	201	1.5	41	59%
May-20	398	200	1.3	43	50%
Jun-20	398	200	1.6	39	50%
Jul-20	429	196	1.6	56	46%
Aug-20	350	173	1.3	41	49%
Sep-20	381	183	1.7	44	48%
Oct-20	360	161	1.2	41	45%
Nov-20	350	154	1.2	25	44%
Dec-20	342	161	1.3	27	47%
Jan-21	391	198	1.8	24	51%
Feb-21	363	171	1.4	25	47%
prior 12 mo. avg.	369	179	1.4	38	48%
min	326	146	1.2	24	44%
max	429	201	1.8	56	59%

Investigation Reasons

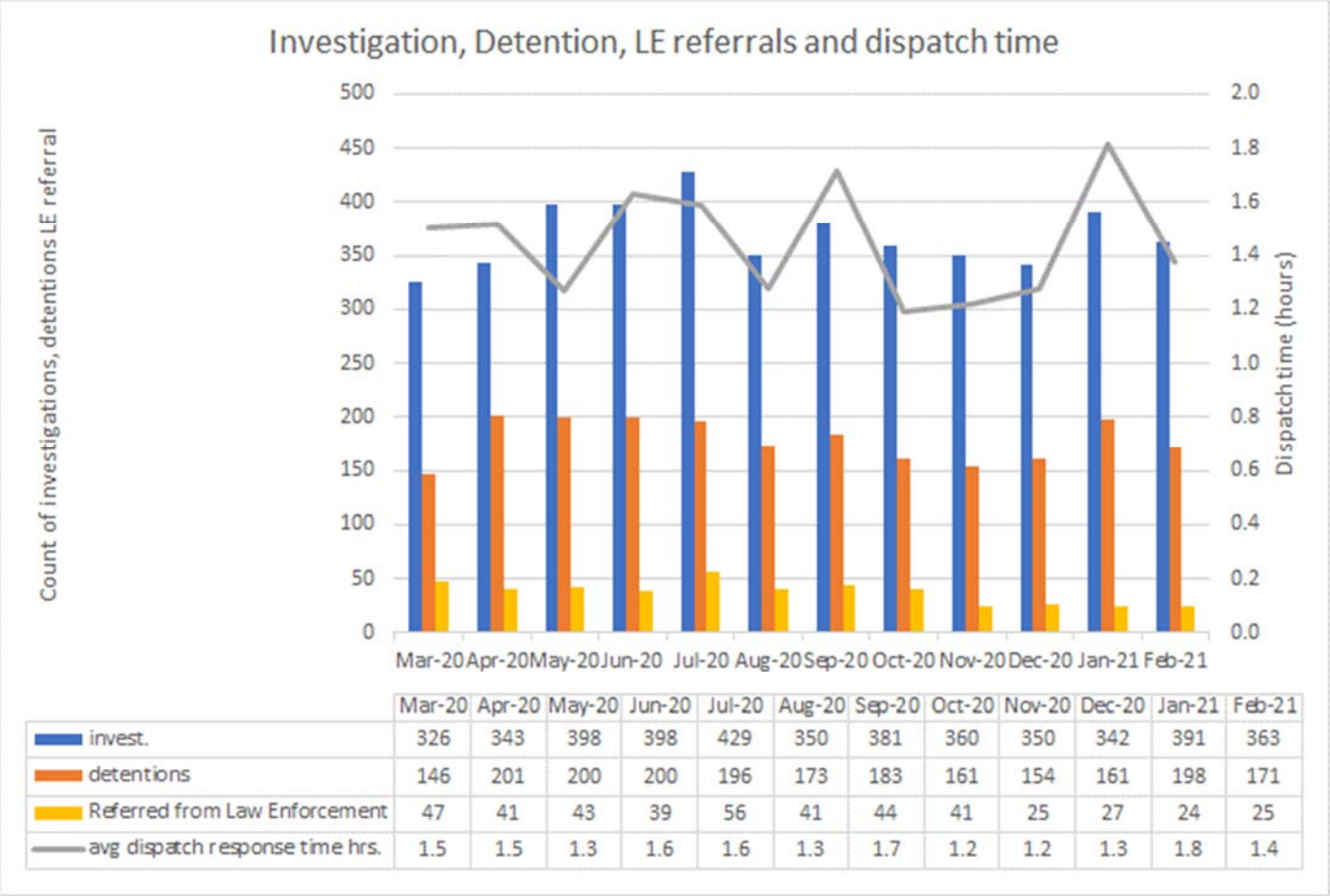
month	MH invest.	SUD invest.	MH and SUD invest.	Percent SUD related
Mar-20	191	12	123	41%
Apr-20	224	12	107	35%
May-20	222	24	152	44%
Jun-20	227	23	148	43%
Jul-20	250	25	154	42%
Aug-20	201	14	135	43%

month	MH invest.	SUD invest.	MH and SUD invest.	Percent SUD related
Sep-20	227	16	138	40%
Oct-20	204	19	132	43%
Nov-20	212	12	125	39%
Dec-20	205	19	116	40%
Jan-21	229	29	132	41%
Feb-21	208	18	132	42%
prior 12 mo. avg.	217	19	133	41%
min	191	12	107	35%
max	250	29	154	44%

Investigation Outcomes

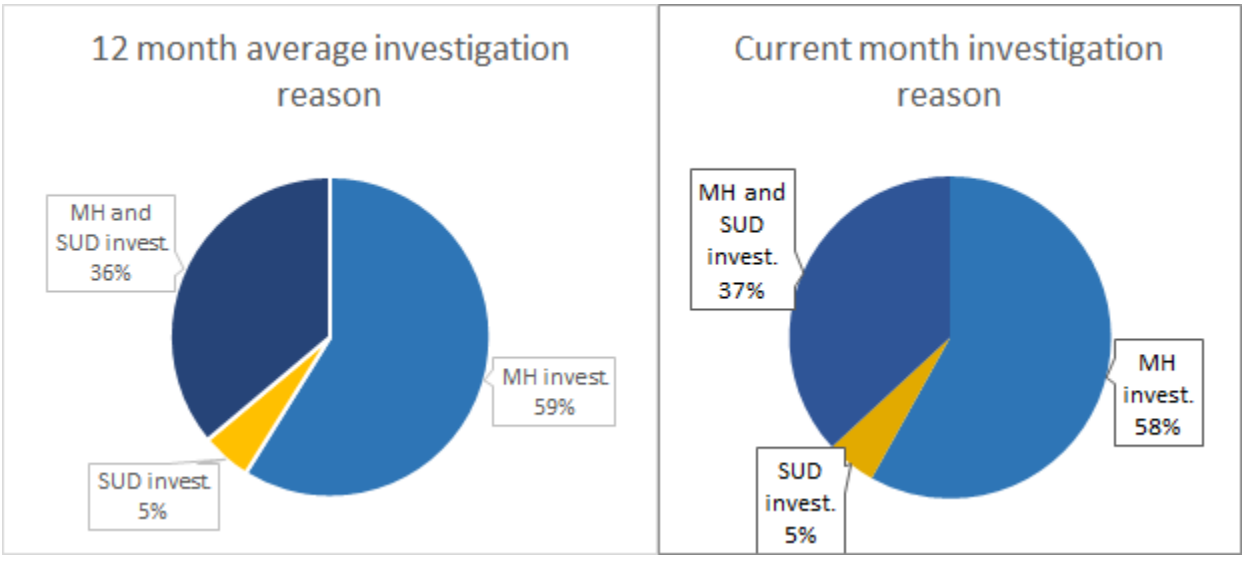
month	Detentions and Commitments	Voluntary MH Treatment	Less Restrictive Options MH	No Detention Due to Issues	Other
Mar-20	158	96	3	1	68
Apr-20	211	81	3	2	46
May-20	211	105	3	7	72
Jun-20	214	111	1	5	67
Jul-20	221	122	0	4	82
Aug-20	186	91	2	3	68
Sep-20	200	110	2	6	63
Oct-20	173	115	1	5	66
Nov-20	166	121	2	6	55
Dec-20	175	111	3	3	50
Jan-21	210	114	4	4	59
Feb-21	184	115	0	8	56
prior 12 mo. avg.	192	108	2	5	63
min	158	81	0	1	46
max	221	122	4	8	82

North Sound Investigation Metrics over Time graph

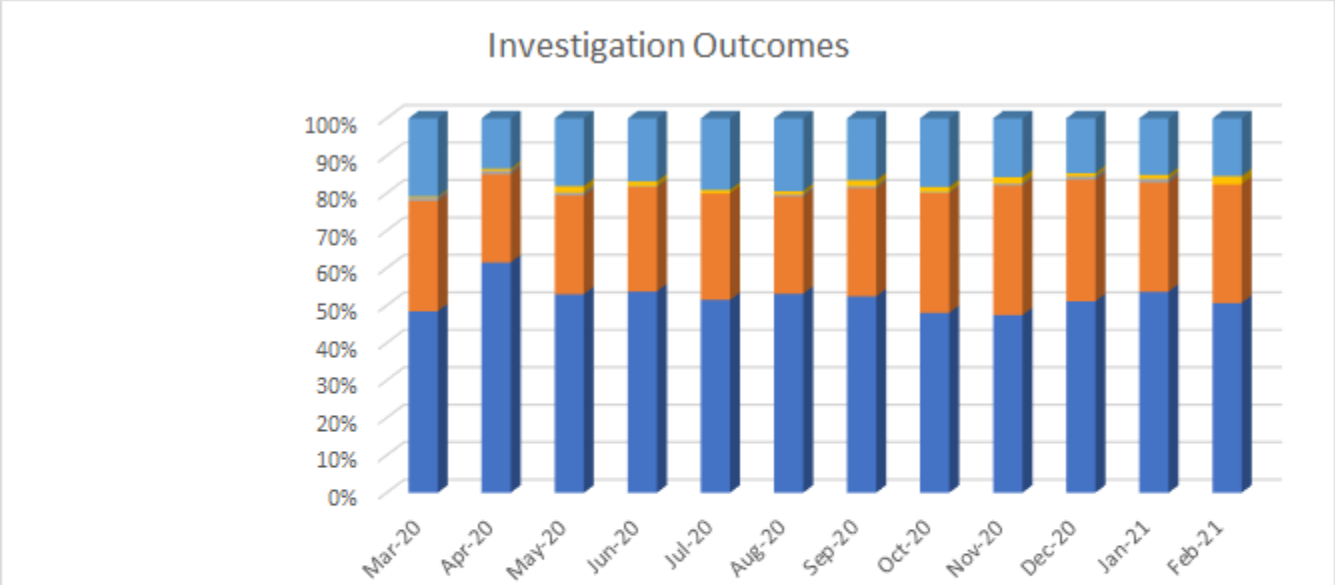


	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
invest.	326	343	398	398	429	350	381	360	350	342	391	363
detentions	146	201	200	200	196	173	183	161	154	161	198	171
Referred from Law Enforcement	47	41	43	39	56	41	44	41	25	27	24	25
avg dispatch response time hrs.	1.5	1.5	1.3	1.6	1.6	1.3	1.7	1.2	1.2	1.3	1.8	1.4

Investigation Reason Percentages Pie Charts



Investigation Outcomes over time percent of total chart



	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Other	68	46	72	67	82	68	63	66	55	50	59	56
No Detention Due to Issues	1	2	7	5	4	3	6	5	6	3	4	8
Less Restrictive Options MH	3	3	3	1	0	2	2	1	2	3	4	0
Voluntary MH Treatment	96	81	105	111	122	91	110	115	121	111	114	115
Detentions and Commitments	158	211	211	214	221	186	200	173	166	175	210	184

Investigation Outcome Grouping

Investigation outcomes are grouped to duplicate the investigation outcomes published by the state. This includes the 6 months prior to the previous month and the current previous month – 7 months total.

State Group	Investigation Outcome	all invest. in period
Detentions and Commitments	Detention (72 hours as identified under RCW 71.05).	2,107
Detentions and Commitments	Detention to Secure Detox facility (72 hours as identified under 71.05)	35
Detentions and Commitments	Returned to inpatient facility/filed revocation petition.	132
Detentions and Commitments	Non-emergent detention petition filed	35
Less Restrictive Options MH	Filed petition - recommending LRA extension.	22
Less Restrictive Options MH	Petition filed for outpatient evaluation	2
No Detention Due to Issues	No detention - E&T provisional acceptance did not occur within statutory timeframes	21
No Detention Due to Issues	No detention - Unresolved medical issues	33
Voluntary MH Treatment	Referred to crisis triage	22
Voluntary MH Treatment	Referred to voluntary inpatient mental health services.	180
Voluntary MH Treatment	Referred to voluntary outpatient mental health services.	1,057
Voluntary MH Treatment	Referred to chemical dependency intensive outpatient program	14

State Group	Investigation Outcome	all invest. in period
Voluntary MH Treatment	Referred to acute detox	9
Voluntary MH Treatment	Referred to chemical dependency residential program	4
Voluntary MH Treatment	Referred to sub acute detox	4
Voluntary MH Treatment	Referred to chemical dependency inpatient program	2
Other	Referred to non-mental health community resources.	64
Other	Other	655
Other	Did not require MH or CD services	33
Grand Total	Total	4,431

Investigation Walk-Away Data

Walk Away County

walk aways / investigation	County: Island	Skagit	Snohomish	Whatcom	(blank)	San Juan	Grand Total
2020	25	19	18	2	1		65
Jan	1						1
Feb	4	1	3				8
Mar	2	2		1			5
Apr			2				2
May	5	2					7
Jun		4	1	1			6
Jul	1	4	3				8
Aug	2	3	3		1		9
Sep	6		1				7
Oct	3	2					5
Nov		1	2				3
Dec	1		3				4
2021	1	3	3	2		1	10
Jan		2	3	2			7
Feb	1	1				1	3
Grand Total	**26**	**22**	**21**	**4**	**1**	**1**	**75**

Walk away hospital

walk aways	osp														
	2020												2021		Grand Total
investigation	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	
Cascade Valley Hospital							1	1							2
Evergreen Monroe		2		1		1	1	1	1		2	3	1		13
Home								1							1
Island County Jail							1								1
Island Hospital		1			1	1	2	1		1			2	1	10
Peace Island Health														1	1
Providence		1					1						2		4
Providence Medical Center				1											1
Skagit Valley			1			2		2			1				6
St. Joseph			1			1							1		3
United General			1		1	1	2			2			1		8
Whidbey General		1	2		4			2	3	1		1			14
Whidbey Health	1	3			1				3	1				1	10
(blank)								1							1
Grand Total	**1**	**8**	**5**	**2**	**7**	**6**	**8**	**9**	**7**	**5**	**3**	**4**	**7**	**3**	**75**

People with Dispatches and Detain history

Detained prior 6 months

unduplicated people	DCR Dispatches to people that were:			
year/month	Detained in last 6 months	not detained in last 6 months	Grand Total	% of dispatches to people detained in prior 6 months
3/1/2020	41	223	262	15.6%
4/1/2020	51	236	278	18.3%
5/1/2020	64	254	306	20.9%
6/1/2020	54	294	342	15.8%
7/1/2020	65	291	348	18.7%
8/1/2020	55	251	302	18.2%
9/1/2020	46	272	314	14.6%
10/1/2020	57	246	296	19.3%
11/1/2020	41	241	277	14.8%
12/1/2020	51	230	275	18.5%

unduplicated people	DCR Dispatches to people that were:			
year/month	Detained in last 6 months	not detained in last 6 months	Grand Total	% of dispatches to people detained in prior 6 months
1/1/2021	52	264	311	16.7%
2/1/2021	55	253	307	17.9%
Grand Total	**386**	**2,750**	**2,817**	**13.7%**

Detained prior year

unduplicated people	DCR Dispatches to people that were:			
year/month	Detained in prior year	not detained in prior year	Grand Total	% of dispatches to people detained in prior 6 months
3/1/2020	49	215	262	18.7%
4/1/2020	60	226	278	21.6%
5/1/2020	83	235	306	27.1%
6/1/2020	74	274	342	21.6%
7/1/2020	80	275	348	23.0%
8/1/2020	77	228	302	25.5%
9/1/2020	69	249	314	22.0%
10/1/2020	75	228	296	25.3%
11/1/2020	66	215	277	23.8%
12/1/2020	66	213	275	24.0%
1/1/2021	74	241	311	23.8%
2/1/2021	71	237	307	23.1%
Grand Total	**506**	**2,612**	**2,817**	**18.0%**

Investigation Services

Investigation encounter services are submitted in the 837p transaction as per the current SERI and has a place of service code selected.

Investigations do not include services prior to the rights being read or after the determination has been made. Place of Service is from the applicable Place of Service code.

- From current SERI found here: https://www.hca.wa.gov/billers-providers-partners/behavioral-health-recovery/service-encounter-reporting-instructions-seri

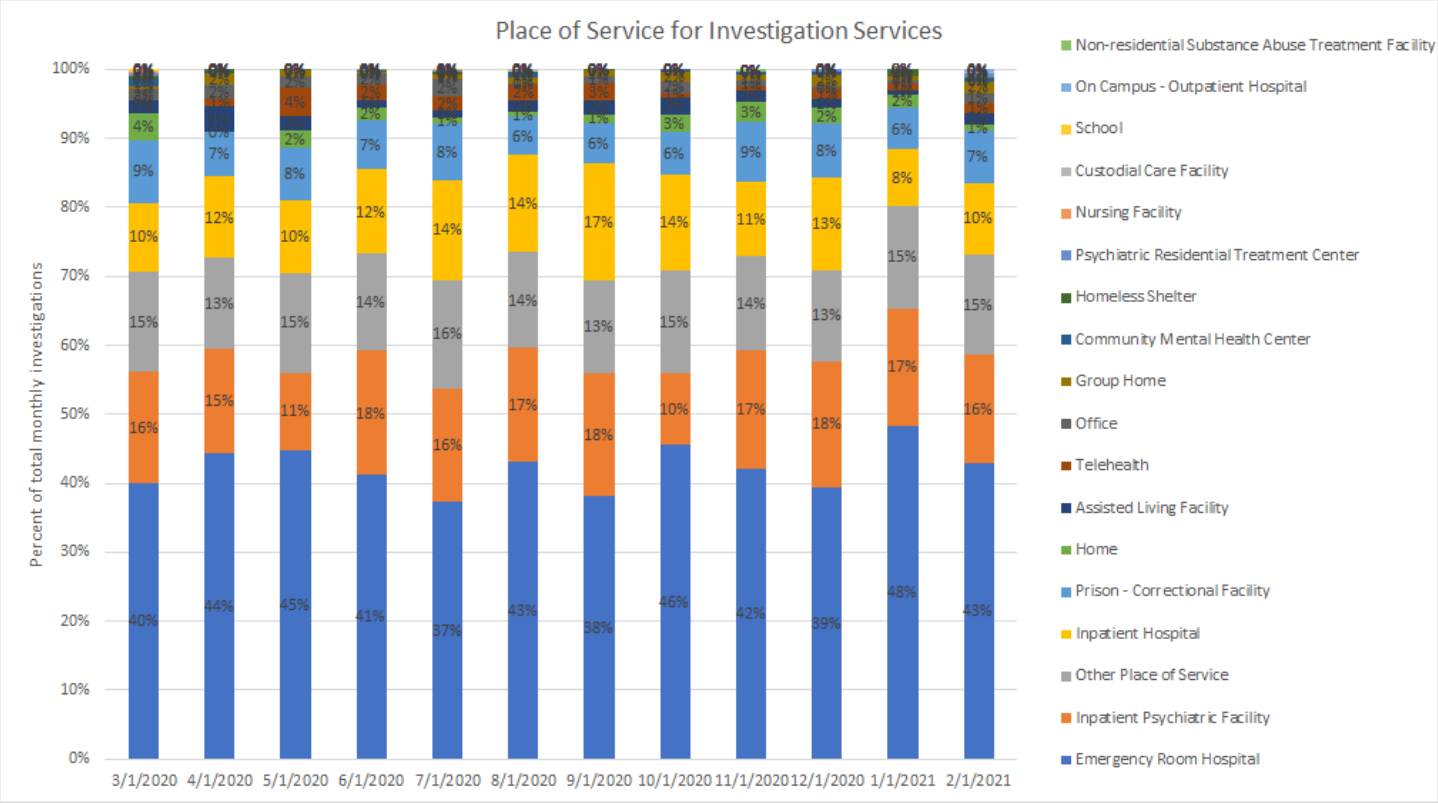
"An evaluation by a Designated Crisis Responder (DCR) for the purpose of determining the likelihood of serious harm to self, others or gravely disabled due to a mental or substance use disorder. The DCR accepts, screens, and documents all referrals for an ITA investigation. The DCR informs the person being investigated for involuntary detention of his/her legal rights as soon as it is determined that an ITA investigation is necessary."

Specifically excluded are:

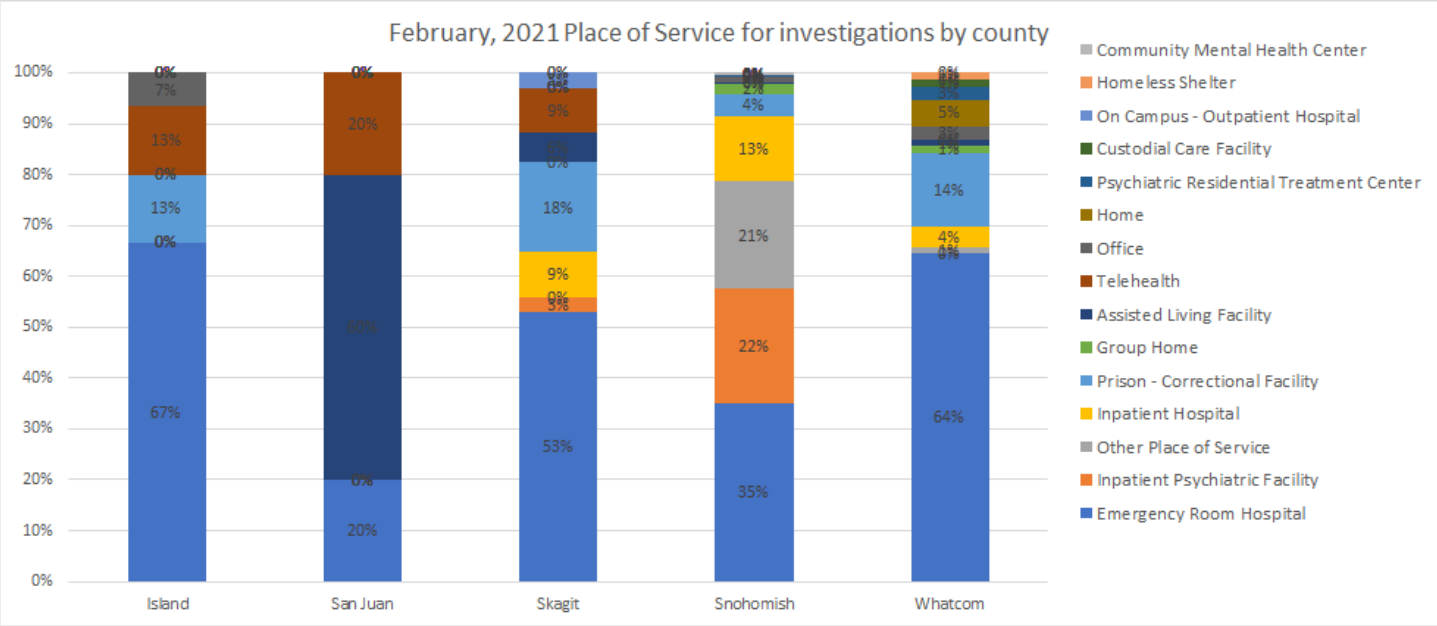
"Activities performed by a DCR that are determined not to be an investigation, include but are not limited to, crisis services and community support. These activities are reported under the appropriate service type."

Place of Service for Investigation Services

Place of Service for Investigation compared monthly



Place of Service for Investigation compared by County for the most recent month



Count of place of Service by month and County

Count of Investigations	county					
Place of Service and month	Island	San Juan	Skagit	Snohomish	Whatcom	Grand Total
Emergency Room Hospital	127	10	319	1,286	551	2,293
3/1/2020	10	2	17	93	31	153
4/1/2020	16		19	107	35	177
5/1/2020	13		24	125	45	207
6/1/2020	6	2	33	123	46	210
7/1/2020	10	2	31	114	39	196
8/1/2020	3		33	103	56	195
9/1/2020	10		32	109	42	193
10/1/2020	13		30	107	55	205
11/1/2020	17		31	82	48	178
12/1/2020	14	1	19	99	43	176
1/1/2021	5	2	32	124	62	225
2/1/2021	10	1	18	100	49	178
Inpatient Psychiatric Facility			19	835	8	862
3/1/2020			2	59	1	62
4/1/2020				59	1	60
5/1/2020			2	50		52
6/1/2020			2	90		92

Count of Investigations	county					
Place of Service and month	Island	San Juan	Skagit	Snohomish	Whatcom	Grand Total
7/1/2020			3	83		86
8/1/2020				74	1	75
9/1/2020			3	85	2	90
10/1/2020			1	45	1	47
11/1/2020			2	70		72
12/1/2020			3	79		82
1/1/2021				77	2	79
2/1/2021			1	64		65
Other Place of Service	2		3	752	19	776
3/1/2020				55	1	56
4/1/2020				51	2	53
5/1/2020			2	65		67
6/1/2020	1		1	69	1	72
7/1/2020				77	6	83
8/1/2020				62	1	63
9/1/2020				67	1	68
10/1/2020				66	1	67
11/1/2020				57	1	58
12/1/2020				56	3	59
1/1/2021	1			67	1	69
2/1/2021				60	1	61
Inpatient Hospital	5		20	590	54	669
3/1/2020	1			32	5	38
4/1/2020				46	1	47
5/1/2020	2		1	44	1	48
6/1/2020	1		2	55	4	62
7/1/2020			3	66	7	76
8/1/2020				62	2	64
9/1/2020			3	76	7	86
10/1/2020			1	58	3	62
11/1/2020			4	34	7	45
12/1/2020			1	51	8	60
1/1/2021	1		2	29	6	38
2/1/2021			3	37	3	43
Prison - Correctional Facility	9	8	70	191	112	390
3/1/2020	1		2	23	9	35
4/1/2020			6	9	11	26

Count of Investigations	county					
Place of Service and month	Island	San Juan	Skagit	Snohomish	Whatcom	Grand Total
5/1/2020		2	4	15	15	36
6/1/2020	2		9	16	9	36
7/1/2020	2	2	5	20	14	43
8/1/2020		3	5	11	6	25
9/1/2020			8	16	6	30
10/1/2020	1		10	10	7	28
11/1/2020			8	20	9	37
12/1/2020	1		4	22	8	35
1/1/2021		1	3	17	7	28
2/1/2021	2		6	12	11	31
Home			4		93	97
3/1/2020					15	15
5/1/2020					11	11
6/1/2020					10	10
7/1/2020			1		4	5
8/1/2020					3	3
9/1/2020			1		5	6
10/1/2020			1		11	12
11/1/2020					12	12
12/1/2020			1		9	10
1/1/2021					9	9
2/1/2021					4	4
Assisted Living Facility	1	9	43	13	28	94
3/1/2020		1	5	1		7
4/1/2020		1	11	3		15
5/1/2020			9	1		10
6/1/2020			4		1	5
7/1/2020			3	1	1	5
8/1/2020			5	2	1	8
9/1/2020		1		2	7	10
10/1/2020		1	2		8	11
11/1/2020			1	1	5	7
12/1/2020		2	1	1	2	6
1/1/2021	1				2	3
2/1/2021		3	2	1	1	7
Telehealth	53	4	32		3	92
4/1/2020	2		2			4

Count of Investigations	county					
Place of Service and month	Island	San Juan	Skagit	Snohomish	Whatcom	Grand Total
5/1/2020	14		4		1	19
6/1/2020	6		5		1	12
7/1/2020	7	1	2		1	11
8/1/2020	8		2			10
9/1/2020	10	1	2			13
10/1/2020		1	2			3
11/1/2020			3			3
12/1/2020	1		5			6
1/1/2021	3		2			5
2/1/2021	2	1	3			6
Office	3	7	8	21	30	69
3/1/2020			1	2	3	6
4/1/2020	1		2		5	8
5/1/2020			2		6	8
6/1/2020		3	2	1	2	8
7/1/2020		2	1	4	6	13
8/1/2020	1					1
9/1/2020		1		3	1	5
10/1/2020				6	1	7
11/1/2020				1	2	3
12/1/2020				1	1	2
1/1/2021		1			1	2
2/1/2021	1			3	2	6
Group Home				50	3	53
3/1/2020				2		2
4/1/2020				7		7
5/1/2020				2	1	3
6/1/2020				1		1
7/1/2020				3		3
8/1/2020				4		4
9/1/2020				4		4
10/1/2020				7		7
11/1/2020				4		4
12/1/2020				8		8
1/1/2021				2	1	3
2/1/2021				6	1	7
Community Mental Health Center				14		14

Count of Investigations	county					
Place of Service and month	Island	San Juan	Skagit	Snohomish	Whatcom	Grand Total
3/1/2020				4		4
4/1/2020				1		1
8/1/2020				3		3
10/1/2020				1		1
11/1/2020				2		2
12/1/2020				2		2
2/1/2021				1		1
Homeless Shelter					13	13
3/1/2020					1	1
4/1/2020					1	1
5/1/2020					1	1
6/1/2020					1	1
7/1/2020					2	2
8/1/2020					1	1
9/1/2020					1	1
1/1/2021					4	4
2/1/2021					1	1
Psychiatric Residential Treatment Center				4	4	8
3/1/2020					2	2
6/1/2020				1		1
7/1/2020				1		1
12/1/2020				1		1
2/1/2021				1	2	3
Nursing Facility				2		2
3/1/2020				1		1
7/1/2020				1		1
Custodial Care Facility					2	2
8/1/2020					1	1
2/1/2021					1	1
School		1				1
3/1/2020		1				1
On Campus - Outpatient Hospital			1			1
2/1/2021			1			1
Non-residential Substance Abuse Treatment Facility				1		1
11/1/2020				1		1
Grand Total	**200**	**39**	**519**	**3,759**	**920**	**5,437**

Crisis Services – not Hotline

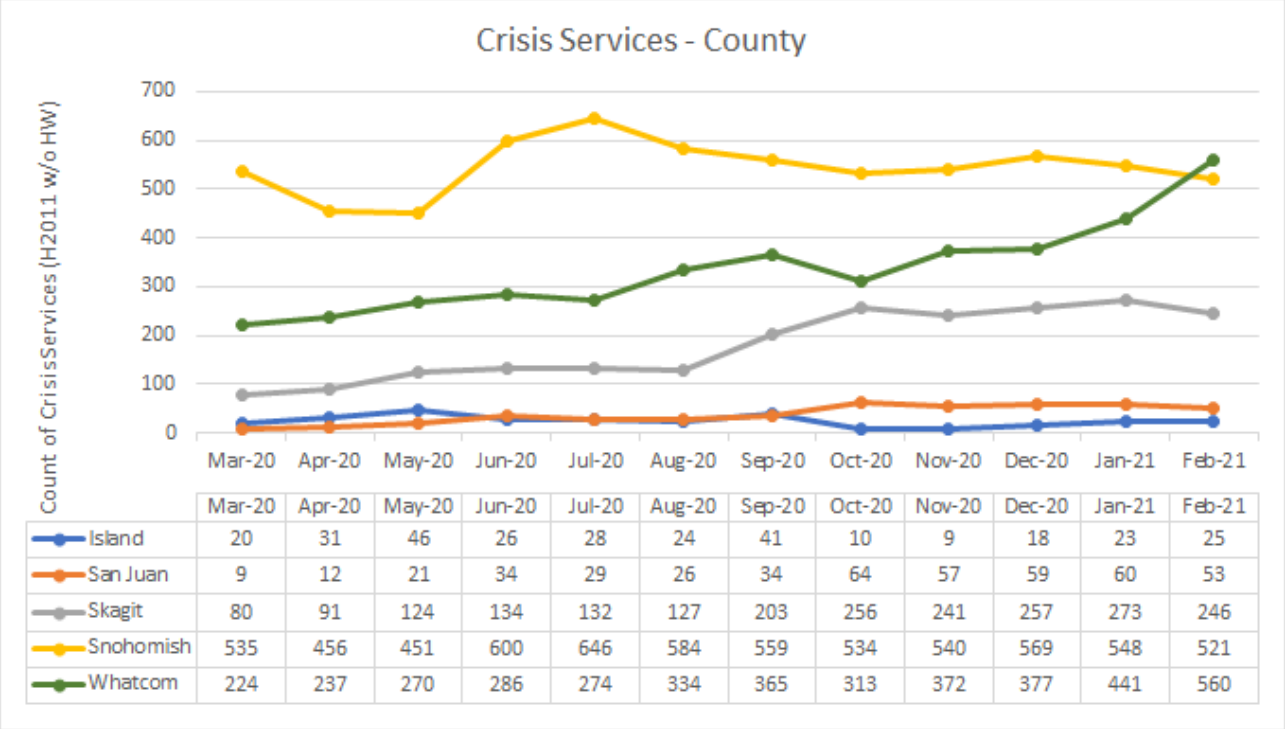
Crisis services are submitted as service per the SERI:

"Evaluation and treatment of mental health crisis for all individuals experiencing a crisis. A mental health crisis is defined as a turning point in the course of anything decisive or critical, a time, a stage, or an event or a time of great danger or trouble, whose outcome decides whether possible bad consequences will follow."

They include hotline calls (cpt H0030) discussed in the beginning of this report and Crisis interventions (cpt H2011), covered below

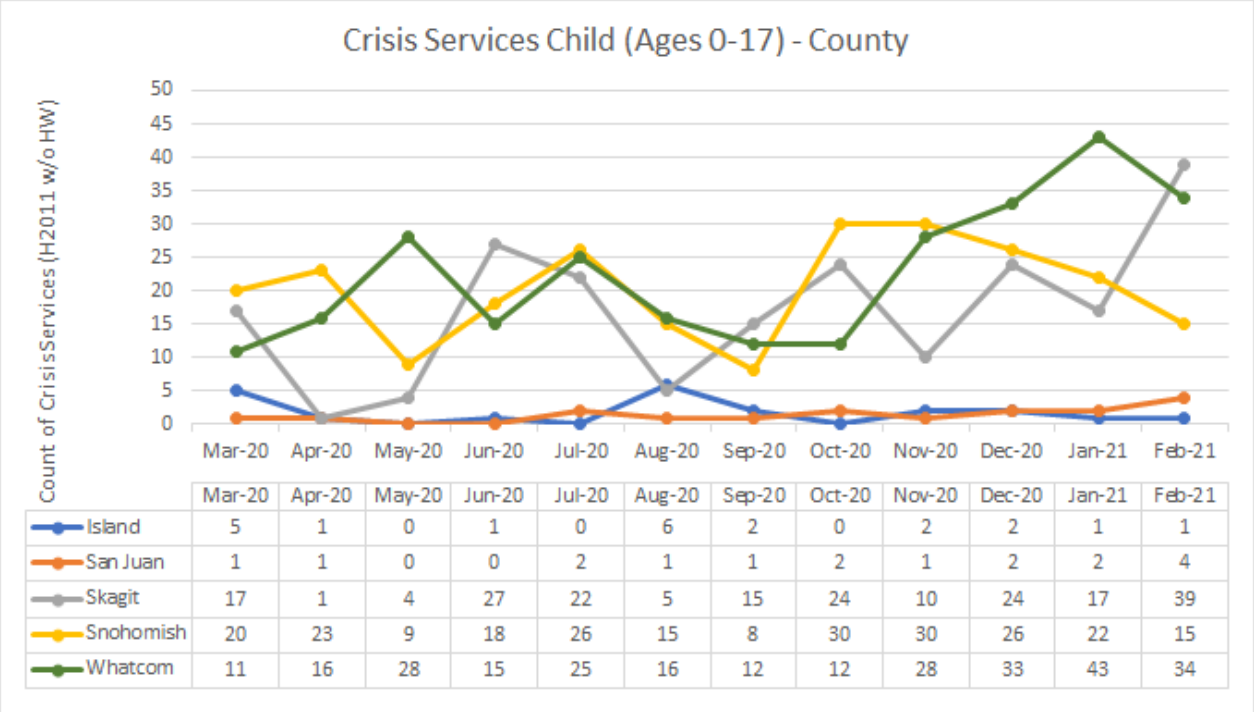
Count of Crisis Services by County

Crisis Services by County - All Ages



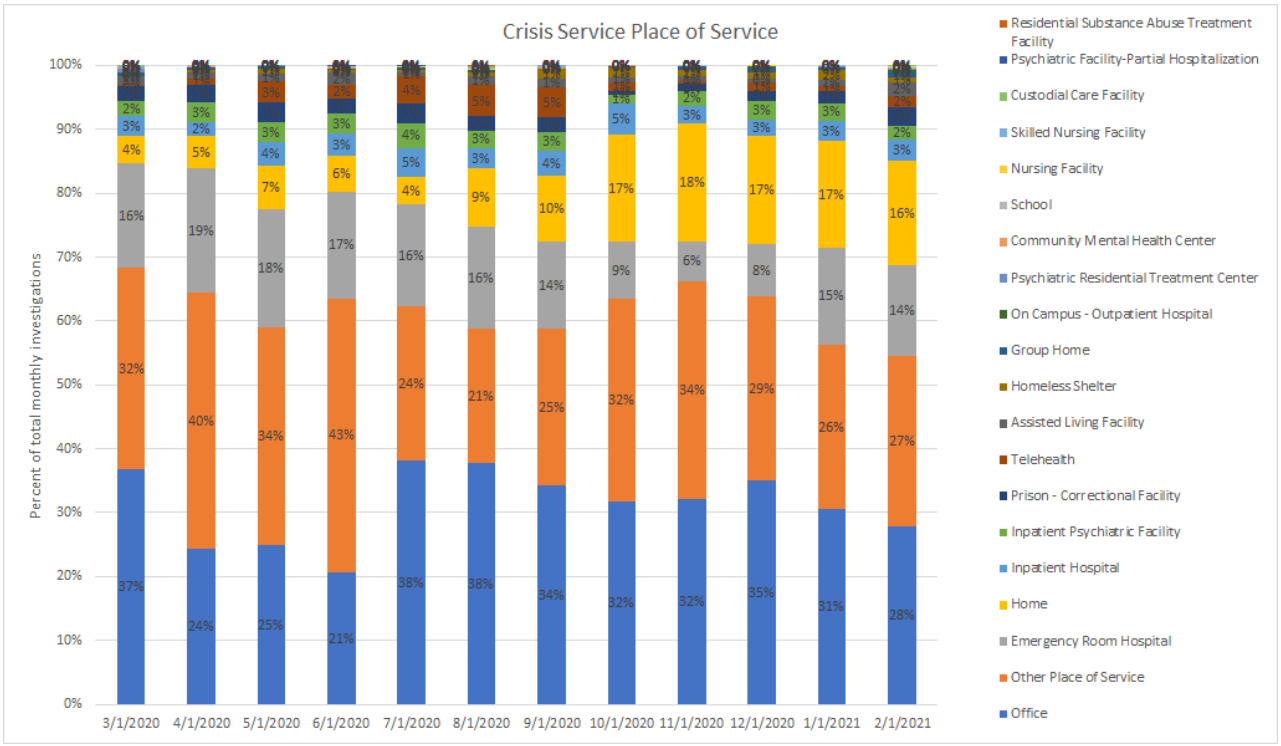
	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Island	20	31	46	26	28	24	41	10	9	18	23	25
San Juan	9	12	21	34	29	26	34	64	57	59	60	53
Skagit	80	91	124	134	132	127	203	256	241	257	273	246
Snohomish	535	456	451	600	646	584	559	534	540	569	548	521
Whatcom	224	237	270	286	274	334	365	313	372	377	441	560

Crisis Services by County – Child

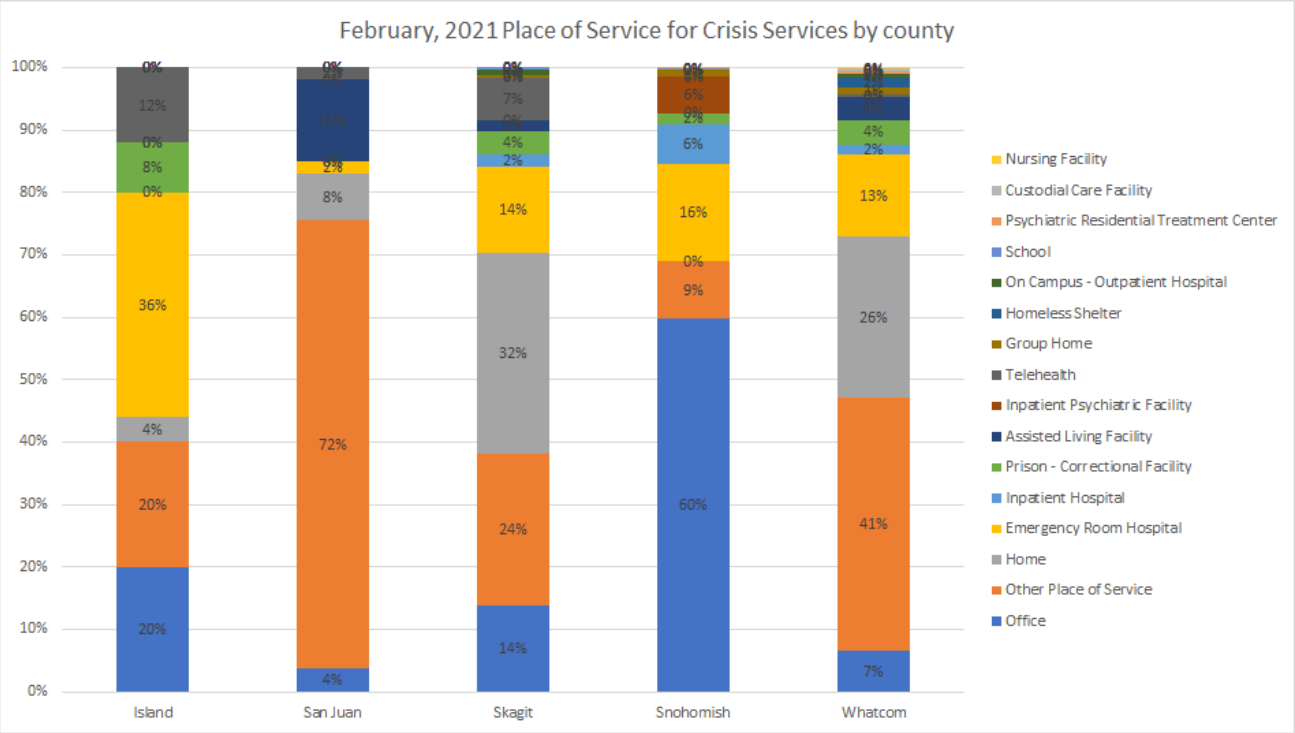


	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Island	5	1	0	1	0	6	2	0	2	2	1	1
San Juan	1	1	0	0	2	1	1	2	1	2	2	4
Skagit	17	1	4	27	22	5	15	24	10	24	17	39
Snohomish	20	23	9	18	26	15	8	30	30	26	22	15
Whatcom	11	16	28	15	25	16	12	12	28	33	43	34

Comparison of Crisis Service Place of Service by Month



Comparison of Crisis Service Place of Service by County



Count of Crisis Services by month and Place of Service

Count of services	Month												
place of service	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Grand
Office	319	201	228	224	423	414	412	373	391	449	411	390	4,235
Other Place of Service	275	332	310	462	269	230	295	374	417	369	347	377	4,057
Emergency Room Hospital	141	161	168	181	176	174	163	105	76	104	204	200	1,853
Home	38	42	63	61	48	101	125	197	224	216	224	228	1,567
Inpatient Hospital	26	17	33	37	50	34	46	59	34	34	43	47	460
Inpatient Psychiatric Facility	20	27	29	34	43	31	35	14	29	36	37	30	365
Prison - Correctional Facility	21	22	28	26	35	24	29	8	13	22	26	42	296
Telehealth	1	8	30	22	46	53	55	17	6	17	9	23	287
Assisted Living Facility	13	8	12	22	7	16	18	9	8	6	13	32	164
Homeless Shelter		3	6	3	5	7	17	17	13	14	22	9	116
Group Home	3	3	3	1	3	1	1	2	6	7	5	13	48
On Campus - Outpatient Hospital	2		1	1		2		1		4	1	5	17
Psychiatric Residential Treatment Center	4	1	1		1		1				2	3	13
Community Mental Health Center	3	1		3		1	1	1	1	1			12
School		1		1					1		1	3	7
Nursing Facility				1	1	2	1			1		1	7
Skilled Nursing Facility	1					2	3						6
Custodial Care Facility	1				1	2						2	6
Psychiatric Facility-Partial				1	1								2
Residential Substance Abuse Treatment Facility						1							1
Grand Total	**868**	**827**	**912**	**1,080**	**1,109**	**1,095**	**1,202**	**1,177**	**1,219**	**1,280**	**1,345**	**1,405**	**13,519**

Count of Crisis Services by County and Place of Service

Count of Crisis Services	county					
Place of Service and month	Island	San Juan	Skagit	Snohomish	Whatcom	Grand Total
Office	124	74	289	3,404	344	4,235
3/1/2020	10	1	31	239	38	319
4/1/2020	14	1	17	128	41	201
5/1/2020	10	8	44	139	27	228
6/1/2020	10	8	11	170	25	224
7/1/2020	12	9	13	365	24	423
8/1/2020	11	5	15	360	23	414
9/1/2020	15	6	21	343	27	412
10/1/2020	7	19	17	313	17	373
11/1/2020	7	10	14	343	17	391
12/1/2020	15	3	39	366	26	449
1/1/2021	8	2	33	326	42	411
2/1/2021	5	2	34	312	37	390
Other Place of Service	46	280	1,077	1,163	1,491	4,057
3/1/2020	5		25	146	99	275
4/1/2020	11	2	50	160	109	332
5/1/2020	8	9	47	140	106	310
6/1/2020	6	14	77	245	120	462
7/1/2020		8	78	80	103	269
8/1/2020	1	12	57	66	94	230
9/1/2020	3	16	122	53	101	295
10/1/2020		36	157	65	116	374
11/1/2020		46	183	59	129	417
12/1/2020		49	127	52	141	369
1/1/2021	7	50	94	50	146	347
2/1/2021	5	38	60	47	227	377
Emergency Room Hospital	37	11	272	1,075	458	1,853
3/1/2020	1		13	95	32	141
4/1/2020	3		20	111	27	161
5/1/2020	9		16	101	42	168
6/1/2020		2	28	104	47	181
7/1/2020	1	1	30	104	40	176
8/1/2020	1	1	42	83	47	174
9/1/2020	2	2	27	82	50	163
10/1/2020	3	2	13	76	11	105
11/1/2020	1		6	63	6	76

Count of Crisis Services	county					
Place of Service and month	Island	San Juan	Skagit	Snohomish	Whatcom	Grand Total
12/1/2020	2		15	71	16	104
1/1/2021	5	2	28	103	66	204
2/1/2021	9	1	34	82	74	200
Home	3	29	383	1	1,151	1,567
3/1/2020	1		6		31	38
4/1/2020			1		41	42
5/1/2020			11		52	63
6/1/2020		6	1		54	61
7/1/2020		5	1		42	48
8/1/2020		6	5		90	101
9/1/2020		5	20		100	125
10/1/2020		1	66		130	197
11/1/2020			34		190	224
12/1/2020		2	55	1	158	216
1/1/2021	1		104		119	224
2/1/2021	1	4	79		144	228
Inpatient Hospital	2		25	371	62	460
3/1/2020	1		1	19	5	26
4/1/2020				16	1	17
5/1/2020	1		2	28	2	33
6/1/2020			1	34	2	37
7/1/2020			3	40	7	50
8/1/2020				33	1	34
9/1/2020			3	36	7	46
10/1/2020				57	2	59
11/1/2020			2	32		34
12/1/2020			2	23	9	34
1/1/2021			6	20	17	43
2/1/2021			5	33	9	47
Inpatient Psychiatric Facility			14	343	8	365
3/1/2020			1	18	1	20
4/1/2020				25	2	27
5/1/2020			2	27		29
6/1/2020			2	32		34
7/1/2020			3	40		43
8/1/2020			1	29	1	31
9/1/2020			2	32	1	35

Count of Crisis Services	county					
Place of Service and month	Island	San Juan	Skagit	Snohomish	Whatcom	Grand Total
10/1/2020			1	13		14
11/1/2020				28	1	29
12/1/2020			2	34		36
1/1/2021				35	2	37
2/1/2021				30		30
Prison - Correctional Facility	7	6	45	126	112	296
3/1/2020	1		2	9	9	21
4/1/2020			3	9	10	22
5/1/2020		1	1	13	13	28
6/1/2020	1		7	8	10	26
7/1/2020		3	4	12	16	35
8/1/2020		1	6	9	8	24
9/1/2020	3		7	10	9	29
10/1/2020			1	7		8
11/1/2020			1	11	1	13
12/1/2020			3	16	3	22
1/1/2021		1	1	13	11	26
2/1/2021	2		9	9	22	42
Telehealth	73	11	37		166	287
3/1/2020		1				1
4/1/2020	3	5				8
5/1/2020	17				13	30
6/1/2020	8				14	22
7/1/2020	15				31	46
8/1/2020	10		1		42	53
9/1/2020	15	2	1		37	55
10/1/2020					17	17
11/1/2020	1				5	6
12/1/2020	1	2	12		2	17
1/1/2021			6		3	9
2/1/2021	3	1	17		2	23
Assisted Living Facility	7	43	13	6	95	164
3/1/2020		6	1	1	5	13
4/1/2020		4		2	2	8
5/1/2020	1	2		1	8	12
6/1/2020		4	7		11	22
7/1/2020		2			5	7

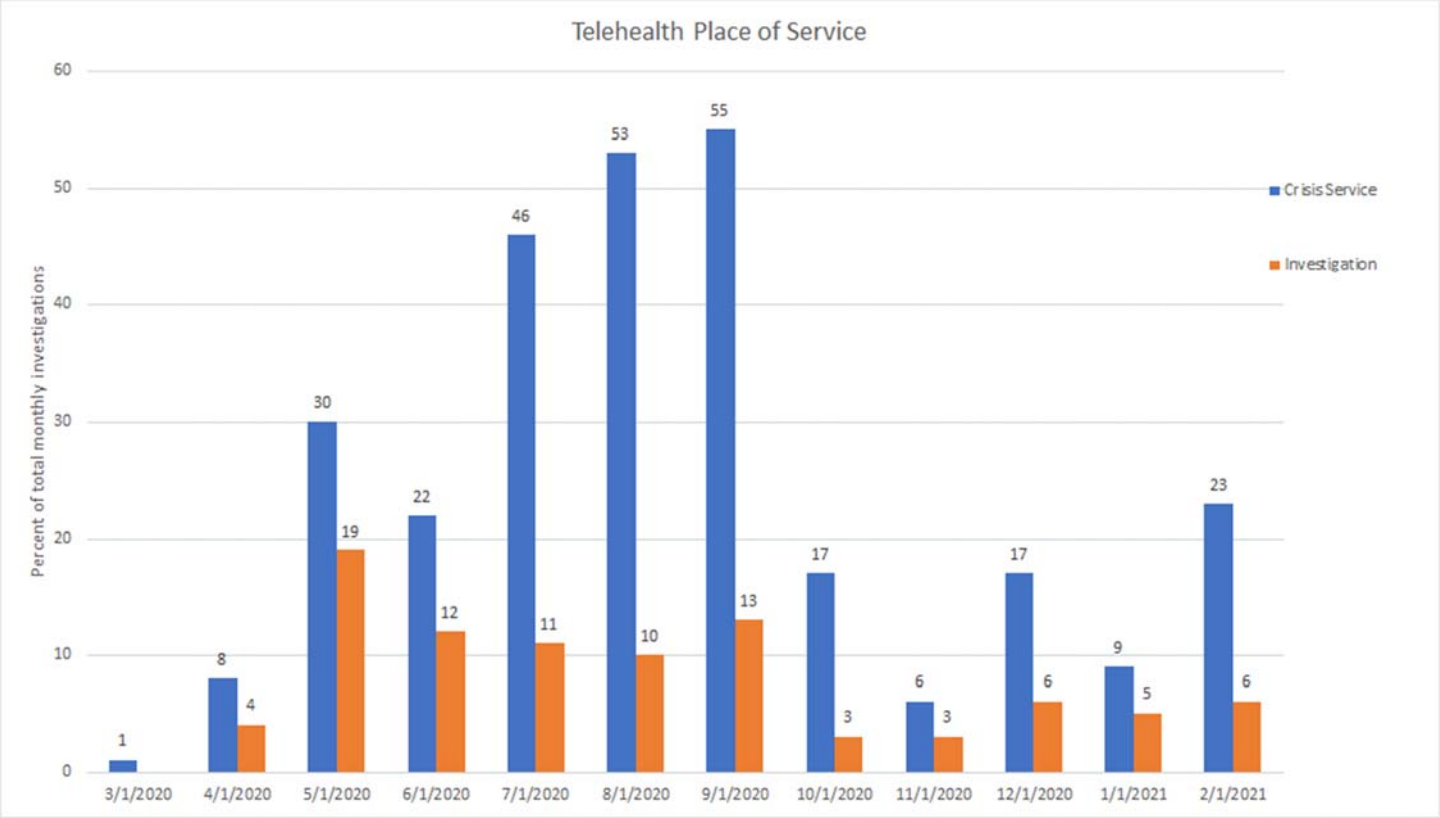
Count of Crisis Services	county					
Place of Service and month	Island	San Juan	Skagit	Snohomish	Whatcom	Grand Total
8/1/2020	1				15	16
9/1/2020	3	3		1	11	18
10/1/2020		6			3	9
11/1/2020		1			7	8
12/1/2020		3	1	1	1	6
1/1/2021	2	5			6	13
2/1/2021		7	4		21	32
Homeless Shelter			1		115	116
4/1/2020					3	3
5/1/2020			1		5	6
6/1/2020					3	3
7/1/2020					5	5
8/1/2020					7	7
9/1/2020					17	17
10/1/2020					17	17
11/1/2020					13	13
12/1/2020					14	14
1/1/2021					22	22
2/1/2021					9	9
Group Home			3	29	16	48
3/1/2020				2	1	3
4/1/2020				3		3
5/1/2020				2	1	3
6/1/2020				1		1
7/1/2020				3		3
8/1/2020				1		1
9/1/2020				1		1
10/1/2020				2		2
11/1/2020			1	3	2	6
12/1/2020			1	4	2	7
1/1/2021				1	4	5
2/1/2021			1	6	6	13
On Campus - Outpatient Hospital	1	2	3		11	17
3/1/2020		1			1	2
5/1/2020		1				1
6/1/2020	1					1
8/1/2020					2	2

Count of Crisis Services	county					
Place of Service and month	Island	San Juan	Skagit	Snohomish	Whatcom	Grand Total
10/1/2020			1			1
12/1/2020					4	4
1/1/2021					1	1
2/1/2021			2		3	5
Psychiatric Residential Treatment Center				4	9	13
3/1/2020				2	2	4
4/1/2020					1	1
5/1/2020					1	1
7/1/2020				1		1
9/1/2020					1	1
1/1/2021					2	2
2/1/2021				1	2	3
Community Mental Health Center				12		12
3/1/2020				3		3
4/1/2020				1		1
6/1/2020				3		3
8/1/2020				1		1
9/1/2020				1		1
10/1/2020				1		1
11/1/2020				1		1
12/1/2020				1		1
School			2	3	2	7
4/1/2020				1		1
6/1/2020				1		1
11/1/2020					1	1
1/1/2021			1			1
2/1/2021			1	1	1	3
Nursing Facility		2		2	3	7
6/1/2020				1		1
7/1/2020		1				1
8/1/2020		1		1		2
9/1/2020					1	1
12/1/2020					1	1
2/1/2021					1	1
Skilled Nursing Facility				1	5	6
3/1/2020				1		1

Count of Crisis Services	county					
Place of Service and month	Island	San Juan	Skagit	Snohomish	Whatcom	Grand Total
8/1/2020					2	2
9/1/2020					3	3
Custodial Care Facility	1				5	6
3/1/2020	1					1
7/1/2020					1	1
8/1/2020					2	2
2/1/2021					2	2
Psychiatric Facility-Partial Hospitalization				2		2
6/1/2020				1		1
7/1/2020				1		1
Residential Substance Abuse Treatment Facility				1		1
8/1/2020				1		1
Grand Total	**301**	**458**	**2,164**	**6,543**	**4,053**	**13,519**

Telehealth Place of Service – Crisis and Investigation Services

Telehealth Services utilize Place of Service code '2' and modifier 'GT'.



Contract Crisis Metric Summary and Report Cross Reference

Exhibit E

The Appendix E format is submitted Quarterly to HCA. It is submitted to the North Sound BH ASO Utilization Management Committee prior to submission.

Current Quarter Appendix E

	2021Qtr1	month 1	month 2	month 3	total
	Crisis Calls				
1a	Total number of crisis calls received	3,560	3,240	0	6,800
1b	Total number of crisis calls answered	3,421	3,143	0	6,564
1c	Average answer time of all crisis calls (seconds)	18	17	00	18
1d	Percentage of crisis calls answered live within 30 seconds	93	93	0	93
1e	Percentage of crisis calls abandoned	4	3	0	3
	Mobile Crisis Team				
2a	Total number of face to face crisis contacts	371	348	87	806
	DCR				
3a	Total number of DCR events	371	348	87	806
3b	Total number of DCR events resulting in a referral to outpatient treatment	88	99	18	205
3c	Total number of DCR events resulting in a referral to voluntary inpatient treatment	25	12	3	40
3d	Total number of DCR events resulting in detention under ITA	179	157	42	378

Last Submitted Appendix E

	2020Qtr4	month 1	month 2	month 3	total
	Crisis Calls				
1a	Total number of crisis calls received	4,291	4,582	3,789	12,662
1b	Total number of crisis calls answered	3,969	4,312	3,600	11,880
1c	Average answer time of all crisis calls (seconds)	26	25	22	24
1d	Percentage of crisis calls answered live within 30 seconds	85	85	92	87
1e	Percentage of crisis calls abandoned	8	6	5	6
	Mobile Crisis Team				
2a	Total number of face to face crisis contacts	302	323	320	945
	DCR				
3a	Total number of DCR events	302	323	320	945
3b	Total number of DCR events resulting in a referral to outpatient treatment	89	97	84	270
3c	Total number of DCR events resulting in a referral to voluntary inpatient treatment	10	16	18	44
3d	Total number of DCR events resulting in detention under ITA	131	134	143	408

Other Highlighted Metrics

The ASO Contract currently has included metrics for reporting, included below is the report cross reference and current performance:

1. Crisis System Call Center Performance Metrics (one Year average included)
   A. Ninety percent of crisis calls are answered live within thirty seconds.
      - See page 7.
        - 85.4% Average, 93.2% in current month.

   B. Call abandonment rate of less than five percent for the crisis line.
      - See page 7.
        - 6.0%- The current month is 3.0%

   C. Provide direct line access to all mobile crisis outreach teams for necessary support and information assistance after dispatch so no caller waits more than thirty seconds for a live answer.
      - See page 10.
        - 85.2% Average. Current month 90.6%

2. Crisis Reporting
   A. Call Center Reports
      - See page 11 for demographic information.
      - See page 23 for Crisis call dispatch information. Analysis of calls, callers, dispositions, origin of call (e.g., home, emergency room, community, provider), referral sources, and other relevant information to make recommendations and assist in improving the crisis response system.

   B. Mobile Crisis Team
      i. The number and percentage of persons referred to the program for mobile outreach, monitored monthly.
         - See Dispatches on page 18

      ii. The number and percentage of persons successfully diverted from Emergency Rooms and/or ITA commitments, monitored quarterly.
         - See Dispatches on page 18

   C. Other
      i. Mobile crisis outreach dispatch, time of arrival, and disposition of response.
         - See page 23 for dispatch time
         - See page 24 for outcome

      ii. The number of unique individuals served in the crisis system by fund source and service type on a monthly and year to date basis.
         - See Page 21

      iii. Number of individuals who are repeat utilizers of the crisis system, monitored quarterly and year to date and compared to prior year, and reported by frequency of utilization.
         - See page 28

Data Files and Locations used for report preparation

Detentions and Investigation specific data from ICRS contact sheets

\\w2k16-file\Staff\dennis_regan\Documents\Investigation_ICRS\Investigation_ICRS_20210309.xlsx

ASO Crisis System Data – Unique served, Same Day and Follow-on

\\w2k16-file\departments\Fiscal_DA\Payment_Computation\ASO_Crisis\ASO_Crisis_20210309.xlsx

Call Center, Triage Center and Outpatient Service data

\\w2k16-file\departments\Quality Specialists\Reports\HCA\Crisis\CrisisData_20210309.xlsx

Past Exhibit E

\\w2k16-file\departments\Quality Specialists\Reports\ExhibitE\ExhibitE_Data_20210309.xlsx

Current Exhibit E

\\w2k16-file\departments\Quality Specialists\Reports\ExhibitE\ExhibitE_Data_20210309.xlsx

PDF copy of this report

\\w2k16-file\Shared\Reports\DataRequests\Crisis\NorthSound_CrisisMetrics_20210309.pdf

Word working document

\\w2k16-file\departments\Quality Specialists\Reports\HCA\Crisis\NorthSound_CrisisMetrics_20210309.docx

STRONGER TOGETHER – A PATH FORWARD

2021

Washington Behavioral Healthcare Conference

June 16-18

WASHINGTON COUNCIL
FOR BEHAVIORAL HEALTH

WHO WE ARE

The Washington Council for Behavioral Health (WA Council) is the sponsor and organizer of the annual Behavioral Healthcare Conference. Over the past 40 years, the WA Council and its provider members have offered services that promote the creation of healthy and secure communities through partnerships. The WA Council is a non-profit, professional association of licensed community behavioral health centers across the state of Washington who have joined together to create a unified, representative voice that speaks on behalf of community behavioral health. Advocating in support of community behavioral health centers and behavioral health consumers, the WA Council develops public policy initiatives, promotes partnerships and provides high quality behavioral health care education.

PLEASE JOIN US

Welcome to the 31st annual Washington Behavioral Healthcare Conference (WBHC), ***Stronger Together – A Path Forward.*** We missed gathering in 2020 as a statewide behavioral health community, and can't wait to reconvene in June. 2021 will mark the first-ever virtual WBHC; although we arrived here out of pandemic-induced necessity, we're excited by the new opportunities a virtual event makes possible. We've added a fourth featured national speaker, and by reducing fees by 50% and restructuring the daily schedule, we hope to welcome even more participants from across the state.

We're all living in and through incredibly challenging times. Our theme, ***Stronger Together – A Path Forward,*** will be supported through critical content on race and equity in behavioral health, COVID-related innovations, connections between corrections and behavioral health, and best practices in team-based care. National and regional experts, consumer leaders, and local providers will share their experience, knowledge, and tools, bringing you timely new resources to use in your agencies and communities.

We're delighted to introduce the 2021 WBHC keynote speakers:

- **Victor Armstrong, MSW,** an expert on building & strengthening community resources to serve individuals living with behavioral health issues and on behavioral health and the African American community
- **Debra Pinals, MD,** an expert in bringing recovery principles into correctional settings
- **Nic Sheff,** speaker & author who shares his authentic & heart-touching story of substance abuse, mental illness, & recovery
- **Allison Massari,** a trauma survivor & leading healthcare educator on compassion fatigue and patient-centered care

This virtual event will highlight 35 workshops, with tracks focusing on corrections & mental health, recovery & resiliency, emerging, best & promising practices, management, leadership & operations, race and equity in behavioral health, and more.

We gratefully acknowledge support for the WBHC from the Health Care Authority and the Department of Corrections.

We hope you'll join us in June for an outstanding educational event!

Sincerely,

Ann Christian, CEO
Washington Council for Behavioral Health

Joe Roszak, Chair
Washington Council for Behavioral Health and CEO, Kitsap Mental Health Services

Darcell Slovek-Walker, Chair
Washington Council for Behavioral Health Education Committee and CEO, Transitional Resources

Wednesday, June 9 & Friday, June 11

This year Law & Ethics has been divided into 2 virtual sessions, as described below. You must attend BOTH sessions in their entirety to receive the 6 CE clock hours; the $150 registration fee for Law & Ethics includes both sessions.

Washington State Law & Ethics for Behavioral Health Professionals

(6.0 CE clock hours) (additional $150 registration fee required)

Eric Ström, JD, PhD, LMHC, Ström Consulting

This educational program fulfills continuing education requirements required by Washington State for Licensed Social Workers, Mental Health Counselors and Marriage and Family Therapists for the mandatory biennial "Law and Ethics" training requirements. ***Certificates for 6.0 CE clock hours will be issued to attendees who attend both sessions in their entirety.***

Session 1, June 9, 2021, 9 am – 12:15 pm: Law & Ethics of Clinical Relationships & Boundaries

Relationship boundary violation is the most common basis for findings of professional misconduct against behavioral health professionals. There are a wide range of ways clinicians and clients may find themselves entering into dual relationships. In this three-hour workshop, we will examine the applicable ethical standards and Washington State laws regarding relationships with clients. We will also discuss strategies for implementing, and maintaining, appropriate client/clinician boundaries.

Participants will gain increased ability to implement strategies to maximize their clinical effectiveness with clients while minimize risk and liability; identify and apply legal guidelines regarding clinical and non-clinical dual relationships; identify and apply ethical standards regarding dual relationships; identify the range and types of inconsistent dual relationships; identify risk factors for inconsistent dual relationships; create and evaluate strategies to maintain appropriate clinical relationships.

Session 2, June 11, 2021, 9 am – 12:15 pm: Law & Ethics of Mandatory Reporting & Duty to Warn

For many clinicians, patient lethality and mandatory reporting are some of the most difficult topics to navigate. In this workshop we will examine the applicable Washington State and Federal laws regarding confidentiality, mandatory reporting obligations with a specific focus on how these rules apply to behavioral health settings. We will also discuss the boundaries and standards of clinician liability for client harm to self or others as defined in Washington State case law.

Participants will gain increased ability to implement strategies to minimize risk and to limit liability to best support their clients and patients; identify and apply legal guidelines regarding mandatory reporting obligations; identify and apply legal standards regarding duty to warn/duty to protect; create and evaluate strategies to meet legal reporting requirements while maximizing client/patient support; understand the implications of the telehealth context on reporting requirements and related legal duties; and create strategies to appropriately and safely advocate for clients/patients.

Wednesday, June 16

8:30 am – 8:50 am • Welcome

Joe Roszak, Chair, Washington Council for Behavioral Health and CEO, Kitsap Mental Health Services

MaryAnne Lindeblad, Medicaid Director, Health Care Authority, or a designee

9:00 am – 10:00 am

KEYNOTE ADDRESS by **Victor Armstrong, MSW,** NC Division of Mental Health, Developmental Disabilities, Substance Abuse Services

Perception is Everything: Stigma, Mental Health, and Suicide in Historically marginalized Communities

Stigma around mental illness continues to be one of the leading taboos in the African American community. Whether it's depression, anxiety, or worst-case scenario, suicide, there is a longstanding belief in the African American community that the impact of these taboo subjects is the problem of "the other." Though communities of color, because of socioeconomic challenges, may be at higher risk for poor behavioral health outcomes, including addictions there is often a reluctance to recognize the need for the help of a physician or therapist. As a result of stigma, socioeconomic challenges, and the added stressors of systemic racism and lack of access to culturally competent treatment resources, suicide rates continue to rise in the African American community. In this session Victor Armstrong will discuss the historic challenges of African Americans as it pertains to mental wellness, addictions, and suicide, while also discussing the impact of implicit bias and provider perception on the delivery of behavioral healthcare.

10:15 am – 11:15 am • Workshops

W101 Promoting Positive Re-Entry for Incarcerated Individuals with Disabilities (1 CE clock hour)

Angela Sauer, MS, LMHC, Department of Corrections; Amanda Kersey, PsyD, M.Div., Department of Corrections; Sarah Sullivan, BS, Department of Corrections

This session will provide perspective and insight for individuals interested or active in criminal justice reform. Presenters will review existing data on the prevalence of intellectual and developmental disabilities and traumatic brain injuries among incarcerated individuals. We'll share information on treatment planning, education, skill building, case management strategies required to address individual needs, and on possible obstacles to successful re-entry. We'll present examples of transition strategies and continuity of care warm hand-offs that are coordinated with stakeholders, other agencies, and community-based services in order to encourage personal recovery and reduce criminogenic risks with the goal of reducing recidivism.

W102 Road to Recovery: OPA Gives Hope! (1 CE clock hour)

Martin K. Abdo, Certified Peer Specialist, Harborview Mental Health & Addiction Services

OPA stands for Organize. Prioritize. Act. OPA is a cognitive behavioral tool/method developed by the presenter to reduce stress quickly and effectively for those who live with mental illness. OPA's four-step process fits on a one-page worksheet, and empowers an individual to switch from the emotional state to the logical state of thinking, take ownership, organize their thoughts, and then quickly and successfully take action in their recovery process. OPA's simple format allows an individual to: manage overwhelming stress, manage multiple stressors, create

Continued on next page

and manage daily structure, create and bring goals to fruition, and successfully get needs met diplomatically with providers, nurses, social workers, case managers, peers and other professional staff. OPA can also help reduce Emergency Department visits, reduce the need for restraints, and result in fewer and shorter inpatient stays. When being supported by a trained professional, in almost all cases, OPA can reduce stress within thirty minutes or less. Come learn more about OPA and how it gives hope to those who use it!

W103 Certified Community Behavioral Health Clinic (CCBHC) Implementation: Benefits, Sustainability, Accessibility, & Lessons Learned (1 CE clock hour)

Tamara El-Amoor, MHA, MBA, (c)DHA, Comprehensive Healthcare; Leann Reed, MA, LMFT, LMHC, CMHS, Cascade Community Healthcare; Kathy Stevens, MS, LMHC, CMHS, DCR, Peninsula Behavioral Health

The Washington Certified Community Behavioral Healthcare Clinic – Expansion (WA CCBHC-E) Collaboration Group, made up of three agencies who received CCBHC expansion grants from SAMHSA, will describe their experiences so far as CCBHCs. CCBHCs are a new provider type in Medicaid, designed to provide a comprehensive range of mental health and substance use disorder services to vulnerable individuals. CCBHCs receive an enhanced Medicaid reimbursement rate based on their anticipated costs of expanding services to meet the needs of these complex populations. CCBHCs are responsible for directly providing (or contracting with partner organizations to provide) nine types of services, with an emphasis on the provision of 24-hour crisis care, utilization of evidence-based practices, care coordination and integration with physical health care. The WA CCBHC-E Collaboration Group will talk about the benefits of CCBHCs, strategies for implementation, accessibility, sustainability, and lessons learned for integrated care. We'll go over the implementation of CCBHC requirements and guidelines to provide evidence-based services to our clients, identify how CCBHCs bridge gaps in care, and how they help create partnerships with other community providers to improve client outcomes.

W104 Mobile Community Intervention & Response Team (MCIRT): Strengthening Community-Based Treatment & Recovery (1 CE clock hour)

Traci Krieg, MA, LMHC, Comprehensive Life Resources; Emily Chandler, BSN, Comprehensive Life Resources; Jennifer Sorensen, MA, LMFT, LMHC, SUDP, Comprehensive Life Resources

This presentation will address the need for integrated, mobile services and outline how these services benefit our community. MCIRT was created to reduce high utilization of 911, hospital emergency departments, and other crisis services, while addressing our clients' needs from a whole health perspective. This mobile, multidisciplinary team consists of mental health professionals, registered nurses, psychiatric ARNPs, substance use disorder specialists, case managers, and client advocates who uncover underlying reasons for high utilization. They meet clients who are high utilizers of emergency services in their homes and in their communities, providing clinicians with a greater understanding of a client's unique set of circumstances, risk factors, barriers to treatment, and their strengths and natural supports. MCIRT partners with a client's extended support network to provide a whole-health approach to recovery, strengthen client resiliency, and work toward meeting client and program goals. MCIRT has been significantly impacted by the challenges our nation has faced in 2020, and we've seen a dramatic increase in mental health crises, unmet medical needs and clients struggling against more barriers to acquiring services than we've seen in recent memory. We've had to find safe and effective ways to address the immediate behavioral health and medical needs of clients during the pandemic. Like many mental health agencies, Comprehensive Life Resources (CLR), under which MCIRT is umbrellaed, was impacted by protests and the racial reckoning movement sparked by the tragic deaths of George Floyd, Breonna Taylor, Ahmaud Arbery and countless other Black individuals across this country. CLR has made a commitment to re-evaluate our own responsibility and to address race and equity, both in our work with clients as well as with our staff. This presentation will outline how MCIRT services benefit the community financially while promoting improved quality of life for individuals, address unique challenges from the last year, and adjustments that MCIRT has made to address these challenges.

W105 The Ripple Effect of Hate Crimes: Diffused Hate Crime Victimization & Trauma (1 CE clock hour)

Kristi A. Lee, PhD, Seattle University; Vanessa Hooper, MEd, Mend Seattle, Curacion Counseling; Samantha Green, MEd, Ohana Behavioral Health

The rate of hate crimes, defined as a criminal offence where a perpetrator is motivated by prejudice against a person in a marginalized group, has increased in the United States in recent years. While in the past the focus has been on the impact of hate crimes on direct victims, in this session we'll discuss a qualitative research study that examined how the impact of hate crimes ripples through targeted communities, specifically racial and ethnic, religious, sexual orientation, and gender identity communities. This phenomenon is known as diffused hate crime victimization and trauma. The study found that members of targeted communities experienced impacts on their sense of identity, feelings of fear, and a need for coping strategies. We'll cover how participants see diffused hate crime victimization and trauma in their work settings, additional impacts of hate crimes, ways to build awareness of the indirect impact of hate crimes and ways to explore this with clients, and reflect on attendees' personal and professional readiness to engage on the topic of hate crime victimization and trauma with clients.

W106 Crisis & Diversion Options Across the Sequential Intercept Model (1 CE clock hour)

Cameron Fordmeir, MEd, Lourdes Counseling Center; Gordon Cable, MS, Lourdes Counseling Center

Come learn about Lourdes' robust and integrated diversion model from Intercept points 0-5. Lourdes has services and clinicians that respond to behavioral health emergencies within each intercept point to divert unnecessary arrests for those individuals suffering from chronic mental illness and/or severe substance use disorders. We've built an eclectic team of clinicians, attorneys, judges, police officers, correction officers, probation officers, and therapeutic courts to provide warm handoffs at each intercept point to better serve our community. Join us as Lourdes staff demonstrate a comprehensive diversion model, and for an interactive discussion covering: the importance of diverting criminal offenses due to chronic mental illness and/or severe substance use disorders; reduction of 10.77 Competency and Restoration orders; utilizing 24/7 Crisis Services in traditional and non-traditional ways; Mobile Outreach team development as a true co-responder model with law enforcement; Jail Mental Health screenings, referrals, and furlough orders; Prosecutorial Diversion Program development to reduce recidivism rates, dismiss charges without prejudice, and better serve clients in the community; the importance of integrating Peer Specialists into programs to help improve engagement, ensure consumer voice, advocacy, natural supports, and firsthand experience is taken into consideration, and much more!

W107 LGBTQ+ Care & Advocacy (1 CE clock hour)

Bethany Cole, MA, LMHC, Seattle Counseling Service; Monique Green, Certified Peer Support Specialist, Seattle Counseling Service; Corey Thies, MS, LMHC, SUDP, Seattle Counseling Service

Studies consistently show that LGBTQ+ people are at an increased risk for behavioral health problems and instability: anxiety, depression, suicidal/self-harm ideation, problematic substance use, estrangement from community, and instability in housing or employment. That risk only escalates when LGBTQ+ people hold additional intersecting marginalized identities. In the midst of this, helping professionals trying to help often report finding themselves at a loss for how to be supportive. This presentation, led by clinicians from Seattle Counseling Service, addresses the behavioral health needs of the broad range of LGBTQ+ people and their intersecting identities and also will help equip you to better meet the needs of your patients. Participants will learn about LGBTQ+ basics and terminology, allyship, and specific steps you or your organization can take in becoming more confident and competent in serving LGBTQ+ populations. Specific topics will include client advocacy, destigmatizing LGBTQ+ identities, how and why to use correct pronouns (especially for transgender and gender-non-conforming clients), the Minority Stress Model, as well as the particularities of psychotherapy, substance use treatment, and peer support for LGBTQ+ people.

11:30 am – 12:30 pm • Workshops

W201 Culture Clash! Behavioral Health & the Incarcerated Veteran (1 CE clock hour)

Peter Schmidt, PsyD, LMHC, WA State Dept. of Veterans Affairs; Jason Alves, MPA, WA State Dept. of Veterans Affairs

Incarceration rates of veterans are falling nationwide, although Washington State estimates that they make up 8%-13% of all inmates. Despite the smaller proportion of justice-involved veterans who served in Iraq and/or Afghanistan relative to Vietnam and World War II, they are incarcerated at higher rates than these prior cohorts of service men and women. While their problems and issues may look the same, they often aren't and can be complicated by their cultural influences and other conflicts that are unique to this population. This session will identify primary contributors to the military/veteran culture, how behavioral health conditions like PTSD are influenced by military culture, discuss the pros and cons of identifying as a veteran in the prison system, and distinguish between the military/veteran culture and the mainstream/dominant culture. Participants will learn how to identify veteran clients, ways to bridge the culture gap, and other resources for mental health practitioners.

W202 55+ Senior Perspectives: How We Facilitated & Fostered an Online Community During COVID (1 CE clock hour)

Laurel Lemke, MS, Certified Peer Counselor, Peer Kent, WSU Peer Workforce Alliance Community Connections; Tanyalee Erwin, MBA, MS, Certified Peer Counselor, Peer Kent Volunteer, WSU Peer Workforce Alliance Community Connections

Even before COVID-19, the older adult and senior communities were increasingly at risk of depression, isolation, and a dimming vision of their future. The presenters, as active members of this age group, came up with a way to invite seniors, senior peers, and family members to share ideas, resources, and messages of hope to navigate pathways to resilience. They conduct open conversations in a Zoom gathering to share ideas for coping with our new world of social distancing and sheltering at home, and ways to grow forward. The presenters will talk about the nuts and bolts of their "talk show," share what sustains, surprises, and supports them as they overcome obstacles, and lessons learned as it has evolved. We want to inspire others to use this model to create similar programs throughout Washington to aid, inform, and build natural supports and resilience in our older adults.

W203 Tele-Behavioral Health: Successful Strategies & Planning for the Future (1 CE clock hour)

Bradford Felker, MD, Dept. of Veterans Affairs & University of WA Dept. of Psychiatry & Behavioral Sciences; Melody McKee, SUDP MA, Harborview Medical Center Behavioral Health Institute; Cara Towle, MSN, RN, MA, University of WA School of Medicine

Telemedicine and telepsychiatry practice were a slowly growing form of practice among early adopter behavioral health providers in Washington State before the 2020 COVID-19 pandemic. However, with the onset of the pandemic, community-based behavioral health providers were suddenly faced with the need for unexpected and immediate changes to their service delivery model in order to provide critically needed mental health care for their clients. Telehealth offered a viable solution, but behavioral health providers needed to pivot to a technology and modality with which they were unfamiliar. In addition, they had to keep up with fast-moving regulatory changes, the impact of the pandemic on their agencies, and stress imposed on staff and the communities they served. As Harborview Medical Center's Behavioral Health Institute, in partnership with the Washington State Health Care Authority, began supporting behavioral health providers in delivering these essential services and responding to regulatory changes, it became apparent that telebehavioral health would be here to stay. However, now that the urgent pivot to telebehavioral health has been made, how will providers, leadership, and institutions strategically prepare to incorporate it into routine delivery of mental health care in the future? This workshop will provide a brief overview of telemedicine in behavioral and mental health prior to the public health emergency and discuss its impact on community-based behavioral health practitioners across the State of Washington. The speakers will present a focused discussion highlighting evidence-based practices and promising practices for telebehavioral health. They'll engage participants in a robust dialogue about the ongoing and newfound benefits and challenges in delivering telebehavioral health care, and how to develop a thoughtful hybrid model that will deliver the right care at the right time via the right modality.

W204 Psychosis REACH: An Evidence-Based Training for Families & Caregivers (1 CE clock hour)

Jennifer Blank, University of Washington School of Medicine; Sarah Kopelovich, PhD, University of Washington School of Medicine; Trez Buckland, PhD, MEd, National Alliance on Mental Illness, University of Washington

Based on a robust literature demonstrating improved clinical and functional outcomes, Family Interventions for psychosis (FIp) are recommended by national schizophrenia treatment guidelines as standard of care, and the most recent iteration of the treatment guidelines suggest that FIp should include psychoeducation as well as skills training in symptom coping, communication, problem-solving skills, stress management, emotional support, and enhancing social support networks. In spite of this recommendation, only 1.9% of U.S. families with a loved one with a serious mental illness have received a FIp. Acknowledging that community mental health clinic (CMHC) staff are neither trained in nor resourced to adhere to these national guidelines, the University of Washington, in partnership with a newly-convened Family & Caregivers Advisory Board, implemented Psychosis REACH (p-REACH) in 2019. p-REACH is a 1-time training for family members caring for a loved one with psychosis that takes place outside of a CMHC and is facilitated by experts in CBTp and Family Interventions. This presentation will provide an overview of the p-REACH training and its 3-pronged training model (recovery-oriented psychosis psychoeducation; caregiver self-care; and Cognitive Behavior Therapy for psychosis (CBTp)-informed strategies), preliminary data on p-REACH's positive impact, and the addition of the Family Ambassador role.

W205 When Race/Racism is the Elephant in the Room: How to Bring Up Race in Therapeutic Conversations and Not Come Undone (1 CE clock hour)

Sherronda Jamerson, CDP, MA, Harborview Mental Health & Addiction Services; Robie Flannagan, Certified Peer Counselor, Harborview Mental Health & Addiction Services/Harborview Medical Center

Over the last few years, racial divisions have been explored more openly in the American mainstream. However, in most therapeutic relationships, clients of color are not likely to open up if their provider is of a different race. In a time when racial turmoil hits the news daily, worries about safety, belonging, inclusion, and more are commonplace for both individuals and communities of color. When those worries aren't expressed in therapeutic encounters, they become the elephant in the room. Learning to listen for the clues and skillfully bringing up race are opportunities to connect meaningfully with your clients of color and provide them with the high quality of care they deserve. This presentation will focus on three areas – why you should care, how to listen for the coded language of race, and what you can do. We'll discuss implicit bias, trauma evidenced in clients, and case studies of how clients of color have presented concerns about race in therapeutic encounters, and share tactics for introducing race into therapeutic conversations, maintaining openness, and moving forward.

W206 Recovery Housing in WA State (1 CE clock hour)

Kira Schneider, MPH, HCA/DBHR; Melodie Pazolt, HCA/DBHR; MeLinda Trujillo, Health Care Authority

The Division of Behavioral Health & Recovery (DBHR) has been working to develop a continuum of housing options for individuals with behavioral health conditions. Choice in housing is a fundamental DBHR philosophy and providing options for individuals on their recovery pathway is paramount to a person-centered delivery system. In addition to Foundational Community Supports and Housing & Recovery through Peer Services (HARPS), DBHR has been working with WA Alliance of Quality Recovery Residences (WAQRR) to develop Recovery Residences. These are in addition to our continued efforts to expand and support Oxford Houses and Tribal Recovery Housing. This session will identify the different types of housing within the continuum, identify different options for recovery housing in WA, provide an overview of House Bill 1528, and provide resources for the types of housing covered in the session.

W207 Practice Transformation for the Pediatric Population (1 CE clock hour)

Mary Ann Woodruff, MD, FAAP, Pediatrics Northwest; Wendy Pringle, LMHC, HopeSparks; Joseph Le Roy, MSW, HopeSparks

HopeSparks and Pediatrics Northwest's presentation will provide an overview of the journey these two mission-driven organizations took when they set out to drive pediatric healthcare transformation, to shift from expensive episodic care to managing the health of defined populations. They created a system of whole person care where families could access the care they needed for their children in a timely manner, linkages could be set up for community supports, and outcomes could be measured and continually improved, while providers would flourish in a team environment where they were no longer a "team of one." This session will discuss the history that brought both organizations together, the model that was used as a foundation, the care pathways that were created, the evidence-based treatments used, program outcomes, lessons learned, the realization of hope, and much more!

Thursday, June 17

8:30 am - 8:50 am • Welcome

Ann Christian, CEO, Washington Council for Behavioral Health

9:00 am – 10:00 am

KEYNOTE ADDRESS by **Debra Pinals, MD,** University of Michigan

Readiness for Recovery: Bringing Community Principles to Correctional Settings (1 CE clock hour)

Individuals with behavioral health challenges are frequently found in correctional settings or under correctional supervision in the community, yet there is often a sense of feeling ill equipped and inadequately trained for correctional staff to work with these individuals. Further, the goals of public safety and reducing recidivism are often framed outside of the recovery-oriented systems of care upon which behavioral health systems rest. It's increasingly important to bring recovery principles into the correctional conversation and frame lessons to be learned around these principles. Recovery, centered on hope and community inclusion, trauma awareness, and managing challenges with health and wellness as a framework, can fit neatly into correctional system approaches. Dr. Pinals will review experiences across the country in correctional, forensic, and behavioral health services to draw upon as she covers these principles and speaks to the importance of being responsive to the populations' needs, the various systems issues that can present barriers and opportunities, and the ability of each part of the correctional and behavioral health system to lean in and achieve positive results and inspiration for ongoing improvement in service delivery and attention to public safety while improving outcomes for people with mental health, intellectual and developmental disabilities and substance use challenges in the criminal justice system.

10:30 am – 11:30 am • Workshops

T301 Bringing Recovery Principles to Correctional Settings: Supporting Client Needs (1.5 CE clock hours)

Debra Pinals, MD, University of Michigan

Recovery, centered on hope and community inclusion, trauma awareness, and managing challenges with health and wellness as a framework, can fit neatly into correctional system approaches. Bringing recovery principles into the correctional conversation however can be daunting and seem disconnected when correctional systems have traditionally operated as one where mandates and sanctions are the norm. In this workshop the facilitator will bring cases of individuals with co-occurring mental illness and substance use challenges focusing on re-entry populations and tie together issues that appear within the correctional setting to challenges an individual might have in the community. Using the APIC model framework for reentry, the facilitated discussion will help participants be able to describe how to best support client needs based on case discussions. Time will be available for participants to share questions related to their own cases.

T302 Creating Substance Use Disorder Peer Support Programs to Combat the Opioid Crisis in WA State (1 CE clock hour)

Stephanie Lane, MSW, WSU Peer Workforce Alliance; Dakota Steel, Certified Peer Counselor, WSU Peer Workforce Alliance

Come learn about Lewis County's HHS RCORP grant and its decision to focus on peer support as an intervention. The WSU Peer Workforce Alliance, in partnership with CHOICE and Pac Mountain, administered two Opioid Use Disorder Certified Peer Counseling trainings last year. In this session you'll learn how SUD Certified Peer Counselors are currently being utilized and in what settings, and about the positive impact peer support is having on the opioid crisis. We'll also discuss peer support in general in Washington, the differences between SUD and mental health peer support, and how to create a peer support program. If you've ever thought about becoming a peer or developing a peer program, this session is for you!

T303 Data-Driven Decisions: The Funding & Future of Community Support Programs (1 CE clock hour)

Melodie Pazolt, HCA/DBHR; Daniel Gerber, ASA, Milliman, Inc.

TThis presentation from the Health Care Authority (HCA) and Milliman, Inc, the actuarial firm that works with HCA on various Apple Health behavioral health initiatives, will begin with a brief overview of Milliman's capitation rate development and risk adjustment processes affecting the managed care plans' Medicaid revenue, with a focus on data received from providers, risk adjustment methodology, and the impacts of the recent behavioral and physical health integration. Next we'll discuss HCA's research on housing and employment instability conducted in association with the state's Foundational Community Supports (FCS) program., and future uses of provider data in evaluating engagement in FCS and improving allocation of funding across the system to support better living situations for Washingtonians. Attendees will better understand how the patient data they provide informs decisions made by HCA and funding levels of both the managed care and FCS rates. Finally, we'll discuss social determinants of health and how identification of these risk factors can be used to inform the risk adjustment process and influence care delivery.

T304 Advancing Treatment & Resources for First Episode Psychosis: What You Need to Know in WA State (1 CE clock hour)

Maria Monroe-DeVita, PhD, University of Washington School of Medicine; Cammie Perretta, LICSWA, Behavioral Health Resources; Rebecca Daughtry, LICSW, CMHS, Health Care Authority

This presentation is your "one-stop shop" on initiatives, resources, and services in Washington to address the needs of individuals and families experiencing first episode psychosis (FEP). We'll cover community education on early warning signs, symptoms, common diagnoses, causes, and services for treating FEP, include an overview of Washington's New Journeys coordinated specialty care programs, information on referral pathways and where those programs are located, and current enhancements to the model that are underway. We'll also highlight additional services available or under development in Washington through a new Center of Excellence in FEP to address the needs of individuals and families experiencing FEP, including the Central Assessment of Psychosis Service (CAPS) which offers tele-consultation and tele-evaluation services to community providers. Finally, this presentation will focus on current policy and financing initiatives to promote further dissemination and sustainability of FEP resources and services, and plans for New Journeys program expansion in Washington.

T305 Policing Mental Illness in Cities at the Intersection of Bias & Trauma (1 CE clock hour)

Shelley Buchbinder, PhD, MSW, Rutgers University; Giovanna Giacobbe, MSW, Rutgers University

Violent police interactions, disproportionately targeting black men, made headlines in 2020 but are a perennial problem. Police encounters and violence concentrate in poor, segregated parts of cities where people with serious and persistent mental illnesses often live. These same neighborhoods have been laboratories for community policing policies (e.g., quality-of-life, zero tolerance, broken windows) targeting low-level offenses with increased police stops, tickets, and arrests. Racial minorities and people with mental illness are disproportionately subjected to violent police encounters. Additionally, people with mental illness are arrested and incarcerated at higher rates than the general population. Violence and the threat of police violence are public health concerns impacting health and mental health outcomes. Understanding policing bias and related traumatic stress is crucial to supporting people with serious and persistent mental illnesses. This session will help attendees understand biased policing at the intersections of race and mental illness in cities, and to evaluate the impacts of policing through a trauma-informed lens.

T306 Fun, Dysfunction, & Monetization: The Murky, Merging Worlds of Gambling & Gaming (1 CE clock hour)

Tana Russell, CDP, NCTTP, WSCGC-II, Evergreen Council on Problem Gambling; Roxane Waldron, MPA, DBHR/Health Care Authority

Video games are a booming industry in today's screen-based entertainment economy. But when does the fun turn into dysfunction? How is it that a teenager can end up spending tens of thousands of dollars in a "free" game? What is the overlap between gaming and gambling? Is it an expensive hobby, an addiction, or a viable professional career path? This presentation will provide a review of the types of modern gaming and gambling that are most attractive to youth (and adults) including social casinos, loot boxes, in-app purchases, online sports betting, and the multi-million-dollar eSports tournaments, as well as virtual currencies. You'll learn about gambling and problem gambling prevalence rates in WA, laws currently affecting gaming and betting, and about programs and services available to help those affected by problem and disordered gambling. We'll also discuss and provide responsible gaming strategies and resources to help make sure gaming and gambling remains ... just a game.

T307 The University of WA Behavioral Health Teaching Facility: A Comprehensive Integrated Model (1 CE clock hour)

Jürgen Unützer, MD, University of Washington School of Medicine, Dept. of Psychiatry & Behavioral Sciences; Carl Hampson, AIA, SRG Partnership

This is a pivotal moment for behavioral health in the State of Washington. The University of Washington has established a bold vision for a new Behavioral Health Teaching Facility (BHTF) that will become the foundation for positive transformation of the entire Behavioral Health system in the state. Historical divisions between physical and mental health do not serve us well, and a new patient-centered model of care is emerging focused on treating the whole person. The new BHTF, located on the University of Washington Medical Center Northwest Campus, will be a one-of-a kind, fully integrated, welcoming, and healing environment for individuals struggling with both physical and behavioral health conditions. The building will support a full continuum of clinical services ranging from effective medication management and psychotherapies to state-of-the art neuromodulation treatments, as well as medical and surgical care for individuals with behavioral health disorders. It will also be the home of an interdisciplinary training and workforce development program focused on preparing and supporting the next generation of health care providers for Washington State.

This presentation will provide an overview of the creative collaboration between clinicians and designers to develop an innovative facility that will support this new model of care, and the presenters will share their unique perspectives on the process and describe how the design responds to the challenging objectives established for this transformative new facility.

12:00 – 1:00 pm

KEYNOTE ADDRESS by **Nic Sheff,** author of *Tweak: Growing Up on Methamphetamines*

Tweak: A Harrowing, But Hopeful, Portrait of Addiction (1 CE clock hour)

Nic Sheff was drunk for the first time at age eleven. In the years that followed, he would develop addictions to many hard drugs, always feeling like he would be able to quit and put his life back together whenever he needed to. It took a violent relapse one summer in California to convince him otherwise. Nic plunged into the mental and physical depths of drug addiction. In a voice that is raw and honest, Nic spares no detail in telling us the compelling, heartbreaking and true story of his relapse and the road to recovery. It's a harrowing portrait — but one with hope. Nic's heartbreaking and inspiring struggle with substance abuse disorder is the story of Beautiful Boy, a major motion picture based on Nic's *New York Times* bestselling memoir, *Tweak: Growing Up on Methamphetamines* and his father's bestseller of the same title.

Friday, June 18

8:30 am – 8:50 am • Welcome

Ann Christian, CEO, Washington Council for Behavioral Health

9:00 am – 10:00 am

KEYNOTE ADDRESS by Allison **Massari,** journalist and author

Transformation through Patient-Centered Care (1 CE clock hour)

Prepare to be taken on a journey. With her perceptive view inside the "patient experience," Allison Massari's riveting and insightful keynote illuminates the immense value that healthcare providers have upon a patient who is suffering. This dynamic and poignant program offers real solutions to the struggle of how to keep the patient first despite limited time and other practical constraints. By weaving her remarkable journey with potent life-lessons, Allison highlights the integral nature of patient-centered care and fortifies audience members, reigniting their passion for why they went into healthcare in the first place. She explains, "The power of what you do goes far beyond the technical part of your job. You are healing the places medicine cannot touch. In fact YOU are the medicine." Hailed as "life-changing", Allison's keynote offers a sincere and direct approach to navigating adversity, transcending life's difficulties, and always finding a way to be the healer in the room. This content rich and deeply moving speech also offers applicable tools for managing change, adversity, and the everyday challenges of being human.

10:15 am – 11:15 am • Workshops

F401 Community Responders, Credible Messengers, and Cops: The Right Team for the Right Response (1 CE clock hour)

Anne Larsen, MPA, Olympia Police Department; Sgt. Amy King, Olympia Police Department

By pairing civilian community responders, formerly incarcerated peers, and law enforcement officers, the Olympia Police Department (OPD) is reshaping traditional law enforcement responses in serving the most vulnerable and system resistant individuals in Olympia. The OPD outreach programs work because of partnership, collaboration and coordination between law enforcement, peer navigators, crisis response staff, corrections, criminal justice partners, treatment centers and service providers. Our programs bridge the relationships and community knowledge of OPD officers with the assertive outreach/engagement and behavioral health services of our Crisis Response Unit and Familiar Faces Program. Come learn more about our program, how to prepare for the challenges and system barriers inherent in setting up this kind of program, and about the cultural shifts that happen – for law enforcement, community responders, and peers!

F402 Heart Centered Boundaries (1 CE clock hour)

Beth Handewith Gould, Certified Peer Counselor, Greater Vision Life Coaching; Julie Moore, MA, Pioneer Human Services, Skagit County Crisis Center

This session will help attendees develop boundary skills, maintain their recovery, and/or be more effective in providing recovery-oriented services. The peer presenters will cover basic skills for establishing and reinforcing personal and professional boundaries. We'll include interactive exercises designed to assist people in exploring their own core values as a way of identifying boundary needs, practice the art of saying "No" with kindness and confidence, understanding the danger to self and others when boundaries aren't clear, using recovery principles and language, and the critical importance of self-care in maintaining perspective and clarity.

F403 Building Our Current & Future Workforce (1 CE clock hour)

Andrew Short, MS, Telecare Corporation; Chris Crosby, MBA, Telecare Corporation

The goal of this session is to discuss strategies and tactics to assist hiring managers and agency leadership with alternative ways to approach recruitment and employee development. We'll cover strategies to build and develop a recruiting strategy that grows your agency and the overall system of care. With the growth of the behavioral health care system in the state of Washington and the difficulty of hiring and retaining employees to provide this care, agencies must develop plans to recruit and develop their employees. We'll also discuss ways for agencies to develop workforce solutions that build up their own employees to include community members and beyond, drawing potential employees from other areas of healthcare to pursue a career in behavioral health, and more.

F404 A Transdisciplinary Approach to Working with Psychosis via the ACT Model (1 CE clock hour)

Michelle McDonald-Lopez, LMHC, University of Washington; Jeffrey Roskelley, LICSW, MSW, University of Washington

This presentation will focus on the Program for Assertive Community Treatment (PACT) model that works with those experiencing multiple episode psychosis. We'll help attendees understand the model, the complexities of working with those with long term mental illness, and how a collaborative model can be impactful and beneficial in the recovery process. This transdisciplinary, team-based model includes mental health

Continued on next page

therapy (with a focus on Cognitive Behavioral Therapy for Psychosis), co-occurring disorders treatment (focusing on Integrated Dual Disorders Treatment), peer support, case management services, Supported Employment and Education, psychiatric rehabilitation, Family Education and Support, psychopharmacological treatment and medication management, and support around medication conditions and increasing a healthy lifestyle. We'll also discuss how the model has significantly moved towards cultural complexities in treatment and how the team can address them. This session will describe how the team functions, the types of treatment utilized, and how individuals served will benefit. We'll also discuss the unique stressors that come with working with such a complex population and how to prevent burnout (as a staff member and as a supervisor), so that you can continue to help this group of individuals work towards recovery.

F405 Access to Care is Social Justice: How Primary Care Behavioral Health Addresses Disparities & Works Toward Health Equity for Marginalized Populations (1 CE clock hour)

Phillip Hawley, PsyD, Yakima Valley Farm Workers Clinic

Primary Care Behavioral Health (PCBH) is a prominent model of mental health integration. This approach places behavioral health consultants (BHCs) in clinics to provide same day access to clients whose conditions are first recognized in primary care. This form of integration is often discussed as it pertains to population reach, the broad range of conditions seen in this model, and overall satisfaction from patients and providers, but little has been said about how the model addresses disparities for marginalized people. Racial, gender, and social barriers frequently differentiate between positive outcomes and startling statistics such as the three-fold increase in mortality rate of Black babies compared to their White peers, or disparities regarding infection and mortality of minorities with COVID-19. Racial disparities and incongruences in the healthcare system have established an impediment for minorities to receive care and to obtain the same healthy outcomes as others. By reviewing the foundations of PCBH, this presentation will address ways to recognize and address systemic barriers to care and allow organizations a pathway to high quality healthcare to ALL people as we strive towards health equity. The presentation will discuss how PCBH challenges previously established barriers of eligibility, social determinants of health, and cultural considerations to close equity gaps and improve the health of our communities.

F406 Durable Training Materials to Support the Medical Care of People with SMI (1 CE clock hour)

John Kern, MD, University of Washington AIMS Center

The Healthier Washington Medicaid Transformation project has helped to highlight for behavioral health agencies statewide the importance of integrating behavioral health and physical health outcomes. In comparison to the integration of behavioral health into primary care, this is a much heavier lift for behavioral health agencies. We propose an efficient approach to the medical conditions that are most impactful for our clientele, and those with the most potential for improving health outcomes. This will include both access to high-quality and useful medical information, as well as highly practical tools and procedures for supporting improved health in the most effective way possible. The University of Washington AIMS Center and the HealthierHere Accountable Community of Health have collaborated to develop an array of online training materials that are intended to be available free of charge for the ongoing needs of behavioral health providers in this area, even after the end of the Washington Medicaid Transformation program. Following on earlier presentations outlining the case for primary care in behavioral health, and on the use of organized data approaches to population health, we will focus on those activities actually performed by care coordinators in the presence of clients, once the team has identified who is in need of assistance.

F407 The State Opioid & Overdose Response Plan (1 CE clock hour)

Kris Shera, MPA, Health Care Authority; Emalie Huriaux, MPH, Department of Health; Tony Walton, Health Care Authority

Like the rest of the country, Washington State has been grappling with an opioid overdose crisis for several years. The first State Opioid & Overdose Response Plan was developed in 2008, and since then, the State Opioid & Overdose Response Work Group, along with numerous sub-groups, has continued to update the Plan. Washington has also been challenged by the intertwined issues of multifaceted and chaotic poly-substance use (including increases in stimulant-related deaths), the infectious disease consequences of drug injection (e.g., hepatitis C, HIV, skin and soft tissue infections), and the deleterious impacts of stigma and drug criminalization on individuals, families, and communities. This complex public health problem has only grown more so in the midst of the COVID-19 pandemic, which has disproportionately harmed low-income individuals and communities of color; the recent uprisings for racial justice in response to persistent systemic and institutionalized racism; and changes to the illicit opioid market. During this session, representatives from the Work Group will discuss the latest version of the Plan and efforts to address these evolving challenges as we adapt our responses to the opioid overdose crisis.

11:30 am – 12:30pm • Workshops

F501 Continuity of Care for Prison Re-Entry (1 CE clock hour)

Angela Sauer, MS, LMHC, Department of Corrections; Brooke Amyx, MSSW, Department of Corrections

The Department of Corrections Health Services Division is developing a system-wide Continuity of Care process to ensure that individuals who are leaving prison have access to needed medical, mental health, and substance use treatment in the community. This has increased the focus on collaboration with internal and external stakeholders to assist with identification of re-entry needs and facilitating warm hand offs at release. This presentation will discuss the current and future state of Health Services Re-entry to include patient identification, initial assessment of need, approach to re-entry planning, and community supports. Information will also be presented about several re-entry programs including the Offender Re-Entry Community Safety Program, the State Opioid Response (SOR II) grant for those with opioid use disorder, and a grant funded medical re-entry program.

F502 Foundational Community Supports' PhotoVoice Project (1 CE clock hour)

Amanda Polley, Certified Peer Counselor, HCA/DBHR; Kimberly Castle, Certified Peer Counselor, HCA/DBHR

The Foundational Community Supports (FCS) PhotoVoice Project is an empowering and flexible way for individuals in the FCS supportive housing and supported employment programs to tell their story in a way that represents them and enhances their lives and communities. This project combines photography and videography with accompanying stories, which creates an avenue for social awareness as well as continued recovery. The PhotoVoice Project also raises awareness of hidden or overlooked issues and aspects of their community, enabling people to act as recorders and potential catalysts for social action and change in order to bring new insights and perspectives. Join us as we talk about this exciting program, and celebrate success!

F503 Putting Technology to Work: Innovative Solutions to Help You Help Others (1 CE clock hour)

Rachel Brian, MPH, Behavioral Research in Technology & Engineering Center (BRiTE), University of Washington; Suzanne Meller, MPH, MSW, LSWAIC, Behavioral Research in Technology & Engineering Center (BRiTE), University of Washington; Justin Tauscher, PhD, MS, Behavioral Research in Technology & Engineering Center (BRiTE), University of Washington

With more mobile phones on the planet than people, and Internet use to obtain health information at an all-time high, technology is uniquely poised to augment the delivery of traditional behavioral health services. Limitations inherent to face-to-face services have only been exacerbated by COVID-19, highlighting the utility of leveraging technology to extend treatment delivery. Despite technology's demonstrated effectiveness for enhancing treatment processes and outcomes, many clinicians still express discomfort and low confidence using these tools with clients. This session will present an overview of technology to enhance behavioral healthcare, introduce strategies for integrating data from technology-based interventions in care delivery, and review important considerations for those getting started adopting technology in community-based mental health care settings. With experience building technology-based tools to enhance mental health treatment, researchers from the University of Washington Behavioral Research in Technology & Engineering (BRiTE) Center will highlight lessons learned from an ongoing technology implementation project within the state and engage participants in generating ideas about how to solve commonly occurring issues with using technology in care.

F504 Making Trauma-Informed Care Come Alive: Designing & Creating a Program Culture (1 CE clock hour)

Jim Sechrist, MA, Telecare Corporation; David Heffron, Telecare Corporation

Telecare Corporation has been using their Recovery Centered Clinical System (RCCS) for over 20 years to increase staff awareness of individuals' past traumas and provide a framework to design program cultures that awaken hope and resilience. This workshop will introduce participants to the Five Awarenesses of the RCCS program culture (power, judgement, motivation, respect and uniqueness) and how together they become a primary intervention. The workshop covers concepts and skills that support recovery-oriented services in behavioral health care, including the invisible burden of past traumas, how to listen with curiosity, how agency rules and routines can be shifted to decrease control, the power of judgment in documentation, and creating a place of belonging. Attendees will gain skills in designing a program culture that creates a "Power With" culture, learn strategies to decrease judgment and increase motivation, and develop a "Welcoming" strategy that becomes an initial intervention.

F505 The Behavioral Healthcare Green Book: Producing Inclusive Teams & Better Outcomes for Marginalized Populations (1 CE clock hour)

Rachel Turner, MA, LEEF Mental Health, LLC, Dept. of Children, Youth & Families

This presentation will facilitate critical discussion on race & equity in behavioral health, with an emphasis on Black practitioners but touching on different intersectionalities. This presentation will look at creating a diversity & inclusion training program that incorporates inclusive communication and involvement. We'll cover a variety of topics, including general racial disparities in mental health treatment, with an emphasis on marginalized populations, Black employee experience historically and as it relates to present-day Washington, principles of Equity, Diversity & Inclusion (what works, what doesn't), challenging "professionalism" and "safe spaces" with white fragility, concepts involving micro/macro aggressions, racial gaslighting, importance of retaining and attracting Black employees, and more.

F506 A Conversation with MaryAnne Lindeblad and Keri Waterland (1 CE clock hour)

MaryAnne Lindeblad, Medicaid Director, Health Care Authority; Keri Waterland, Director, Division of Behavioral Health & Recovery

Join MaryAnne Lindeblad, Medicaid Director at the Health Care Authority, and Keri Waterland, Director of the Division of Behavioral Health & Recovery, for a conversation about Washington's behavioral health system – where we've been, where are we now, and our vision of where we want to be. We'll also touch on some legislation that passed this session, and the work we're doing with counties through the Ruckelshaus Center.

F507 Mitigating Suicide Risk Factors through Engagement in Activity-Based Interventions (1 CE clock hour)

Amy Kashiwa, OTD, OTR/L, University of Puget Sound, School of Occupational Therapy; Kirsten Wilbur, EdD, OTR/L, University of Puget Sound, School of Occupational Therapy

According to the World Health Organization, approximately 800,000 people die by suicide annually. The impact of COVID-19 on population mental health is expected to become more concerning over time, and without a coordinated multidisciplinary response, suicide rates may increase, especially among vulnerable populations. This session will broaden participant understanding of the occupational therapy practitioner role in promoting mental health through activity-based interventions. Facilitating engagement in meaningful, culturally appropriate occupations (therapeutic activities) is the mechanism by which occupational therapy practitioners enable health, wellness and productive living. This presentation introduces the audience to evidence-based activities correlated with modifying suicide risk factors among vulnerable adult populations. Activity-based interventions include group and individual sleep training, social participation, leisure activities, and health management promote protective factors and can modify suicide risk factors. The presenters will also help attendees explore the various interventions and provide resources for future use in planning therapy sessions in various practice settings.

ACTIVITIES AT A GLANCE

Wednesday June 9/Friday June 11

Law & Ethics for Behavioral Health Professionals, Eric Ström, JD, PhD, LMHC *(separate registration fee required)*

Wednesday June 9, 9:00 am – 12:15 pm: Law & Ethics of Clinical Relationships & Boundaries

Friday June 11, 9:00 am – 12:15 pm: Law & Ethics of Mandatory Reporting & Duty to Warn

WEDNESDAY, JUNE 16

8:30 am – 8:50 am Welcome Plenary Session

Joe Roszak, Chair, Washington Council for Behavioral Health and CEO, Kitsap Mental Health Services
MaryAnne Lindeblad, Medicaid Director, Health Care Authority or a designee

9:00 am – 10:00 am

KEYNOTE ADDRESS by **Victor Armstrong, MSW,** ***Perception is Everything: Stigma, Mental Health, and Suicide in Historically Marginalized Communities***

TRACKS	CORRECTIONS & MENTAL HEALTH	RECOVERY & RESILIENCY	MANAGEMENT, LEADERSHIP & OPERATIONS
WORKSHOP SESSIONS			
10:15 am-11:15 am	**W101** Promoting Positive Re-entry for Incarcerated Individuals with Disabilities	**W102** Road to Recovery: OPA Gives Hope!	**W103** Certified Community Behavioral Health Clinic (CCBHC) Implementation: Benefits, Sustainability, & More
11:30 am – 12:30 pm	**W201** Culture Clash! Behavioral Health & the Incarcerated Veteran	**W202** 55+ Senior Perspectives: How We Facilitated and Fostered an Online Community during COVID	**W203** Tele-Behavioral Health: Successul Strategies & Planning for the Future

THURSDAY, JUNE 17

8:30 am – 8:50 am Welcome Plenary Session

9:00 am – 10:00 am **KEYNOTE ADDRESS** by **Debra Pinals, MD,** ***Readiness for Recovery: Bringing Community Principles to Correctional Settings***

WORKSHOP SESSIONS			
10:30 am-11:30 am	**T301** Bringing Recovery Principles to Correctional Settings: How to Best Support Client Needs During Re-Entry	**T302** Creating Substance Use Disorder Peer Support Programs to Combat the Opioid Crisis in WA State	**T303** Data-Driven Decisions: The Funding & Future of Community Support Programs
12:00 pm – 1:00 pm	**KEYNOTE ADDRESS** by **Nic Sheff,** ***Tweak: A Harrowing, But Hopeful, Portrait of Addiction***		

FRIDAY, JUNE 18

8:30 am – 8:50 am Welcome Plenary Session

9:00 am – 10:00 am **KEYNOTE ADDRESS** by **Allison Massari,** ***Transformation through Patient-Centered Care***

WORKSHOP SESSIONS			
10:15 am-11:15 am	**F401** Community Responders, Credible Messengers, & Cops: The Right Team for the Right Response	**F402** Heart Centered Boundaries	**F403** Building Our Current & Future Workforce
11:30 am – 12:30 pm	**F501** Continuity of Care for Prison Re-Entry	**F502** Foundational Community Supports' PhotoVoice Project	**F503** Putting Technology to Work: Innovative Solutions to Help You Help Others

EVIDENCE-BASED, BEST & PROMISING PRACTICES	RACE & EQUITY IN BEHAVIORAL HEALTH	GENERAL SERVICES & PARTNERSHIPS	GENERAL SERVICES & PARTNERSHIPS
W104 Mobile Community Intervention & Response Team (MCIRT): Strengthening Community-Based Treatment & Recovery	**W105** The Ripple Effect of Hate Crimes: Diffused Hate Crime Victimization and Trauma	**W106** Crisis & Diversion Options Across the Sequential Intercept Model	**W107** LGBTQ+ Care & Advocacy
W204 Psychosis REACH: An Evidence-Based Training for Families & Caregivers	**W205** When Race/Racism is the Elephant in the Room: How to Bring up Race in Therapeutic Conversations and Not Come Undone	**W206** Recovery Housing in WA State	**W207** Practice Transformation for the Pediatric Population
T304 Advancing Treatment & Resources for First Episode Psychosis: What You Need to Know in WA State	**T305** Policing Mental Illness in Cities at the Intersections of Bias & Trauma	**T306** Fun, Dysfunction and Monetization: The Murky, Merging Worlds of Gaming and Gambling	**T307** The University of Washington Behavioral Health Teaching Facility: A Comprehensive Integrated Care Model
F404 A Transdisciplinary Approach to Working with Psychosis via the ACT Model	**F405** Access to Care is Social Justice: How PCBH Addresses Disparities and Works Towards Health Equity for Marginalized Populations	**F406** Durable Training Materials to Support the Medical Care of People with SMI	**F407** The State Opioid & Overdose Response Plan
F504 Making Trauma Informed Care Come Alive - Designing & Creating a Program Culture	**F505** The Behavioral Healthcare Green Book: Producing Inclusive Teams and Better Outcomes for Marginalized Populations	**F506** A Conversation with MaryAnne Lindeblad and Keri Waterland	**F507** Mitigating Suicide Risk Factors through Engagement in Activity-Based Interventions

INFORMATION

CONTINUING EDUCATION (CE)

Up to **9 clock hours** of Continuing Education (for Licensed Social Workers, Licensed Mental Health Counselors and Licensed Marriage & Family Therapists) are available to participants attending the entire conference. Certificates will be issued to participants based on the number of hours they have attended at the conference. Additional hours are also available through the Law & Ethics course (separate registration fee required). Tracking will happen via the virtual event software, and you must attend each session for at least 55 minutes to receive CE clock hours for that session.

The Washington Council for Behavioral Health (600 Stewart St., Suite 202, Seattle WA 98101, 206-628-4608, aavery@thewashingtoncouncil.org) has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 5849. Programs that do not qualify for NBCC credit are clearly identified. The Washington Council for Behavioral Health is solely responsible for all aspects of the programs.

CONSUMER, ADVOCATE & FAMILY ADVOCATE SCHOLARSHIPS

Full and partial Consumer, Advocate & Family Advocate scholarships may be available from DBHR at the Health Care Authority. Please visit the registration website at www.wbhc.org and click on the Scholarships tab for information on how to apply. **Please note that scholarships cover the conference registration fee, but do not cover the Law & Ethics course.**

The Washington Council for Behavioral Health is the sponsor of the 2021 Washington Behavioral Healthcare Conference. Our system partners are the Health Care Authority and the Department of Corrections. **We are grateful for conference funding support from the Health Care Authority and from the Department of Corrections**. The Council also thanks the Behavioral Health Advisory Committee for its support of the conference.

ACKNOWLEDGEMENTS

The Washington Council for Behavioral Health would like to acknowledge and thank the 2020-2021 Education Committee, who played an invaluable role in the conference planning and decision-making. The Committee Members are:

Darcell Slovek-Walker, Chair, Transitional Resources

Holly Borso, Telecare

Jim Novelli, Discovery Behavioral Health

Wendy Sisk, Peninsula Behavioral Health

Richard Stride, Cascade Mental Health Care

We would also like to thank:

Matthew Gower, HCA, Division of Behavioral Health & Recovery

Karie Rainer, Department of Corrections

READY TO REGISTER?

On-line at www.wbhc.org

Behavioral Health Advisory Board

The Advisory Board for North Sound Behavioral Health Administrative Services Organization is seeking a diversity of voices willing to advocate for mental health and substance use programs and crisis services that meet the needs of persons in our communities.

Who We Are:

North Sound Behavioral Health Administrative Services Organization (North Sound BH-ASO) and its Advisory Board are a Washington State chartered and publicly funded organization designed to oversee our region's behavioral health Crisis Line, Mobile Crisis Outreach Services, and behavioral health programs.

North Sound Region Counties:

Our programs directly serve those living in Island, San Juan, Skagit, Snohomish, and Whatcom counties. We also coordinate with other regional services throughout Washington state.

Who Qualifies to be on the Advisory Board:

Our board is open to persons with lived experience, parents and guardians of persons with lived experience, law enforcement, retired professionals, interested community members, and members of North Sound Tribal Nations.

When and where do we meet:

Our office is in Mt. Vernon with meetings open to the public, held on the first Tuesday of the month from 1 – 3 pm. Pre-meeting Trainings provide education about the programs and services. We strive to support our member participation in meetings with travel reimbursement and technical support for remote attendance.

For more information about joining the Board, please reach out to the North Sound BH-ASO staff at the number below or with your county connectors :

Island County:
Betsy Griffith (360) 678-8294

San Juan County:
Barbara LaBrash (360) 370-0595

Skagit County:
Sarah Hinman (360) 416-1500

Snohomish County:
Jonathan Waters (425) 388-6291

Whatcom County:
Jackie Mitchell
(JMitchel@co.whatcom.wa.us)

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