



North Sound Behavioral Health Advisory Board

Agenda

August 3, 2021

1:00 p.m. – 3:00 p.m.

Call to Order and Introductions

Revisions to the Agenda

Approval of July Minutes

Announcements

— **United Healthcare Representative**

Brief Comments or Questions from the Public

Executive/Finance Committee Report

— **Approval of July Expenditures**

North Sound Regional OMBUDS Semi Annual Report

Executive Director's Report

Executive Director's Action Items

— **Discussion of Stakeholder Feedback and Advisory Board Priorities**

Old Business

— **2021 Washington Behavioral Healthcare Conference – Member Report**

New Business

— **Snohomish County Membership Vote – Michele Meaker**

— **Advisory Board Request for Staff Support**

— **Update on Advisory Board in Person Meetings**






— **Impact on Law Enforcement Assistance to Designated Crisis Responders Intervention**

Report from Advisory Board Members

Reminder of Next Meeting

Adjourn

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

		All Conferences	Board Development	Advisory Board Expenses	Stakeholder Transportation	Legislative Session
	Total	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



North Sound Behavioral Health Advisory Board

June 1, 2021

1:00 – 3:00

Meeting Minutes

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

Members Present on Phone Zoom Meeting Platform:

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

Members Excused:

- **Island County:**
- **San Juan County:**
- **Skagit County:**
- **Snohomish County:** Joan Bethel
- **Whatcom County:** Michael Massanari

Members Absent:

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

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

Managed Care Organization Representation:

- **United Healthcare:** Bea Dixon
- **Coordinated Care:**
- **Molina Healthcare:** Kelly Anderson
- **Community Health Plan of Washington [CHPW]:** Marci Bloomquist

Guests: Katelyn Morgan, North Sound Regional OMBUDS; Michele Meaker, Snohomish county; Jay Rose, Whatcom county

Pre-Meeting Training

- Non pre-meeting month.

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 March Minutes

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

Announcements

Michael Massanari has resigned from the Board. Michael served on the Board for Whatcom County for countless years. Michael requested to leave his expression “I am grateful for the opportunity and honor to have served Whatcom County on the Advisory Board these many years. It has provided me with an opportunity to give a voice to concerns for those with mental illness and substance abuse and for those who serve these members of our community. It has also provided an eye-opening experience regarding the needs and deficiencies in services across the state”

Brief Comments from the Public

Jay Rose from Whatcom County and Michele Meaker from Snohomish county spoke on their interest in serving on the Board. They have attended to see if the Board is a good fit for them.

Executive Directors Report

Joe reported on

- FY2021-2023 Behavioral Health Policy and Budget Initiatives
 - Budget Overview
 - E2SBH 1477 – “988” Bill
 - EHSB 5476 [Responding to the Blake decision]
 - North Sound Budget Provisos
 - Long Term Housing Assistance
- Federal Block Grant Allocations
 - FY2021-2022 Regular Federal Block Grant Allocation
 - COVID Supplemental Federal Block Grant Allocation
 - American Rescue Act Federal Block Grant Allocation
- Workforce Shortages - Update
- Crisis Services
- Program Integrity Plan

Margaret Rojas, Assistant Director provided in depth reviews of the Substance Abuse Block Grant and Mental Health Block Grant plans. Chair West created an Ad Hoc committee to meet with Margaret and Joe. This committee will provide feedback on Advisory Board recommendations of fund allocations. A survey will be sent out to agencies, Board of Directors and Advisory Board for feedback. The results will be shared with the Board.

Approved by Advisory Board
Executive Director's Action Items

Joe presented the Action Items that will be presented to the Board of Directors. Motion made to approve the Action Items to be forwarded to the Board of Directors for approval.

Motion seconded, All in favor, Motion carried.

Executive/Finance Committee Report

The May 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

Metrics Update

The Metrics Ad Hoc committee met with Dennis, North Sound BH-ASO, Data Analyst. They worked collaboratively to provide a better way to present data to the Board. The Crisis Dashboard Dennis created will be a standing document that will be provided in the Executive Directors Report.

Legislative Advocacy Timeline – Ad Hoc Committee Update

The Ad Hoc committee met and created a timeline. The timeline has monthly goals to achieve through the 2022 year. The document will be a standing item to be carried over from the Executive Finance Committee with any recommended actions. This timeline is created to assist in the new virtual way of legislative advocacy.

New Business

none

Report from Advisory Board Members

Alan has been working with the Whatcom Health Department Mobile Outreach Team. A community discussion will begin to develop from the coordination with the Mobile Outreach Team. Alan shared information about a community forum to be held on the 10th of June. This community forum is hosted by the Whatcom County Department of Health. Individuals will have the opportunity to share lived experience specifically in the crisis system. Individuals can register for the forum on the NAMI Whatcom website.

Arlene spoke of the Whatcom County service provided by the Lighthouse Mission. The agency provides shelter to the homeless population. Conversations regarding the expansion of the building have taken place.

Fred attended the new supportive housing service provided by Compass Health. This open house event can be viewed on the Compass Health website.

Reminder of Next Meeting

Tuesday, June 1, via Zoom

Adjourn

Chair West adjourned the meeting at 2:53 p.m.

For Ratification by the BODConsejo Counseling and Referral Services

- Consejo is a Behavioral Health Agency located in King County. They reached out to the ASO about providing telehealth services in our region. With the workforce shortages and limited access to services, engaging Consejo as a telehealth provider will provide additional access to services in the region. Eventually Consejo will have a physical presence in the region. This is a Fee for Service (FFS) contract.

Motion #XX-XX

NS BH-ASO-Consejo-ICN-21 for the provision of telehealth services in the North Sound Region. This contract is encounter based; payments are made on services submitted through an electronic record. The contract term is July 1, 2021, through June 30, 2022, with an automatic one-year renewal on July 1, 2022 based on continued compliance with the terms of the contract.

Department of Commerce-Community Behavioral Health Rental Assistance (CBRA)

- An allocation of **\$1,366,830.00** is provided for rental assistance to eligible households who meet criteria. Criteria is-
 - Have a documented behavioral health condition,
 - Eligible for a long-term supports program, i.e., HARPS, Foundation Community Supports, DSHS Aging & long-term supports, etc. and,
 - Have a need for long-term housing support with no other payment alternative

The downstream contracts will be with Lifeline Connections our HARPS provider and housing agencies in the region. We will be reaching out to the housing agencies identified by Department of Commerce.

Motion #XX-XX

Department of Commerce-North Sound BH-ASO-CBRA-21 for the provision of funding in the amount of **\$1,366,830** for behavioral health rental assistance. The term of the Grant Agreement is July 1, 2021, through June 30, 2022.

For Approval by the BODMichele Osborne & Associates

- In April 2021 the ASO released a Request for Qualifications for a consultant to work with the ASO on Diversity Equity and Inclusion (DEI). Only one bid was submitted, however, this consulting firm has worked with the ASO previously on a Family Youth System Partner Round table (FYSPRT) project.
The scope of the work will be an examination of internal policies, practices, and culture. The consultant will also work with the ASO to develop a process and the tools to review our external provider network to ensure their policies, practices and culture are non-discriminatory and anti-

racist as well. The project is fluid, working at a pace for individual and organization reflection and action over an 18-month period.

Motion #XX-XX

NS BH-ASO-Osborne & Assoc.-PSC-21 for the provision of DEI consultation work. The effective date of the contract is October 1, 2021, with a maximum consideration of \$147,000.

North Sound BH-ASO FTE

- The 2021 legislative session has recognized the growing need for additional behavioral health programs by bringing innovative programs to our communities. One such program is the regional Community Behavioral Rental Assistance (CBRA) grant from Department of Commerce; this program requires coordination and oversight of the rental assistance program. Additionally, with the expansion of Federal Block Grant funds and several proviso services, we see a need to create this position. Ideally the position would be filled by October 1, 2021.
- North Sound BH-ASO is requesting approval one FTE to coordinate and oversee the CBRA program, FBG expansion and proviso services.

Motion #XX-XX

Approve one FTE position to develop and oversee the CBRA, FBG and proviso programs in the North Sound Region.

North Sound BH ASO Executive Director's Report

August 3, 2021

1. COVID FEDERAL BLOCK GRANT PLAN

- We have received both our regular 2021-2022 Federal Block Grant [FBG] Allocation and our additional “COVID Federal Block Grant” allocations:

Regular Mental Health Block Grant [MHBG]	\$ 1,111,032
Regular Substance Abuse Block Grant [SABG]	\$ 3,289,438
COVID MHBG [July 2021-March 2023]	\$ 1,037,744
COVID SABG [July 2021-March 2023]	\$ 2,186,014

- Separate plans need to be submitted for both the Regular and COVID Block Grant Plans.
- Plans are due to the Health Care Authority [HCA] by September 1.
- We also received “proviso” block grant funding for Peer Bridgers, Family Youth System Partner Round Table [FYSPRT], and a new “COVID Peer Pathfinders Transition from Incarceration Pilot”.
- For the Regular Federal Block Grant [FBG] Plan we are proposing to maintain the existing funding allocations since these programs are already in place and would not require start-up or new staff recruitment. The 2021-2022 Regular Block Grant Plan is attached.
- For the COVID FBG Plan, we are proposing to use the stakeholder survey priorities to develop the plan. Today's Advisory Board [AB] meeting will be used to finalize the AB priorities.
- The draft plan would be submitted to the Advisory Board and Board of Directors in September.
- An Ad-hoc committee of the Advisory Board will review and provide suggestions for the COVID plan prior to the September meetings.

2. OTHER 2021-2022 STATE BUDGET ALLOCATIONS [NEW PROGRAMS]

- Recovery Navigator Program: funding for a regional Recovery Program Coordinator to develop the Recovery Navigator program. Funding will be provided in October to fund the recovery navigators.
- Commerce Behavioral Health Rental Assistance [CBRA]. \$1,274,730 to expand increase the current allocation of \$92,100 for long term rental assistance. The priority is to service people who have a behavioral health condition who have need long term housing support and have no other source of funding to rely on. We will have to submit a plan to the state to receive the funding.
- COVID Peer Pathfinders Transition from Incarceration Pilot. \$142,000 in new block grant funding to hire Peers to support jail transition planning and follow up.
- 2% Provider Rate Increase. The legislature increased our regular allocation of “Flexible General Fund-State” [GF-S] by 2%. It's to be used to increase the GF-S portion of the rates we pay to providers. Our plan is to make a 2% quarterly payment to our providers based on

the amount of GF-S services they provided during the quarter. If a provider was paid \$10,000 for GF-S funded services during the quarter, they would receive a quarterly payment of \$200.00. We will be reaching out to our provider network to inform them of our methodology

3. WORKFORCE SHORTAGES UPDATE

- We continue to discuss strategies to address the serious behavioral health workforce shortage in multiple meetings and with multiple organizations, including state agencies, MCOs, legislative representatives, and providers. Examples include:
 - Integrated Provider Meetings
 - Interlocal Leadership Structure
 - Joint Operating Committee
 - HCA-ASO Statewide meetings [a topic of discussion at the last several meetings]
 - Association of County Human Services meetings
 - MCO/ASO Bi-Weekly Clinical Coordination Meeting
- HCA has now assigned two full time staff to work on behavioral health workforce strategies. They will be presenting some of their preliminary ideas at the August 17 meeting of the MCO/ASO Clinical Coordination meeting. We've asked that they identify specific strategies that MCOs and ASOs as local funders could make investments in.
- We will re-survey our contracted providers regarding how they would propose using the new round of Behavioral Health Enhancement funds [\$389,594 for six months]. These allocations can also be supplemented by some of the COVID FBG funds.

4. CRISIS SERVICES [old]

- a. **Weekly Crisis Capacity Indicator Report** – through July 24 [attachment #1]
 - The trend line for both calls to the Crisis Line and dispatches of mobile crisis outreach teams have continued to climb throughout 2021.
 - This includes an increase in both calls and dispatches in the week of July 19 from the previous two weeks.
 - Crisis line calls from youth have increased over the last 3 weeks.
- b. **North Sound Crisis System Dashboard – through June 2021** [attachment #2]
 - Dennis Regan, the North Sound BH-ASO data analyst, has created a customized crisis services dashboard for the Advisory Board. It provides an unduplicated count of persons who have received crisis services as well as providing individual county level breakdowns.

5. IMPACT OF NEW LEGISLATION ON LAW ENFORCEMENT RESPONSE TO BEHAVIORAL HEALTH CRISES

- New legislation passed this session is causing law enforcement agencies to review their policies regarding dispatch to behavioral health crisis episodes in the

community. HB 1310 restricts the use of physical force by law enforcement when there is no crime being committed or no “imminent” threat of physical injury.

- This has led to reports from Designated Crisis Responders [DCR], hospitals, and some behavioral health treatment facilities of local law enforcement deciding not to dispatch either by themselves or in conjunction with a DCR. The attached article from the Everett Herald gives an example. [Attachment #3]
- HB 1310 directs the Attorney General’s Office to “*develop and publish model policies on use of force and de-escalation tactics...by July 1, 2022.*” The bill itself however became effective **July 25** of this year
- BH-ASOs have asked HCA if they could approach the Attorney General’s office to request that they issue interim guidance on how the bill is to be interpreted. We are collecting documentation of incidents where law enforcement is now declining to respond.

6. UPDATE ON BEHAVIORAL HEALTH FACILITIES

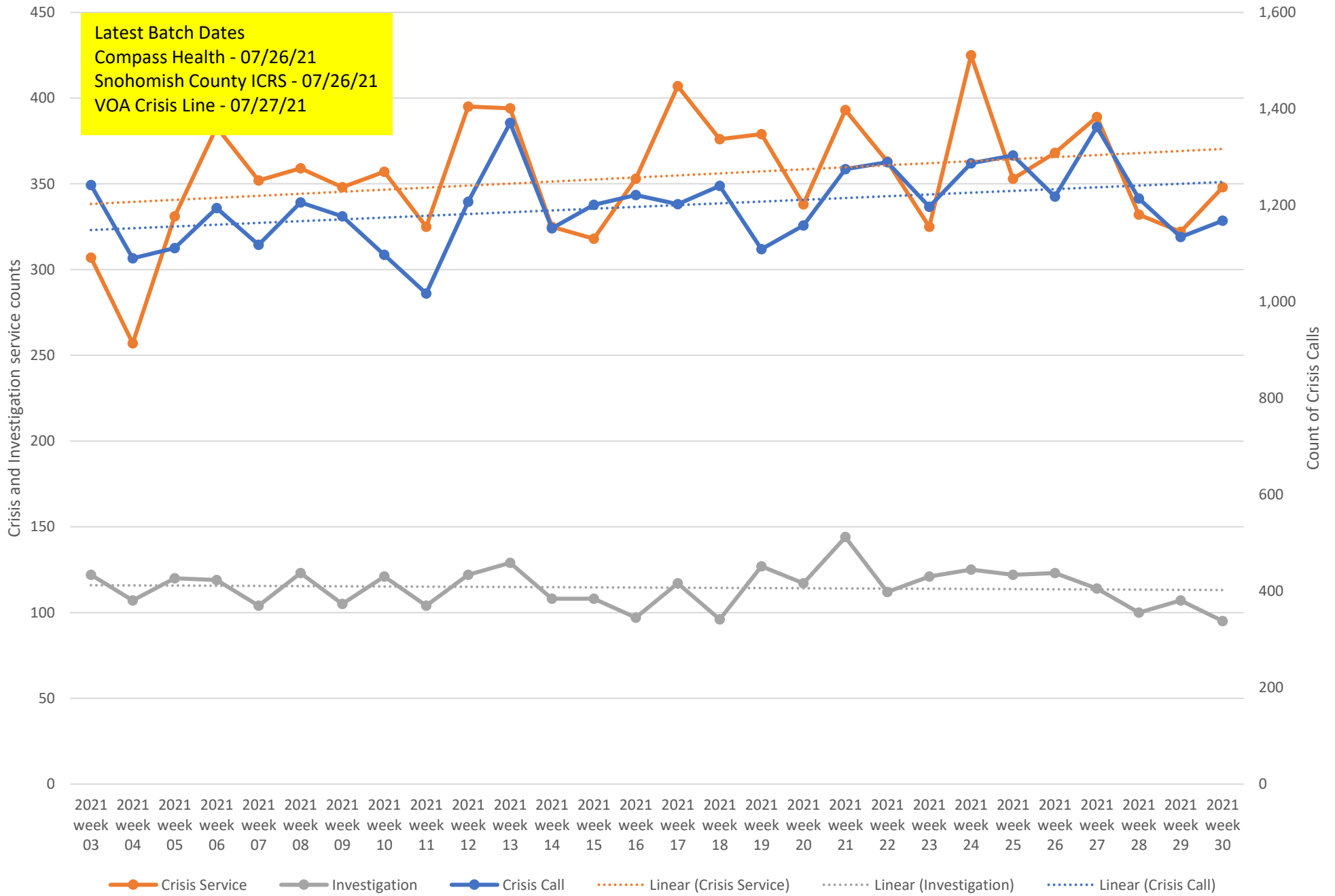
- North Sound Behavioral Health Facility: the two new Substance Use Disorder [SUD] Residential Treatment Facilities located in the re-purposed Denny Juvenile Justice Center in Everett are not open. See the attached press release from Snohomish County and the program descriptions. The press releases includes a link to a “virtual tour”. [Attachments #4, 5,6]
- Tri-County Crisis Stabilization Facility: the new Tri-County facility in Oak Harbor is now staffed and receiving admissions. The facility has been renamed the **Ituha Stabilization Facility**. [see attached article from the South Whidbey Record – attachment #7]
- Mukilteo Evaluation and Treatment Facility: The extensive remodel of the Mukilteo E&T, operated by Compass Health, has now been completed.



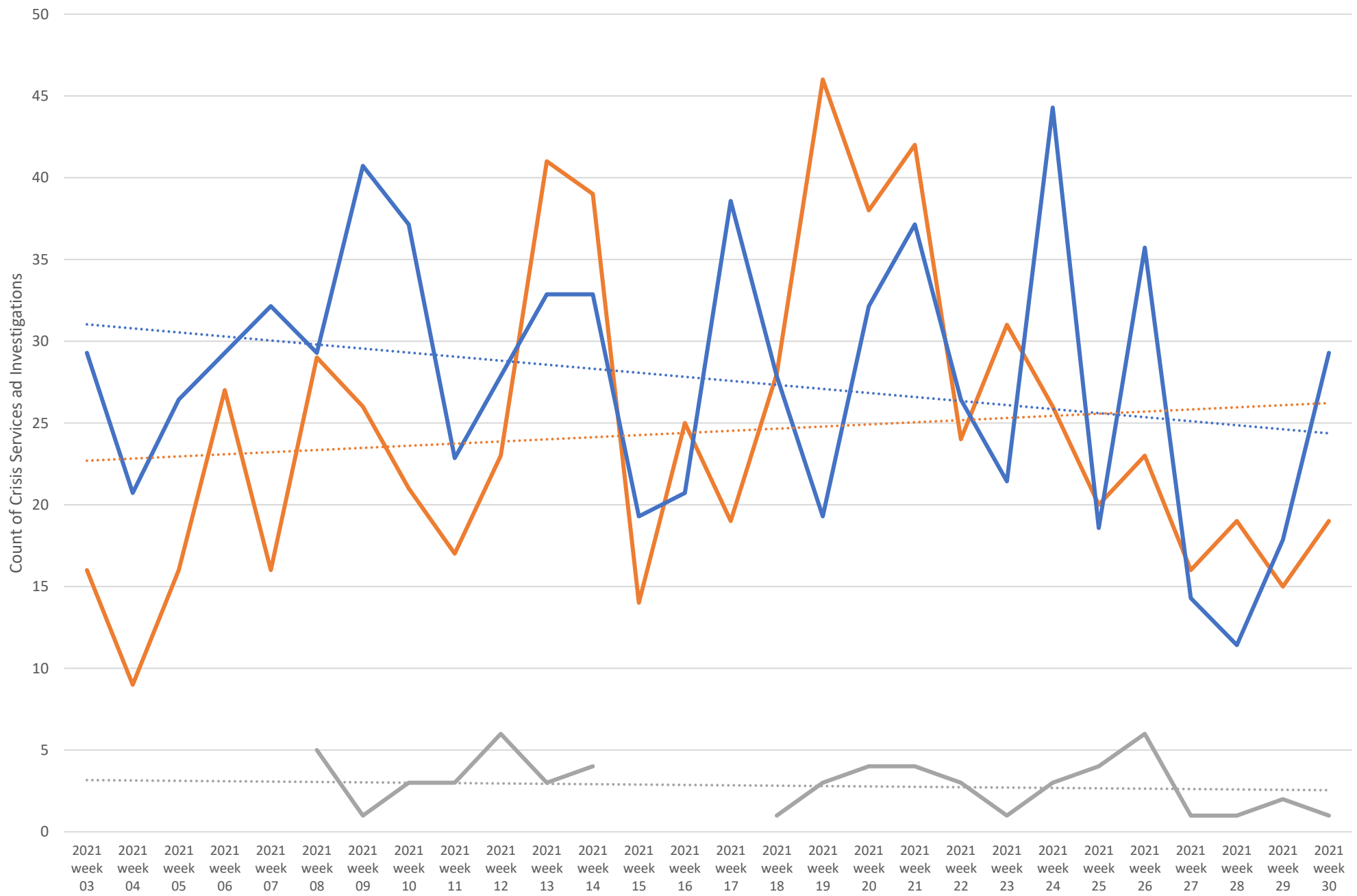
Weekly Crisis Capacity Indicator Snapshot

Page 2	Crisis Data - dates 01/10/21 to 07/24/21
Page 3	Crisis Data: Ages 0-17 - dates 01/10/21 to 07/24/21
Page 4	All DCR Dispatches - dates 01/10/21 to 07/24/21
Page 5	Weekly Staff Count - Staff providing Crisis or Investigation services 01/10/21 to 07/24/21
Page 6	Average dispatch time for Emergent investigations from 01/10/21 to 07/24/21
Page 7	Hospital placement locations (Invol and Vol) - No adjustment has been made for timely data - recent weeks likely low
Page 8	Telehealth only, crisis and investigation services from 01/10/21 to 07/24/21
Page 9	Crisis Service Unit Percent - Crisis Service units divided by Crisis units + Investigation units
Page 10	Washington State Indicators of Anxiety or Depression Based on Reported Frequency of Symptoms During Last 7 Days
Page 11	Place of Service -Crisis Services, percent of total by week
Page 12	Place of Service -Investigations, percent of total by week
Page 13	New COVID-19 Cases Reported Weekly per 100,000 population - 10/20/20 to 07/28/21

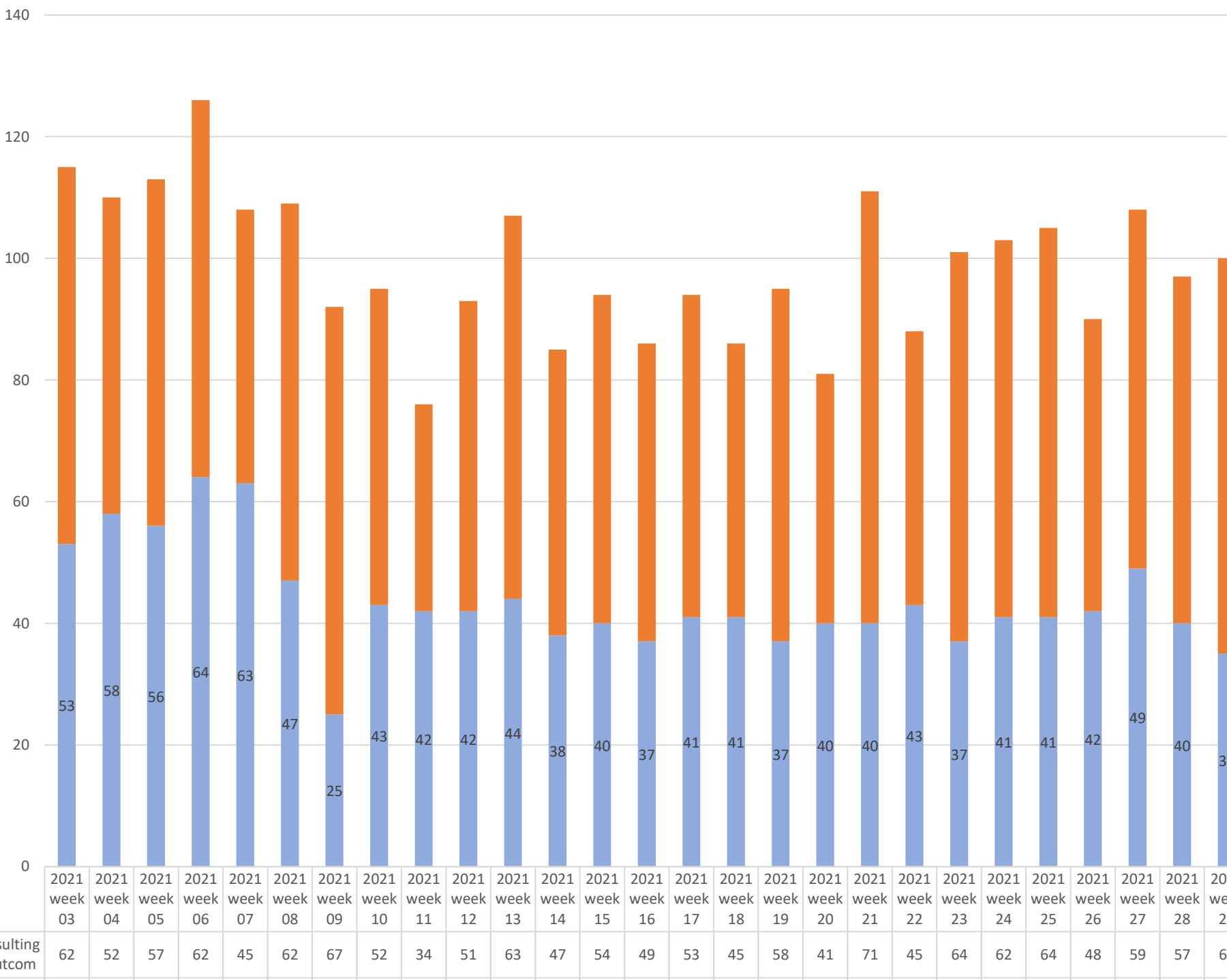
Crisis Data - dates 01/10/21 to 07/24/21



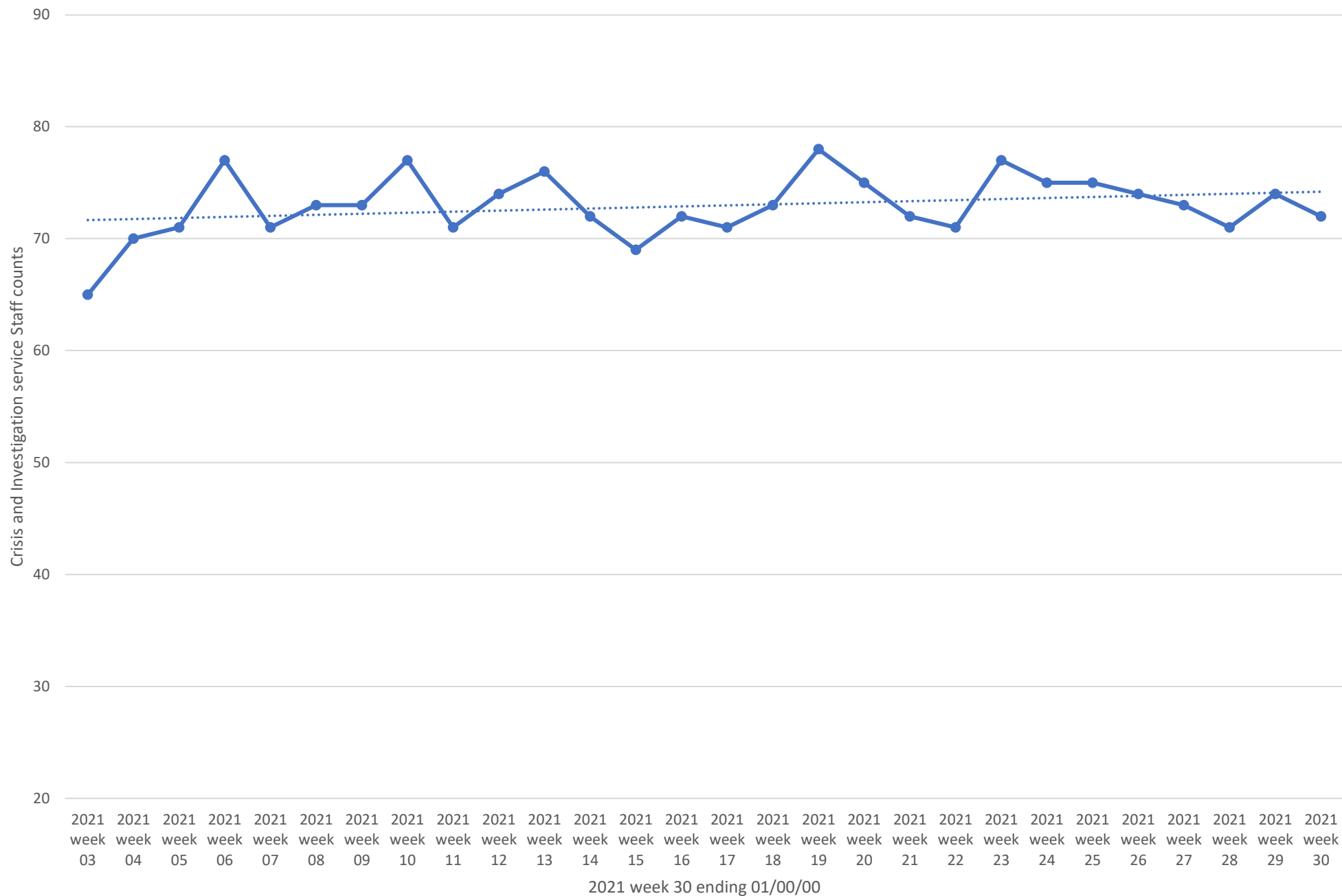
Crisis Data: Ages 0-17 - dates 01/10/21 to 07/24/21



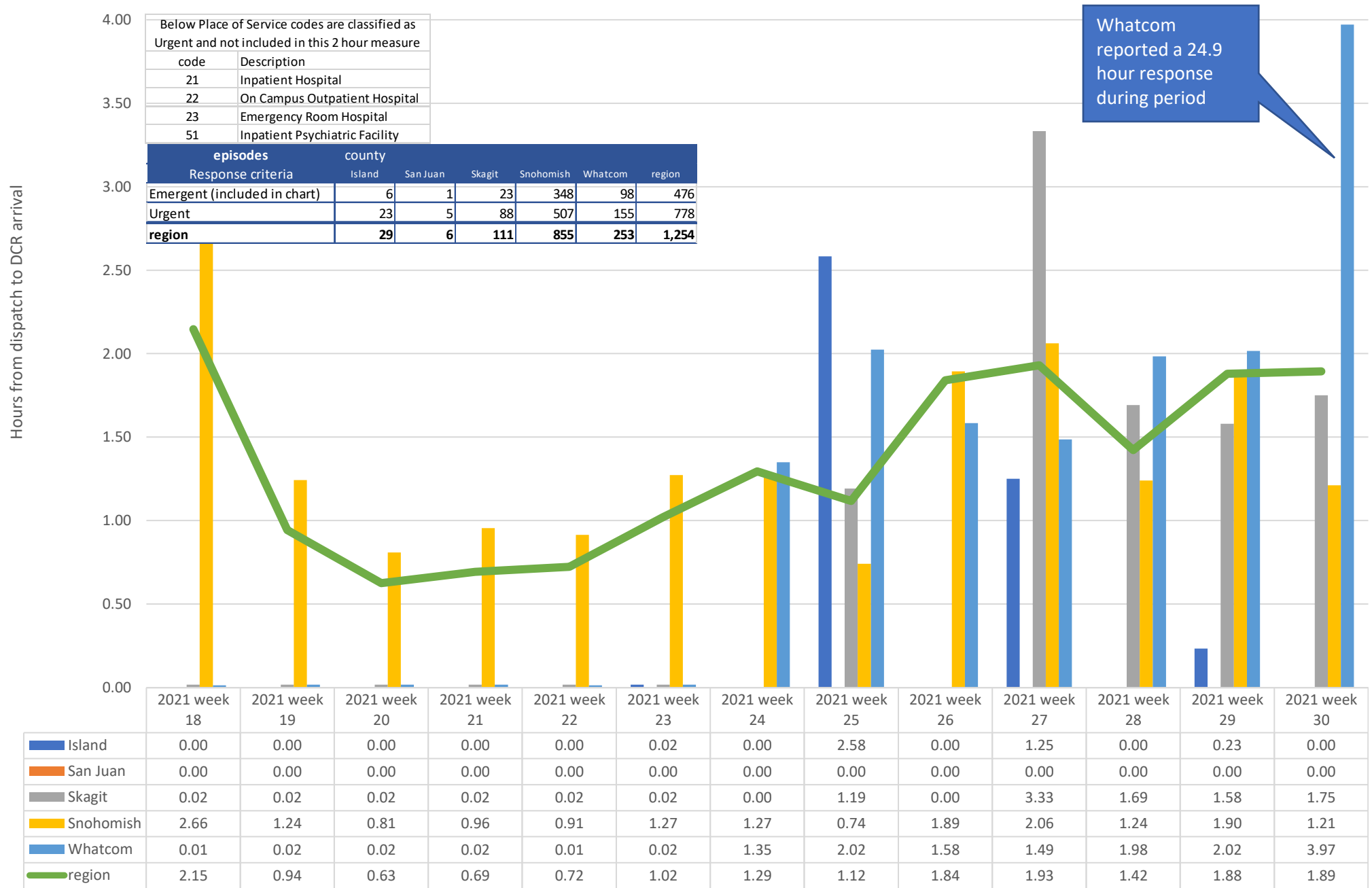
All DCR Dispatches - dates 01/10/21 to 07/24/21



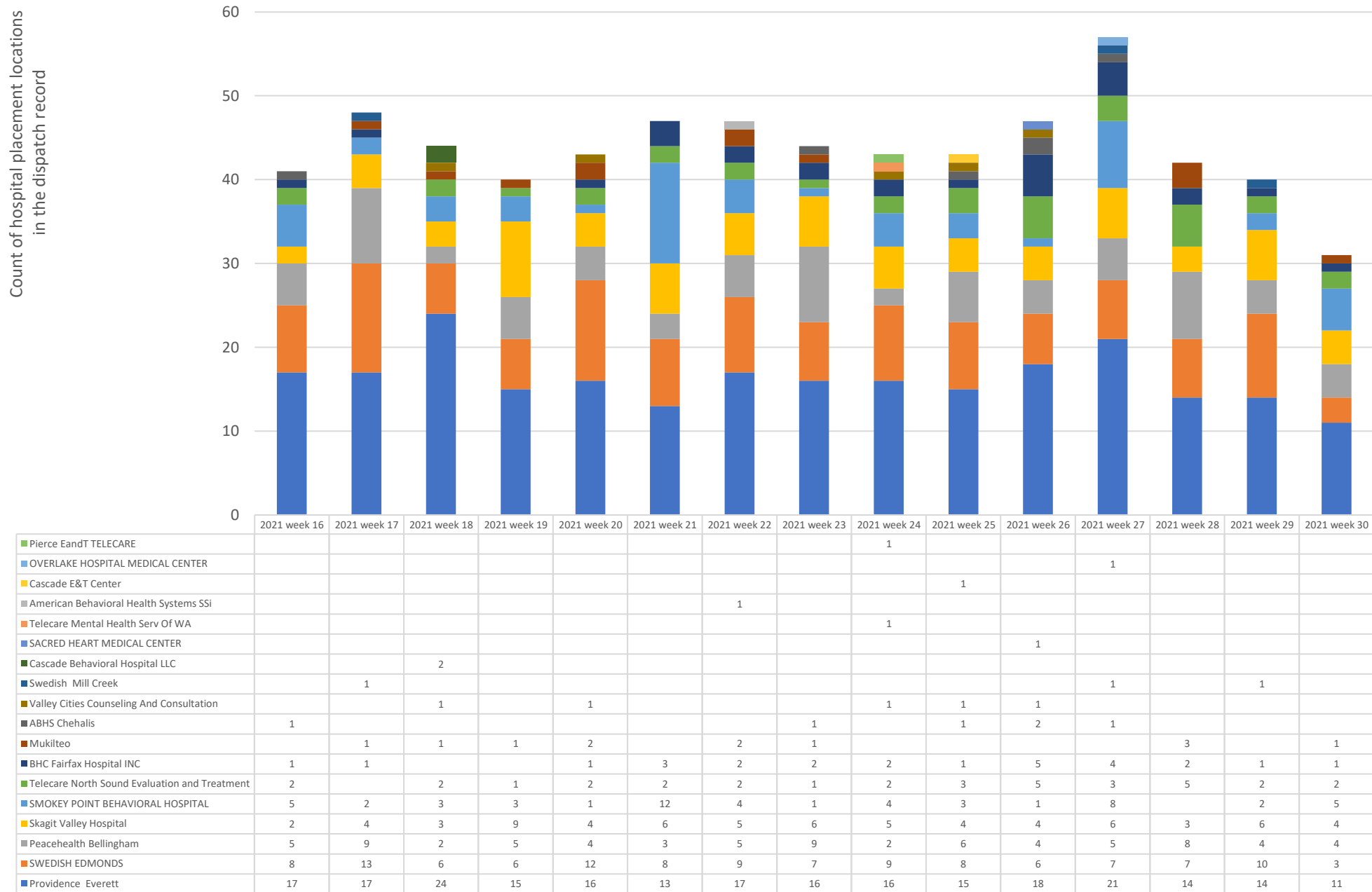
Weekly Staff Count - Staff providing Crisis or Investigation services 01/10/21 to 07/24/21



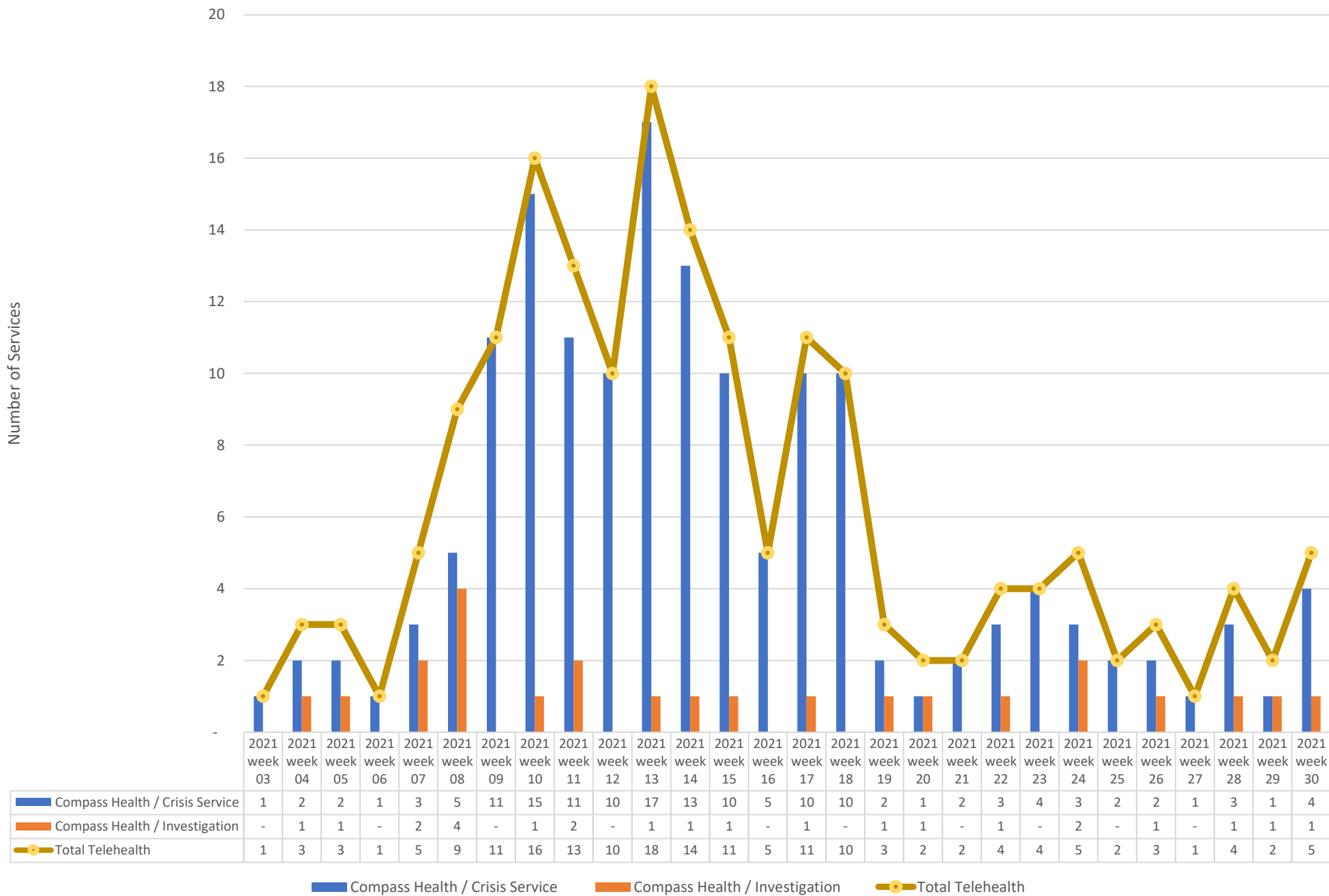
Average dispatch time for Emergent investigations from 01/10/21 to 07/24/21



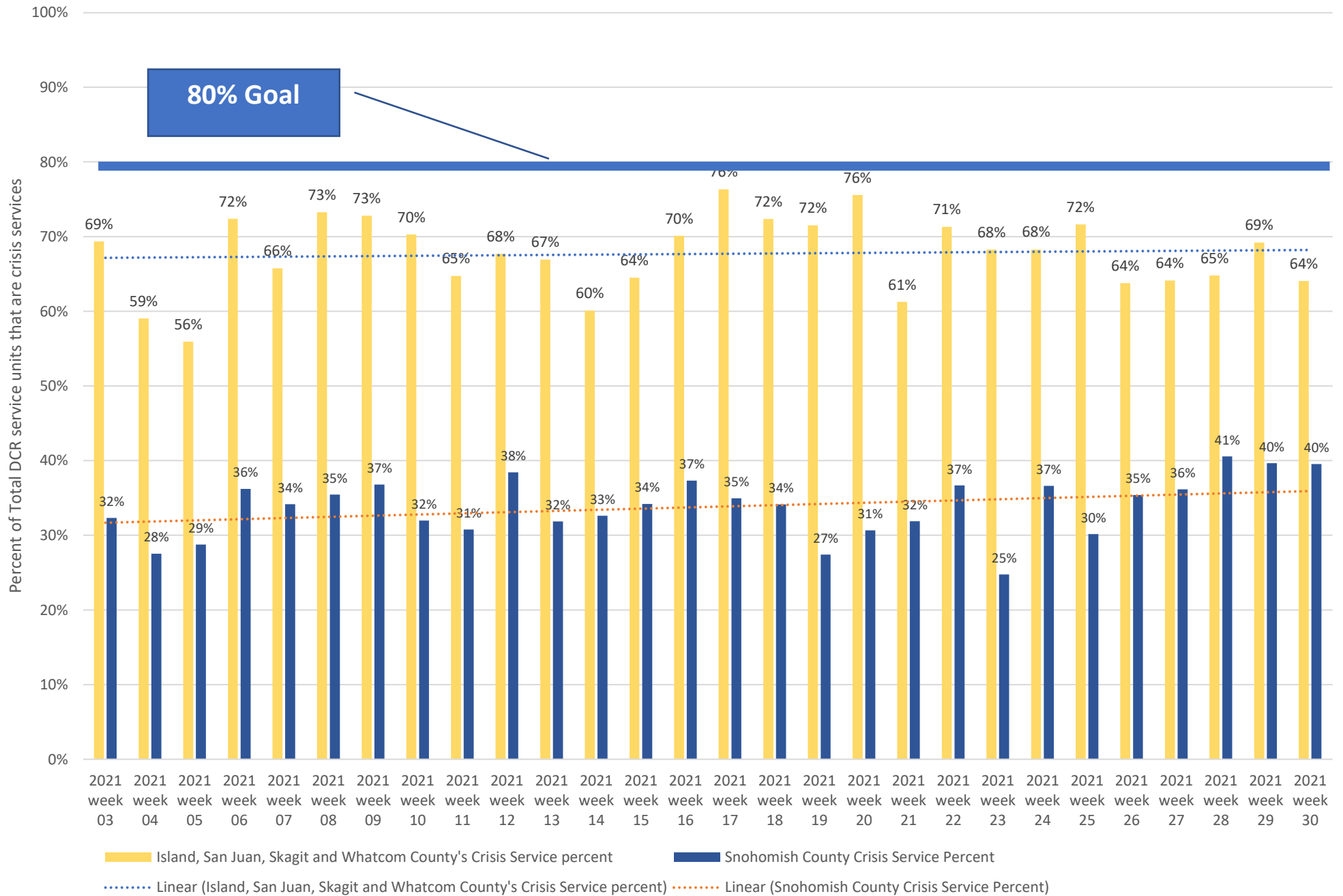
Hospital placement locations (Invol and Vol) - No adjustment has been made for timely data - recent weeks likely low



Telehealth only, crisis and investigation services from 01/10/21 to 07/24/21



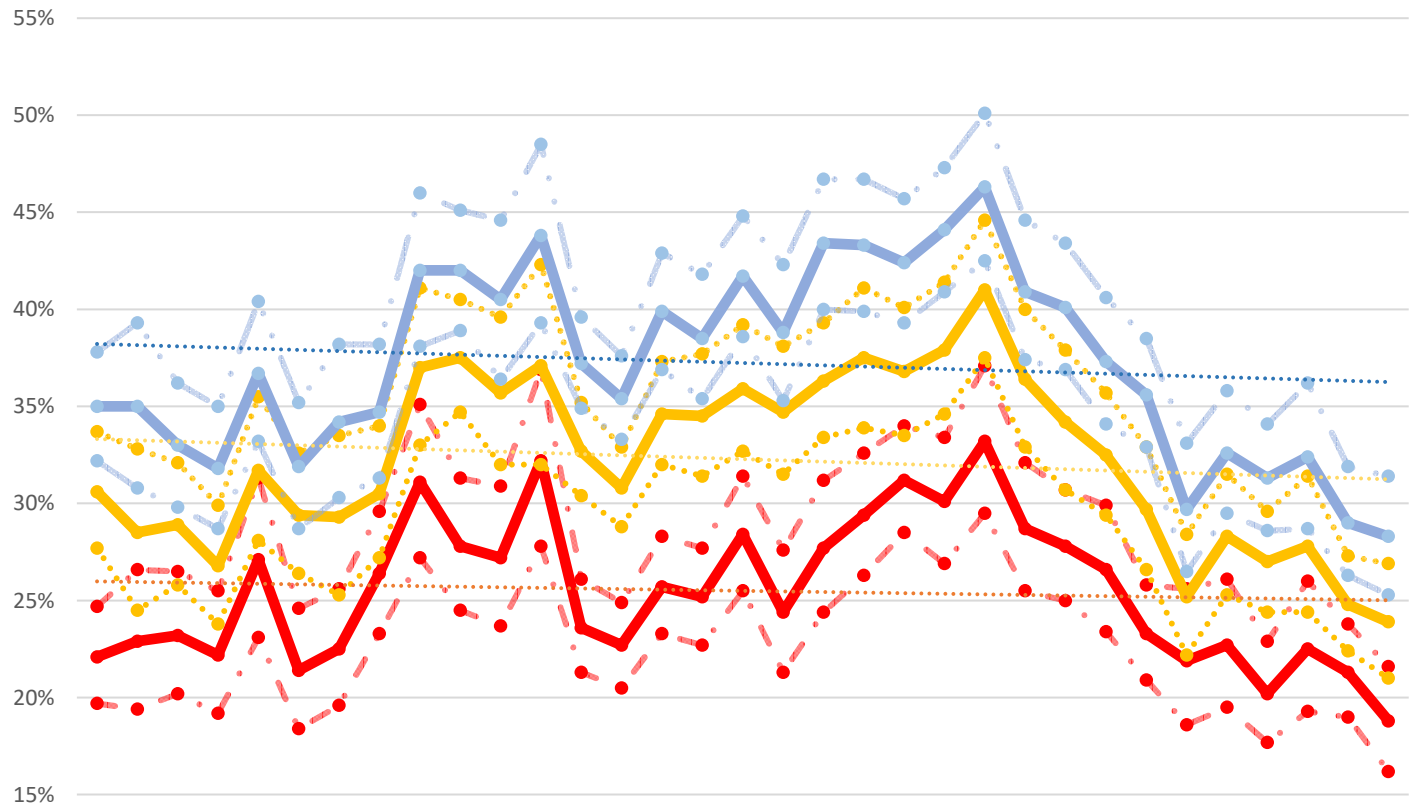
Crisis Service Unit Percent - Crisis Service units divided by Crisis units + Investigation units



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

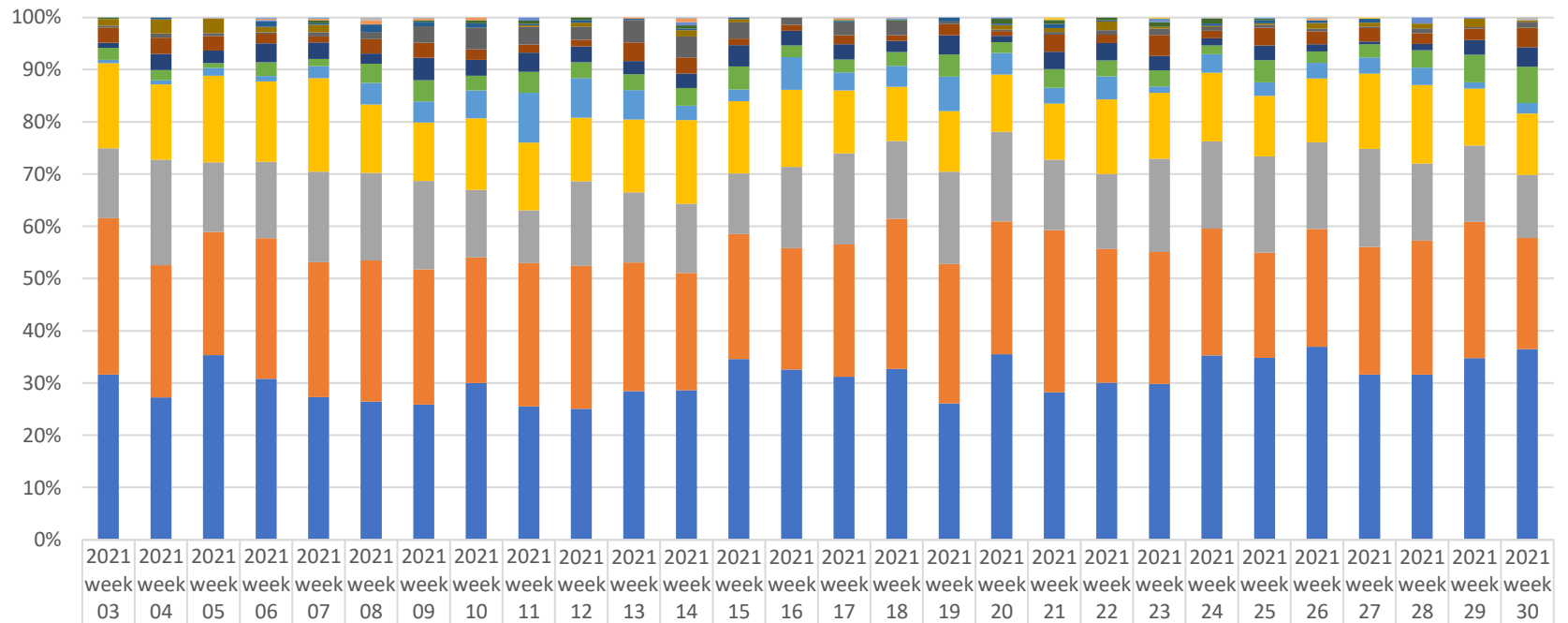
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<https://data.cdc.gov/NCHS/Indicators-of-Anxiety-or-Depression-Based-on-Report-8pt5-q6wp>



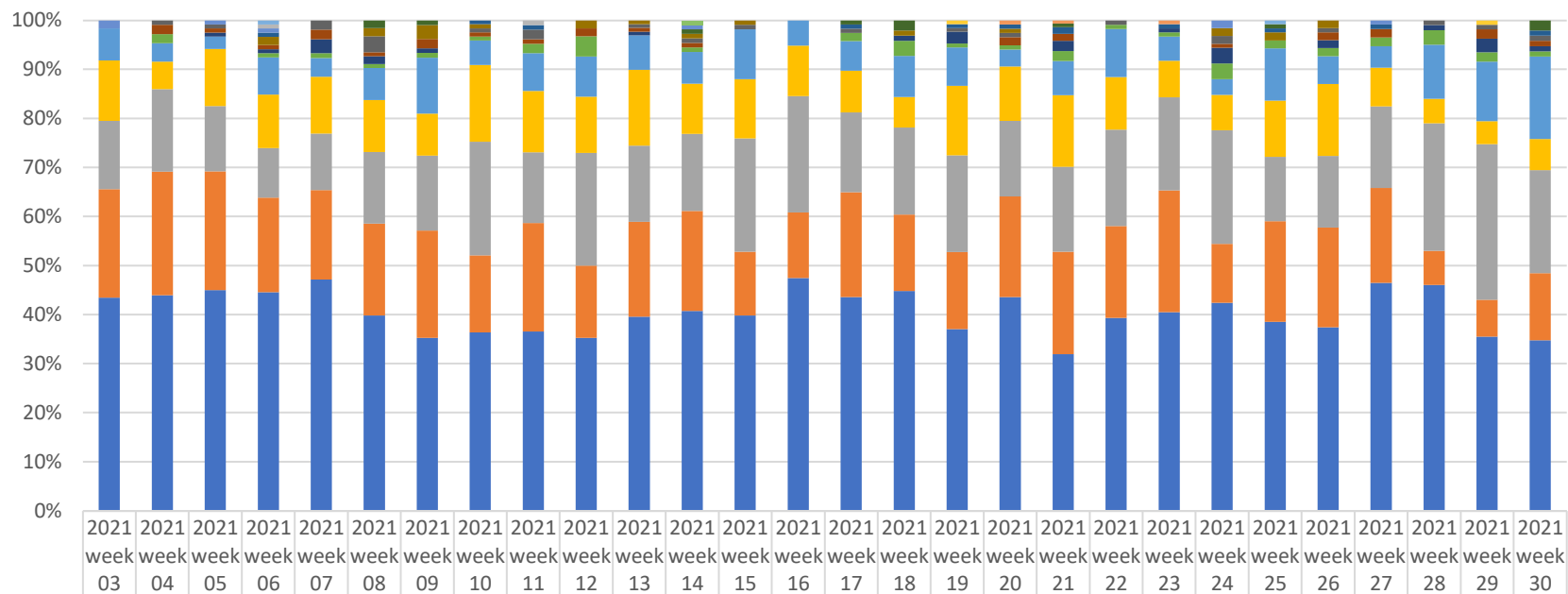
	23 Apr-05	07 May-12	14 May-19	21 May-26	28 May-02	04 Jun-09	11 Jun-16	18 Jun-23	25 Jun-30	02 Jul-07	09 Jul-14	16 Jul-21	19 Aug-31	02 Sep-14	16 Sep-28	30 Sep-12	14 Oct-26	28 Oct-09	11 Nov-23	25 Nov-07	09 Dec-21	06 Jan-18	20 Jan-01	03 Feb-15	17 Feb-01	03 Mar-15	17 Mar-29	14 Apr-26	28 Apr-10	12 May-24	26 May-07	09 Jun-21	23 Jun-05
% 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%	21%	19%	20%	18%	19%	19%	16%
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% 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%	26%	26%	26%	23%	26%	24%	22%
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% 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%	33%	28%	32%	30%	31%	27%	27%
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% 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%	36%	30%	33%	31%	32%	29%	28%
% 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%	39%	33%	36%	34%	36%	32%	31%

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



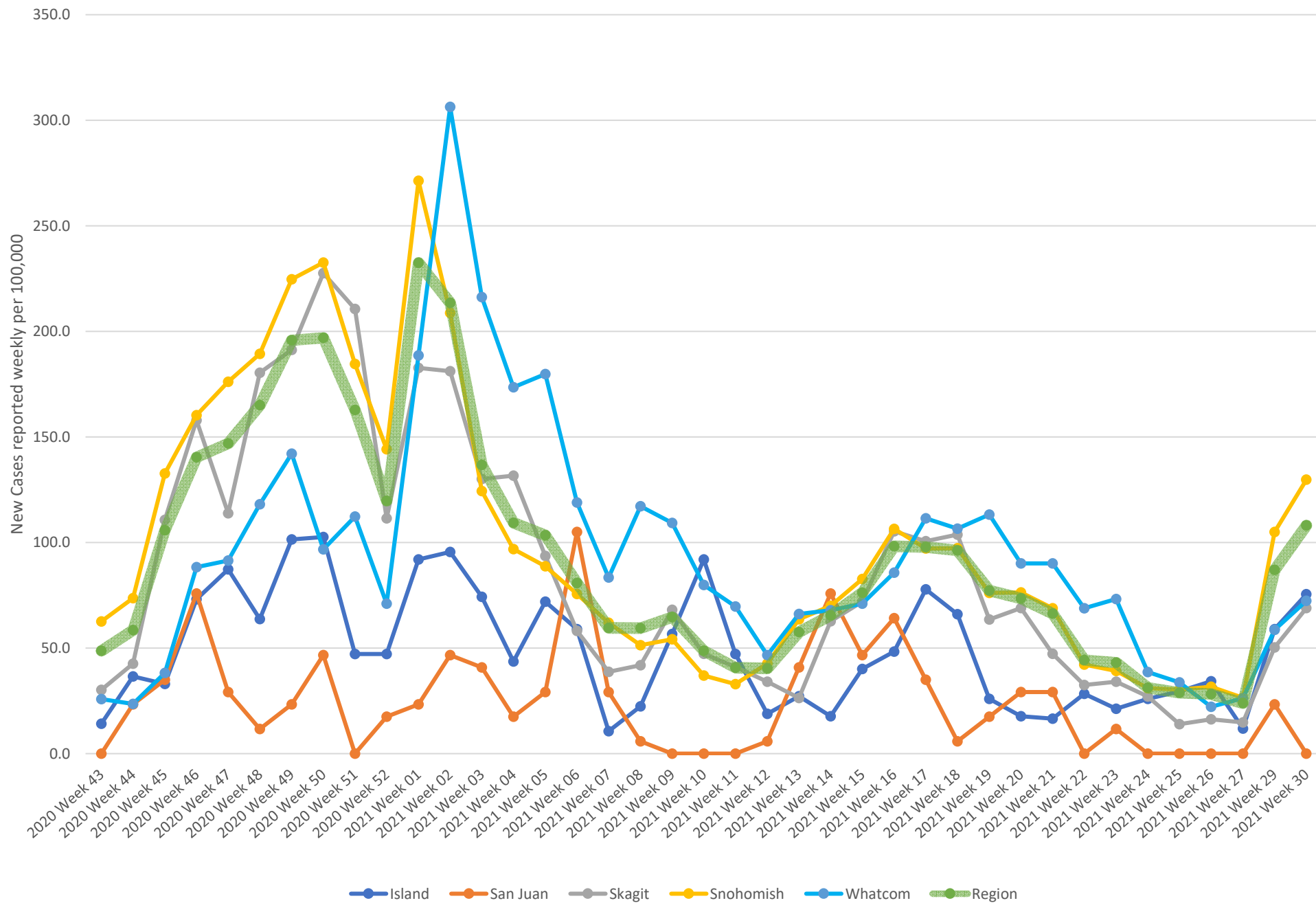
Custodial Care Facility				1	1																		1					
Community Mental Health Center																			2		1				1			
Psych. Residential			1			2	1					1			1	1						1		1				2
On Campus Outpatient Hospital				1	1	3	1	2			1	2			1									1				
Nursing Facility				1					2			2				1		1			2					4	1	
School	1				2		1	2	2	2		2			1	1		3	3	2	3	4	1					
Group Home		1		4	1	5	3	3	1	2	1	1	1		1		3	1	3	1		2	2	2	3			
Homeless Shelter	4	7	9	4	5				1	3		4	2					3	3	6	1	1	1	4	3	3	5	1
Telehealth	1	2	2	1	3	5	11	15	11	10	17	13	10	5	10	10	2	1	2	3	4	3	2	2	1	3	1	4
Inpatient Psychiatric Facility	9	8	9	7	4	10	10	7	5	5	14	10	4	4	7	4	8	3	13	6	13	6	12	9	10	7	7	13
Inpatient Hospital	3	8	8	14	11	7	15	11	12	12	10	9	13	10	12	8	14	4	13	12	9	6	10	5	2	4	9	13
Prison Correctional Facility	7	5	3	10	5	13	14	10	13	12	12	11	14	8	10	10	16	7	14	11	10	7	15	8	10	11	17	24
Assisted Living Facility	2	2	5	4	8	15	14	19	31	30	22	9	7	22	14	15	25	14	12	16	4	15	9	11	12	11	4	7
Emergency Room Hospital	50	37	55	59	63	47	39	49	42	48	55	52	44	52	49	39	44	37	42	52	41	56	41	45	56	50	35	41
Home	41	52	44	56	61	60	59	46	33	64	53	43	37	55	71	56	67	58	53	52	58	71	65	61	73	49	47	42
Other Place of Service	92	65	78	103	91	97	90	86	89	108	97	73	76	82	103	108	101	86	122	93	82	103	71	83	95	85	84	74
Office	97	70	117	118	96	95	90	107	83	99	112	93	110	115	127	123	99	120	111	109	97	150	123	136	123	105	112	127

Place of Service -Investigations, percent of total by week



<div>School</div>												1															
<div>Custodial Care Facility</div>				1																	1						
<div>Skilled Nursing Facility</div>															1											1	
<div>On Campus Outpatient Hospital</div>				1					1																		
<div>Nursing Facility</div>																1	1		1								
<div>Homeless Shelter</div>	2		1	1								1								2				1			
<div>Psych. Residential</div>						2	1					1			1	2			1			1					2
<div>Community Mental Health Center</div>				1				1	1						1		1	1	2		1		1		1		1
<div>Group Home</div>				2		2	3	1		2	1	1	1			1		1				2	2	2			
<div>Telehealth</div>		1	1		2	4		1	2		1	1	1		1		1	1		1		2		1		1	1
<div>Assisted Living Facility</div>		2	1	1	2	1	2	1	1	2	1	1						2	2			1		2	2		2
<div>Office</div>			1	1	3	2	1				1					1	3		3		1	4		2		1	3
<div>Home</div>		2		1	1	1	1	1	2	5		1			2	3	1	1	3	1	1	4	2	2	2	3	2
<div>Prison Correctional Facility</div>	8	4	3	9	4	8	12	6	8	10	9	7	11	5	7	8	10	4	10	11	6	4	13	7	5	11	13
<div>Inpatient Hospital</div>	15	6	14	13	12	13	9	19	13	14	20	11	13	10	10	6	18	13	21	12	9	9	14	18	9	5	5
<div>Other Place of Service</div>	17	18	16	12	12	18	16	28	15	28	20	17	25	23	19	17	25	18	25	22	23	29	16	18	19	26	34
<div>Inpatient Psychiatric Facility</div>	27	27	29	23	19	23	23	19	23	18	25	22	14	13	25	15	20	24	30	21	30	15	25	25	22	7	8
<div>Emergency Room Hospital</div>	53	47	54	53	49	49	37	44	38	43	51	44	43	46	51	43	47	51	46	44	49	53	47	46	53	46	38

New COVID-19 Cases Reported Weekly per 100,000 population - 10/20/20 to 07/28/21

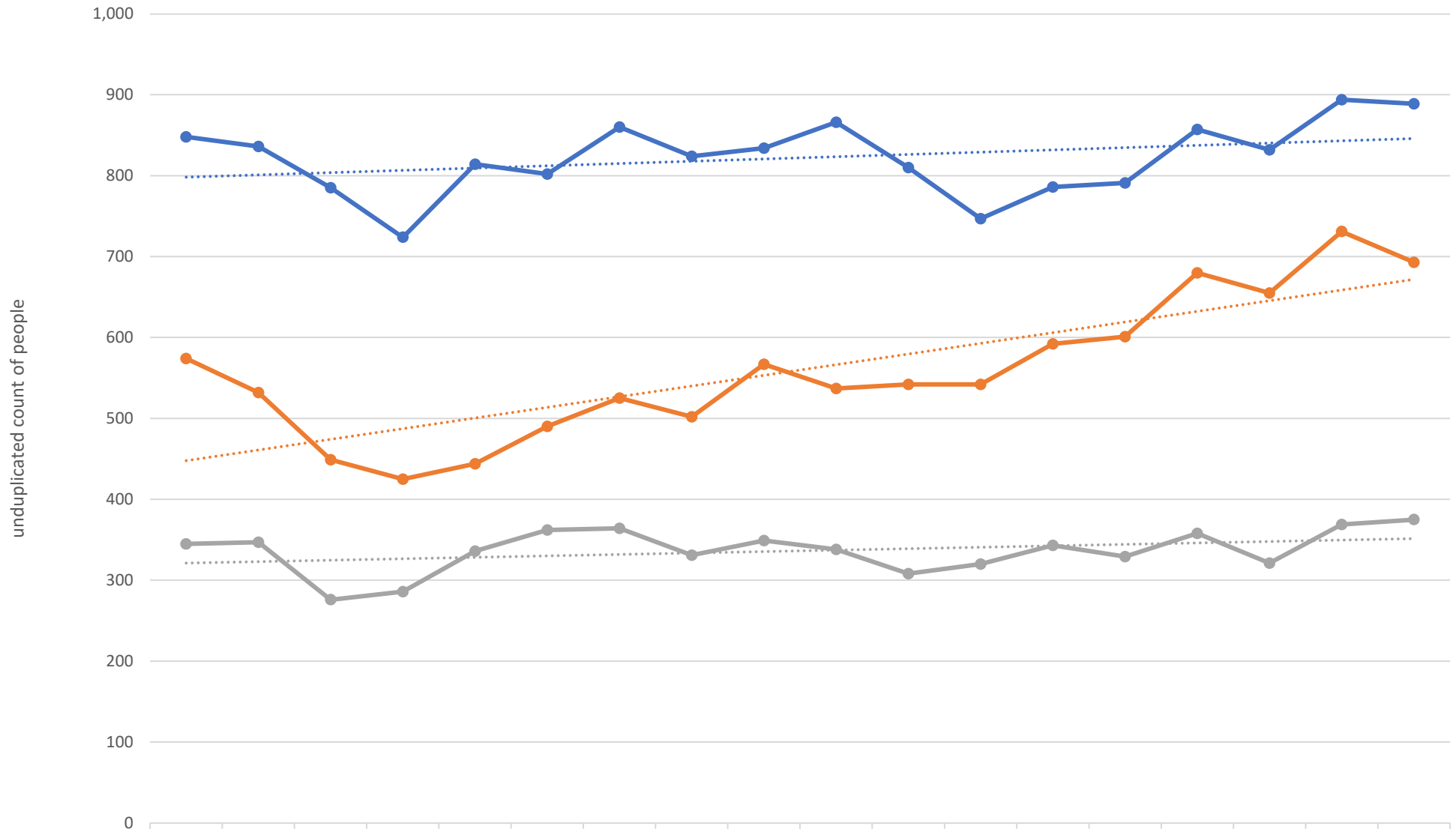




North Sound Crisis System Dashboard

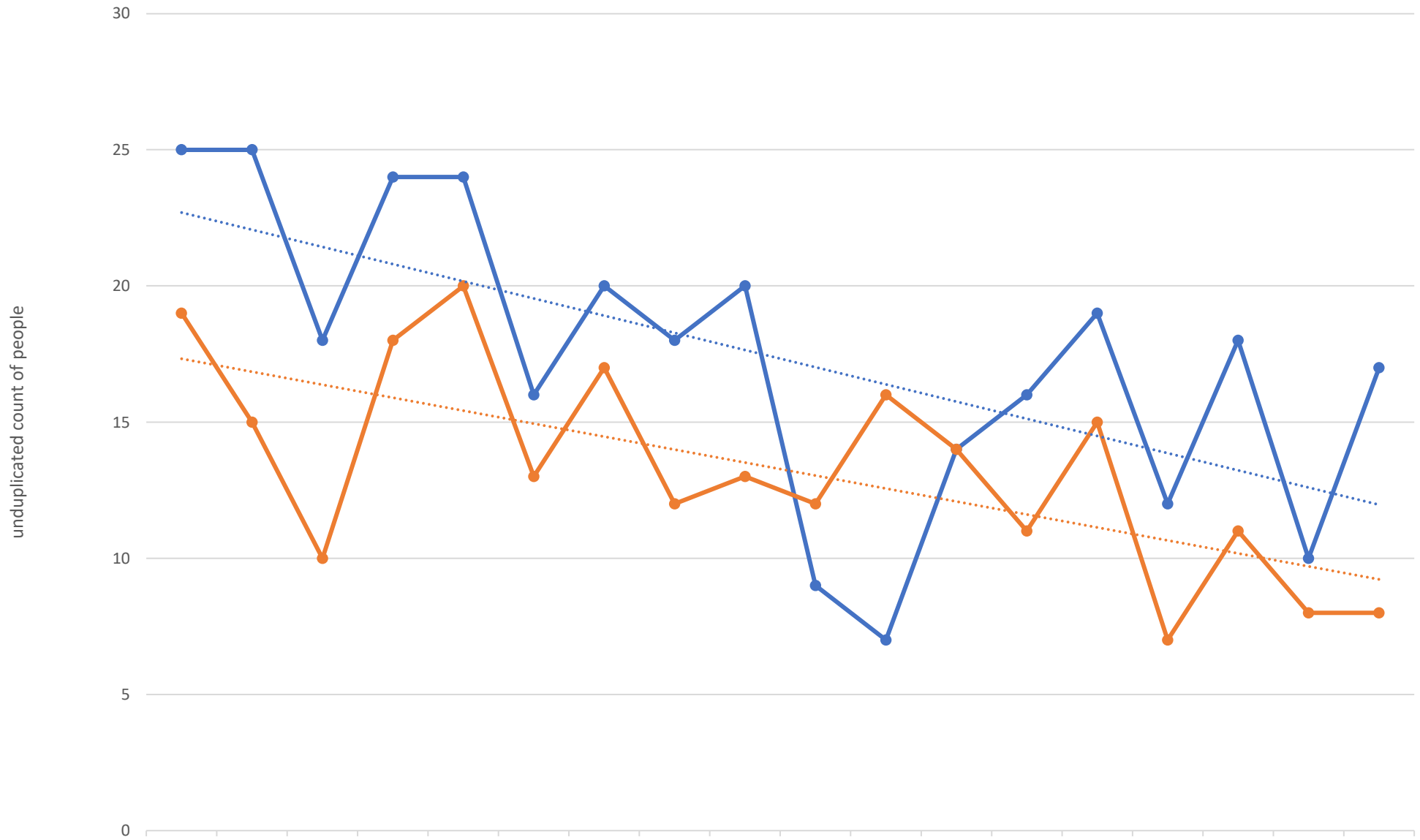
Page 2	Unduplicated People receiving a crisis system service
Page 3	Island - Unduplicated People receiving a crisis system service
Page 4	San Juan - Unduplicated People receiving a crisis system service
Page 5	Skagit - Unduplicated People receiving a crisis system service
Page 6	Snohomish - Unduplicated People receiving a crisis system service
Page 7	Whatcom - Unduplicated People receiving a crisis system service
Page 8	Region Designated Crisis Responder (DCR) Investigations
Page 9	Region DCR Investigation Referral Sources
Page 10	Region DCR Investigation Outcomes

Unduplicated People receiving a crisis system service



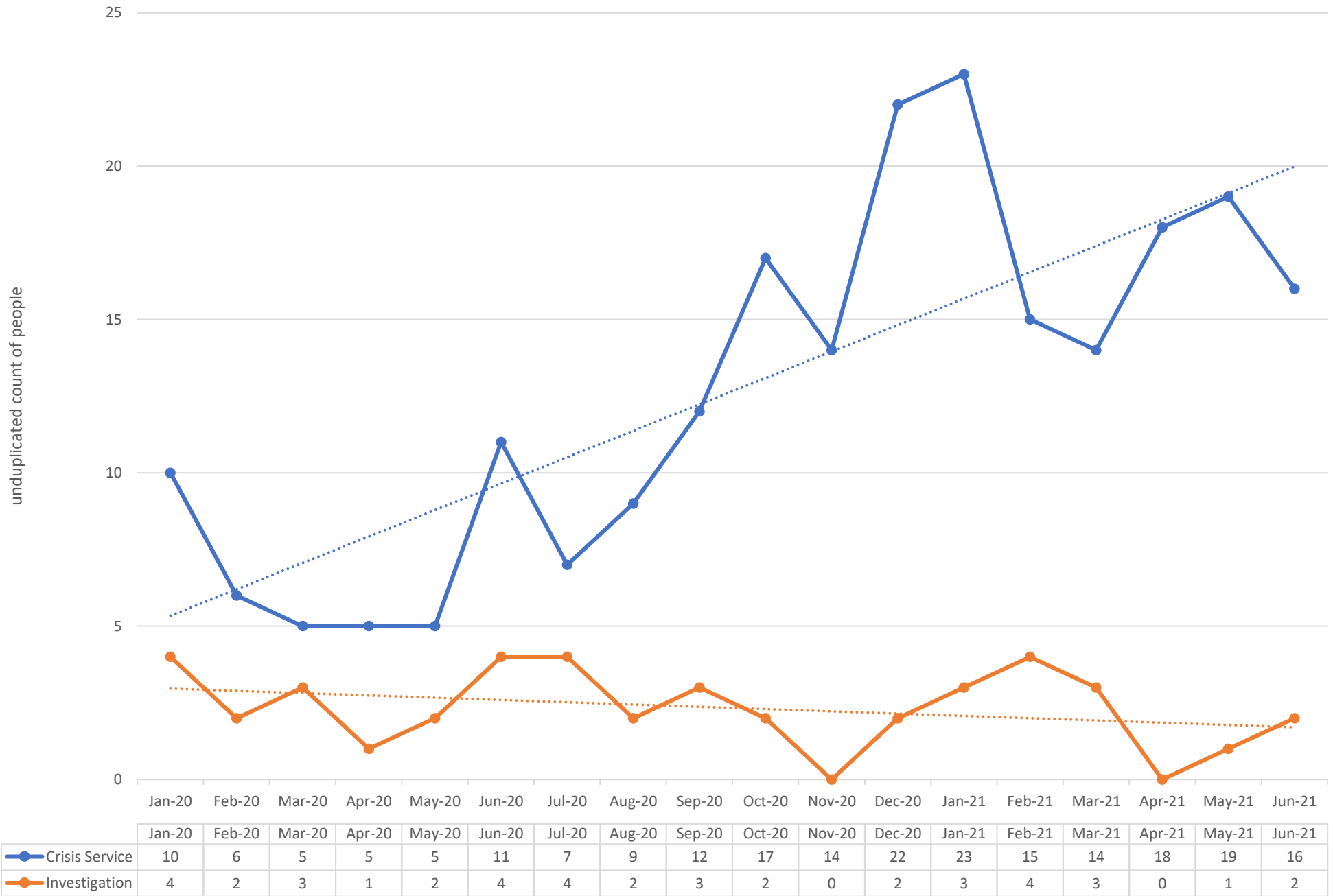
	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
● Crisis Call	848	836	785	724	814	802	860	824	834	866	810	747	786	791	857	832	894	889
● Crisis Service	574	532	449	425	444	490	525	502	567	537	542	542	592	601	680	655	731	693
● Investigation	345	347	276	286	336	362	364	331	349	338	308	320	343	329	358	321	369	375

Island - Unduplicated People receiving a crisis system service

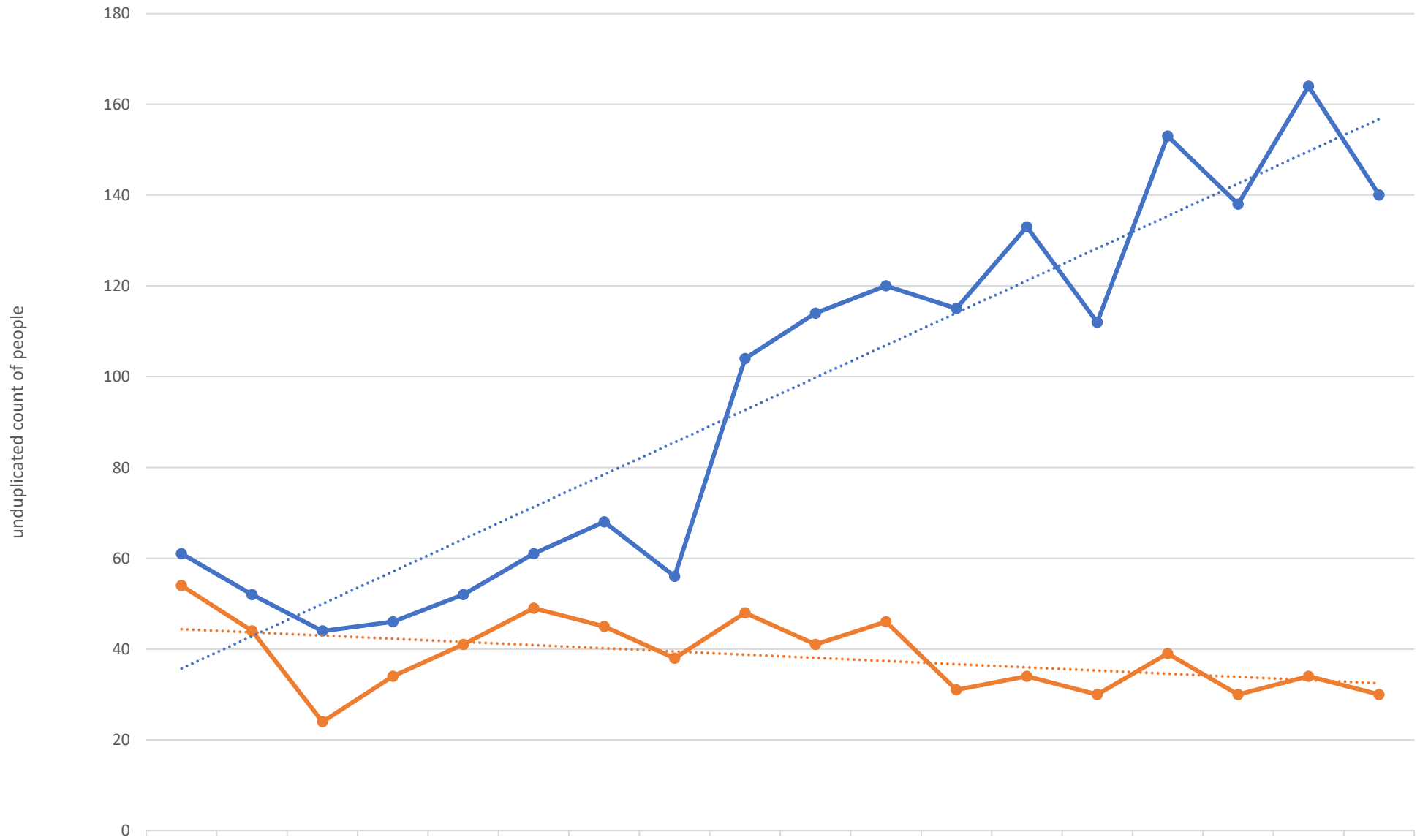


	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
Crisis Service	25	25	18	24	24	16	20	18	20	9	7	14	16	19	12	18	10	17
Investigation	19	15	10	18	20	13	17	12	13	12	16	14	11	15	7	11	8	8

San Juan - Unduplicated People receiving a crisis system service

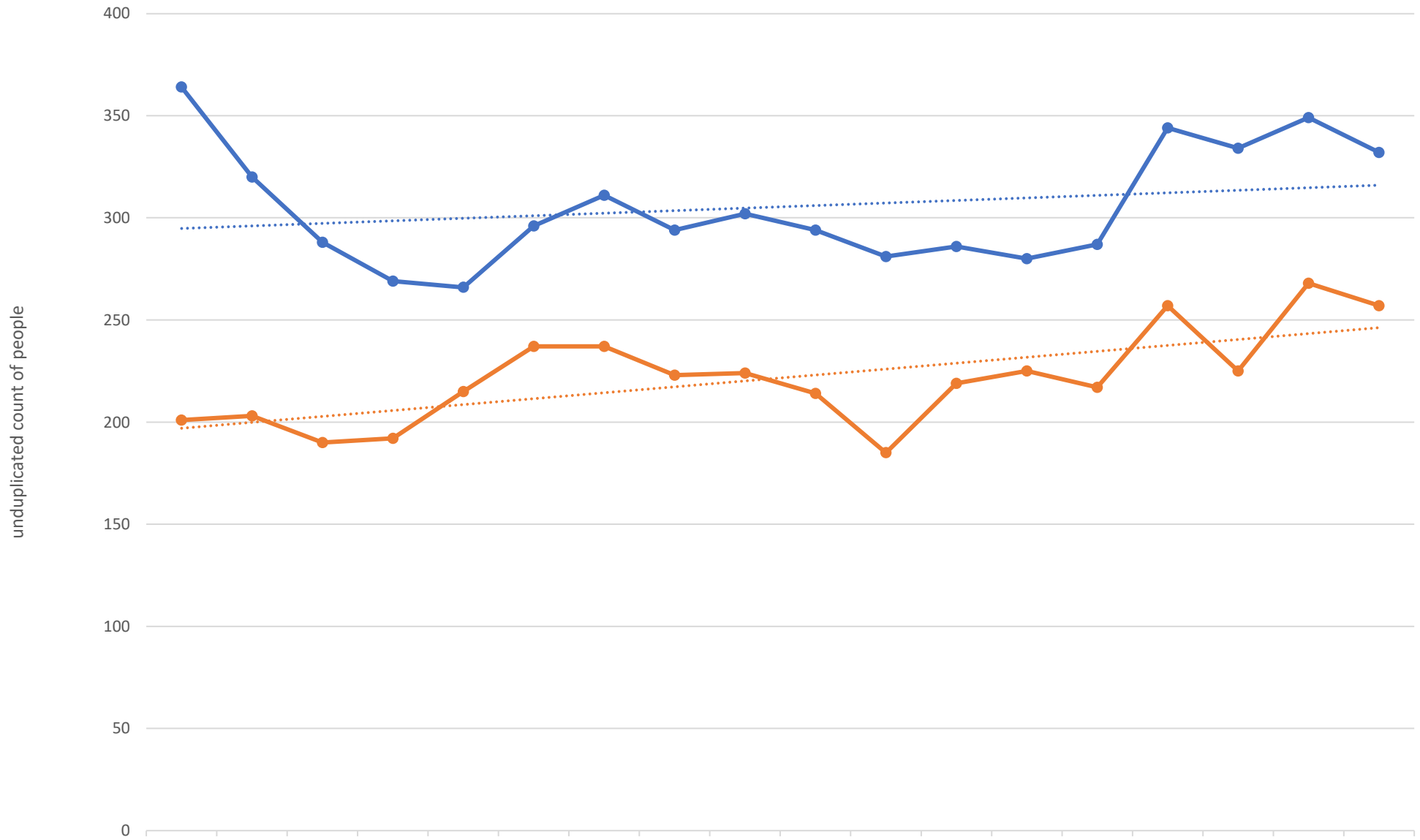


Skagit - Unduplicated People receiving a crisis system service



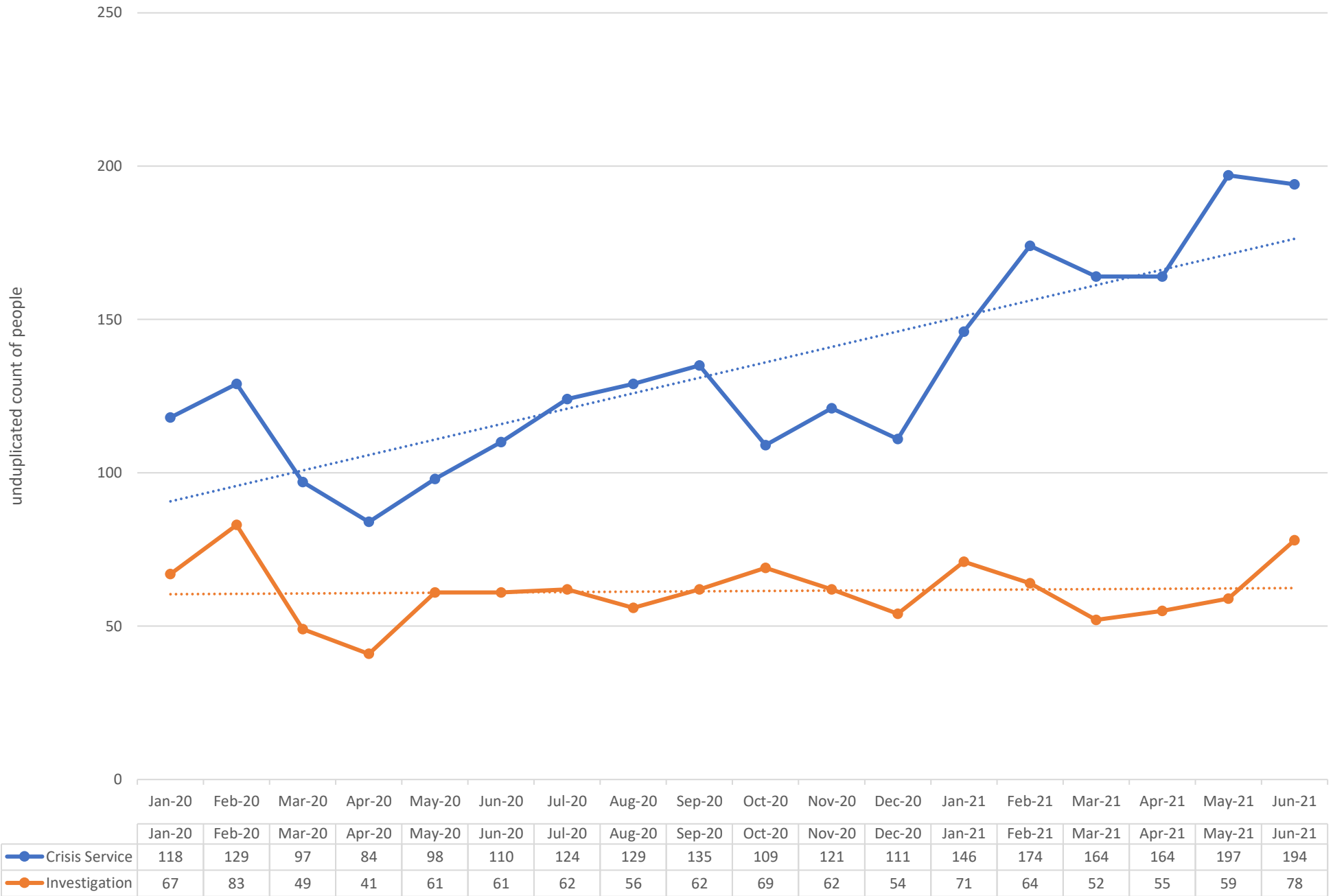
	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
Crisis Service	61	52	44	46	52	61	68	56	104	114	120	115	133	112	153	138	164	140
Investigation	54	44	24	34	41	49	45	38	48	41	46	31	34	30	39	30	34	30

Snohomish - Unduplicated People receiving a crisis system service

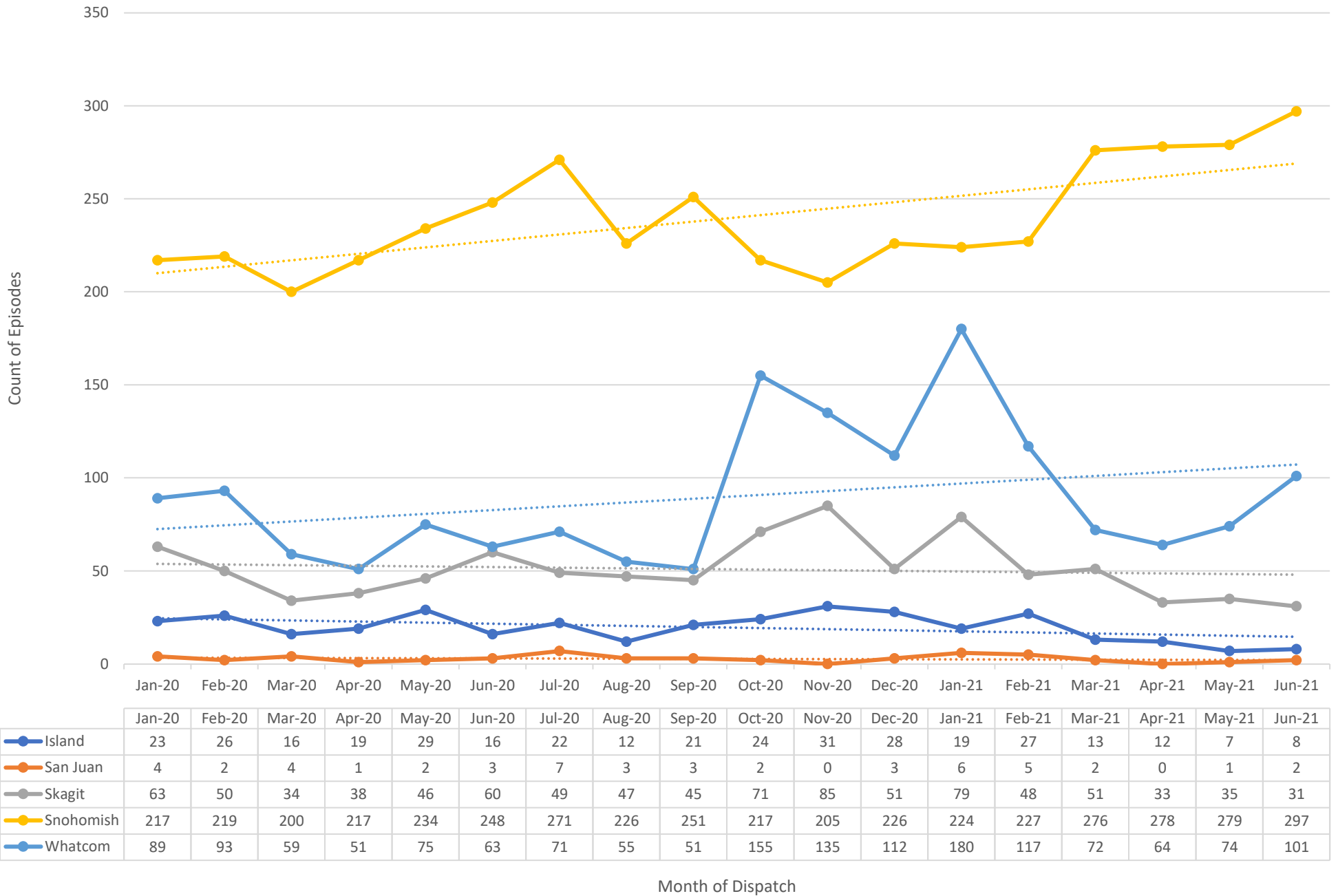


	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
● Crisis Service	364	320	288	269	266	296	311	294	302	294	281	286	280	287	344	334	349	332
● Investigation	201	203	190	192	215	237	237	223	224	214	185	219	225	217	257	225	268	257

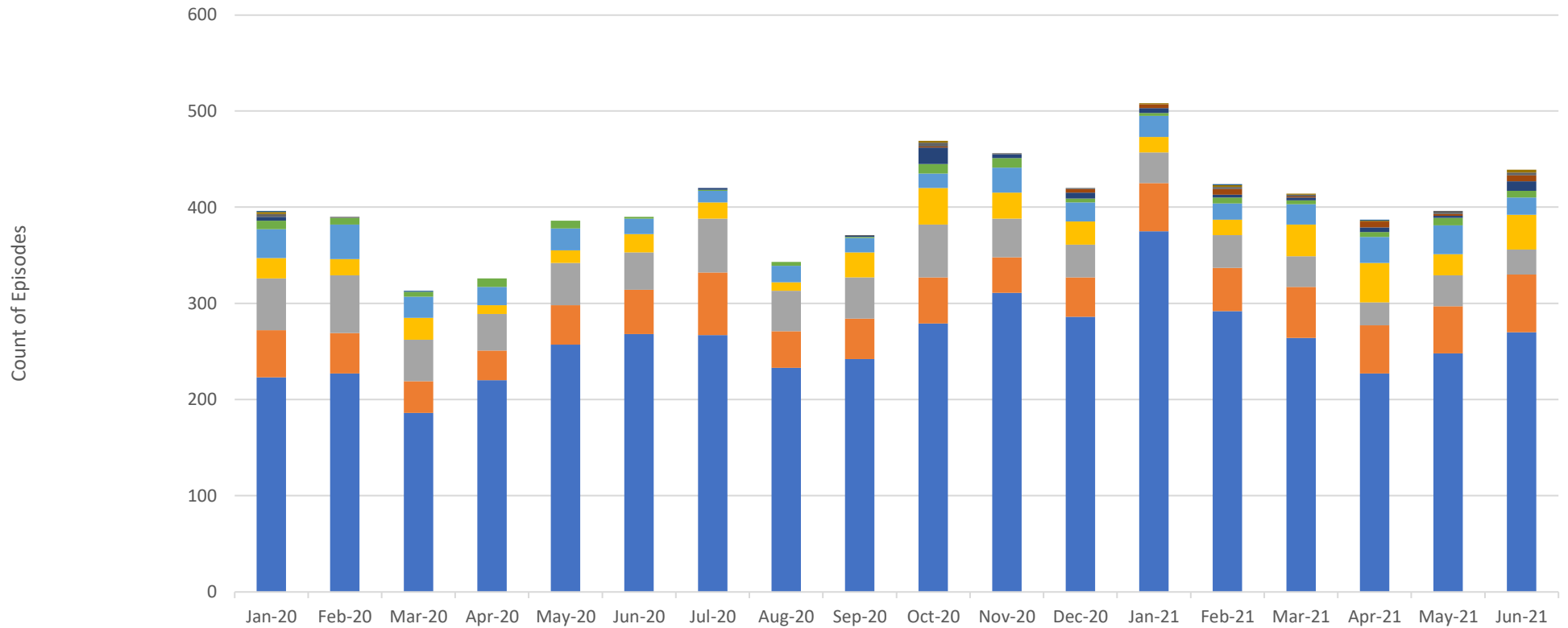
Whatcom - Unduplicated People receiving a crisis system service



Region Designated Crisis Responder (DCR) Investigations



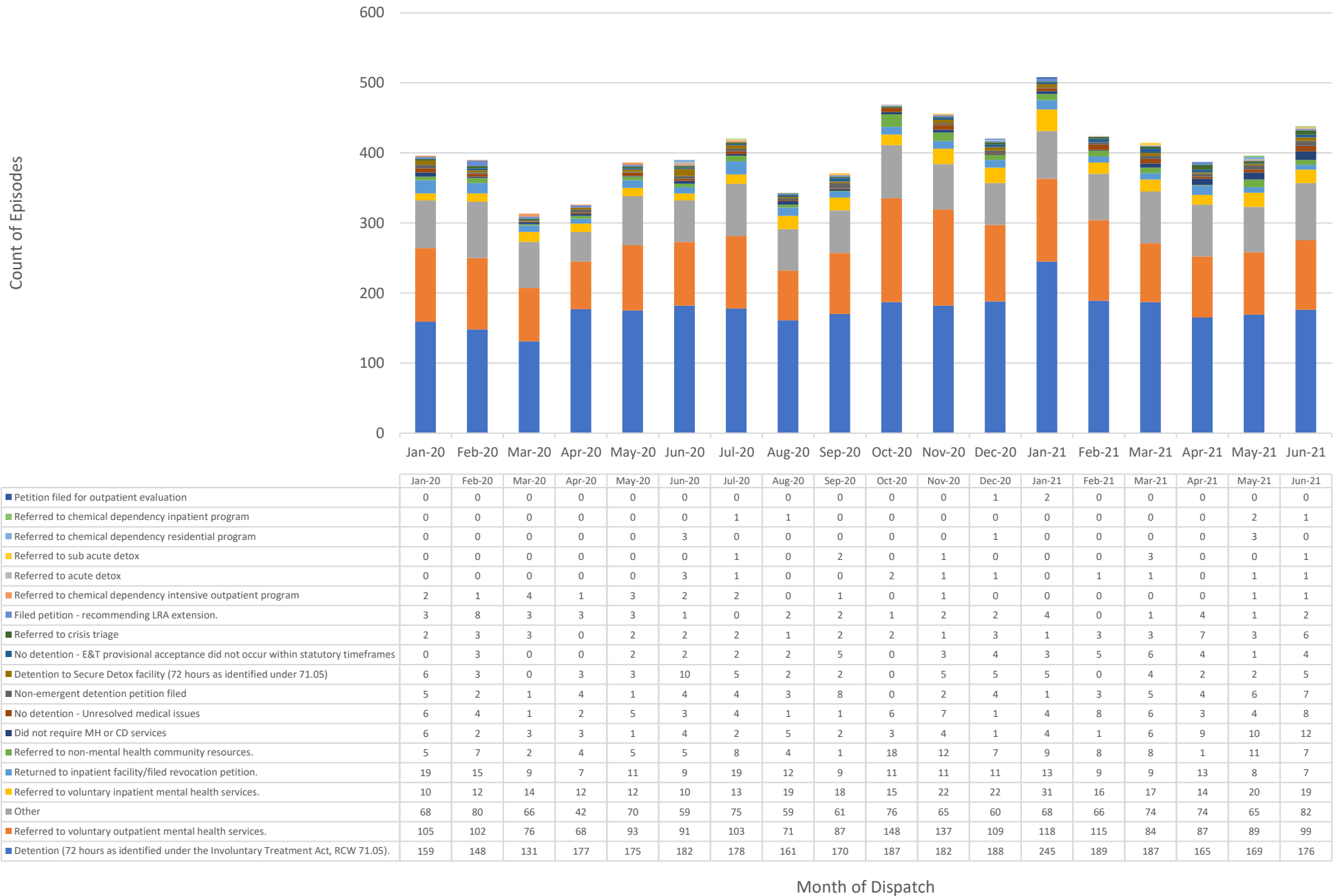
Region DCR Investigation Referral Sources



	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
School	1	0	1	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0
Referral from MCR to DCR	2	0	0	0	0	0	0	0	0	2	0	0	1	2	1	1	0	3
Community	3	1	0	0	0	0	0	0	1	4	1	1	0	2	2	0	3	3
Legal Representative	0	0	0	0	0	0	0	0	0	1	0	4	4	6	1	6	2	6
Social Service Provider	4	0	0	0	0	0	2	0	1	17	4	6	5	3	3	5	2	10
Care Facility	9	7	5	9	8	2	1	4	1	10	10	4	3	6	4	5	8	7
Professional	30	36	22	19	23	16	12	17	15	15	26	20	22	17	21	27	30	18
Other	21	17	23	9	13	19	17	9	26	38	27	24	16	16	33	41	22	36
Law Enforcement	54	60	43	38	44	39	56	42	43	55	40	34	32	34	32	24	32	26
Family	49	42	33	31	41	46	65	38	42	48	37	41	50	45	53	50	49	60
Hospital	223	227	186	220	257	268	267	233	242	279	311	286	375	292	264	227	248	270

Month of Dispatch

Region DCR Investigation Outcomes



governor and Democrats to sit down with them and law enforcement agencies to resolve concerns.

"This needs to be done quickly before more harm is done to the communities and people we represent," Senate Minority Leader John Braun, R-Centralia, and House Minority Leader J.T. Wilcox, R-Yelm, said in a statement.

Responders in crisis

In the past three weeks, law enforcement's response to the crisis responders' calls for help has varied by agency and by individual officer, the crisis responders say.

Supervisors of the team have a list of more than a dozen examples of mentally ill people who law enforcement officers have declined to detain, even though a crisis responder said they met the criteria for involuntary commitment. A county Human Services division manager provided that list to The Daily Herald.

One crisis responder called for police help when visiting a group home to evaluate a man who was threatening to kill the other residents and "smash" staff's heads in. She was initially told by a 9-1-1 dispatcher that police would not come, according to the list.

Officers eventually arrived, after the man ripped a TV off the wall and approached the crisis responder in her personal space. Still, the police said they couldn't intervene — even when the man began lighting small items on fire.

One man was deemed eligible for involuntary treatment one day and again the next day when a crisis responder received a call that he was blocking traffic and holding a rock above his head in the road. Police at first said they couldn't use force to take him to a hospital, the list says.

About 45 minutes after his second evaluation, officers detained him after a woman called 9-1-1 because he was aggressively blocking her outside of a bank, preventing her from reaching her vehicle with her small child inside.

"It's scary," said crisis responder Debbie Johnson. "It's scary the people we're leaving out on the street. It's scary for the clients themselves, who are really vulnerable. It's scary for the family members, who are often being threatened. And it's really scary for the community at large."

"It's making a hard job impossible," Johnson said.

Some police have stayed in patrol vehicles during crisis responder calls, said Carola Schmid, a supervisor for the crisis responder team.

Others have refused to approach a home with a crisis responder or knock on the door.

And in some cases, police have declined to come at all, Schmid said.

"Our staff really feel that they can no longer perform this duty because of all the complications," she said.

State law requires that a crisis responder be accompanied by a police officer or mental health professional during a home visit.



Certified Peer Counselor Amber Morris sets up her office in the new 32-bed behavioral and substance abuse treatment facility at the Denny Juvenile Justice Center on Wednesday in Everett. The facility opens Monday for patients. (Andy Bronson / The Herald)

32-bed substance abuse treatment center opens in Everett

A remodeled youth detention center will host the county's first inpatient facility for low-income people.

By Jake Goldstein-Street

Monday, August 2, 2021 1:30am | [LOCAL NEWS](#) [EVERETT](#)

EVERETT — A new 32-bed behavioral health and substance abuse treatment facility in the county's juvenile detention center opens to patients this week.

The Denney Juvenile Justice Center, located in Everett's Delta neighborhood, will house the twin 16-bed spaces. One "co-occurring" unit will be for adults dealing with both addiction and mental health issues. The

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other will focus on people with opioid addictions. Stays on the opioid-specific floor will likely last between 28 and 56 days; it'll be 60 to 90 days in the addiction and mental health unit.

In the first three months of this year, Washington had 418 overdose deaths, compared to 378 in the same period in 2020, according to the state Department of Health. Nearly half of those were fentanyl-related. Overdoses are increasing among all ages, races and socioeconomic backgrounds, but increases were most pronounced among people of color, according to the Department of Health.

“For a county with a population of over 800,000 now, we have no substance use disorder inpatient facilities for adults who are indigent and low income,” said Cammy Hart-Anderson, manager of the county’s Division of Behavioral Health and Veteran Services.

Seattle-based Pioneer Human Services will run the new facility. The provider also operates the social services hub at Everett’s repurposed [Carnegie Library](#).

Rowell Dela Cruz, the director of the Pioneer Center North treatment center in Sedro Wooley, estimated there would be about 20 people in the Everett facility when it was scheduled to open Monday.

A majority of the adults voluntarily staying there will probably be from Snohomish County, Hart-Anderson said.

She had “no doubt” the demand for the beds will be high. Patients will get referred from a variety of sources, such as jails, detox facilities and outpatient providers.

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A common area between the men's and women's areas of the new 32-bed behavioral and substance abuse treatment facility at the Denny Juvenile Justice Center on Wednesday in Everett. (Andy Bronson / The Herald)

The facility will have 30 to 40 staffers, including a case manager to connect patients with services and post-stay housing, a peer counselor they can meet with daily and supportive housing, and employment specialists. There will also be full-time substance use counselors and behavioral health clinicians. And there are exam rooms where people staying can get looked at by medical coordinators.

"We definitely need more beds in our community to help those individuals out, especially a safe place for them to learn and develop skills of learning a substance-use free life," said Dela Cruz, who will be heading up the programs at the new site.

This isn't the only new Snohomish County facility looking to alleviate bed shortages. Earlier this month, a 24-bed mental health unit opened at Providence Regional Medical Center Everett. That facility has been operating with 20 beds filled since the week it opened in line with current staffing levels, hospital spokesperson Cheri Russum said July 2

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Treatment will be largely funded by Medicaid. Previously, patients eligible for Medicaid would get sent to eastern Washington for inpatient help, making it difficult to connect them with local, ongoing support after they leave the facility, Hart-Anderson said.



Staff members take a photo together in front of the new 32-bed behavioral and substance abuse treatment facility at the Denny Juvenile Justice Center on Wednesday in Everett. (Andy Bronson / The Herald)

The new space cost \$17.5 million. Most of that — over \$11 million — came from the state capital budget. Another \$3.3 million came from the North Sound Behavioral Health Organization. And the county chipped in \$2.8 million. Construction on the facility began in spring 2020.

The two spaces — one on the first floor, the other on the second — are basically identical. More than half of the over 20,000-square-foot facility has been remodeled from the juvenile lockup and the rest is newly built. The remodel has changed the spaces from the concrete walls and uncomfortable beds of a jail to more communal areas with big screen TVs.

The facility has been several years in the making. The project, formally called the North Sound Behavioral Health Treatment Center, started in 2017. The juvenile center, built in the 1990s with 130 beds, was tapped as a possible spot with diminishing occupancy following reforms aimed to keep

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youths out of detention. In 2001, the average daily population was 84 juveniles, according to Brooke Powell, the county Superior Court's assistant administrator for juvenile court operations. Between January and June of this year, that average had plummeted to four people.

Jake Goldstein-Street: 425-339-3439; jake.goldstein-street@heraldnet.com.

Twitter: [@GoldsteinStreet](https://twitter.com/GoldsteinStreet).

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- [More contact information is here.](#)

Gallery



Certified Peer Counselor Amber Morris sets up her office in the new 32-bed behavioral and substance abuse treatment facility at the Denny Juvenile Justice Center on Wednesday in Everett. The facility opens Monday for patients. (Andy Bronson / The Herald)

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**Editorial cartoons for Wednesday,
July 28**

**Who Am I? Mill Creek mystery man
was buried in shallow grave**



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PROGRAM OVERVIEW

CO-OCCURRING RESIDENTIAL PROGRAM (CORP) - EVERETT

ABOUT PIONEER HUMAN SERVICES

Pioneer Human Services was founded to address serious societal challenges, from the long-lasting trauma of incarceration to institutionalized problems stemming from racism and classism. We have been serving people involved in the legal system in Washington state since 1963. By giving justice-involved individuals a place to live, access to behavioral health care and stable employment, we seek to reduce and make life-changing impacts on the deep social problems that often stem from a lack of opportunity. Moreover, their improved quality of life has a ripple effect that impacts their family, friends, neighbors and the broader community.

ABOUT CORP

LOCATION	ELIGIBILITY	REFERRAL SOURCES
Address: 902 Pine St., Everett, WA Phone: 425-610-2075 Director: Rowell Dela Cruz Clinical Practices Manager: Marie Preftes-Arenz	-Client needs assessment -Evidence-based practices -Integrated treatment planning -Recovery-focused engagement -Life skills/time mgmt.	-Medicaid -Therapeutic Drug Court -Mental Health Court

Pioneer's Everett Co-occurring Residential Program (CORP) is a 16-bed facility located in the North Sound Behavioral Health Treatment Center that provides specialized residential treatment for men and women with co-occurring substance use and mental health disorders. The program is a long-term residential co-occurring treatment programs in Washington state, with a prescribed length of stay from 60-90 days (based on American Society of Addiction Medicine 3.3 Level of Care criteria).

The program admits adults diagnosed with a co-occurring substance use and mental health disorders from across the state of Washington.

CORP SERVICES

A comprehensive range of services geared to treat dually diagnosed individuals over a longer treatment period of time is provided to meet the needs of this population. An interdisciplinary team of licensed medical personnel, mental health and substance use disorder professionals, and case managers coordinate service delivery.



Program Offerings Include:

- Comprehensive assessment of client needs including substance abuse treatment, mental health treatment, opiate substitution treatment maintenance, and medical treatment using research-based assessment tools
- Motivational programming within a therapeutic milieu
- Trauma intervention treatment
- Mental health treatment including medication management instruction
- Peer counselor available
- Coping skills, grief and loss, and DBT groups
- Relapse behavior and prevention groups
- Basic living skills, nutrition, health, recreation, and recovery lifestyle classes
- Discharge preparation group and comprehensive community transition planning



ELIGIBILITY

The Everett CORP is a specialty Medicaid program designed to serve individuals who have been diagnosed by an agency as having both a substance use and mental health disorder. We contract directly with Medicaid insurance programs such as Molina, Coordinated Care, Community Health Plans of Washington and Amerigroup.

Private pay (cash) clients will be considered on a case-by-case-basis and require extra steps to ensure that we have enough information to adequately serve the client and their family.

APPLICATION PROCESS

- Outpatient substance use disorder assessments must reflect an ASAM 3.3 Level of Care
- Everett CORP will work with outpatient providers across the state of Washington.

Main Phone: 425-610-2075

Main Fax: 1-833-485-0438

Contact

Marie Preftes-Arenz, Clinical Practices Manager

Phone: 425-766-6019

Email: Marie.Preftes-Arenz@p-h-s.com

Rowell Dela Cruz, Director

Email: Rowell.DelaCruz@p-h-s.com





PROGRAM OVERVIEW

OPIATE USE DISORDER PROGRAM (OUD) EVERETT

ABOUT PIONEER HUMAN SERVICES

Pioneer Human Services was founded to address serious societal challenges, from the long-lasting trauma of incarceration to institutionalized problems stemming from racism and classism. We have been serving people involved in the legal system in Washington state since 1963. By giving justice-involved individuals a place to live, access to behavioral health care and stable employment, we seek to reduce and make life-changing impacts on the deep social problems that often stem from a lack of opportunity. Moreover, their improved quality of life has a ripple effect that impacts their family, friends, neighbors and the broader community.

ABOUT THE OUD PROGRAM - EVERETT

LOCATION	ELIGIBILITY	REFERRAL SOURCE
Address: 902 Pine St. Everett, WA Intake/Information: Phone: 425-610-2075 Director: Rowell Dela Cruz Clinical Practices Manager: Marie Preftes-Arenz	-Client needs assessment -Evidence-based practices -Integrated treatment planning -Recovery-focused engagement -Life skills/time management	-General community-based substance abuse providers -Drug courts/legal services -Medical Professionals -General social services including DSHS and DCYF -U.S. Probation Office

The Opiate Use Disorder Program (OUD) in Everett is a 16-bed facility located in the North Sound Behavioral Health Treatment Center that provides specialized residential treatment for men and women with a severe opiate use disorder. The program is the only short term and long term residential treatment program of its kind in all of Washington state. It offers a residential stay of 28 – 56 days



(based on the American Society of Addiction Medicine 3.3 or 3.5 Level of Care criteria) and is specifically for individuals with an opiate use disorder. The program aims to address the complex issues that accompany recovery from opiate use.

The OUD program admits adults from across Washington state who have been diagnosed with severe opiate use disorders. We accept Medicaid, Medicare and private pay, but not private insurance at this time.

OUD EVERETT SERVICES

A comprehensive range of services are geared to treat individuals in the OUD program to include:

- Comprehensive assessment of client needs including substance use disorder treatment, screening for mental health and providing referrals, opiate substitution treatment maintenance and medical treatment using research-based assessment tools
- Motivational programming within a therapeutic milieu
- Trauma intervention treatment
- Mental health treatment including medication management instruction
- Coping skills, grief and loss, and self-esteem groups
- Relapse behavior and prevention groups
- Anger management classes and process groups
- Basic living skills, nutrition, health, recreation, and recovery lifestyle classes
- Meditation, pain management, and relaxation exercises
- Discharge preparation group and comprehensive community transition planning



ELIGIBILITY AND HOW TO APPLY

OURD Everett is a specialty program designed to serve individuals diagnosed by an agency as having a substance use disorder, or both a substance use and mental health disorder. We contract directly with Medicaid insurance programs such as Molina, Coordinated Care, Community Health Plans of Washington and Amerigroup.

Private pay (cash) clients will be considered on a case-by-case basis and require extra steps to ensure that we have enough information to adequately serve the client and their family.

- Outpatient substance use disorder assessments must reflect an ASAM 3.3 or 3.5 Level of Care
- OURD Everett will work with outpatient providers in the Washington state.

APPLICATION PROCESS

Main Phone: 425-610-2075 - Main Fax: 1-833-485-0438

Marie Preftes-Arenz, Clinical Practices Manager

Phone: 425-766-6019 Email: Marie.Preftes-Arenz@p-h-s.com

Rowell Dela Cruz, Director

Email: Rowell.DelaCruz@p-h-s.com



Stabilization center open after 6-month delay

Oak Harbor's center for people struggling with mental health issues or substance use opened June 28.

By Emily Gilbert

Friday, July 2, 2021 2:04pm | [NEWS](#) [OAK HARBOR](#)

Oak Harbor's stabilization center meant to offer a short stay to people struggling with mental health issues or substance use opened June 28 after a six-month delay.

Clinton Jordan, senior director of residential treatment facilities for Pioneer Human Services, said people have already begun staying at the 10-bed facility on 10th Avenue Northeast. He said the delay was partially due to a delay in furniture deliveries during the COVID-19 pandemic. Officials said last fall that they had hoped to open in January.

It's not full yet, "but that could change at any moment," Jordan said.

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The center is intended for people who may be experiencing a mental health crisis or are struggling with substance use.

A person usually stays 3-5 days while the staff — a mix of clinicians, nurses and counselors — help them stabilize. That could mean helping a person change medications, detox or find a long-term in-patient or out-patient program elsewhere.

Island County has been using more than its fair share of similar facilities for years and is one reason why it built the new facility. It will serve people from Island and San Juan counties and nearby areas. Pioneer Human Services operates the facility while the county owns the building.

The county spent roughly \$6 million on its construction. Although it has 10 beds now, it was designed to increase to 16 if needed.

Jordan said the center should decrease the burden on emergency rooms and law enforcement because it can be a place for people to go instead of the hospital or the jail.

The most common way people enter the program is through self-referral or at the suggestion of friends or family, but law enforcement drop-offs also happen often.

For more information about the program and how to refer someone go to pioneerhumanservices.org/treatment/centers?tid=19#0.

The center is called Ituha Stabilization Facility, which Jordan said is a Coast Salish word meaning “sturdy oak.”

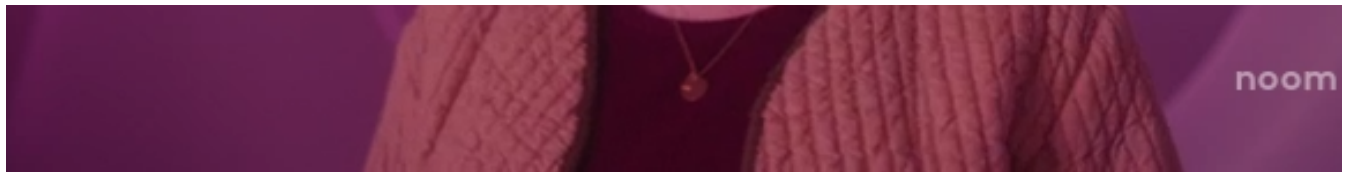
“Programs like this are intended to make the community safer, and intended to ease the burden on law enforcement and emergency rooms,” Jordan said.

Though the program is meant for short-term stays, Jordan said staff want to help their guests find a long-term solution.

“Our goal is not five days here and then ‘See ya later,’” he said. “We want whatever’s best for the individual.”

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Effective Date: 5/5/2020

Review Date: 5/5/2020

Revised Date:

North Sound Behavioral Health Administrative Services Organization, LLC

Section 4500 – Advisory Board: Advisory Board Requests for Support Staff Services

Authorizing Source:

Approved by: Executive Director Date: 05/05/2020

Signature:

POLICY # 4501.00

SUBJECT: ADVISORY BOARD ~~REQEUSTS~~REQUESTS FOR ~~SUPPORT~~ STAFF SERVICES

PURPOSE

To facilitate timely response to requests made by Advisory Board members for ~~support~~ staff services.

USE

The use of ~~support~~ staff services by North Sound Behavioral Health Administrative Services Organization (North Sound BH-ASO) Advisory Board members is restricted to North Sound BH-ASO related business only.

RESPONSIBILITY

The Advisory Board Coordinator will receive and review all requests from Advisory Board members. The Advisory Board Coordinator will take into consideration: the nature of the request and degree of difficulty.

PROCESS

The following procedures are to be followed for each request for ~~support~~ staff services:

1. A minimum of 1-2 weeks' notice is required for requests for service. The actual length for completion will depend on the complexity of the project and the current workload.
2. In the event of an unexpected emergency, the 1-2-week timeframe for completion may be waived. If this should occur, the Advisory Board Coordinator will consult with the Executive Director and/or the Administrative Manager before taking on the project.
3. The person requesting services will complete a detailed description of the request of the support staff services work.
4. Advisory Board members may request services via e-mail, fax, voice mail, written notes, or any other methodology of choice.
5. The form will be given to the Administrative Supervisor who will review the request and distribute to the ~~Support Staff Coordinator~~appropriate staff. In the absence of the Administrative Manager, the ~~Support Staff Coordinator~~Executive Director shall be authorized to review requests.
6. The Advisory Board Coordinator will return the completed project to the Advisory Board Chair, who will then forward it to the applicable member.
7. Feedback from Advisory Board members regarding timeliness and/or quality of work can be directed to the Administrative Manager.

ATTACHMENTS

~~None~~4501.01



Identification of Staff

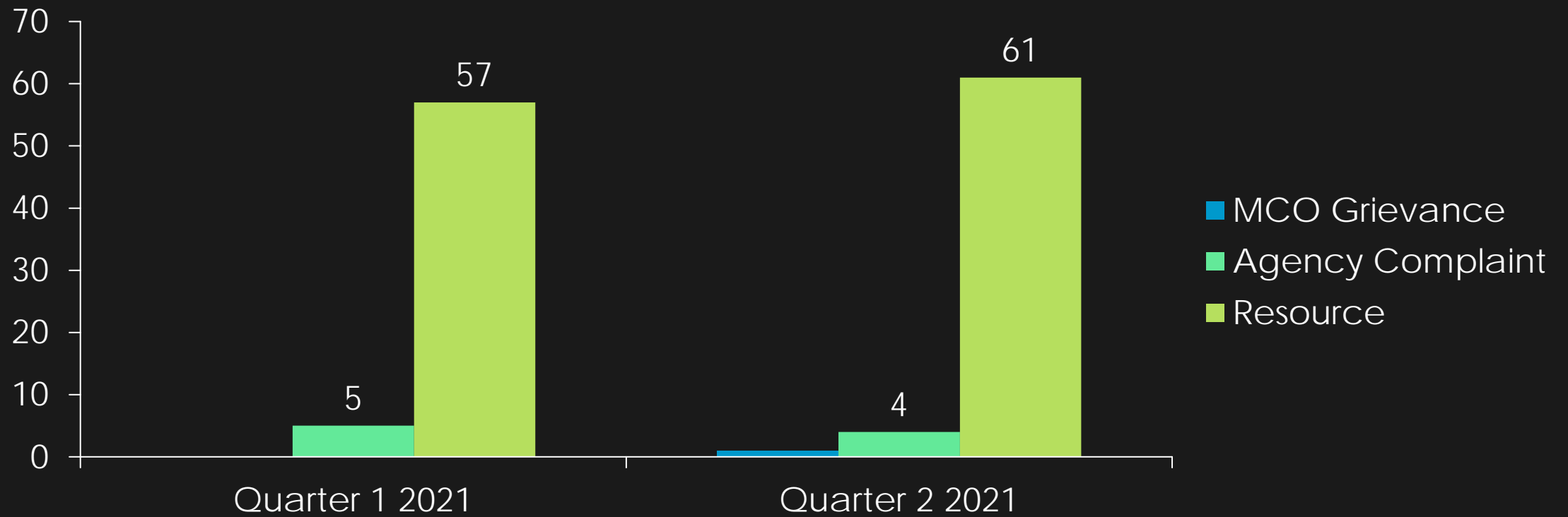
As identified in Policy 4501.00 *Advisory Board Requests for Staff Services*, the following individuals are the identified staff referred to in the policy:

- Administrative Manager – Joanie Williams
- Advisory Board Coordinator – Maria Arreola

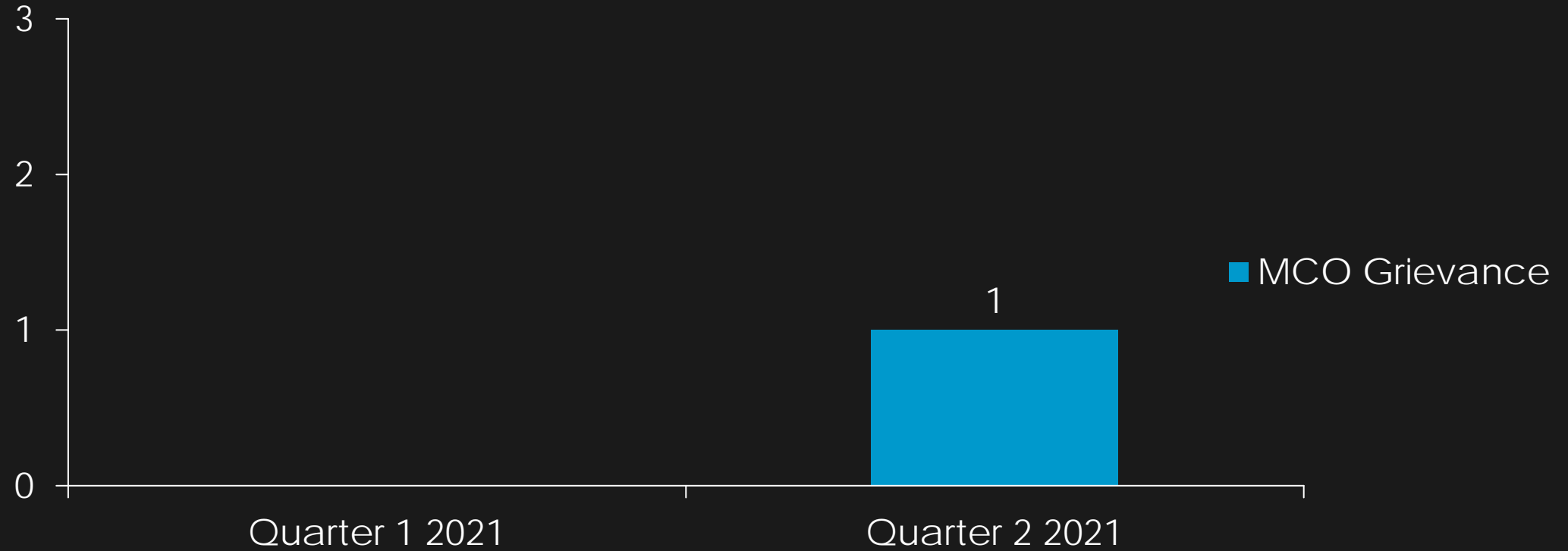
North Sound Behavioral Health Ombuds

2021 Semi-Annual Report

Ombuds Services Overview



MCO Level Grievance

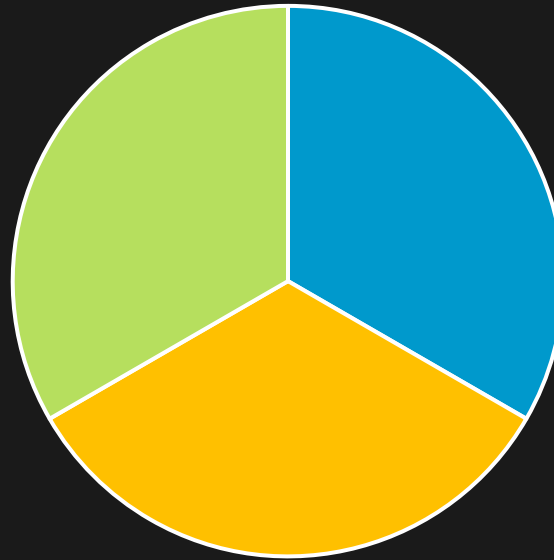


Single Grievance Overview

- Female
- 50-70 years old
- Mental Health Service type
- MCO: Community Health Plan of WA

Grievance Categories

Category Breakdown



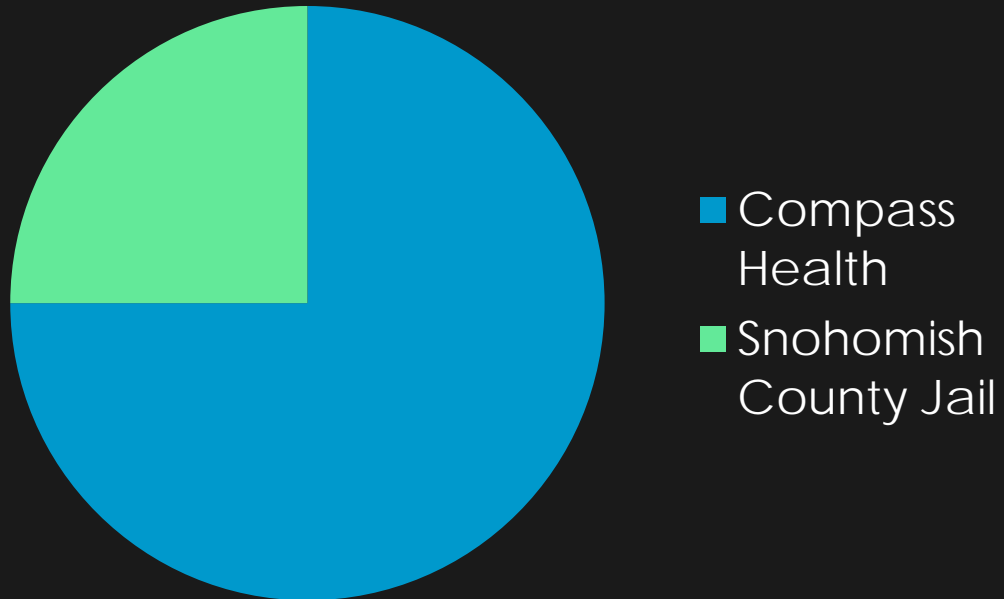
■ Access ■ Dignity and Respect ■ Coordination of Services

Complaint Breakdown

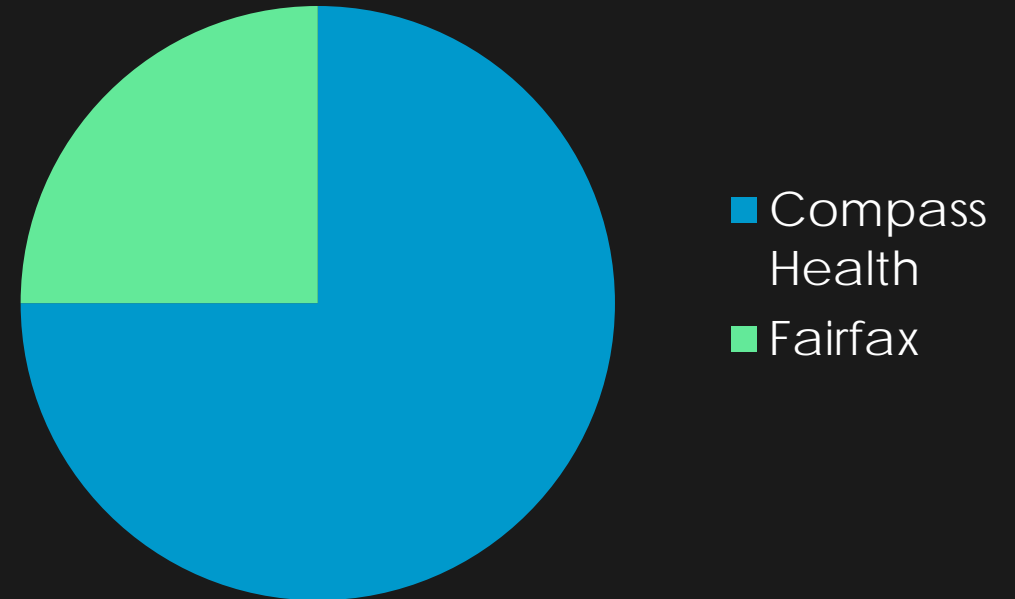
- Agency
- Complaint Categories
- Service Type
- Insurance Type
- Payer for Service

Agency Complaints

Quarter 1 2021

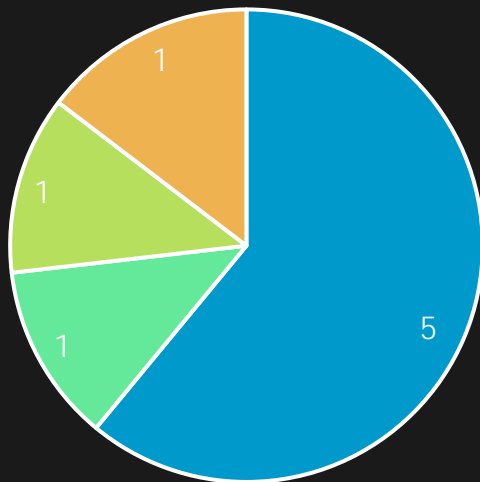


Quarter 2 2021



Complaint Categories

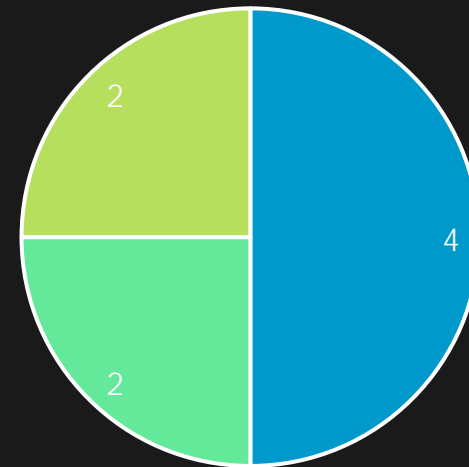
Quarter 1, 2021



Case 1: Access, dignity & respect
Case 2: Access
Case 3: Access
Case 4: Access, Other
Case 5: Access, service intensity

■ Access ■ Dignity & Respect ■ Service Intensity ■ Other

Quarter 2, 2021

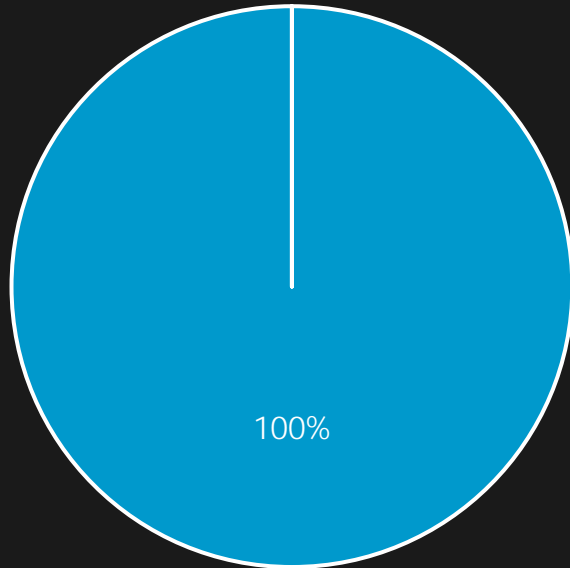


Case 1: Access
Case 2: Access, dignity & respect, coordination of care
Case 3: Access
Case 4: Access, dignity & respect, coordination of care

■ Access ■ Dignity & Respect ■ Coordination of Services

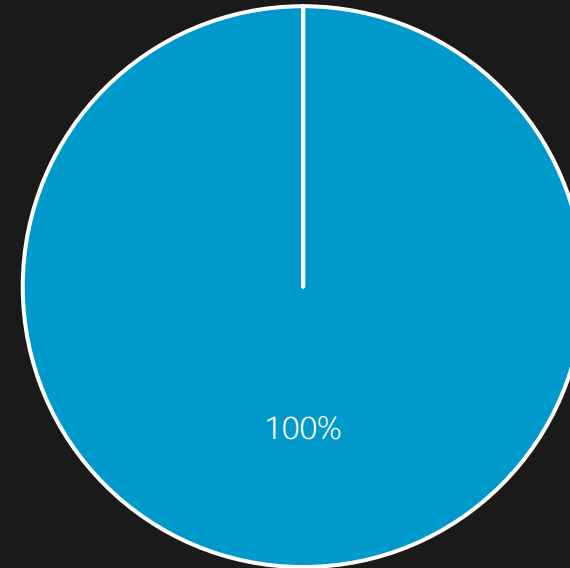
Service Type

Quarter 1 2021



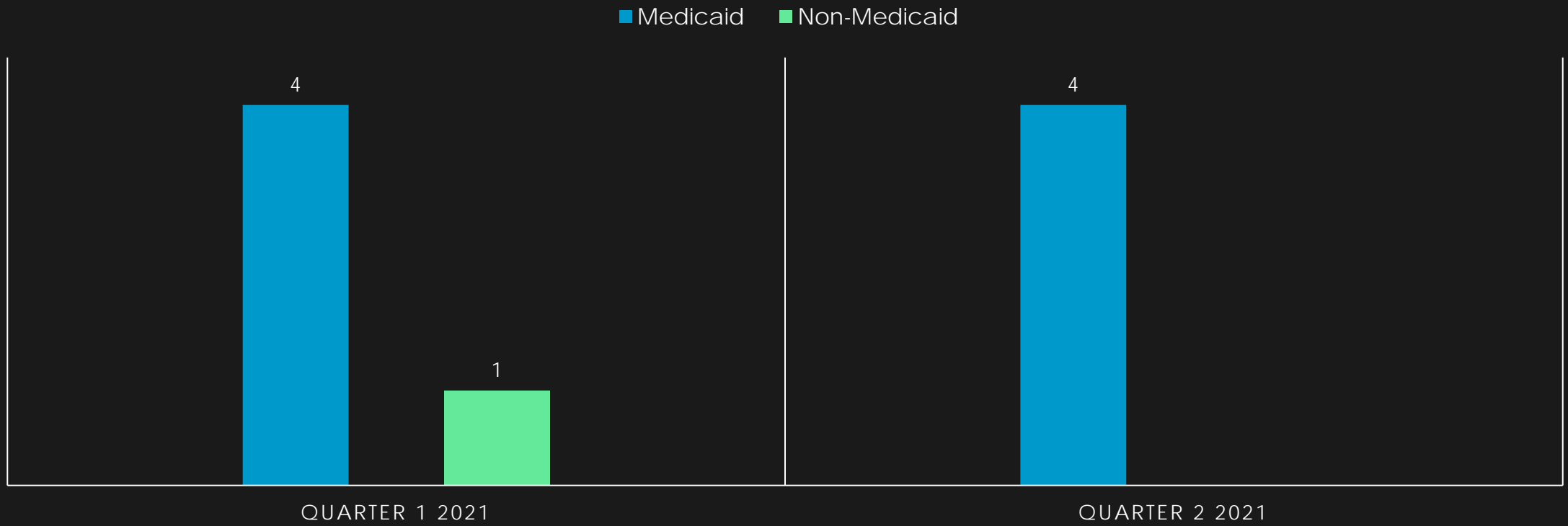
■ Mental Health ■ SUD ■ WISe ■ Co-occurring

Quarter 2 2021



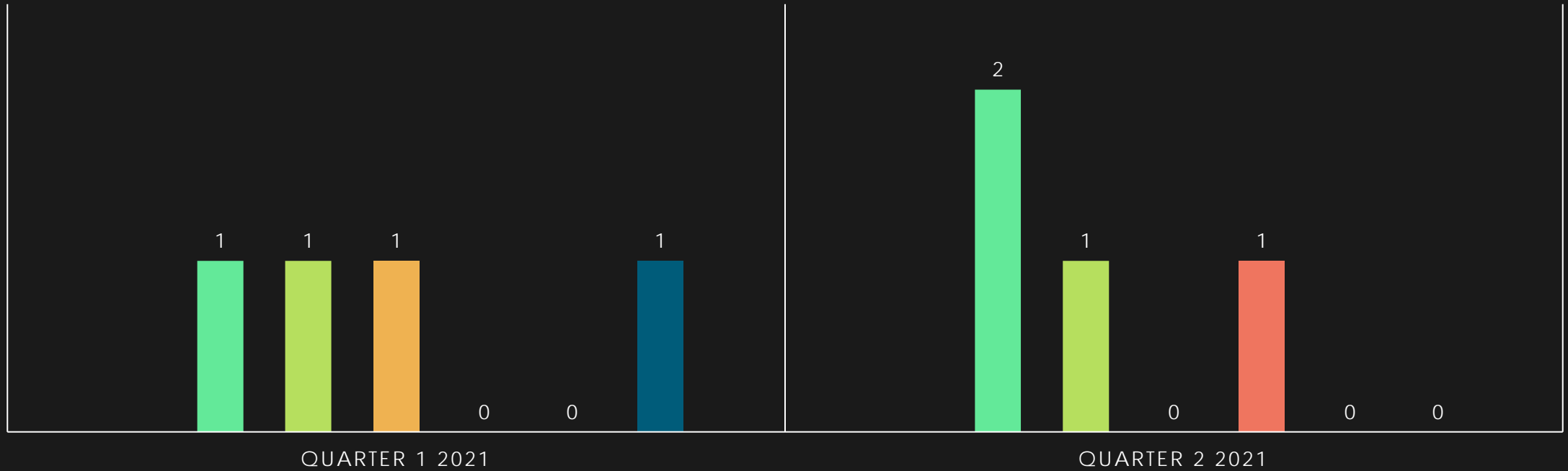
■ Mental Health ■ SUD ■ WISe ■ Co-occurring

Insurance Type



Payer for Service

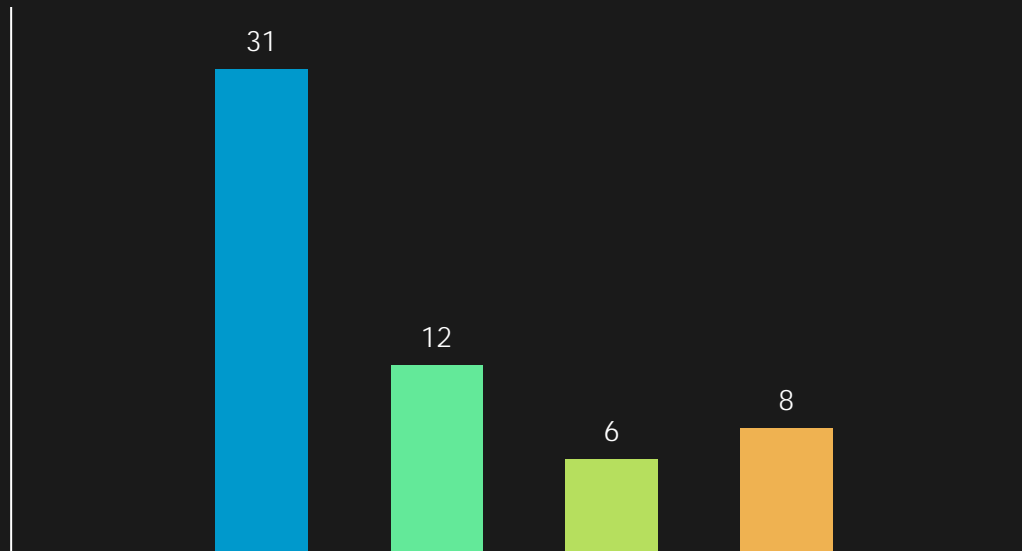
■ Amerigroup ■ CHPW ■ Coordinated Care ■ Molina ■ United ■ BH-ASO ■ Other (Offender Health Plan)



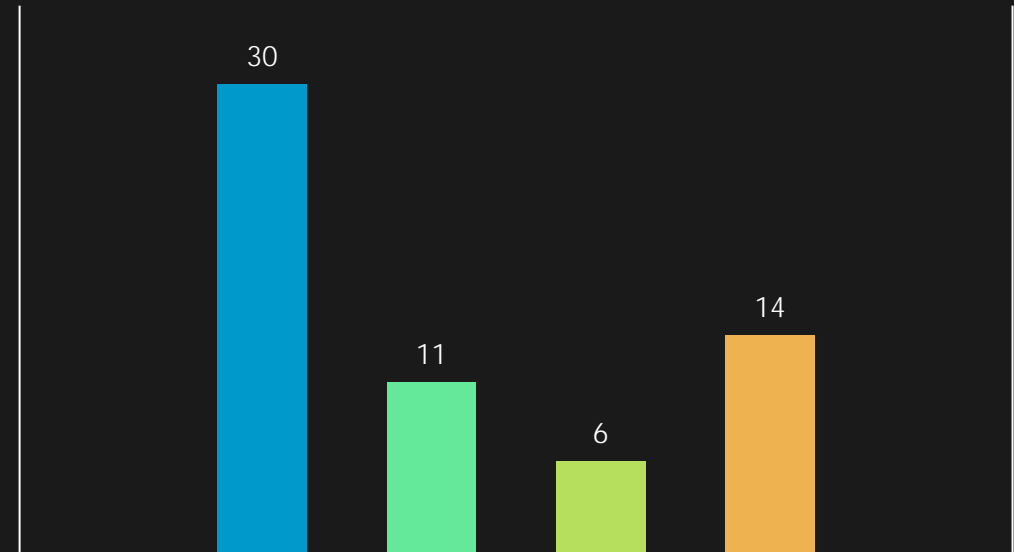
Resource Definitions

- ❑ **Consumer:** an individual who is currently receiving services
- ❑ **Advocate:** a family member, friend, or authorized representative of an individual
- ❑ **Provider:** an agency or professional providing direct service to an individual
- ❑ **Information & Referral:** a non-behavioral health related concern

Resource Breakdown



QUARTER 1 2021



QUARTER 2 2021

■ Consumer Education ■ Advocate Education
■ Provider Consultation ■ Information & Referral

Trends

Quarter 1, 2021

- Agencies throughout the region continue to close down services
- Increase in high wait times for outpatient SUD services
- Increase in high wait times for outpatient mental health services

Quarter 2, 2021

- Increase in high wait times for outpatient SUD services
- Increase in high wait times for outpatient mental health services
- Increase in contacts from providers/employees who are expressing complaints about the facilities they are employed with or coordination of services with other providers
- Problems accessing individuals staying ITA at a hospital setting and staff refusing to connect Ombuds to patient even though Ombuds provided the name and access code
- Increase of complaints involving Access to behavioral health services due to high wait times or unavailability at our local providers

Ombuds Trainings

Quarter 1, 2021

- Webinar for DBHR call for Behavioral Health Service Providers
- Webinar for Authorized Generic Drugs & Their Role in Mental Health Treatment
- WA State Behavioral Health Ombuds Quarterly Training
- One-day Summit: recovery Housing in Washington
- Neighborhood relations and Neighbor resistance to recovery webinar

Quarter 2, 2021

- Training in DBT Skills through Holding the Hope
- Training in combining Motivational Interviewing and CBT Skills
- Behavioral Health Ombuds State Training
- Older Adult Mental Health Day Webinar
- The Golden Thread of Documentation (6 week training)
- 2 Week Certified Peer Counseling Training for Ombuds Specialist
- Meth and Opioid Use Disorder Webinar

Questions

North Sound Behavioral Health Ombuds

Presented By: Katelyn Morgan, Samantha Moore, and Lizeth Vizcaino-Sandoval

330 Pacific Place Mount Vernon, WA 98273

(Phone) 360-416-7004 (Toll Free) 1-888-336-6164 (Fax) 360-416-7550



Effective Date: 5/7/2019

Review Date: 5/7/2019

Revised Date:

North Sound Behavioral Health Administrative Services Organization, LLC

Section 4500 – Advisory Board: Advisory Board Requests for Support Staff Services

Authorizing Source:

Approved by: Executive Director Date: 5/7/2019

Signature:

POLICY # 4501.00

SUBJECT: ADVISORY BOARD REQUESTS FOR SUPPORT STAFF SERVICES

PURPOSE

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USE

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ATTACHMENTS

None

Region:	North Sound ASO
Current Date:	7/29/2021
Total MHBG Allocation:	\$1,105,480
Contact Person:	Margaret Rojas
Phone Number:	360-416-7013
Email:	margarte_rojas@nsbhaso.org

Section 1 Proposed Plan Narratives	
Needs Assessment	Describe what strengths, needs, and gaps were identified through a need's assessment of the geographic area of the region. To the extent available, include age, race/ethnicity, gender, and language barriers.
	<i>Begin writing here : our focus of the MHBG funding has not changed. We have used the funding for E&T services for Non-Medicaid, Mobile Crisis Outreach and a grant to the Tulalip Tribe. We are currently surveying our providers, counties, boards and stakeholders on the COVID-19 supplemental funding.</i>
Cultural Competence *	Provide a narrative summarizing how cultural competence overall, is incorporated within proposed projects. Identify what anticipated efforts will be taken to measure progress.
	<i>Begin writing here : In our crisis system we ensure our providers have training on cultural humility and additional training on cultural awareness. We have recently solicited the consultation of a DEI organization to conduct and assessment of our internal practices, policies and procedures. We will then take what we learn to our provider network to ensure services are delivered equitably throughout the region, with special emphasis on anti-racist work.</i>
	Tulalip Tribes: The Tribes have incorporated Native Language lessons and traditional practices in the program to engage the youth in their Tribe's traditions.
Children's Services	Describe how integrated system of care will be provided for children with SED with multiple needs, including: social services, educational services, juvenile services, and substance use disorder services.
	<i>Begin writing here : Our crisis system serves children/youth when presenting with a crisis. The crisis providers will attempt to contact thir provider if enrolled in services, if enrolled in WISe there will be a mechanism to ensure contact is made with the WISe provider. with the implementation of IMC, the crisis agencies haven't had the real time information on which provider an individual may be enrolled with, previously the BHO had the information. We are currently working with the MCOs, providers and Collective Medical data sharing platform to allow access for our crisis providers.</i>

Public Comment/Local/ BH Advisory Board Involvement	Describe how integrated system of care will be provided for children with SED with multiple needs, including: social services, educational services, juvenile services, and substance use disorder services.
	<i>Begin writing here</i> : We typically survey our providers, counties and stakeholders on identifying strategic FBG funding priorities. We are currently surveying our extended network for the COVID-19 supplemental funding. We, for the time being, are keeping our ongoing FBG funding in the same funding categories as the previous plan. A subgroup of the Advisory Board will be meeting with ASO staff to review the COVID-19 supplemental funding survey results and provide input on the strategies moving forward. We may as a result of the survey, determine to move some of the funding areas of the ongoing FBG funds to support the system.
Outreach Services	Provide a description of how outreach services will target individuals who are homeless and how community-based services will be provided to individuals residing in rural areas.
	<i>Begin writing here</i> : The outreach services provided in the crisis system are imbedded in our outreach teams going into homeless encampments, diffusing street disturbances and other referrals that require an outreach. Our crisis teams are dispatched to outlying areas on a regular basis, depending on safety risks and the ability to get to the location within prescribed timeframes it is our expectation that the team will travel to the rural areas of their catchment area. Tulalip Tribes: the program is primarily an outreach program, the outreach worker knocks on doors, drives out into the woods or anywhere a youth is, there is no place the outreach worker will not go to reach a Tribal youth in trouble

Section 2 Proposed Project Summaries and Expenditures				
Category/Subcategory	Provide a plan of action for each supported activity	Proposed #Children with SED	Proposed #Adults with SMI	Proposed Total Expenditure Amount
Prevention & Wellness – Activities that enhance the ability of persons diagnosed with SMI or SED, including their families, to effectively decrease their need for intensive mental health services:				
Screening, Brief Intervention and Referral to Treatment	Begin writing here:	1	1	Enter budget allocation to this proposed activity \$0.00
Brief Motivational Interviews	Begin writing here:	1	1	Enter budget allocation to this proposed activity \$0.00
Parent Training	Begin writing here:	1	1	Enter budget allocation to this proposed activity \$0.00
Facilitated Referrals	Begin writing here:	1	1	Enter budget allocation to this proposed activity \$0.00
Relapse Prevention/ Wellness Recovery Support	Begin writing here:	1	1	Enter budget allocation to this proposed activity \$0.00
Warm Line: Please note that ALL costs that directly serve persons with SMI/SED and their families must be tracked.	Begin writing here:	1	1	Enter budget allocation to this proposed activity \$0.00
Engagement Services – Activities associated with providing evaluations, assessments, and outreach to assist persons diagnosed with SMI or SED, including their families, to engage in mental health services:				\$70,000.00
Assessment	Begin writing here:	1	1	Enter budget allocation to this proposed activity \$0.00
Specialized Evaluations (Psychological and Neurological)	Begin writing here:	1	1	Enter budget allocation to this proposed activity \$0.00
Service Planning (including crisis planning)	Begin writing here:	1	1	Enter budget allocation to this proposed activity \$0.00

Educational Programs	Begin writing here:	1	1	Enter budget allocation to this proposed activity \$0.00
Outreach	Begin writing here:	1	1	Enter budget allocation to this proposed activity \$70,000.00

Outcomes and Performance Indicators:

Outpatient Services – Outpatient therapy services for persons diagnosed with SMI or SED, including services to help their families to appropriately support them.

Individual Evidenced-Based Therapies	Begin writing here:	1	1	Enter budget allocation to this proposed activity \$0.00
Group Therapy	Begin writing here:	1	1	Enter budget allocation to this proposed activity \$0.00
Family Therapy	Begin writing here:	1	1	Enter budget allocation to this proposed activity \$0.00
Multi-Family Counseling Therapy	Begin writing here:	1	1	Enter budget allocation to this proposed activity \$0.00
Consultation to Caregivers	Begin writing here:	1	1	Enter budget allocation to this proposed activity \$0.00

Outcomes and Performance Indicators:

Medication Services – Necessary healthcare medications, and related laboratory services, not covered by insurance or Medicaid for persons diagnosed with SMI or SED to increase their ability to remain stable in the community.

Medication Management	Begin writing here:	1	1	Enter budget allocation to this proposed activity \$0.00
Pharmacotherapy	Begin writing here:	1	1	Enter budget allocation to this proposed activity \$0.00

Laboratory Services	Begin writing here:	1	1	Enter budget allocation to this proposed activity \$0.00
Outcomes and Performance Indicators:				
Community Support (Rehabilitative) – Community-based programs that enhance independent functioning for persons diagnosed with SMI or SED, including services to assist their families to care for them.				\$74,850.00
Parent/Caregiver Support	Begin writing here:	1	1	Enter budget allocation to this proposed activity \$0.00
Skill Building (social, daily living, cognitive)	Begin writing here:	1	1	Enter budget allocation to this proposed activity \$0.00
Case Management	Begin writing here:	1	1	Enter budget allocation to this proposed activity \$0.00
Continuing Care	Begin writing here:	1	1	Enter budget allocation to this proposed activity \$0.00
Behavior Management	Begin writing here:	1	1	Enter budget allocation to this proposed activity \$0.00
Supported Employment	Begin writing here:	1	1	Enter budget allocation to this proposed activity \$0.00
Permanent Supported Housing	Begin writing here:	1	1	Enter budget allocation to this proposed activity \$0.00
Recovery Housing	Begin writing here:	1	1	Enter budget allocation to this proposed activity \$0.00
Therapeutic Mentoring	Begin writing here:	1	1	Enter budget allocation to this proposed activity \$0.00
	Begin writing here:			Enter budget allocation to this

Traditional Healing Services		1	1	proposed activity \$74,850.00
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Outcomes and Performance Indicators:

Recovery Support Services – Support services that focus on improving the ability of persons diagnosed with SMI or SED to live a self-directed life, and strive to reach their full potential.

Peer Support	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00
Recovery Support Coaching	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00
Recovery Support Center Services	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00
Supports for Self-Directed Care	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00

Outcomes and Performance Indicators:

Other Supports (Habilitative) – Unique direct services for persons diagnosed with SMI or SED, including services to assist their families to continue caring for them.

Personal Care	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00
Respite	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00
Support Education	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00
Transportation	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00

Assisted Living Services	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00
Trained Behavioral Health Interpreters	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00
Interactive communication Technology Devices	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00

Outcomes and Performance Indicators:

Intensive Support Services – Intensive therapeutic coordinated and structured support services to help stabilize and support persons diagnosed with SMI or SED.

Assertive Community Treatment	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00
Intensive Home-Based Services	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00
Multi-Systemic Therapy	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00
Intensive Case Management	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00

Outcomes and Performance Indicators:

Out of Home Residential Services – Out of home stabilization and/or residential services in a safe and stable environment for persons diagnosed with SMI or SED.

Crisis Residential/Stabilization	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$400,000.00
Adult Mental Health Residential	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00

Children's Residential Mental Health Services	Begin writing here:	1	1	Enter budget allocation to this proposed activity \$0.00
Therapeutic Foster Care	Begin writing here:	1	1	Enter budget allocation to this proposed activity \$0.00

Outcomes and Performance Indicators:

Acute Intensive Services – Acute intensive services requiring immediate intervention for persons diagnosed with SMI or SED.				\$560,630.00
Mobile Crisis	Begin writing here:	1	1	Enter budget allocation to this proposed activity \$630,000.00
Peer-Based Crisis Services	Begin writing here:	1	1	Enter budget allocation to this proposed activity \$0.00
Urgent Care	Begin writing here:	1	1	Enter budget allocation to this proposed activity \$0.00
23 Hour Observation Bed	Begin writing here:	1	1	Enter budget allocation to this proposed activity \$0.00
24/7 Crisis Hotline Services	Begin writing here:	1	1	Enter budget allocation to this proposed activity \$0.00

Outcomes and Performance Indicators:

Non-Direct Activities – any activity necessary to plan, carry out, and evaluate this MHBG plan, including Staff/provider training, travel and per diem for peer reviewers, logistics cost for conferences regarding MHBG services and requirements, and conducting needs assessments.				
Workforce Development/Conferences	Begin writing here:	1	1	Enter budget allocation to this proposed activity \$0.00
Grand Total				\$1,105,480.00

Region:	North Sound
Current Date:	30-Jul-21
Total SABG Allocation:	3,289, 438
Contact Person:	Margaret Rojas
Phone Number:	360-416-7013
Email:	deliverables@nsbhaso.org

Section 1 Proposed Plan Narratives

Needs Assessment (required)	<p>Describe what strengths, needs, and gaps were identified through a need's assessment of the geographic area of the region. To the extent available, include age, race/ethnicity, gender, and language barriers.</p> <hr/> <p>Begin writing here :</p> <p>Strengths: The ASO will continue the solid implementation and use of SABG funds as implemented when previously a BHO with updates based on program needs and provider surveys. The counties are continuing to increase access to other MAT including the application and award of a 3 year SAMHSA grant. For SABG funded individuals, North Sound ASO has one 3.7 withdrawal management facility and two 3.2 withdrawal management facilities; 3.5 and 3.3 residential services for individuals experiencing co-occurring issues, opioid use disorder, and PPW including residential for adolescent girls; and four providers of OTP that include two tribal methadone programs that serve non-Native individuals. The ASO increased support for PPW Housing Support services and Opioid Outreach services.</p>
Cultural Competence (required)	<p>Provide a narrative summarizing how cultural competence overall, is incorporated within proposed projects. Identify what anticipated efforts will be taken to measure progress.</p> <hr/> <p>Under North Sound ASO contracts and policies 1515 and 1521, all providers are required to ensure their services are culturally and linguistically sensitive. All network providers must have internal written policies to promote these competencies in place for consumers, employees, and the community at large. Provider newly hired staff are required to complete trainings on cultural humility. All areas of cultural humility are reviewed during the administrative reviews by the ASO.</p>
Continuing Education for Staff (required)	<p>Describe how continuing education for employees of treatment facilities is expected to be implemented.</p> <hr/> <p>Begin writing here :</p> <p>North Sound ASO offers our provider networks access to an online SUD treatment "Golden Thread" training on our website which details the connections between assessment, treatment planning, and measurable outcomes. UPDATE: Due to the Health Emergency of Covid-19 Pandemic, the North Sound Tribal Conference was cancelled for 2020.</p>
Charitable Choice (required)	<p>Provide a description of how faith-based organizations will be incorporated into your network and how referrals will be tracked.</p> <hr/> <p>Catholic Community Services (CCS) is a large faith-based organization providing regional services for substance use disorder for adults and youth, mental health disorder services for adults and youth, housing units, and PPW Housing Support Services. CCS will continue to be integral to our Provider Network as a large regional provider in four counties, and, services provided are tracked through our CIS and there is no paucity of referrals to CCS or utilization of CCS services. Other faith-based organizations interested in joining our provider network would occur through a periodic process of public request for qualifications; no other faith-based organizations have communicated an interest in joining our provider network to date.</p>
Coordination of Services (required)	<p>Provide a description of how treatment services are coordinated with the provision of other appropriate services including health, social, correctional and criminal justice, education, vocational rehabilitation and employment services.</p> <hr/> <p>Begin writing here : All providers are expected to coordinate with treatment providers, community organizations and other systems an individual may be involved with at the time of service.</p>
Public Comment/Local Board /BH Advisory Board Involvement (required)	<p>Describe how you facilitated public comment from any person, behavioral health association, individuals in recovery, families, and local boards in the development of this SABG Plan.</p> <hr/> <p>Begin writing here :</p> <p>North Sound ASO continues the work of the BHO to work closely with each of the five regional counties and coordinate with each county's behavioral health coordinator, as well as the designated elected officials that serve on our formal governance board. Regional counties, regional tribes and North Sound ASO will continue to work together and actively collaborate. The behavioral health coordinators provide input and discussion through monthly meetings called by the North Sound ASO Executive, and tribes provide input and discussion both ad hoc and through the regional Interlocal Leadership Structure (ILS). The Executive Director continues to provide the opportunities (both formal and informal) for the Advisory Board members to be actively involved. The Executive Director</p>

Program Compliance (required)	Provide a description of the strategies that will be used for monitoring program compliance with all SABG requirements.
	<i>Begin writing here :</i> SABG requirements are included in all Provider contracts and compliance is monitored through utilization reviews, data reconciliation, encounter reporting, and required narrative reporting.
Recovery Support Services (optional)	Provide a description of how and what recovery support services will be made available to individuals in SUD treatment and their families.
	<i>Begin writing here :</i> <i>Transportation costs to/from residential/MAT treatment will be reimbursed to the provider.</i> <i>Medication to stabilize the individual</i> <i>Peer Support/Recovery Coaching</i> <i>Care Coordination</i> <i>Basic needs, such as clothing/food/phone cards</i> <i>Brief Recovery Housing Support/Recovery Housing</i> <div style="text-align: right;"><i>Outreach and</i></div>
Cost Sharing (optional)	Provide a description of the policies and procedures established for cost-sharing, to include how individuals will be identified as eligible, how cost-sharing will be calculated, and how funding for cost-sharing will be managed and monitored.
	<i>Begin writing here :</i> Currently, North Sound ASO does not use SABG funds for this purpose.

Section 2				
Proposed Project Summaries and Expenditures				
The * indicates a required component of the Proposed Project Summary and must be completed				
Category/Subcategory	Provide a plan of action for each supported activity	Proposed # PPW to be served	Outcomes and Performance Indicators	Proposed Total Expenditure Amount
Prevention & Wellness – Preventive services, such as drug use prevention and early intervention, are critical components of wellness:				\$821,632.00
*PPW Outreach (required)	Begin writing here: PPW outreach is included in outreach to IUID	64	Begin writing here: Monthly reporting: Monthly reporting by Provider: Number of hours of services Number of individuals contacted Of these, # pregnant and/or parenting Number of assessments obtained Number of treatment admissions	Enter budget allocation to this proposed activity \$0.00
Outreach to Individuals Using Intravenous Drugs (IUID)	Begin writing here: Opioid Outreach services are operating in Island, Skagit, Snohomish and Whatcom counties	100	Begin writing here: Monthly reporting: Monthly reporting by Provider: Number of hours of services Number of individuals contacted Of these, # pregnant and/or parenting Number of assessments obtained Number of treatment admissions	Enter budget allocation to this proposed activity \$816,632.00
Brief Intervention	Begin writing here:	0	Begin writing here:	Enter budget allocation to this proposed activity \$0.00
Drug Screening	Begin writing here: This is for our non-Medicaid outpatient clients and MAT clients.	350	Begin writing here: Monthly reporting by Provider in IS/IT	Enter budget allocation to this proposed activity \$5,000.00
*Tuberculosis Screening (required)	Begin writing here: All SUD OP network providers are required by contract to assure TB screening is provided and referrals are made to medical providers to ensure TB treatment is provided.	0	Begin writing here: Verification through UR	Enter budget allocation to this proposed activity \$0.00
Engagement Services – Assessment/admission screening related to SUD to determine appropriateness of admission and levels of care. Education Services may include information and referral services regarding available resources, information and training concerning availability of services and other supports. Educational programs can include parent training, impact of alcohol and drug problems, anxiety symptoms and management, and stress management and reduction. Education services may be made available to individuals, groups, organizations, and the community in general. This is different than staff training. Treatment services must meet the criteria as set forth in Chapter 246-341 WAC.				\$1,021,768.00
Assessment	Begin writing here: Provided by OP treatment providers and withdrawal management providers	35	Begin writing here: Verification through provider data transmitted to ASO Verification through UR	Enter budget allocation to this proposed activity \$5,000.00
*Engagement and Referral (required)	Begin writing here: This is a service OP providers can use in appropriate situations	240	Begin writing here: Verification through provider data transmitted to ASO Verification through UR	Enter budget allocation to this proposed activity \$1,016,768.00
*Interim Services (required)	Begin writing here: All SUD network providers are required by contract to assure interim services are provided within 48 hours if pregnant or an individual who uses drugs intravenously, who cannot be admitted into treatment due to lack of capacity.	0	Begin writing here: Verification through data transmitted to ASO Verification through UR	Enter budget allocation to this proposed activity \$0.00
Educational Programs	Begin writing here:	0	Begin writing here:	Enter budget allocation to this proposed activity \$0.00
Outpatient Services – Services provided in a non-residential SUD treatment facility. Outpatient treatment services must meet the criteria as set forth in Chapter 246-341 WAC.				\$300,000.00
Individual Therapy	Begin writing here: Services will be provided through the BHO provider network	0	Begin writing here: Verification through provider data transmitted to ASO Verification through UR	Enter budget allocation to this proposed activity \$0.00
Group Therapy	Begin writing here: Services provided through ASO Provider Network	0	Begin writing here: Verification through provider data transmitted to ASO Verification through UR	Enter budget allocation to this proposed activity \$0.00

Family Therapy	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
Multi-Family Counseling Therapy	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
Medication Assisted Therapy (MAT) - Opioid Substitution Treatment	<i>Begin writing here: OTP Services provided through ASO Provider Network</i>	156	<i>Begin writing here: Verification through provider data transmitted to ASO Verification through UR</i>	Enter budget allocation to this proposed activity \$300,000.00
Community Support (Rehabilitative) – Consist of support and treatment services focused on enhancing independent functioning.				\$229,000.00
Case Management	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
Recovery Housing	<i>Begin writing here: The first Recovery House in North Sound is in Bellingham operated by Lifeline Connections. This funding pays for approximately 10% of operations based on the number of Non-Medicaid individuals residing at the house.</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$229,000.00
Supported Employment	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
Other Support (Habilitative) – Structured services provided in segments of less than 24 hours using a multi -disciplinary team approach to develop treatment plans that vary in intensity of services and the frequency and duration of services based on the needs of the client.				\$792,038.00
PPW Housing Support Services	<i>Begin writing here: Providers continue to be Brigid Collins, Catholic Community Services, and Evergreen Recovery Centers. This continues to be safe, healthy, and alcohol/drug free housing support for PPW and their children</i>	792	<i>Begin writing here: Verification through required reporting</i>	Enter budget allocation to this proposed activity \$592,038.00
Supported Education	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
Housing Assistance	<i>Begin writing here: This assistance is for an individual in treatment who are homeless or at risk of becoming homeless</i>	300	<i>Begin writing here: Reimbursement forms with original receipts</i>	Enter budget allocation to this proposed activity \$200,000.00
Spiritual/Faith-Based Support	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
Intensive Support Services – Services that are therapeutically intensive, coordinated and structured group-oriented. Services stabilize acute crisis and clinical conditions, utilizing recovery principles to help return individuals to less intensive outpatient, case management, and/or other recovery based services.				\$0.00
*Therapeutic Intervention Services for Children (required)	<i>Begin writing here: These services are covered under Medicaid, the ASO has not been billed for these services</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
Sobering Services	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
Out of Home Residential Services – 24 hour a day, live-in setting that is either housed in or affiliated with a permanent facility. A defining characteristic is				

that they serve individuals who need safe and stable living environments in order to develop their recovery skills. Treatment services must meet the criteria as set forth in Chapter 246-341 WAC.				\$105,000.00
Sub-acute Withdrawal Management	Begin writing here: Contracts continue to include Whatcom Community Detox and Skagit Crisis	10	Begin writing here: Verification through data transmitted to ASO Verification through UR	Enter budget allocation to this proposed activity \$50,000.00
Crisis Services Residential/ Stabilization	Begin writing here:	0	Begin writing here:	Enter budget allocation to this proposed activity \$0.00
Intensive Inpatient Residential Treatment	Begin writing here: Services through provider network and single case agreements with other providers as needed	4	Begin writing here: Verification through provider data transmitted to ASO Verification through UR	Enter budget allocation to this proposed activity \$55,000.00
Long Term Residential Treatment	Begin writing here: Services through provider network and single case agreements with other providers as needed	0	Begin writing here: Verification through provider data transmitted to ASO Verification through UR	Enter budget allocation to this proposed activity \$0.00
Recovery House Residential Treatment	Begin writing here:		Begin writing here:	Enter budget allocation to this proposed activity
Involuntary Commitment	Begin writing here: Covered under Crisis Services	0	Begin writing here: DCR data transmission to ASO Secure facility data transmission to ASO	Enter budget allocation to this proposed activity \$0.00
Acute Intensive Services -24-hour emergency services that provide access to a clinician. The range of emergency services available may include but are not limited to direct contact with clinician, medication evaluation, and hospitalization. Services must meet the criteria as set forth in Chapter 246-341 WAC.				\$10,000.00
Acute Withdrawal Management	Begin writing here: Evergreen Recovery will provide these services at their Lynnwood location	10	Begin writing here: Verification through provider data transmitted to ASO Verification through UR	Enter budget allocation to this proposed activity \$10,000.00
Recovery Supports –A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Recovery emphasizes the value of health, home, purpose, and community to support recovery.				\$10,000.00
*Interim Services (required)	Begin writing here:	0	Begin writing here:	Enter budget allocation to this proposed activity \$0.00
*Transportation for PPW (required)	Begin writing here: included in PPW Housing	0	Begin writing here:	Enter budget allocation to this proposed activity \$0.00
Transportation	Begin writing here: Transportation to and from residential/MAT treatment. Includes PPW transportation	0	Begin writing here: Cost reimbursement to Provider with original receipts	Enter budget allocation to this proposed activity \$10,000.00
*Childcare Services (required)	Begin writing here: To date the ASO has not been billed for these services, majority of children are Medicaid and have childcare coverage	0	Begin writing here:	Enter budget allocation to this proposed activity \$0.00
*Other SABG activities (required) – any activity necessary to plan, carry out, and evaluate this SABG plan, including Continued Education/training, logistics cost for conferences regarding SABG services and requirements, capacity management infrastructure, and conducting needs assessments.				\$0.00
Begin writing here: Continuing Education/Training for staff is funded under other resources so will be continued by the North Sound ASO.				
Grand Total				\$228,438.00

Grand Total	\$9,203,400.00
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North Sound BH-ASO Mental Health Federal Block Grant Funding Priorities Survey Results

1. Respondent identification. (Please refer to additional date report for details.)	
North Sound BH-ASO Advisory Board	7
North Sound BH-ASO Board of Directors	2
County Coordinators	6
Behavioral Health Agency	9
ASO contracted Block Grant Provider	2
Tribal Authority	4
Other (Homeless Street Outreach, Private Therapist)	2
Total	27

2. Prevention and Wellness Activities that enhance the ability of persons diagnosed with..... to effectively decrease their need for intensive mental health services.	Combined Weighted Average	Advisory Board Score	Board of Directors Score	County Coordinators Score	Behavioral Health Agency Score	ASO BG Provider Score	Tribal Authority Score	Other Score
Relapse Prevention/Wellness Recovery Support	4.13	35	8	22	27	9	15	9
Screening, Brief Intervention, and Referral to Treatment	3.81	25	5	17	27	5	10	10
Facilitated Referrals	3.64	31	9	15	28	10	8	7
Brief Motivational Interviews	3.53	23	4	17	20	3	16	3
Parent Training	3.52	28	7	18	19	2	11	5
Warm Line (a peer support help line)	2.79	27	4	11	24	10	8	6
Additional Comments: <ul style="list-style-type: none"> Need treatment capacity- workforce lacking There also needs to be funding for where these people can go for consistent care 								

3. Engagement Services Activities associated with providing evaluations, assessments..... to engage in mental health services. *Currently funded	Combined Weighted Average	Advisory Board Score	Board of Directors Score	County Coordinators Score	Behavioral Health Agency Score	ASO BG Provider Score	Tribal Authority Score	Other Score
Outreach*	4.55	33	9	22	29	10	17	10
Assessment	4.28	27	5	25	21	8	9	4
Specialized Evaluations (Psychological and Neurological)	3.91	22	7	24	28	9	11	4
Additional Allowable Service: Check-ins for individuals with SMI/SED by an outreach/peer support worker	3.74	32	7	21	26	9	13	7
Additional Allowable Service: Prison/Jail Re-entry & Enhanced Discharge - Reduce COVID-19 Risks	3.7	32	8	24	19	10	16	2
Service Planning (not crisis)	3.45	27	7	21	20	3	13	7
Educational Programs	2.9	19	5	14	13	2	16	2
Additional Comments: <ul style="list-style-type: none"> • Crisis response priority 5 • Early assessment and evaluation can prevent mishaps. • There also need to be good options for where they can engage in consistent care 								

4. Outpatient Services Outpatient therapy services for persons diagnosed with SMI or SED, including services to help their families to appropriately support them.	Combined Weighted Average	Advisory Board Score	Board of Directors Score	County Coordinators Score	Behavioral Health Agency Score	ASO BG Provider Score	Tribal Authority Score	Other Score
Individual Evidenced-Based Therapies	4.24	27	10	28	37	7	13	7
Consultation to Caregivers	3.77	24	7	18	30	9	11	10
Family Therapy	3.6	17	8	13	28	7	15	5
Group Therapy	3.57	16	8	12	34	8	13	7
Multi-Family Counseling Therapy	3	15	6	9	23	7	14	5
Additional Comments: <ul style="list-style-type: none"> • Caregiver support help in stabilizing and keeping community and clients safe • Any kind of treatment capacity, including psych assessments/med monitoring • I would like to see you reduce the waiting lists more than choosing a modality. 								

5. Medication Services Necessary healthcare medications..... for persons diagnosed with SMI or SED to increase their ability to remain stable in the community.	Combined Weighted Average	Advisory Board Score	Board of Directors Score	County Coordinators Score	Behavioral Health Agency Score	ASO BG Provider Score	Tribal Authority Score	Other Score
Medication Management	4.58	28	10	30	36	9	16	8
Pharmacotherapy	4.17	20	9	29	30	5	12	5
Laboratory Services	3.7	25	8	22	28	9	9	7
Additional Comments:								
•								

6. Community Support (Rehabilitative) Community-based programs that enhance independent functioning..... to assist their families to care for them. *Currently Funded	Combined Weighted Average	Advisory Board Score	Board of Directors Score	County Coordinators Score	Behavioral Health Agency Score	ASO BG Provider Score	Tribal Authority Score	Other Score
Case Management	4.61	29	10	28	34	9	18	7
Continuing Care	4.59	24	9	27	33	9	17	9
Permanent Supported Housing	4.5	37	8	24	32	9	16	8
Behavior Management	4.45	27	9	26	33	10	17	5
Recovery Housing	4.44	37	8	30	31	10	16	7
Skill Building (social, daily living, cognitive)	4	30	10	23	33	9	17	5
Parent/Caregiver Support	3.73	29	8	13	25	7	15	6
*Traditional Healing Services	3.71	21	6	13	30	7	18	5
Supported Employment	3.65	29	8	16	34	9	12	4
Therapeutic Mentoring	3.5	21	7	17	24	9	11	6
Additional Comments:								
• We do not have a case manager and if we did funding would be high for this. Funding to accrue one would be great. Same for housing.								

7. Recovery Support Services Support services that focus on improving the ability of persons diagnosed with SMI or	Combined Weighted Average	Advisory Board Score	Board of Directors Score	County Coordinators Score	Behavioral Health	ASO BG Provider Score	Tribal Authority Score	Other Score
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SED to live a self-direct life, and strive to reach their full potential.					Agency Score			
Peer Support	3.92	35	7	14	35	10	16	8
Supports for Self-Directed Care	3.88	32	6	15	33	8	15	7
Recovery Support Coaching	3.83	33	8	15	32	9	14	4
Recovery Support Center Services	3.68	30	7	15	32	8	13	8
Additional Comments:								
•								

8. Other Supports Unique direct services for persons diagnosed with SMI or SED, including services to assist their families to continue caring for them.	Combined Weighted Average	Advisory Board Score	Board of Directors Score	County Coordinators Score	Behavioral Health Agency Score	ASO BG Provider Score	Tribal Authority Score	Other Score
Personal Care	4.1	29	10	15	26	9	11	10
Respite	4	31	9	21	23	9	12	5
Transportation	3.91	26	9	20	27	10	16	6
Assisted Living Services	3.9	25	7	16	20	10	14	9
Trained Behavioral Health Interpreters	3.45	21	8	17	18	8	10	6
Interactive Communication Technology Devices	3.37	21	6	10	21	8	11	5
Support Education	3.19	24	6	9	24	7	13	4
Additional Comments:								
• Flex funds are useful therapeutic tools when available.								

9. Intensive Support Services Intensive therapeutic coordinated and structured support services to help stabilize and support persons diagnosed with SMI or SED.	Combined Weighted Average	Advisory Board Score	Board of Directors Score	County Coordinators Score	Behavioral Health Agency Score	ASO BG Provider Score	Tribal Authority Score	Other Score
Intensive Case Management	4.43	25	9	28	33	9	17	5
Assertive Community Treatment	4	29	8	26	30	10	13	9
Intensive Home-based services	4	21	10	22	35	8	15	6
Multi-Systemic Therapy	3.73	20	10	18	27	7	15	8
Additional Comments:								

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10. Out of Home Residential Services Out of home stabilization and/or residential services in a safe and stable environment for persons diagnosed with SMI or SED. *Currently Funded.	Combined Weighted Average	Advisory Board Score	Board of Directors Score	County Coordinators Score	Behavioral Health Agency Score	ASO BG Provider Score	Tribal Authority Score	Other Score
*Crisis Residential/Stabilization	4.54	27	8	30	34	10	13	10
Children's Residential Mental Health Services	4.5	26	9	27	29	9	14	8
Adult Mental Health Residential	4.3	26	10	25	28	10	14	10
Therapeutic Foster Care	3.95	21	9	18	29	7	8	6
Additional Comments:								
• Supplemental funding needed for Crisis Triage								

11. Acute Intensive Services Acute intensive services requiring immediate intervention for persons diagnosed with SMI or SED. *Currently Funded.	Combined Weighted Average	Advisory Board Score	Board of Directors Score	County Coordinators Score	Behavioral Health Agency Score	ASO BG Provider Score	Tribal Authority Score	Other Score
*Mobile Crisis	4.63	29	10	30	33	9	17	5
24/7 Crisis Hotline Services	4.23	26	10	25	27	10	14	5
Urgent Care	4.16	29	8	17	21	9	18	
Additional Allowable Service: Training/Equipment MH Crisis Response Services	3.9	27	10	17	21	9	16	4
23 Hour Observation Bed	3.75	21	9	19	25	10	11	2
Additional Allowable Service: Check-ins for individuals with SMI/SED by an outreach/peer support worker	3.65	29	8	20	23	10	13	3
Additional Allowable Service: MH Awareness, First Responder Training	3.64	28	10	18	21	9	13	4
Peer-Based Crisis Services	3.29	19	6	17	27	5	6	
Additional Comments:								
• Could expand scope of crisis services to include first responder partnerships such as IMPACT or other similar programs.								

12. Workforce Development/Conferences	Combined Score	Advisory Board Score	Board of Directors Score	County Coordinators Score	Behavioral Health Agency Score	ASO BG Provider Score	Tribal Authority Score	Other Score
1 (low)	2				2			
2	3	2	1				1	
3	7	3			3		2	
4	3		1	2				1
5 (high)	8	1		3	3	1	1	
Additional Comments: <ul style="list-style-type: none"> • <i>Prioritizing EBPs; no- or low-cost training required for licensure; management/leadership training.</i> • <i>I'm not sure how useful a conference would be...we do need action to mitigate the workforce issue.</i> • <i>tuition funding would be more directly beneficial</i> 								

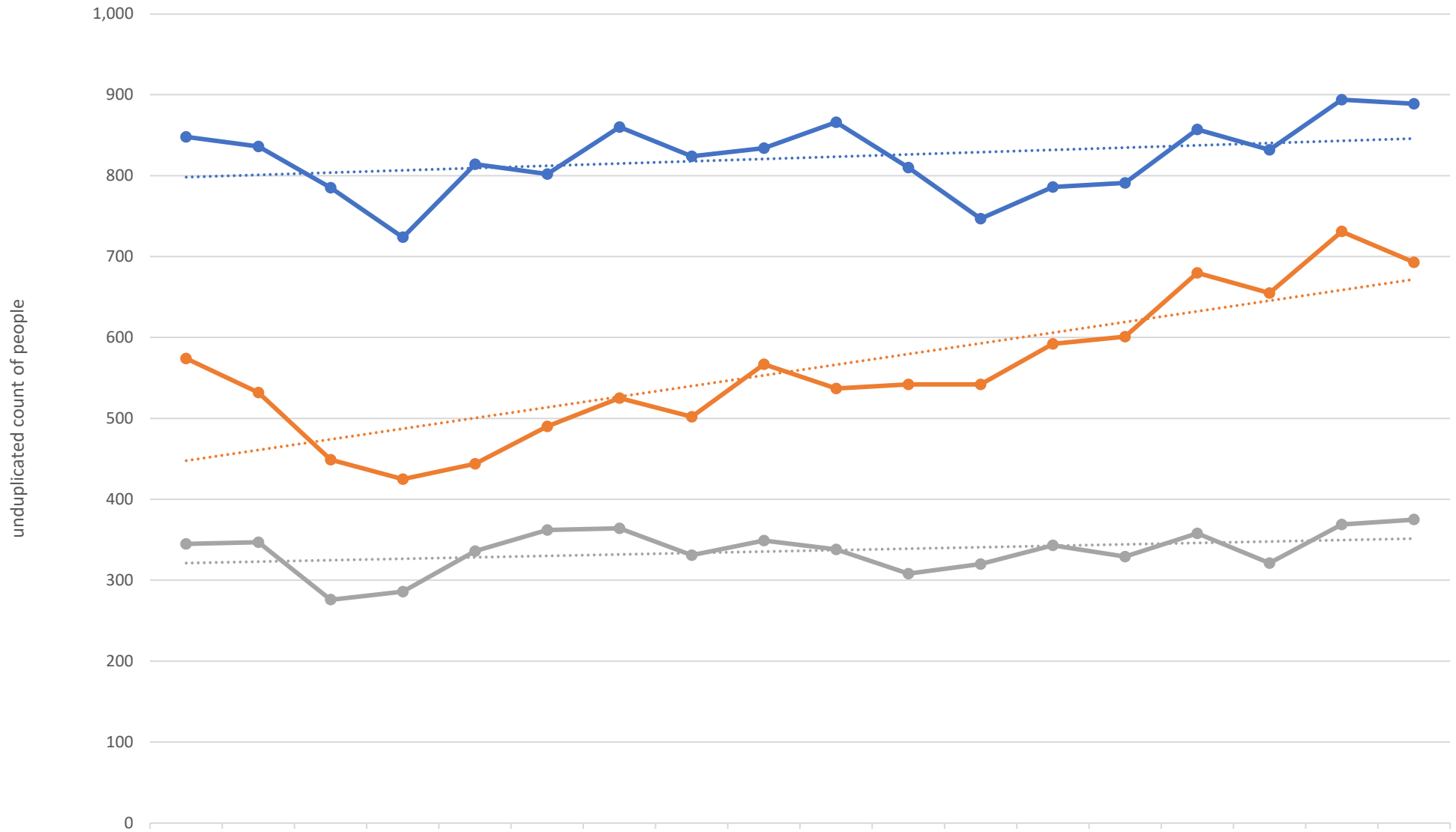
13. COVID-19 Related Expenses for SMI/SED. COVID-19 related expenses for those with SMI/SED..... and purchase of Personal Protective Equipment (PPE).	Combined Score	Advisory Board Score	Board of Directors Score	County Coordinators Score	Behavioral Health Agency Score	ASO BG Provider Score	Tribal Authority Score	Other Score
1 (low)	1				1			
2	2		1	1				
3	7	2	1	3	1			1
4	3	1			1	1	2	1
5 (high)	6	3			3	1	2	
Additional Comments: <ul style="list-style-type: none"> • 								



North Sound Crisis System Dashboard

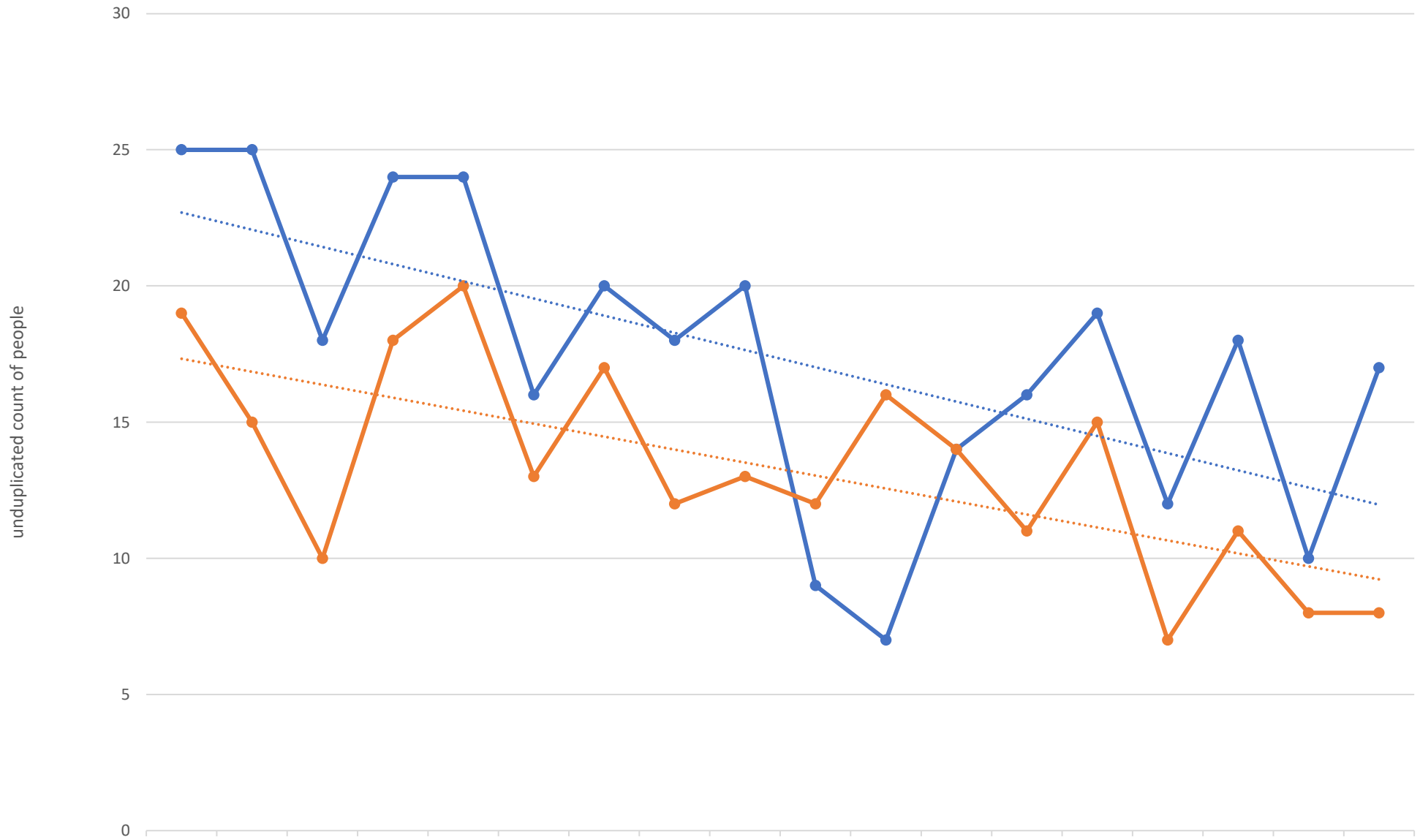
Page 2	Unduplicated People receiving a crisis system service
Page 3	Island - Unduplicated People receiving a crisis system service
Page 4	San Juan - Unduplicated People receiving a crisis system service
Page 5	Skagit - Unduplicated People receiving a crisis system service
Page 6	Snohomish - Unduplicated People receiving a crisis system service
Page 7	Whatcom - Unduplicated People receiving a crisis system service
Page 8	Region Designated Crisis Responder (DCR) Investigations
Page 9	Region DCR Investigation Referral Sources
Page 10	Region DCR Investigation Outcomes

Unduplicated People receiving a crisis system service



	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
Crisis Call	848	836	785	724	814	802	860	824	834	866	810	747	786	791	857	832	894	889
Crisis Service	574	532	449	425	444	490	525	502	567	537	542	542	592	601	680	655	731	693
Investigation	345	347	276	286	336	362	364	331	349	338	308	320	343	329	358	321	369	375

Island - Unduplicated People receiving a crisis system service



	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
Crisis Service	25	25	18	24	24	16	20	18	20	9	7	14	16	19	12	18	10	17
Investigation	19	15	10	18	20	13	17	12	13	12	16	14	11	15	7	11	8	8



North Sound BH-ASO Substance Use Federal Block Grant Funding Priorities Survey *Results*

1. Respondent identification. (Please refer to additional date report for details.)	
North Sound BH-ASO Advisory Board	0
North Sound BH-ASO Board of Directors	2
County Coordinators	6
Behavioral Health Agency	6
ASO contracted Block Grant Provider	2
Tribal Authority	2
Other (Sunrise Services)	1
Total	16

2. Prevention and Wellness Preventive services, such as drug use prevention and early intervention, are critical components of wellness. *Currently Funded	Combined Weighted Average	Board of Directors Score	County Coordinators Score	Behavioral Health Agency	ASO BG Provider Score	Tribal Authority Score	Other (Sunrise Services) Score
Additional Allowable Service: Purchase and Dissemination of Naloxone/Overdose Kits	4	10	21	22	9	8	5
Drug Screening*	3.89	9	9	14	10	6	5
Brief Intervention	3.82	8	21	11	5	7	4
Outreach to Individuals Using Intravenous Drugs (IUID)*	3.73	8	24	16	7	9	5
Additional Allowable Service: Integrated Substance Use Disorder (SUD) Treatment - Focus on PPW	3.31	10	12	20	10	7	3
Pregnant and Parenting Women (PPW) Outreach	3.29	9	13	20	7	8	1
Tuberculosis Screening	2.57	5	6	5		8	2

Additional Comments:

- *Funding for agencies to provide educational programs that are not medicaid billable services but still needed.*
- *I would add prevention through Early Childhood ACES services and onsite child care for outpatient programs. PPW Outreach is provided through PCAP(directly funded by HCA) to Snohomish, Skagit and Whatcom counties, so that is why I did not rate it. I am sure on a small scale the Islands may have a much higher need.*

3. Engagement Services Assessment/admission screening related to SUD..... Treatment services must meet the criteria as set forth in Chapter 246-341 WAC. *Currently funded	Combined Weighted Average	Board of Directors Score	County Coordinators Score	Behavioral Health Agency	ASO BG Provider Score	Tribal Authority Score	Other (Sunrise Services) Score
Engagement and Referral*	3.93	9	22	22	10	7	4
Additional Allowable Services: Outreach Workers for Check-ins for People with SUD	3.93	10	24	18	8	7	5
Assessment*	3.92	9	21	14	7	8	4
Interim Services	3.54	8	17	18	9	7	4
Educational Programs	3.4	7	14	14	7	6	5

Additional Comments:

- *Funding for agencies to offer outreach services for pre engagement and build relationships before people are ready so they know where to go when they are.*
- *workforce issues.*
- *Assessments are covered. Engagement/retention should continue to be funded.*
- *I would add Parenting programs onsite in SUD facilities. Assessments are funded I thought so I would focus on targeting bringing services to the clients in remote areas with telehealth assessment.*

4. Outpatient Services provided in a non-residential SUD treatment facility. Outpatient treatment services must meet the criteria as set forth in Chapter 246-341 WAC. *Currently Funded	Combined Weighted Average	Board of Directors Score	County Coordinators Score	Behavioral Health Agency	ASO BG Provider Score	Tribal Authority Score	Other (Sunrise Services) Score
Individual Therapy	4.08	10	30	16	9	8	4
Medication Assisted Therapy (MAT) - Opioid Substitution Treatment*	4.08	10	24	18	9	8	3

Additional Allowable Services: Medication Assisted Treatment for Alcohol Use Disorder	3.93	8	18	23	10	8	3
Group Therapy	3.92	9	21	17	8	9	5
Family Therapy	3.54	10	17	13	8	6	3
Multi-Family Counseling Therapy	2.92	7	13	14	8	6	
Additional Comments:							
<ul style="list-style-type: none"> Need more treatment capacity individual, group therapy is covered by Medicaid/insurance. 							

5. Community Support (Rehabilitative) Consist of support and treatment services focused on enhancing independent functioning. *Currently Funded	Combined Weighted Average	Board of Directors Score	County Coordinators Score	Behavioral Health Agency	ASO BG Provider Score	Tribal Authority Score	Other (Sunrise Services) Score
Recovery Housing*	4.75	9	30	29	10	10	5
Case Management	4.31	10	27	16	4	9	4
Supported Employment	3.47	8	21	18	8	5	3
Additional Comments:							
<ul style="list-style-type: none"> Technical assistance for housing programs Case management is too limited in SUD--expand its availability and it mitigates some of the workforce shortage. 							

6. Other Support (Habilitative) Structured services provided in segments of less than 24 hours frequency and duration of services based on the needs of the client. *Currently Funded	Combined Weighted Average	Board of Directors Score	County Coordinators Score	Behavioral Health Agency	ASO BG Provider Score	Tribal Authority Score	Other (Sunrise Services) Score
Housing Assistance*	4.69	10	23	23	10	10	5
PPW Housing Support Services*	3.92	10	20	21	8	7	3
Supported Education	3.33	7	17	13	8	4	4
Spiritual/Faith-Based Support	3	8	11	9	5	4	2
Additional Comments:							
<ul style="list-style-type: none"> Create an ADATSA 2 housing model!!! Desperately need to tie treatment progress to housing, esp. after losing court leverage under Blake! 							

7. Intensive Support Services that are therapeutically intensive..... utilizing recovery principles to help return individuals to less intensive outpatient, case management, and/or other recover based services.	Combined Weighted Average	Board of Directors Score	County Coordinators Score	Behavioral Health Agency	ASO BG Provider Score	Tribal Authority Score	Other (Sunrise Services) Score
Therapeutic Intervention Services for Children	4.29	10	26	21	8	9	4
Sobering Services	4	9	23	17	5	8	5
Additional Comments: <ul style="list-style-type: none"> TIC needs to be tied to persons in treatment for it to be effective -- and ideally either home based or concurrent with the parent's treatment services. 							

8. Out of Home Residential Services 24 hour a day..... Treatment services must meet the criteria as set forth in Chapter 246-341 WAC. *Currently Funded	Combined Weighted Average	Board of Directors Score	County Coordinators Score	Behavioral Health Agency	ASO BG Provider Score	Tribal Authority Score	Other (Sunrise Services) Score
Long Term Residential Treatment	4.38	10	20	23	10	8	4
Crisis Services Residential/Stabilization	4.27	10	27	18	7	10	5
Recovery House Residential Treatment	4.4	8	28	21	9	10	5
Involuntary Commitment	4.25	10	20	19	5	10	2
Intensive Inpatient Residential Treatment*	4.08	10	20	15	7	8	4
Additional Allowable Services: Treatment Services (including MAT) in Penal or Correctional Institution	4	9	20	10	5	8	4
Sub-acute Withdrawal Management*	3.75	8	24	10	6	9	3
Additional Comments: <ul style="list-style-type: none"> Intensive residential services that accept methadone 							

9. Acute Intensive Services 24-hour emergency services that provide access to a clinician..... Services must meet the criteria as set forth in Chapter 246-341 WAC. *Currently Funded	Combined Weighted Average	Board of Directors Score	County Coordinators Score	Behavioral Health Agency	ASO BG Provider Score	Tribal Authority Score	Other (Sunrise Services) Score
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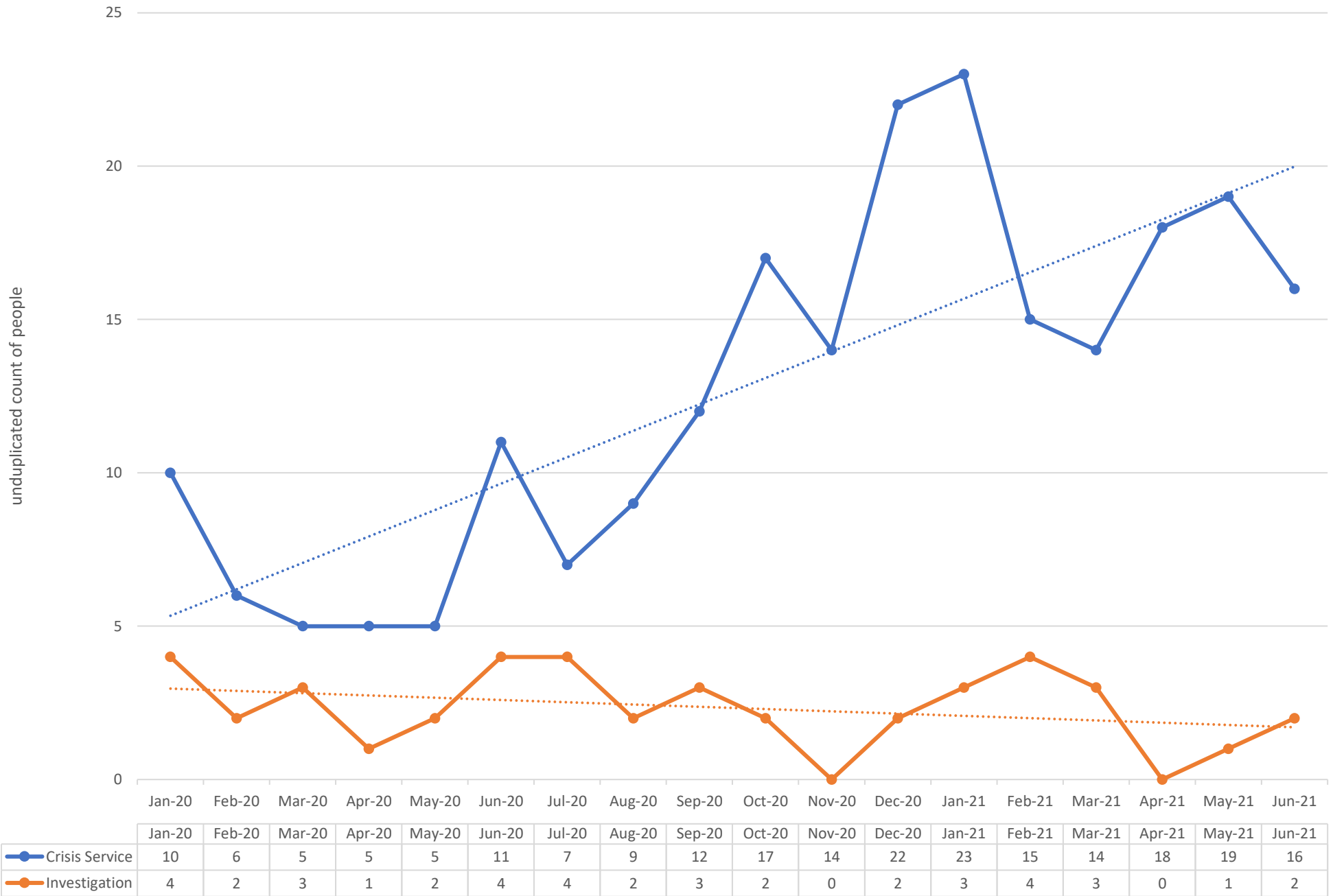
Additional Allowable Services: SUD Crisis Services	4.36	10	23	19	10	9	5
Acute Withdrawal Management*	4.31	9	25	18	10	10	4
Additional Allowable Services: Crisis Lines or warm line operated by Treatment Providers	3.33	10	15	11	3	6	3
Additional Comments: <ul style="list-style-type: none"> Warm line operated by Peers 							

10. Recovery Supports A process of change through..... home, purpose, and community to support recovery. *Currently Funded.	Combined Weighted Average	Board of Directors Score	County Coordinators Score	Behavioral Health Agency	ASO BG Provider Score	Tribal Authority Score	Other (Sunrise Services) Score
Additional Allowable Services: Recovery/Peer Organizations to Expand Support Networks/Recovery Support Specialists (RSS)	3.92	8	20	13	8	9	4
Transportation*	3.79	9	21	22	8	6	5
Childcare Services	3.75	10	16	18	10	9	2
Transportation for PPW	3.73	9	13	14	9	6	4
Interim Services	3.18	8	16	12	7	9	3
Additional Allowable Service: Crisis Lines by RSS Providers	3.1	9	10	12	5	6	4
Additional Allowable Service: Peer Recovery Specialist Training, Funding, Eval & Certification	3.08	8	19	14	7	6	4
Additional Comments: <ul style="list-style-type: none"> childcare needs to be onsite at outpatient facility 							

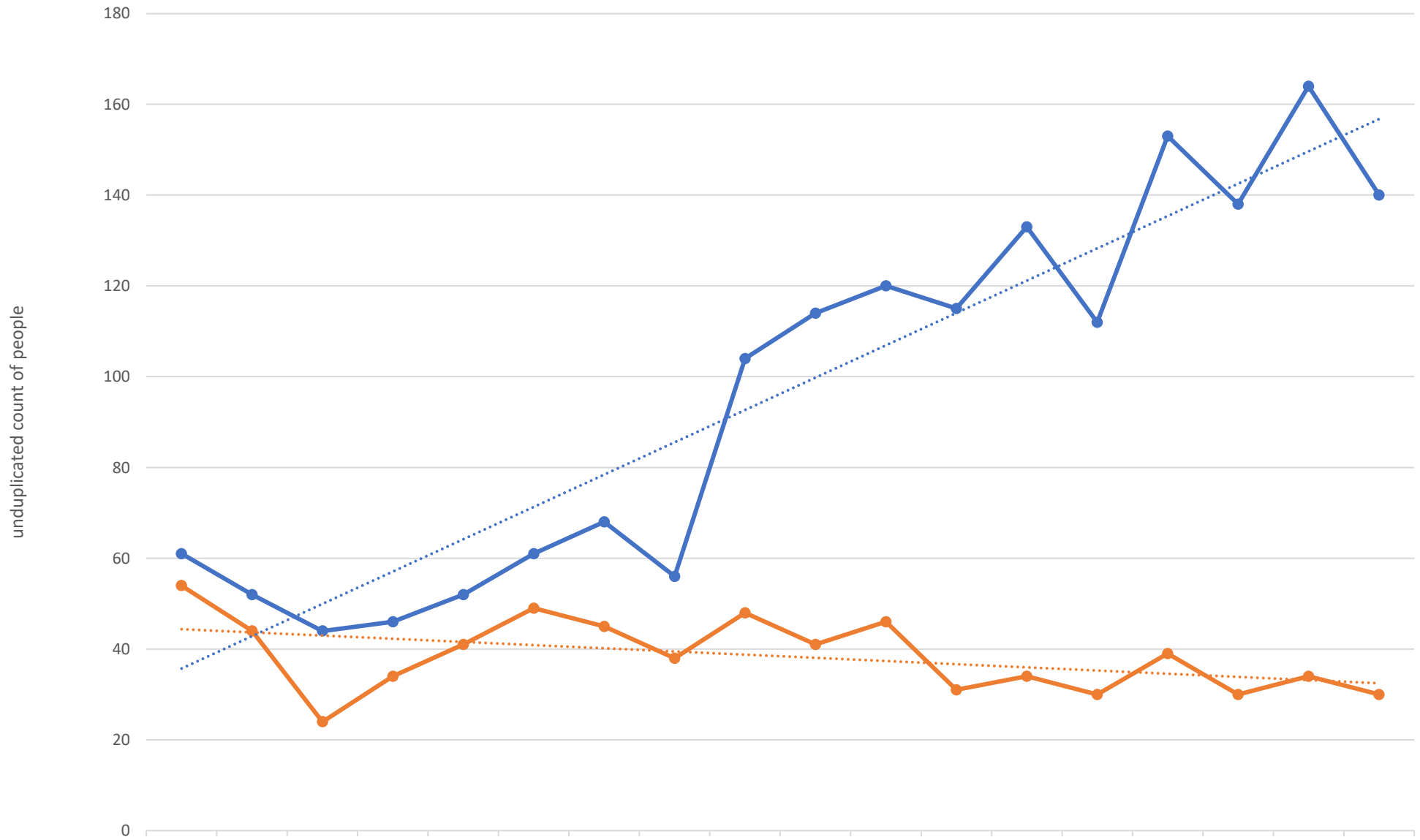
11. Other SABG Activities Any activity necessary to plan..... capacity management infrastructure, and conducting needs assessments.	Combined Weighted Average	Board of Directors Score	County Coordinators Score	Behavioral Health Agency	ASO BG Provider Score	Tribal Authority Score	Other (Sunrise Services) Score
Additional Allowable Services: Provision of Workforce Support	4.31	10	25	17	7	4	5

Additional Allowable Services: Technology/Equipment to Improve Service Delivery	4.09	8	13	18	8	10	5
Additional Allowable Services: Purchase of Technical Assistance	4	10	14	11	8	8	5
Additional Allowable Services: COVID-19 Related Expenses for those with SUD	3	5	9	3		8	2
Additional Allowable Services: PPE for Staff and Persons Receiving SUD Services	2.79	5	8	5	2	8	2
Additional Comments: <ul style="list-style-type: none"> <i>Funds to pay programs to provide internships for SUDPT and License Associates including Peers</i> <i>Workforce support ideally would be paying tuition for completing coursework for SUDP certification, as you did during BHO times.</i> 							

San Juan - Unduplicated People receiving a crisis system service

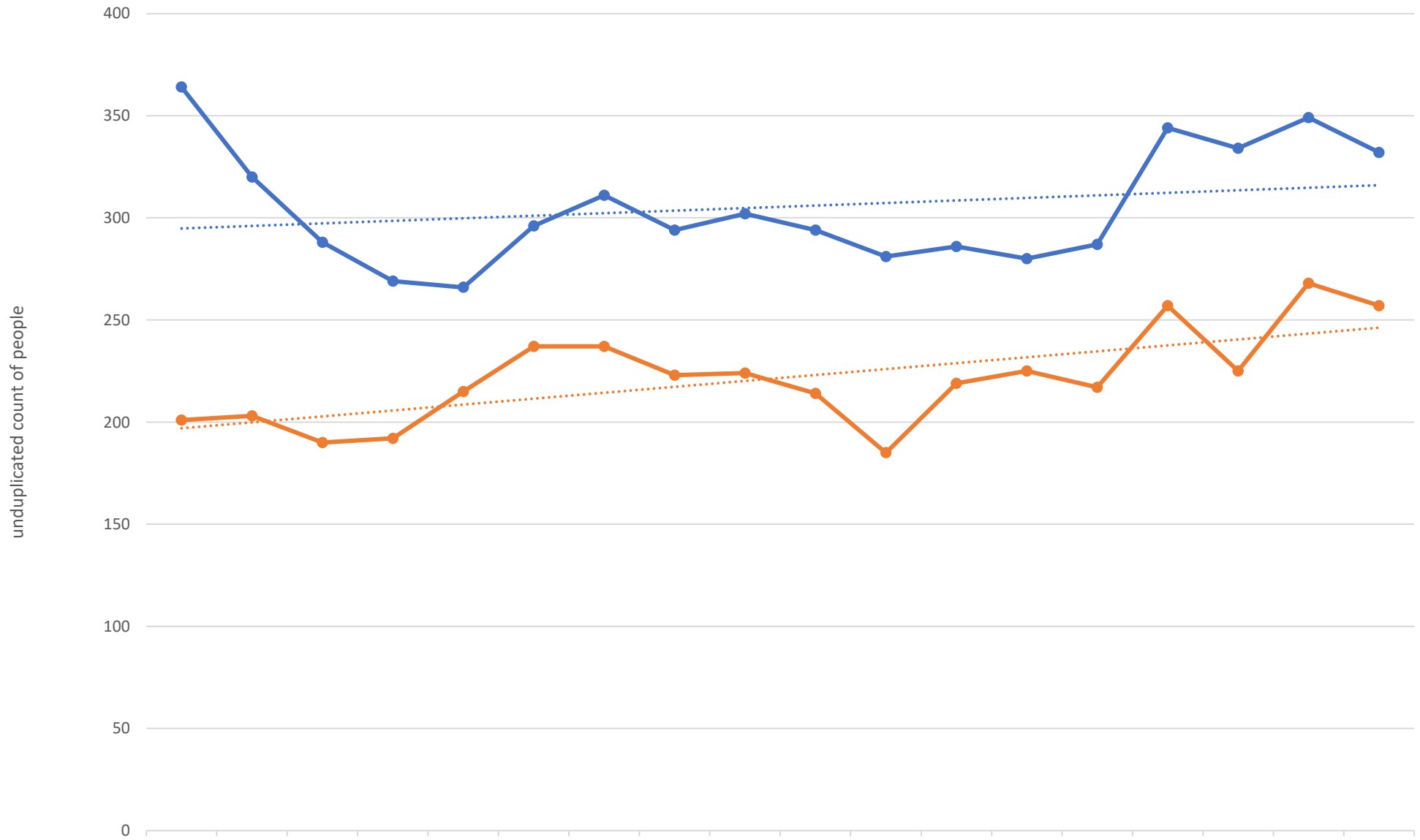


Skagit - Unduplicated People receiving a crisis system service



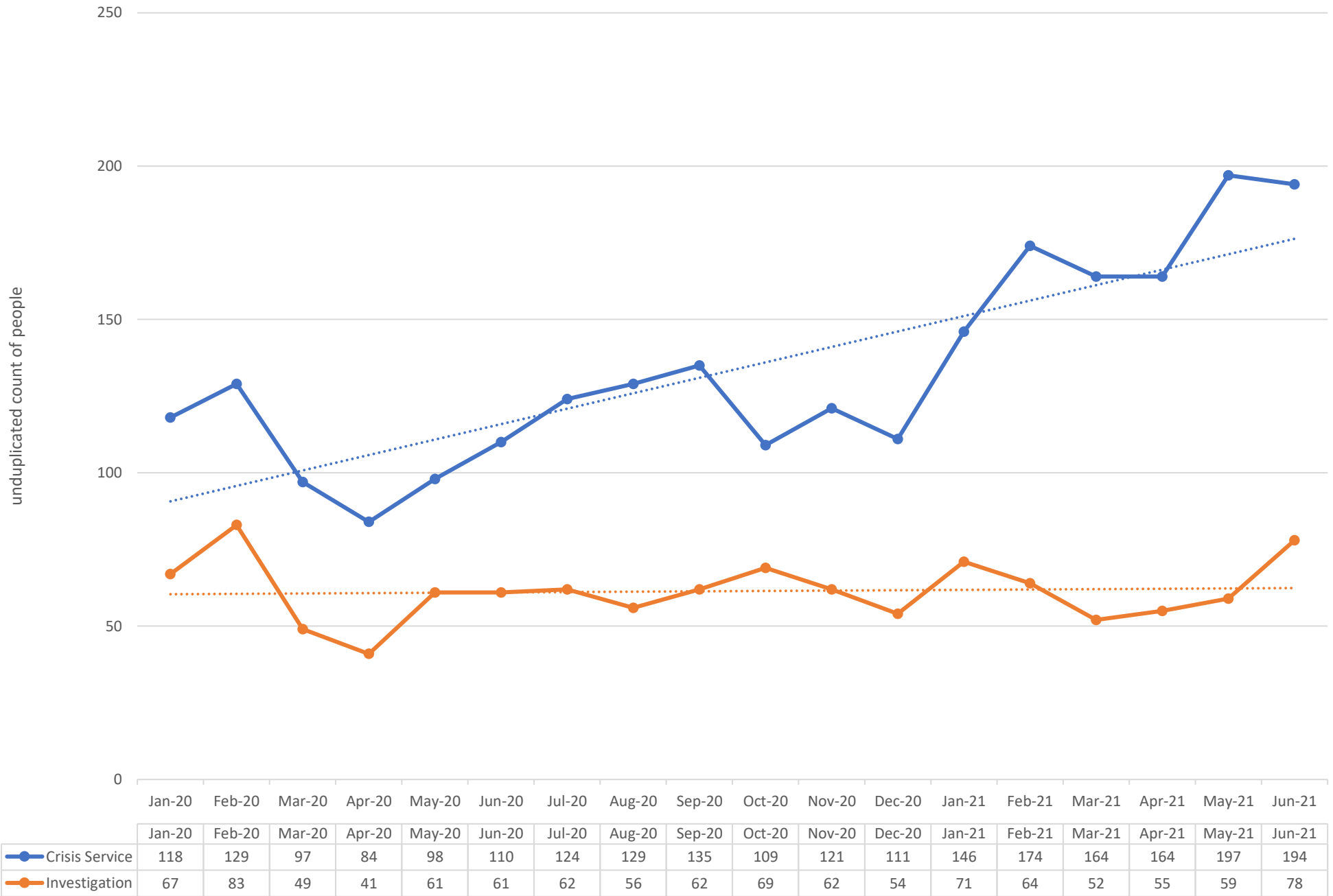
	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
Crisis Service	61	52	44	46	52	61	68	56	104	114	120	115	133	112	153	138	164	140
Investigation	54	44	24	34	41	49	45	38	48	41	46	31	34	30	39	30	34	30

Snohomish - Unduplicated People receiving a crisis system service

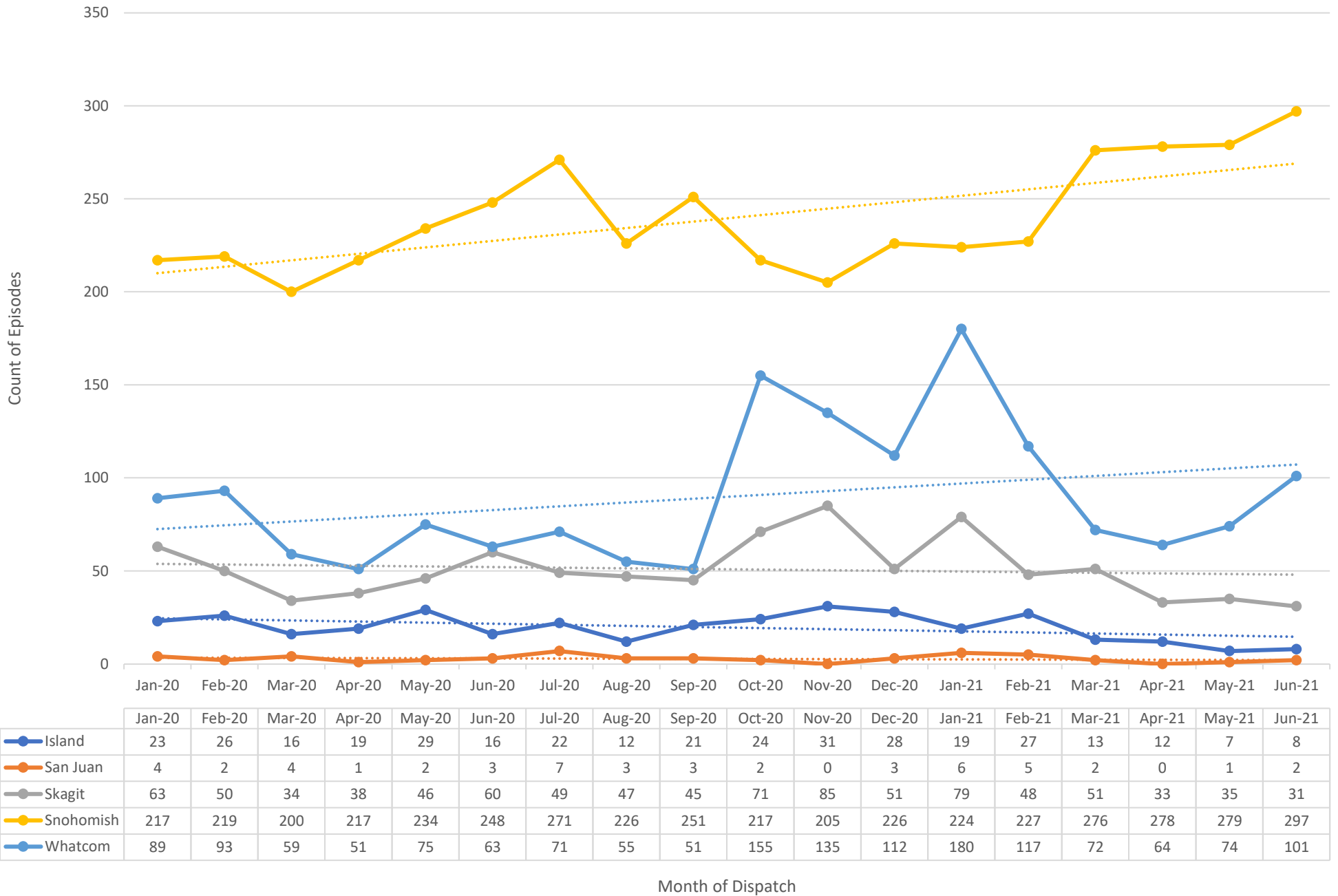


	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
● Crisis Service	364	320	288	269	266	296	311	294	302	294	281	286	280	287	344	334	349	332
● Investigation	201	203	190	192	215	237	237	223	224	214	185	219	225	217	257	225	268	257

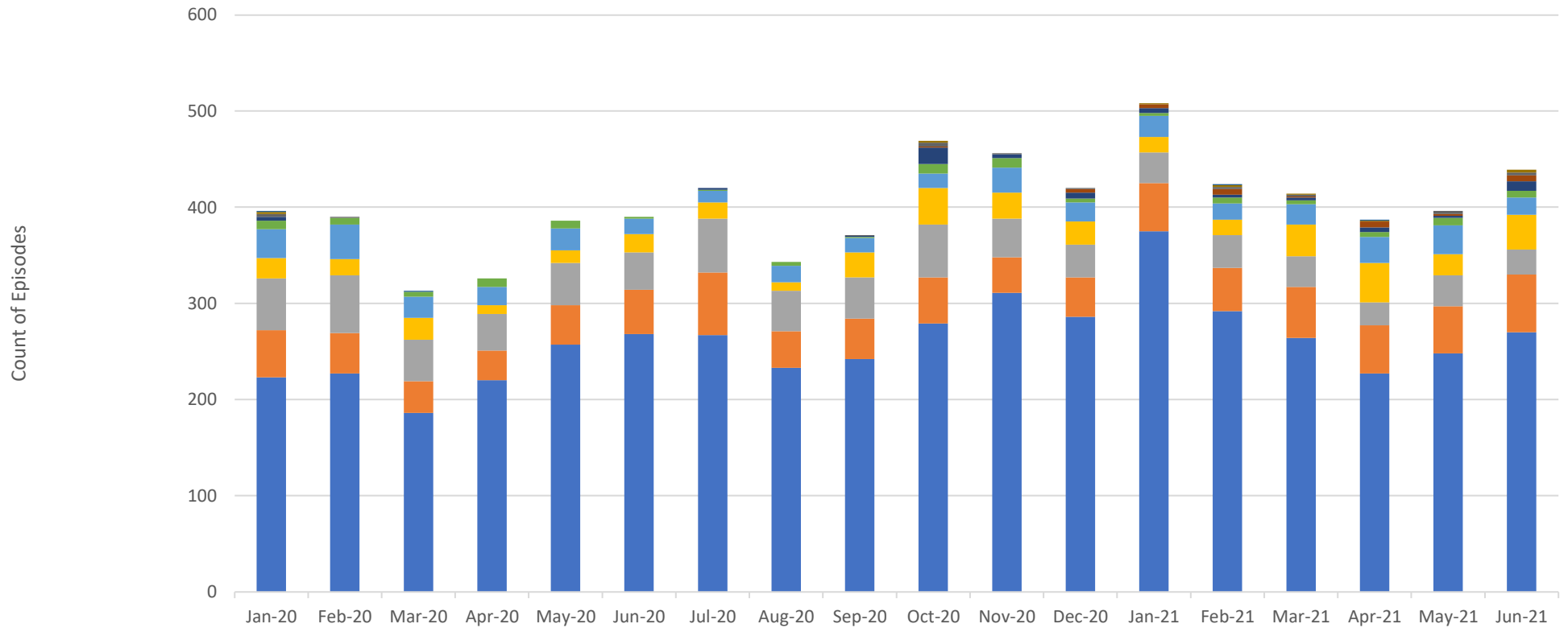
Whatcom - Unduplicated People receiving a crisis system service



Region Designated Crisis Responder (DCR) Investigations



Region DCR Investigation Referral Sources



	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
School	1	0	1	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0
Referral from MCR to DCR	2	0	0	0	0	0	0	0	0	2	0	0	1	2	1	1	0	3
Community	3	1	0	0	0	0	0	0	1	4	1	1	0	2	2	0	3	3
Legal Representative	0	0	0	0	0	0	0	0	0	1	0	4	4	6	1	6	2	6
Social Service Provider	4	0	0	0	0	0	2	0	1	17	4	6	5	3	3	5	2	10
Care Facility	9	7	5	9	8	2	1	4	1	10	10	4	3	6	4	5	8	7
Professional	30	36	22	19	23	16	12	17	15	15	26	20	22	17	21	27	30	18
Other	21	17	23	9	13	19	17	9	26	38	27	24	16	16	33	41	22	36
Law Enforcement	54	60	43	38	44	39	56	42	43	55	40	34	32	34	32	24	32	26
Family	49	42	33	31	41	46	65	38	42	48	37	41	50	45	53	50	49	60
Hospital	223	227	186	220	257	268	267	233	242	279	311	286	375	292	264	227	248	270

Month of Dispatch

Region DCR Investigation Outcomes

