



## North Sound Behavioral Health Advisory Board

### Agenda

August 1, 2023

1:00 p.m. – 3:00 p.m.

#### Call to Order and Introductions

- Eric Goss, North Sound BH-ASO, Human Resource Specialist – Margaret Rojas

#### Revisions to the Agenda

#### Approval of June Minutes

#### Announcements

#### Brief Comments or Questions from the Public

#### Executive Committee Report

#### Assistant Director's Report

- Links to attachments 2 and 5
  - [Att. II pechman-ruling.pdf \(nsbhaso.org\)](#)
  - [WeeklyCrisis\\_20230706.pdf](#)
  - [Att.IV.pdf \(nsbhaso.org\)](#)

#### Assistant Director's Action Items

#### Old Business

- Community Contest Update
- Trueblood Update

#### New Business

- Opioid Abatement Council [OAC] Provider Survey
- Substance Abuse Block Grant [SABG] Plan Amendment – Lisa Hudspeth

#### Report from Advisory Board Members

#### Reminder of Next Meeting

#### Adjourn



## **North Sound Behavioral Health Advisory Board**

**June 6, 2023**

**1:00 – 3:00**

**Meeting Minutes**

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

## Members Present

- Island County: Rose Dennis, Chris Garden, Candy Trautman, Mark Pederson
- San Juan:
- Skagit County: Jeanette Anderson
- Snohomish County: Pat O’Maley-Lanphear, Michele Meaker, Jack Eckrem, Mena Peebles
- Whatcom County: Kara Allen, Mark McDonald, Arlene Feld, Alan Friedlob, Hannah Ordos

## Members Excused:

- Island County:
- San Juan County:
- Skagit County: Deanna Randall-Seacrest
- Snohomish County:
- Whatcom County:

## Members Absent:

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

**North Sound BH-ASO Staff:** Joe Valentine, Executive Director; Maria Arreola, Advisory Board Coordinator, Margaret Rojas; Assistant Director, Michael McAuley; Clinical Director

## Managed Care Organization Representation:

- United Healthcare: Stacy Lopez
- Coordinated Care:
- Molina Healthcare: Ashley Nelson
- Community Health Plan of Washington [CHPW]: Marci Bloomquist

**Guests:** Michael O’Brien, Snohomish County Human Services Specialist II; Joy Borkholder, The Daily Herald; Jana Robison, Community Member; Lisa Day, Office of Behavioral Health Advocacy, Marie Jubie, Snohomish County Community Member

## **Pre-Meeting Training**

Renee Corcoran, Skagit County Public Health/Senior Program Manager and Ellen Schweigert, Sedro Woolley Senior Center Director presented on the needs of the ageing population.

## **Call to order and Introductions**

The meeting was called to order by Chair O'Maley-Lanphear at 1:04 p.m.

## **Revisions to the Agenda**

No revisions mentioned.

## **Approval of May Minutes**

Motion made for the approval May minutes as written. Motion seconded. All in favor, Motion carried.

## **Announcements**

- **Mark Pederson – Island County Vote**
  - Mark has been appointed by Snohomish County to serve on the Board. Mark has attended at least two Board meetings.
  - Mark acknowledged the benefit of serving on the Board to educate himself of ongoing practices to help inform family and friends.
  - Chair O'Maley-Lanphear moved a motion to accept Mark Pederson's membership to the North Sound Behavioral Health Advisory Board. Motion seconded; motion carried.
  - Maria will be coordinating the Advisory Board orientation.
- Jeannette spoke of the Skagit County Recovery Café that opened March 21, 2023. Maria will send the informational flyer to Members.

## **Brief Comments from the Public**

- None

## **Executive Directors Report**

Joe reported on the following

- Final Legislative and Budget Update
- Behavioral Health System Coordination Committee-Network Adequacy Workgroup
- Crisis Services Update
- Projected Operating Deficit for the North Sound Behavioral Health Treatment Center in Everett

DRAFT not approved by Advisory Board

- Everett Health Article on the “Hands Up” Project
- Recovery Navigator Program Success Stories
- Snohomish County Council Approves Conditional Use Permit for Stanwood Psychiatric Facility

### **Executive Director’s Action Items**

Joe introduced the Action Items.

Chair O’Maley-Lanphear moved a motion to move the motions to the Board of Directors for approval. Candy seconded the Motion seconded. All in favor. Motion carried.

### **Executive/Finance Committee Report**

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

### **Crisis Services User Experience Update – Pat Morris**

Pat Morris, Consultant provided a brief update on the Crisis Services User Experience project.

During a previous meeting, Pat requested members to provide one describing word of a gold standard crisis system. Members turned in these words that helped shape the mission statement.

Members were encouraged to provide feedback. Updates will be given as the project moves forward.

### **Block Grant Review – Margaret Rojas and Lisa Hudspeth**

Margaret Rojas, Assistant Director and Lisa Hudspeth, Program Specialist provided an overview of the Mental Health Block Grant [MHBG], Substance Abuse Block Grant [SABG], American Rescue Plan Act Mental Health Grant and Substance Abuse Block Grants.

Each summary of changes on the block grants were covered.

Michelle moved a motion to accept the Federal Block Grants as presented. Mark Pederson seconded. All in favor. Motion carried. Chair O’Maley-Lanphear will sign the letter that will be sent to the Health Care Authority.

### **DREI Consultation/Contract for Advisory Board Strategic Plan Implementation Update – Margaret Rojas**

Margaret led a discussion of possible Board interest in engaging the DREI Consultants on the Advisory Board DREI Recommendations that include

DRAFT not approved by Advisory Board

- Increase diversity by reevaluating operational and meeting policies that will make it easier for more diverse members to participate and contribute.
- Implement DREI training and retraining to reinforce the principles and practices at the Advisory Board retreats.
- Establish DREI knowledge, Skill and ability goals for the new existing board Members.

Members requested to have the DREI lunch and learn materials sent. Margaret will put together the materials.

## **Old Business**

### **July Summer Recess**

It was determined to cancel the July meeting for Summer Recess. The next scheduled meeting will be Tuesday, August 1<sup>st</sup>.

### **County Coordinators Update to Board – Scheduling**

County Coordinators are aware of future requests from the Advisory Board to attend a meeting. The purpose is for counties to provide updates, opportunities to discuss recruitment efforts and to build a stronger communication between counties and members.

One county will be scheduled each month. Maria will begin scheduling the counties.

## **New Business**

### **Tribal Land Acknowledgement**

The land acknowledgement gives us the opportunity to learn about our indigenous people.

It was suggested to invite the Tribes to the Advisory Board meeting. Maria will work with staff to research the Dear Tribal letter. The Tribes will have an opportunity to share updates on the behavioral health system issues they are dealing with and programs put in place.

At the beginning of each meeting the Chair will read the Tribal Land Acknowledgement. This will be available in the packets each meeting that will include educational links.

### **Advisory Board Retreat Debriefing**

Chair O'Maley-Lanphear tabled topic due to time restraints.

### **Community Voices**

Chair O'Maley-Lanphear tabled topic due to time restraints.

## **Report from Advisory Board Members**

None

### **Reminder of Next Meeting**

No meeting will be held in July due to Summer Recess. The next scheduled meeting will be August 1, 2023.

This will be a hybrid meeting. Those who are interested in attending in person, please notify Maria.

### **Celebrate Joe Valentine**

After 11 years with the ASO, Joe has led the Advisory Board through several transitions within the behavioral health system.

Joe always kept the pulse of the community within the Advisory Board.

Joe referenced the Board to be his point of accountability. Reminding him of why we do this work. We have to listen to the people we serve.

We wish you the best of your retirement endeavors.

### **Adjourn**

Chair O'Maley-Lanphear adjourned the meeting at 2:59 p.m.



# Substance Abuse Block Grant 2023-24 **UPDATE**

## Summary of Changes

### Introduction

Below is an overview of the proposed changes for the 2023-2024 North Sound Behavioral Health Administrative Services Organization (North Sound BH-ASO) *Substance Abuse Block Grant (SABG) Plan*. These changes are due to Health Care Authority (HCA) being directed by the Legislature to make FY24 SABG cuts. The required cuts are \$1,440,283 across all ten (10) ASOs for FY24. Based upon population, North Sound BH-ASO's cut is **\$260,439.98**.

### Summary of Changes

Category	Subcategory	2023-2024 Original	2023 -2024 Updated	Overview
Prevention & Wellness	Outreach to Individuals Using Intravenous Drugs (IUID)	\$816,632	\$816,632	<ul style="list-style-type: none"> <li>No change in amount</li> </ul>
Engagement Services	Engagement & Referral	\$668,806	\$668,806	<ul style="list-style-type: none"> <li>No change in amount</li> </ul>
Outpatient Services	Medication Assisted (MAT) – Opioid Substitution Treatment	\$200,000	\$200,000	<ul style="list-style-type: none"> <li>No change in amount</li> </ul>
Community Support (Rehabilitative)	Case Management	\$200,000	\$200,000	<ul style="list-style-type: none"> <li>No change in amount</li> </ul>
Community Support (Rehabilitative)	Recovery Housing	\$229,000	\$0	<ul style="list-style-type: none"> <li>Decrease of \$229,000</li> <li>SABG ARPA has \$500,000 allocated for Recovery House services</li> </ul>
Other Support (Habilitative)	PPW Housing Support Services	\$400,000	\$400,000	<ul style="list-style-type: none"> <li>No change in amount</li> </ul>
Out of Home Residential Services	Crisis Services Residential/Stabilization	\$400,000	\$368,439.98	<ul style="list-style-type: none"> <li>Decrease of \$31,439.98</li> <li>This is a capacity payment we provide to all crisis triage centers and there will be no change in level of support</li> </ul>
Co-Responder	N/A	\$400,000	\$400,000	<ul style="list-style-type: none"> <li>No change in amount</li> </ul>
<b>Total</b>		\$3,314,438	\$3,053,998.02	



**For Board of Directors Approval:**Snohomish County Human Services

- Snohomish County has requested an increase to their annual budget in the amount of **\$900,000** to align with actual costs for 24/7 mobile crisis outreach teams and crisis follow up services post interventions.
- One-time Dedicated Cannabis Account (DCA) funds in the amount of **\$150,000** are being added from a reserve of unspent DCA funds.

## Motion #

North Sound BH-ASO-Snohomish County-ICCN-23 Amendment 1 to provide additional funds for the mobile crisis outreach teams and one-time funding for Dedicated Cannabis Account. The contract term is January 1, 2023, through December 31, 2023, with an automatic one-year renewal on January 1, 2024, based on continued compliance with the terms of the contract.

Volunteers of America (VOA)

- VOA has requested additional funds to align with costs of providing 24/7 North Sound Regional Crisis Line services. The annual increase to their contract is **\$443,740**.

## Motion #

North Sound BH-ASO-VOA-ICCN-23 Amendment 1 to provide additional funds for the North Sound Regional Crisis Line. The contract term is January 1, 2023, through December 31, 2023, with an automatic one-year renewal on January 1, 2024, based on continued compliance with the terms of the contract.

Tulalip Tribes-Family Haven

- Family Haven is a longstanding Federal Block Grant (FBG) provider in the region. The services are an outreach and engagement to at-risk youth on the reservation. The intent is to reengage the youth in school, behavioral health services and their tribal culture. The annual budget for this contract is **\$74,850**.

## Motion#

North Sound BH-ASO-Tulalip Tribes Family Haven-FBG-23 to provide funding to continue services for at-risk youth. The contract term is July 1, 2023, through June 30, 2024, with an automatic one-year renewal on July 1, 2024, based on continued compliance with the terms of the contract.

**For Introduction:**

Conquer Addiction

- Conquer addiction was the successful bidder for the Assisted Outpatient Treatment (AOT) Request for Proposals (RFP) in the North Sound Region. Conquer will provide AOT services in Snohomish County. The annual funding is \$236,844.

Motion#

North Sound BH-ASO-Conquer Addiction-ICN-23 to provide AOT services in Snohomish County. The contract term is August 1, 2023, through July 31, 2024, with an automatic one-year renewal on August 1, 2024, based on continued compliance with the terms of the contract.

Touchstone Behavioral Health

- Touchstone Behavioral Health is a provider of youth services in Whatcom County. This contract is for outpatient services and youth 23-hour crisis stabilization services. The contract is a Fee for Service Contract.

Motion #

North Sound BH-ASO-Touchstone Behavioral Health-ICN-23 to provide youth outpatient services and youth crisis stabilization services in Whatcom County. The contract term is September 1, 2023, through August 31, 2024, with an automatic one-year renewal on September 1, 2024, based on continued compliance with the terms of the contract.

Mount Baker Presbyterian Church (MBPC)

- The MBPC has been a partner in our opioid outreach program and our Federal HRSA grant for Medication Assisted Treatment in east Skagit County. MBPC conducts outreach and engagement in the Concrete area and will be expanding into Sedro Woolley. The annual budget total is \$125,000 an increase of \$95,000.

Motion #

North Sound BH-ASO-PSC-23 to provide outreach and engagement to individuals struggling with their substance use and/or mental health. The contract term is September 1, 2023, through August 31, 2024, with an automatic one-year renewal on September 1, 2024, based on continued compliance with the terms of the contract.



North Sound Behavioral Health Advisory Board  
Executive Directors Report  
August 2023

### **Executive Director**

We are pleased to announce JanRose Ottaway-Martin has accepted the position of Executive Director, her first day will be September 11, 2023. JanRose comes with a breadth of experience working for King County Behavioral Health and Recovery Division in multiple capacities. Her current position is Business Operations Manager/Project Program Manager, she has been in that position for three (3) years. JanRose is a North Sound resident, has a master's degree in social work and is extremely enthusiastic about her new position with North Sound.

### **Commercial Insurance Plans**

1688 requires fully funded commercial payers to provide a behavioral health crisis network of care to their members. The original implementation was January 1, 2023, but the OIC granted a delay until January 1, 2024 as long as the commercial payers were, in good faith, working towards contracting with the Administrative Services Organizations [ASOs] or regional crisis providers. The State workgroup (<https://1688bhcs.com>) that was set up to work through the barriers of setting up this system has not been able to reach agreed upon solutions. Commercial payers have stringent processes that they would like to follow and will not provide funding to support the ASO to build the infrastructure necessary to verify eligibility and submit claims. That means the resources required to make this work would come from North Sound BH-ASOs general state funds. North Sound prefers not to use General State Funds [GFS] to set up this system that would not really provide the return necessary to justify the cost. The rates being suggested by the commercial payers does not come close to covering the costs of providing crisis services. If the ASO and commercial payers cannot come to an agreement on contract terms, then the

commercial payers will look to contract directly with the crisis providers to try to build their network.

### **Opioid Abatement Council [OAC]**

North Sound will be reaching out to participants on the OAC to schedule a meeting in September. We will call for agenda items prior. We've set up a website to link to counties/cities dashboards when their information is posted. There are several logistical items to be addressed at the first meeting.

### **86(a) Proviso Submission (Attachment 1)**

North Sound has submitted a proposal for funds to divert individuals from the criminal justice system. Health Care Authority [HCA] added \$2,317,000 in FY 2024 and \$4,433,000 in FY2025, proviso 86 provided for a targeted grant program to fund three BH-ASO's to transition persons who are either being diverted from criminal prosecution to behavioral health treatment services or need housing upon discharge from crisis stabilization services. It is our intention to braid this funding with our current Community Behavioral Health Rental Assistance contract with Dept. of Commerce, Outreach Teams, and housing providers.

### **Western State Hospital [WSH] & the Pechman Ruling (Attachment 2)**

WSH is looking to discharge approximately 120 patients in the next 60 (actually 45) days to make room to transfer those civil patients in the forensic side of the hospital to make room for those in county jail to be transferred in. We were informed that there are 133 patients currently on the active discharge and if we can discharge them in the time allotted, we will meet WSH's goal. We have concerns about this because there are multiple clients on the NS-ASO list alone that should not be on the active DC list, but WSH has refused to remove them. The liaisons brought up multiple concerns such as the notification requirements, lack of community providers, and lack of available housing. WSH and HCA are asking the liaisons to make priority lists of who can be discharged quickly and discuss with discharge teams what needs to be done to get people discharged in next 60 (45) days. HCA/Department of Social and Health Services [DSHS] are moving quickly to build capacity in the community, long term beds are being resources and contracted with a number of providers on the west side. HCA is working tirelessly to contract for community beds, so far, they have acquired 69 long term beds and are seeking more.

### **Recovery Navigator Program (RNP) Restricted Funds**

HCA has requested the amount of RNP funds each ASO has built up since the original allocation. Due to slow startup, it appears several ASO have a reserve. The reason for the request is legislative staff have been told there is up to \$18M in reserves statewide. Currently we have approximately \$3M of unspent, restricted funds. We have consistently reached out to our RNP providers to

inquire whether they can use the extra funds. At this point, we do not know if HCA will be asking the ASOs to return a portion of the funds or use the unspent funds in the calculation for the budget ask in the 2024 Leg session.

### **Substance Abuse Block Grant (SABG) Reduction (Attachment 3)**

HCA notified all the ASOs the standard SABG grant will be reduced by \$1.5M statewide. This grant has been stable with no increases or decreases for several years. The funding is targeted toward opioid outreach and treatment for individuals who use intravenous drugs. North Sound suggested a proportional cut by population across the ASOs which resulted in a \$260,439.98 cut from our \$3,289,438 grant. We believe the cut can be absorbed without effecting services provided under this grant. We are cutting Recovery Housing funds from this grant but have funds in the ARPA Federal Block Grant [FBG] to cover these services, and the final cut is to our crisis stabilization capacity funding, reducing it by \$31,439.98.

### **Medical Director Retirement**

Dr. Glenn Lippman has made the decision to retire effective on October 1, 2023. It will be a huge loss to our organization and statewide, Dr. Lippman has been an effective advocate for the individuals we serve and has provided his expertise across ASOs, the Health Care Authority and numerous other organizations. He will be greatly missed. We are meeting next week to discuss recruitment of a new Medical Director.

### **BHSCC Network Adequacy Workgroup (Attachment 4)**

Two (2) focus groups have taken place. The east side focus group only have one (1) provider in attendance, however, the west side had good attendance. The notes are attached, Michael McAuley volunteered to be the scribe for the latter session. A few takeaways:

- Open access is available for Substance Use Disorder [SUD] limited for Mental Health [MH]
- Workforce recruitment/retention continues to be a struggle for providers
- No consistent tracking for access to service

### **Crisis Services Update (Attachment 5)**

- Attached is the crisis dashboard, services appear stable with no fluctuations to note. The county specific data is attached as well.

**From:** [Leonard, Ruth \(HCA\)](#)  
**To:** [Liu, Inna](#); [Villines, Tiffany](#); [Becknell, Leah](#); [Sindi Saunders](#); [Karen Richardson](#); [Margaret Rojas, M.Ed.](#); [Reading, Michael](#)  
**Cc:** [Jacobson, Craig \(HCA\)](#)  
**Subject:** FW: BHASO grants for diversion housing  
**Date:** Friday, July 7, 2023 9:27:22 AM  
**Attachments:** [image001.png](#)  
[image002.png](#)  
[image003.png](#)

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Good Morning, I am following up on the proviso for diversion housing. There were more than three regions who expressed interest. Based on your proposals HCA will determine regions selected. The full proviso is:

(86)(a) \$2,317,000 of the general fund—state appropriation for fiscal year 2024 and \$4,433,000 of the general fund—state appropriation for fiscal year 2025 are provided solely for a targeted grant program to three behavioral health administrative services organizations to transition persons who are either being diverted from criminal prosecution to behavioral health treatment services or are in need of housing upon discharge from crisis stabilization services. The authority must provide an opportunity for all of the behavioral health administrative service organizations to submit plans for consideration.

(b) Grant criteria must include, but are not limited to:

(i) A commitment to matching individuals with temporary lodging or permanent housing, including supportive housing services and supports, that is reasonably likely to fit their actual needs and situation, is non-congregate whenever possible, and takes into consideration individuals' immediate and long-term needs and abilities to achieve and maintain housing stability; and  
(ii) A commitment to transition individuals who are initially matched to temporary lodging into a permanent housing placement, including appropriate supportive housing supports and services, within six months except under unusual circumstances.

(c) When awarding grants, the authority must prioritize applicants that:

(i) Provide matching resources;  
(ii) Focus on ensuring an expeditious path to sustainable permanent housing solutions; and  
(iii) Demonstrate an understanding of working with individuals who experience homelessness or have interactions with the criminal legal system to understand their optimal housing type and level of ongoing services

Please submit your plan to me by COB July 28, 2023

*Ruth Leonard, MA, SUDP*

Section Supervisor

*Strategic Design and Program Oversight*

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(regular work hours: 6:00 to 5:00 M-TH)



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**From:** HCA BH ASO <[HCABHASO@hca.wa.gov](mailto:HCABHASO@hca.wa.gov)>

**Sent:** Thursday, June 22, 2023 2:59 PM

**To:** Liu, Inna <[Inna.Liu@carelon.com](mailto:Inna.Liu@carelon.com)>; Metcalf, Robin <[Robin.Metcalf@carelon.com](mailto:Robin.Metcalf@carelon.com)>; Becknell, Leah <[Leah.Becknell@carelon.com](mailto:Leah.Becknell@carelon.com)>; Villines, Tiffany <[Tiffany.Villines@carelon.com](mailto:Tiffany.Villines@carelon.com)>; Karen Richardson <[karenr@gcbh.org](mailto:karenr@gcbh.org)>; Sindi Saunders <[sindis@gcbh.org](mailto:sindis@gcbh.org)>; Karen Spoelman <[Karen.spoelman@kingcounty.gov](mailto:Karen.spoelman@kingcounty.gov)>; Reading, Michael <[mreading@kingcounty.gov](mailto:mreading@kingcounty.gov)>; Joe Valentine <[joe\\_valentine@nsbhaso.org](mailto:joe_valentine@nsbhaso.org)>; Jennifer Whitson <[jennifer\\_Whitson@nsbhaso.org](mailto:jennifer_Whitson@nsbhaso.org)>; Charles Deelena <[Charles\\_DeElena@nsbhaso.org](mailto:Charles_DeElena@nsbhaso.org)>; Margaret Rojas <[Margaret\\_Rojas@nsbhaso.org](mailto:Margaret_Rojas@nsbhaso.org)>; Michael McAuley <[michael\\_mcauley@nsbhaso.org](mailto:michael_mcauley@nsbhaso.org)>; Justin D Johnson <[JDJOHNSON@spokanecounty.org](mailto:JDJOHNSON@spokanecounty.org)>; Schultz, Laura M. <[LSCHULTZ@spokanecounty.org](mailto:LSCHULTZ@spokanecounty.org)>; Magee, Ashley <[AMAGEE@SpokaneCounty.org](mailto:AMAGEE@SpokaneCounty.org)>; Thompson, Jessica <[JSTHOMPSON@spokanecounty.org](mailto:JSTHOMPSON@spokanecounty.org)>; Kbeilstein@spokanecounty.org; Becky Meeks <[bmeeks@grbhaso.org](mailto:bmeeks@grbhaso.org)>; Lexa Donnelly <[ldonnelly@grbhaso.org](mailto:ldonnelly@grbhaso.org)>; Trinidad Medina <[tmedina@grbhaso.org](mailto:tmedina@grbhaso.org)>; [rguerrero@grbhaso.org](mailto:rguerrero@grbhaso.org); Stephanie J. Lewis <[sjlewis@kitsap.gov](mailto:sjlewis@kitsap.gov)>; Jolene Kron <[jkron@kitsap.gov](mailto:jkron@kitsap.gov)>; Mark Freedman <[mark.freedman@tmbho.org](mailto:mark.freedman@tmbho.org)>; Joe Avalos <[joe.avalos@tmbho.org](mailto:joe.avalos@tmbho.org)>

**Cc:** Leonard, Ruth (HCA) <[ruth.leonard@hca.wa.gov](mailto:ruth.leonard@hca.wa.gov)>

**Subject:** {EXTERNAL} FW: BHASO grants for diversion housing

This email originated outside the company. Do not click links or attachments unless you recognize the sender.

Good Afternoon

During the Exhibit A review meetings HCA added \$2,317,000. FY 2024 and there is \$4,433,000. For FY2025 Identified in proviso 86 provided for a targeted grant program to fund three BH-ASO's to transition persons who are either being diverted form criminal prosecution to behavioral health treatment services or need housing upon discharge from crisis stabilization services. HCA is required to provide an opportunity for all the BH-ASO's to submit plans for consideration.

As a first step in this process, I would like to determine interest in implementing this resource. Please respond to me at [ruth.leonard@hca.wa.gov](mailto:ruth.leonard@hca.wa.gov) letting know if you are interested in submitting a

plan to utilize these funds by June 30. Once we get responses, we will determine next steps.  
Thank you, Ruth

*Ruth Leonard, MA, SUDP*

Section Supervisor

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**From:** [Stephanie J. Lewis](#)  
**To:** [Margaret Rojas, M Ed.](#); [Michael Reading \(mreading@kingcounty.gov\)](mailto:mreading@kingcounty.gov); [Flatley, Amanda](#); [Mark Freedman \(mark.freedman@tmbho.org\)](mailto:mark.freedman@tmbho.org); [joe avalos \(joe.avalos@tmbho.org\)](mailto:joe.avalos@tmbho.org); [Trinidad Medina](#); [Liu, Inna](#); [Tiffany Villines \(Tiffany.Villines@beaconhealthoptions.com\)](mailto:Tiffany.Villines@beaconhealthoptions.com); [Becknell, Leah](#); [Sindi Saunders](#); [Karen Richardson](#); [Johnson, Justin D.](#); [Jolene Kron](#)  
**Cc:** [Brad Banks](#); [Glenn Lippman](#)  
**Subject:** Urgent conversation regarding SABG Funding Reductions  
**Date:** Thursday, July 13, 2023 9:50:39 AM  
**Importance:** High

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Good Morning All,

I just got off the phone with Danny Highley. He reached out to me to share some unfortunate news. HCA has been directed by the Legislature to make FY24 SABG cuts. These cuts are across multiple HCA programs, however, ASOs are getting “hit pretty hard”. The required cuts are \$1,550,283 million across all 10 ASOs for Fiscal Year 2024.

The explanation given is that HCA over “obligated SABG based upon investments from the state budget.”

Danny is giving ASOs the opportunity to consult with each other to make a recommendation about how this cut is allocated across all 10 ASOs. He plans to attend our July 26<sup>th</sup> ASO Administrator’s Meeting to hear our recommendation.

One option put on the table was cutting each ASO’s allocation by 150,000. However, my concern is that some ASOs are actually spending upwards of 90% of their allocation, and this cut could actually be impactful. Some ASOs are spending far less of their allocation, and the cut won’t be as impactful to their community.

My suggested starting point is this:

1. Review FY23 spending to identify any patterns of underspending
2. Review FY24 budgets and funds already allocated to contracts

I’m hoping each ASO can come prepared with a number that they could offer up to see if we can collectively make it to 1.5 million.

Thanks,

***Stephanie Lewis, LMFT***  
Administrator  
Salish Behavioral Health Administrative Services Organization  
Mailing Address: 614 Division St, MS-23  
Port Orchard, WA 98366-4676  
Phone: (360) 337-4422

Email Address: Please note my new email address effective 4/4/2022: [sjlewis@kitsap.gov](mailto:sjlewis@kitsap.gov)

Question 1

1. Keeping track of wait times for initial appointment (i.e., intake assessment)

- How do providers currently collect/measure wait times for new clients to access routine care?

One provider indicated a transition from appointments to walk-in (open Access), reduce No show rate. 1<sup>st</sup> Psychiatric Appointment can be a challenge and looking at structure to address streamlining.

SUD appointments are Open Access. On the Mental Health side, there are no same day appointments.

One provider indicated that their EHR has fields for capturing request for services, 1<sup>st</sup> appointment offered and can track times between appointments.

One provider has built in fields to capture request for services, first appointment and ongoing.

One provider who has a broad range of BH Services, wait times can be long, depending on requested service, largest barriers is staff turn-over which impacts wait times.

One provider does not track wait times for initial intake or appointments.

- Tracking availability of same-day appointments
- Capturing when appointment times were available, but clients were not available.
- For SUD providers, tracking the availability of Interim Services

- Do providers have collection methods they would suggest the state utilize?

King County has implemented a system that tracks detailed wait times, HCA has requirements, but varied interpretation and reporting from providers – Provider reporting typically aligned with 1<sup>st</sup> offered and 1<sup>st</sup> accepted – in King County, built this into their system to track.

- What are some of the barriers to ensuring current data is submitted?

Open Access providers – is this captured as a same day appointment and not captured through the request for service and 1<sup>st</sup> appointment accepted. One Open access provider captures walk in as a request for service and 1<sup>st</sup> appointment offered would be same day.

- Are there specific issues surrounding EHR systems?

Providers not indicating specific barriers.

- Have any providers found a “secret sauce” they contribute to their data collection success?

King County system, open access structure with fewer no shows, for psychiatric appointments – reminder calls. Provider being able to shift interim services to address immediate needs if more intensive care is further scheduled out. CMCS Model (UofW). Have internal provider expertise to focus resources to achieve access goals – where you can drive performance improvements and quality of care. For SUD provider Ideally, immediately following the intake, offer a therapeutic appointment same day – but provider indicated barriers to bill services same day.

- How many providers currently offer walk-in and next day appointments?

- If your agency does not currently offer these appointments, what are the administrative barriers to doing so?

Yes, several providers offer open access style walk in for SUD, more limited capacity for MH. Differing locations sites may have different capacity, but sounds like providers overall, attempt to offer same-day or next day appointments.

Barriers: Workforce. Often Intake can be completed, but the ongoing therapeutic services can be delayed. Providers try to offer telehealth or interim services; Staffing is the biggest issue – the new ACC-C credential may help with the front door.

- What are the administrative challenges?

## Question 2

2. Reporting wait times
3. Are you currently reporting wait time information to the MCOs or HCA? If so, what information are you reporting and how?

King County – Collects the data (request for services to the time services are provided).

4. In the Service Encounter Reporting Instructions (SERI) guide, request for service encounter data is required. How are providers ensuring this is documented and encountered? What are the challenges/barriers to ensuring this is submitted?
5. If you are currently not accepting new clients, do you track and report their requests for services?

One provider – No, we would not collect request for services if we do not have capacity to serve the individual.

HCA – We do not have an internal way to capture the request for services if not services could be offered by the provider. What structural or technical solutions could capture the data.

## Question 3

### 3. Supports Needed

- What supports or technical assistance is needed to collect this data set and encounter data more holistically (e.g., open beds or other technology platforms that could be utilized?)

Providers – Not sure I want to know the number of folks we can't serve; HCA – capturing the need is critical for increasing capacity, advocacy, and funding for the provider network. King County – requires providers to report the availability of intake appointments, but provider is not sure the value or the use of this data. Is this data used to support referrals to agencies or programs, but not clear how this is used. What questions are trying to be answered with some of the data collection. Recognition that the administrative costs to data capture to the value add in improving access to care would need to be evaluated. There is administrative expertise needed to support a robust database management and data collection with an aim to improve access to care. Significant resources (administrative, clinical) are needed to ensure data completion for all services take considerable time and effort.

- i. Are providers struggling with requests for service and intake assessment encounters being rejected at the ASO or MCO level?
- Are there ways that would help incentivize data completion?
  - Do you have suggestions on how to improve collecting data on timeliness and/or mechanisms for reporting that to the MCOs or the state?

Incentivizing – provider payments for administrative, database and data management/reporting. One provider reporting that they run reports on the declines (individual completed intake, but provider not able to offer services (?)) or individual declines ongoing services, reasons why, etc.).

Capturing client experience– reasons why services were declined or provider capacity limitations.

King County - there are provider incentives – dashboard of performance measures – does this drive provider behavior? Yes, sometimes it can, especially when it's shared across the network and motivates providers to improve outcomes. Some issues are there are known holes in data collection.