



North Sound Behavioral Health Advisory Board

Agenda

December 7, 2021
1:00 p.m. – 3:00 p.m.

Call to Order and Introductions

Revisions to the Agenda

Approval of November Minutes

Announcements

Brief Comments or Questions from the Public

Executive/Finance Committee Report

Executive Director's Report

Executive Director's Action Items

Old Business

- 2022 Chair and Vice Chair Vote
- 2022 Advisory Board Proposed Operating Budget
- 2022 North Sound BH-ASO Proposed Operating Budget
 - Staff Cost Of Living Adjustment
 - Paid Holiday Recognition
 - Proposed Operating Budget
- 2022 Draft Legislative Priorities
- 2021 COVID Months' Retrospective – Update

New Business

- Linda Crothers – Health Resources and Services Administration (HRSA), North Sound Rural Communities Opioid Program – Implementation (NS RCORP)

Report from Advisory Board Members

Reminder of Next Meeting

Adjourn



North Sound Behavioral Health Advisory Board

December 7, 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:
- Skagit County: Duncan West, Jere LaFollete, Candace Weingart
- Snohomish County: Marie Jubie, Pat O'Maley-Lanphear, Michelle Meaker, Jack Eckrem, Jennifer Yuen
- Whatcom County: Arlene Feld, Kara Mitchell, Mark McDonald, Alan Friedlob

Members Excused:

- Island County:
- San Juan County:
- Skagit County: Ron Coakley
- Snohomish County: Joan Bethel, Fred Plappert
- Whatcom County:

Members Absent:

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

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

Managed Care Organization Representation:

- United Healthcare: Stacey Lopez
- Coordinated Care:
- Molina Healthcare: Kelly Anderson
- Community Health Plan of Washington [CHPW]: Marci Bloomquist

Guests:

Pre-Meeting Training

Non pre-meeting month

Call to order and Introductions

The meeting was called to order by Chair West at 1:02 p.m.

Revisions to the Agenda

No revisions mentioned

Approval of August Minutes

Motion made for the approval of November meeting minutes as written. Motion seconded. All in favor, Motion carried.

Announcements

- Candy spoke of attending a public 988 forum. Individuals with lived experience had the opportunity to provide feedback.

Brief Comments from the Public

Amy Bradley is the Executive Director of Eden Hospice of Whatcom county. Amy is an interested community member in serving on the Board.

Executive Directors Report

Joe reported on

- New Programs
- Workforce Development Update
- Recovery Navigator Program
- Health and Recovery Services Administration Grant Program
- Crisis Services
- Crisis Response Improvement Strategy Committee (CRIS)
- Facility Needs Assessment

Executive Director's Action Items

Joe reviewed each action item. Motion made to approve the action items to move to the Board of Directors for approval. Motion seconded. All in favor. Motion Carried.

Motion made to approve Juneteenth to move to Board of Directors for approval. Motion seconded by Pat, all in favor, motion passed.

The Advisory Board encourages consideration of the current and near future projected economic challenges; the contribution of the staff during this past year and a substantive COLA will go a long way to encourage employee retention for the continuity of services. The CPI has traditionally been the source determination of COLA and the significant Jump this year reflects the change in circumstances that

APPROVED by Advisory Board

are impacting the employees of this organization. Members abstained from the COLA recommendation in the budget.

Motion made to approve the North Sound BH-ASO 2022 Proposed Operating Budget with out the Juneteenth and COLA recommendations to move to the Board of Directors approval.

Executive/Finance Committee Report

The November 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

2022 Chair and Vice Chair Vote

Vote occurred. Duncan will continue to serve as Chair and Pat is the new Vice Chair for the 2022 year.

Arlene was recognized as a valuable leader serving for Vice Chair in the 2021 year.

2022 Advisory Board Operating Budget

Budget was brought back to the Board and briefly discussed. Motion made to approve the 2022 Advisory Board Operating Budget. Motion seconded, all in favor, Motion carried.

Motion made to approve the 2022 Advisory Board Operating Budget. Motion seconded, Motion carried.

2022 North Sound Behavioral Health Administrative Services Organization Proposed Operating Budget

- Staff Cost Of Living Adjustment
 - Board abstained. Board moved to have the portion of the budget be moved to the Board of Directors with a statement of recommendations.
- Paid Holiday Recognition
 - Motion made to approve Juneteenth as a paid recognized holiday to the Board of Directors for approval
- Proposed 2022 North Sound BH-ASO Proposed Operating Budget
 - Motion made to approve the proposed North Sound BH-ASO Operating Budget with the exception of the COLA abstained. Motion seconded, all in favor, motion carried.

New Business

2021 COVID Months' Retrospective - Update

Chair West provided an overview of the Board gathering on November 30th. A in depth crisis system impact of COVID was given by Joe. Feedback and concerns were voiced to what Members have been experiencing and hearing from the community.

Each Member were given the opportunity to speak of how COVID impacted there lives, how it impacted the behavioral health system and what there vision is for the future beyond COVID.

Candy spoke of being able to meet in person was a communication breakthrough.

Linda Crothers – Health Resources and Services Administration (HRSA)

Contracts have been made with Lifeline Connections to provide Medication Assistance Treatment one day a week in Oak Harbor and Concrete, Compass Health to staff a substance use disorder assistance at the Skagit County Sheriff's Office, and the Coupeville School District to have a mental health professional. All the agencies are fully staffed and operating.

Report from Advisory Board Members

Michele spoke of the United Way of Snohomish county holding a core mental health class on January 25th.






Reminder of Next Meeting

Tuesday, January 3, 2021






Adjourn

Chair West adjourned the meeting at 2:57 p.m.

North Sound Behavioral Health Administrative Services Organization
Advisory Board Budget
November 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 Administrative Services Organization
Advisory Board Budget
2022**

		All Conferences	Board Development	Advisory Board Expenses	Stakeholder Transportation	Legislative Session
	Total	Project # 1	Project # 2	Project # 3	Project # 4	Project # 5
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		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 BH-ASO 2022 COLA**Summary:**

- Based on conversations at the November 11th Board of Directors meeting, we have developed three options for the 2022 COLA. This does not include a COLA for the Executive Director, that will be decided at a later date.

For Board consideration:

- 1) The original proposal of **6.285%** based on the 2021 change in the Consumer Price Index
- 2) The average change in COLA over the last 5 years – **3.316%**
- 3) No COLA salary or a different COLA amount that might be suggested by a Board member

Motion #21-54

- To approve a _____% COLA for the 2022 North Sound BH-ASO Budget with an effective date of January 1, 2022.

North Sound BH-ASO 2022 Operating Budget https://www.nsbhaso.org/who-we-are/boards-and-committees/board-of-directors/Proposed%202022%20Budget_without%20COLA.pdf

Summary:

The 2022 Operating Budget is being presented for approval. The motion will include the COLA as approved in Motion #21-54.

Motion #21-55

- To approve the North Sound BH-ASO 2022 Operating Budget with a COLA of _____% with an effective date of January 1, 2022.

Summary:

The contracts being submitted for approval this month fall into four distinct categories:

- Health Care Authority (HCA) contract to include funding for the period of January 1, 2022, through June 30, 2022.
- Downstream contracts for General Fund-State (GF-S) Mandatory Services (Crisis Outreach, Involuntary Treatment Act (ITA) Services, ITA inpatient, Secure Withdrawal Management, Proviso Funding)
- Downstream contracts for Substance Abuse Block Grant (SABG) Priority Services (Pregnant & Parenting Women Housing Services (PPW), Individuals using Intravenous Drugs (IUID) Opiate Outreach)

- Downstream contracts for GF-S/SABG/Mental Health Block Grant (MHBG) Services within Available Resources (Mental Health & Substance Use Disorder Outpatient, SUD Residential, Triage Services)

The downstream contracts follow the HCA contract. The funding for the downstream contracts is included in the same amendment, which is why you will see the same numbered amendment under a different category of funding. The funding allocations for the downstream contracts will be developed over the next month.

Areas of new funding are highlighted.

Health Care Authority

K-4949 is providing the funding for the period of January 1, 2022, through June 30, 2022.

- New deliverables are included in the January amendment along with the off-cycle amendment's additional funding and programs. No new funding is expected for the period of January – June 2022.

Motion #21-56

- HCA-NS BH-ASO-K-4949-Amendment 4 providing the ASO GF-S funding and legislative provisos for the period of January 1, 2022, through June 30, 2022.

GF-S Mandatory Services

Summary:

The following contracts are providing mandatory behavioral health services.

- Compass Health
 - Crisis Outreach, ITA services, Program for Assertive Community Treatment (PACT), Evaluation and Treatment Services, Discharge Planners Whatcom Triage Diversion Pilot
- Snohomish County
 - Crisis Outreach, ITA services
 - Proviso Funding-Jail Transition Services, Designated Marijuana Account, Trueblood Funds
- Volunteers of America
 - Toll Free Crisis Line
- Telecare
 - Evaluation and Treatment Services, Discharge Planners
- American Behavioral Health Services (ABHS)
 - Secure Withdrawal Management
- Community Action of Skagit County (CASC)
 - Ombuds Services
- Sea Mar
 - Assisted Outpatient Treatment
- Lifeline Connections
 - PACT
 - HARPS

- Snohomish County Superior Court
 - Juvenile Treatment Services
- Island County
 - Proviso Funding-Jail Transition Services, Trueblood Funds, Designated Marijuana Account, HARPS subsidies
- San Juan County
 - Proviso Funding-Jail Transition Services, Designated Marijuana Account & HARPS subsidies
- Skagit County
 - Proviso Funding-Jail Transition Services, Designated Marijuana Account, Trueblood Funds
- Whatcom County
 - Proviso Funding-Jail Transition Services, Designated Marijuana Account, Trueblood Funds,

Motion # 21-57

- NS BH-ASO-Compass Health-ICCN-19-22 Amendment 7 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-Snohomish County-ICCN-19-22 Amendment 4 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-VOA-ICCN-19-22 Amendment 5 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-Telecare-ICCN-19-22 Amendment 2 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-ABHS-ICN-19-22 Amendment 2 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-CASC-ICN-19-22 Amendment 5 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-Sea Mar-ICN-19-22 Amendment 3 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.

- NS BH-ASO-Lifeline Connections-ICN-19-22 Amendment 5 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-Snohomish County Superior Court-ICN-19-22 Amendment 3 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-Island County-ICN-19-22 Amendment 8 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-San Juan County-ICN-19-22 Amendment 5 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-Skagit County-Interlocal-19-22 Amendment 5 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-Whatcom County-ICN-19-22 Amendment 8 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.

Substance Abuse Block Grant (SABG) & Mental Health Block Grant (MHBG) Priority Services

Summary:

The following contracts are providing SABG priority Services:

- Brigid Collins
 - Pregnant and Parenting Women (PPW) Housing Support Services
- Evergreen Recovery Centers
 - PPW Housing Support Services
- Catholic Community Services
 - PPW Housing Support Services
- Therapeutic Health Services
 - Medication Assisted Treatment
- Island County
 - Opiate Outreach
- Community Action of Skagit County

- Opiate Outreach
- Snohomish County
 - Opiate Outreach
- Whatcom County
 - Opiate Outreach
- Lifeline Connections
 - **Peer Pathfinder Incarceration Pilot** (includes mental health and substance abuse block grant funds)
- Telecare Corp.
 - Peer Bridger Program, **Peer Bridger Relief Funds**

Motion #21-58

- NS BH-ASO-Brigid Collins-ICN-19-22 Amendment 4 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-ERC-ICN-19-22 Amendment 5 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-CCS NW-ICN-19-22 Amendment 4 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-THS-ICN-19-22 Amendment 3 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-Island County-ICN-19-22 Amendment 8 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-CASC-ICN-19-22 Amendment 5 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-Snohomish County-ICN-19-22 Amendment 4 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-Whatcom County-ICN-19-22 Amendment 8 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an

automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.

- NS BH-ASO-Lifeline Connections-MHBG-20-22 Amendment 3 to provide additional funding to the Peer Path Finder services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-Telecare-MHBG-19-22 Amendment 2 to provide additional funding to Peer Bridger services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.

GF-S/SABG/MHBG Services within Available Resources

- Compass Health
 - SUD outpatient services in San Juan County
 - Snohomish & Whatcom County Triage Services
- Evergreen Recovery Centers
 - Withdrawal Management Services
 - Mental Health Infant Specialist
- Island County
 - Co-Responder project
- Lifeline Connections
 - SUD Outpatient services
 - Recovery Housing
- Lake Whatcom Center
 - PACT
 - Mental Health outpatient services
 - Substance Use outpatient services
- Pioneer Human Services
 - Skagit & Whatcom withdrawal management services
 - SUD residential services
- Sea Mar
 - Mental health outpatient services
 - Substance use outpatient services
 - SUD residential services
- Volunteers of America (VOA)
 - Emergency Response for Suicide Prevention (ERSP)

Motion #21-59

- NS BH-ASO-Compass Health-ICCN-19-22 Amendment 7 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an

automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.

- NS BH-ASO-ERC-ICN-19-22 Amendment 5 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-Island County-ICN-19-22 Amendment 8 to provide the funding for co-responder services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-Lifeline Connections-ICN-19-22 Amendment 5 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-LWC-ICN-19-22 Amendment 3 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-PHS-ICN-19-22 Amendment 7 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-Sea Mar-ICN-19-22 Amendment 3 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-VOA-ICCN-19-22 Amendment 5 to provide the funding for suicide prevention follow up services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract

Professional Service Contract

Summary:

Telecare has approached Skagit County and North Sound BH-ASO to cover costs for infrastructure at the new Evaluation and Treatment Center. Infrastructure costs include resident/office furniture, kitchen equipment and miscellaneous items. The funding type is Federal Block Grant. In conversation with Skagit County, it was decided we would split the costs, each paying **\$125,698**.

Motion #21-60

- NS-BH-ASO-Telecare-PSC-21 for the provision of \$125,698 of federal block grant funds to cover half the costs of infrastructure needed to open and operate the E&T facility. The contract term is December 1, 2021, through June 30, 2022.

New Federal & State Holiday-Juneteenth

Summary:

North Sound BH-ASO is proposing to add the new Holiday to the 2022 holiday closure calendar. In accordance with our Personnel Policy the Board of Directors has the authority to amend, modify or terminate benefits, language follows: *“North Sound BH-ASO Board of Directors reserves the right, in its sole discretion, to amend, modify or terminate, in whole or in part, any or all of the provision of the benefit plans described herein.”*

Motion #21-61

- Approve the addition of the 2022 Federal and State Holiday Juneteenth (June 19th) to the North Sound BH-ASO calendar of holiday closures.



2022 North Sound BH-ASO Proposed Operating Budget Overview

Presented by:
Joe Valentine, Executive Director

Agenda

- Budget Highlights
- New and Expanded Funding
- Challenges & Strategies
- 2022 Strategic Goals - Proposed
- Summary of 2021 Versus 2022 Revenues and Expenditures
- Revenue Forecast
- Expenditure Detail Overview
- Staffing – 2022 Organizational Chart

Budget Highlights

- We continue to prioritize State General Fund and Federal Block Grant [FBG] dollars to support Crisis Services
- During 2021 we were also able to support services to non-Medicaid persons in Crisis and Withdrawal Management Facilities – the 2022 budget continues this support
- The Fiscal Closeout plan for the former BHO was accepted
- Two new sources of funding will allow us to continue to expand ASO funded behavioral health services in 2022: COVID FBG and new Legislative initiatives and provisos

New and Expanded Funding

- Recovery Navigator Program
- Long Term Rental Assistance
- Added funding for Crisis Teams, including child/youth teams
- Funding for “co-responder” teams
- Whatcom County Pilot: Crisis Stabilization Diversion
- Whatcom County Pilot: Trauma Informed School Counseling
- COVID Block Grant Dollars

Challenges & Strategies

Challenges	Strategies
Continued increase in calls to Crisis Line due to COVID and Workforce Shortages	Provided funding to VOA for additional staff and new call management system
Crisis Services Agencies still not able to access crisis plan or treatment provider information for Medicaid members	Developed an agreement with MCOs to jointly fund a data sharing platform that crisis agencies can use to access provider treatment information
COVID has complicated the ability of DCRs to conduct ITA evaluations	DCR agencies have been able to obtain PPEs and ASO funded the procurement and deployment of video conferencing equipment to be used by DCRs

Challenges & Strategies [continued]

Challenges	Strategies
Workforce Shortages have created severe access to care problems	Facilitating a joint MCO/ASO workgroup to identify investments that can support the state's workforce development plan
HB 1310 led to reduction in assistance from law enforcement with crisis outreach	Expanding funding for co-responder programs to strengthen collaboration with law enforcement
Closure of BH-ASO office due to COVID	Provided equipment, training, and guidelines to enable ASO staff to continue to perform all functions virtually

2022 Strategic Goals - Proposed

1. Remain in full compliance with the HCA-BH ASO Contract
2. Support continuous process improvement in the Crisis Services System
3. Implement the updated Quality Management Plan
4. Continue to actively support planning to achieve the goals of physical/behavioral health care integration
5. Address the impacts of the COVID pandemic on staff, BHAs, and the community
6. Develop and implement a plan to address social equity and systemic racism
7. Effectively implement new state funded programs, e.g., Recovery Navigator, Long-Term Rental Assistance, Children's Crisis Team, etc.
[New]

Revenues & Expenditures

2021 vs. 2022

BUDGET	REVENUES	EXPENDITURES
2021 AMENDED	\$31,338,766	\$31,338,766
2021 PROJECTED	\$28,881,409	\$34,836,644
2022 PROPOSED	\$38,951,174	\$38,951,174

Revenue Forecast

REVENUE SOURCE	2021 ADOPTED	2022 PROPOSED
Mental Health Block Grant	1,739,489	3,278,880
Substance Abuse Block Grant	3,571,126	5,339,865
Federal Grants [MAT-PDOA/HRSA	456,086	333,333
Medicaid Crisis MCO Contracts	4,287,847	5,102,632
State General Fund	13,689,008	15,186,567
State Proviso and Dedicated Funds	4,268,230	9,706,397
Investment Interest	20,000	3,500
TOTAL REVENUE	28,031,786	38,951,174

Expenditure Detail

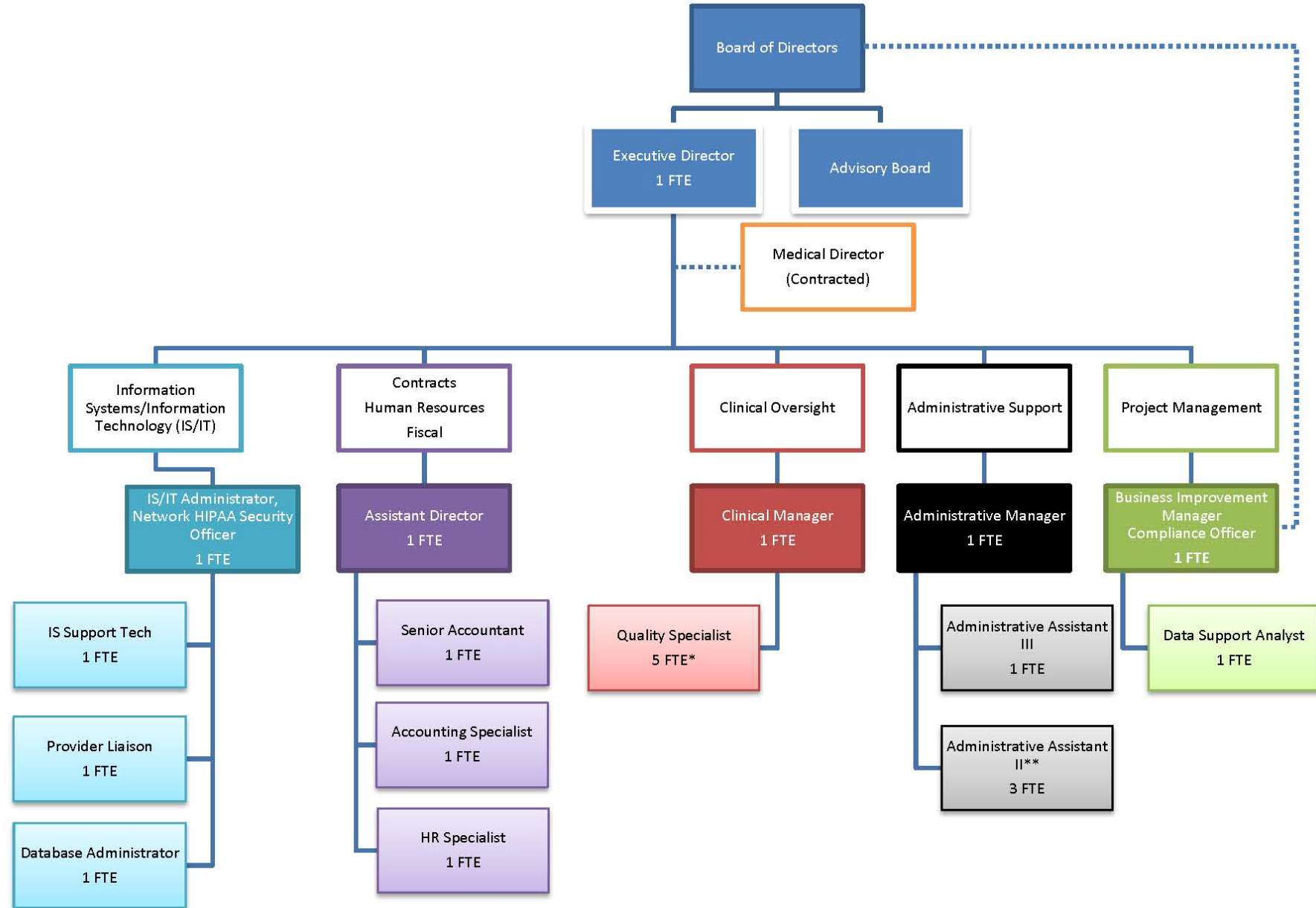
CATEGORY	2021 AMENDED*	2022 PROPOSED	Notes
Salaries & Benefits	2,824,060	3,246,304	Addition of 1FTE, increase of .5 FTE to 1 FTE. COLA Health Insurance Increase
Other Operating	1,237,041	1,106,318	Reduction of office operating expenses and rent
Sub-total Administration**	4,061,101	4,352,62,	
Behavioral Health Services***	27,277,665	34,598,552	Increased revenue: state proviso, Federal Block Grant, Medicaid
TOTAL	31,338,766	38,951,176	

* Amended Budget

** Includes Advisory Board

*** Includes Hospital Inpatient

2022 Org Chart



*New FTE (Recovery Navigator) added for 2022

**Expanded .5 FTE to 1 FTE



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

Serving Island, San Juan, Skagit, Snohomish and Whatcom Counties

North Sound BH-ASO 2022 COLA**Summary:**

- Based on conversations at the November 11th Board of Directors meeting, we have developed three options for the 2022 COLA. This does not include a COLA for the Executive Director, that will be decided at a later date.

For Board consideration:

- 1) The original proposal of **6.285%** based on the 2021 change in the Consumer Price Index
- 2) The average change in COLA over the last 5 years – **3.316%**
- 3) No COLA salary or a different COLA amount that might be suggested by a Board member

Motion #21-54

- To approve a _____% COLA for the 2022 North Sound BH-ASO Budget with an effective date of January 1, 2022.

North Sound BH-ASO 2022 Operating Budget https://www.nsbhaso.org/who-we-are/boards-and-committees/board-of-directors/Proposed%202022%20Budget_without%20COLA.pdf

Summary:

The 2022 Operating Budget is being presented for approval. The motion will include the COLA as approved in Motion #21-54.

Motion #21-55

- To approve the North Sound BH-ASO 2022 Operating Budget with a COLA of _____% with an effective date of January 1, 2022.

Summary:

The contracts being submitted for approval this month fall into four distinct categories:

- Health Care Authority (HCA) contract to include funding for the period of January 1, 2022, through June 30, 2022.
- Downstream contracts for General Fund-State (GF-S) Mandatory Services (Crisis Outreach, Involuntary Treatment Act (ITA) Services, ITA inpatient, Secure Withdrawal Management, Proviso Funding)
- Downstream contracts for Substance Abuse Block Grant (SABG) Priority Services (Pregnant & Parenting Women Housing Services (PPW), Individuals using Intravenous Drugs (IUID) Opiate Outreach)

- Downstream contracts for GF-S/SABG/Mental Health Block Grant (MHBG) Services within Available Resources (Mental Health & Substance Use Disorder Outpatient, SUD Residential, Triage Services)

The downstream contracts follow the HCA contract. The funding for the downstream contracts is included in the same amendment, which is why you will see the same numbered amendment under a different category of funding. The funding allocations for the downstream contracts will be developed over the next month.

Areas of new funding are highlighted.

Health Care Authority

K-4949 is providing the funding for the period of January 1, 2022, through June 30, 2022.

- New deliverables are included in the January amendment along with the off-cycle amendment's additional funding and programs. No new funding is expected for the period of January – June 2022.

Motion #21-56

- HCA-NS BH-ASO-K-4949-Amendment 4 providing the ASO GF-S funding and legislative provisos for the period of January 1, 2022, through June 30, 2022.

GF-S Mandatory Services

Summary:

The following contracts are providing mandatory behavioral health services.

- Compass Health
 - Crisis Outreach, ITA services, Program for Assertive Community Treatment (PACT), Evaluation and Treatment Services, Discharge Planners Whatcom Triage Diversion Pilot
- Snohomish County
 - Crisis Outreach, ITA services
 - Proviso Funding-Jail Transition Services, Designated Marijuana Account, Trueblood Funds
- Volunteers of America
 - Toll Free Crisis Line
- Telecare
 - Evaluation and Treatment Services, Discharge Planners
- American Behavioral Health Services (ABHS)
 - Secure Withdrawal Management
- Community Action of Skagit County (CASC)
 - Ombuds Services
- Sea Mar
 - Assisted Outpatient Treatment
- Lifeline Connections
 - PACT
 - HARPS

- Snohomish County Superior Court
 - Juvenile Treatment Services
- Island County
 - Proviso Funding-Jail Transition Services, Trueblood Funds, Designated Marijuana Account, HARPS subsidies
- San Juan County
 - Proviso Funding-Jail Transition Services, Designated Marijuana Account & HARPS subsidies
- Skagit County
 - Proviso Funding-Jail Transition Services, Designated Marijuana Account, Trueblood Funds
- Whatcom County
 - Proviso Funding-Jail Transition Services, Designated Marijuana Account, Trueblood Funds,

Motion # 21-57

- NS BH-ASO-Compass Health-ICCN-19-22 Amendment 7 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-Snohomish County-ICCN-19-22 Amendment 4 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-VOA-ICCN-19-22 Amendment 5 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-Telecare-ICCN-19-22 Amendment 2 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-ABHS-ICN-19-22 Amendment 2 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-CASC-ICN-19-22 Amendment 5 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-Sea Mar-ICN-19-22 Amendment 3 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.

- NS BH-ASO-Lifeline Connections-ICN-19-22 Amendment 5 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-Snohomish County Superior Court-ICN-19-22 Amendment 3 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-Island County-ICN-19-22 Amendment 8 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-San Juan County-ICN-19-22 Amendment 5 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-Skagit County-Interlocal-19-22 Amendment 5 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-Whatcom County-ICN-19-22 Amendment 8 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.

Substance Abuse Block Grant (SABG) & Mental Health Block Grant (MHBG) Priority Services

Summary:

The following contracts are providing SABG priority Services:

- Brigid Collins
 - Pregnant and Parenting Women (PPW) Housing Support Services
- Evergreen Recovery Centers
 - PPW Housing Support Services
- Catholic Community Services
 - PPW Housing Support Services
- Therapeutic Health Services
 - Medication Assisted Treatment
- Island County
 - Opiate Outreach
- Community Action of Skagit County

- Opiate Outreach
- Snohomish County
 - Opiate Outreach
- Whatcom County
 - Opiate Outreach
- Lifeline Connections
 - **Peer Pathfinder Incarceration Pilot** (includes mental health and substance abuse block grant funds)
- Telecare Corp.
 - Peer Bridger Program, **Peer Bridger Relief Funds**

Motion #21-58

- NS BH-ASO-Brigid Collins-ICN-19-22 Amendment 4 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-ERC-ICN-19-22 Amendment 5 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-CCS NW-ICN-19-22 Amendment 4 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-THS-ICN-19-22 Amendment 3 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-Island County-ICN-19-22 Amendment 8 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-CASC-ICN-19-22 Amendment 5 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-Snohomish County-ICN-19-22 Amendment 4 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-Whatcom County-ICN-19-22 Amendment 8 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an

automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.

- NS BH-ASO-Lifeline Connections-MHBG-20-22 Amendment 3 to provide additional funding to the Peer Path Finder services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-Telecare-MHBG-19-22 Amendment 2 to provide additional funding to Peer Bridger services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.

GF-S/SABG/MHBG Services within Available Resources

- Compass Health
 - SUD outpatient services in San Juan County
 - Snohomish & Whatcom County Triage Services
- Evergreen Recovery Centers
 - Withdrawal Management Services
 - Mental Health Infant Specialist
- Island County
 - Co-Responder project
- Lifeline Connections
 - SUD Outpatient services
 - Recovery Housing
- Lake Whatcom Center
 - PACT
 - Mental Health outpatient services
 - Substance Use outpatient services
- Pioneer Human Services
 - Skagit & Whatcom withdrawal management services
 - SUD residential services
- Sea Mar
 - Mental health outpatient services
 - Substance use outpatient services
 - SUD residential services
- Volunteers of America (VOA)
 - Emergency Response for Suicide Prevention (ERSP)

Motion #21-59

- NS BH-ASO-Compass Health-ICCN-19-22 Amendment 7 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an

automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.

- NS BH-ASO-ERC-ICN-19-22 Amendment 5 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-Island County-ICN-19-22 Amendment 8 to provide the funding for co-responder services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-Lifeline Connections-ICN-19-22 Amendment 5 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-LWC-ICN-19-22 Amendment 3 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-PHS-ICN-19-22 Amendment 7 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-Sea Mar-ICN-19-22 Amendment 3 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-VOA-ICCN-19-22 Amendment 5 to provide the funding for suicide prevention follow up services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract

Professional Service Contract

Summary:

Telecare has approached Skagit County and North Sound BH-ASO to cover costs for infrastructure at the new Evaluation and Treatment Center. Infrastructure costs include resident/office furniture, kitchen equipment and miscellaneous items. The funding type is Federal Block Grant. In conversation with Skagit County, it was decided we would split the costs, each paying **\$125,698**.

Motion #21-60

- NS-BH-ASO-Telecare-PSC-21 for the provision of \$125,698 of federal block grant funds to cover half the costs of infrastructure needed to open and operate the E&T facility. The contract term is December 1, 2021, through June 30, 2022.

New Federal & State Holiday-Juneteenth

Summary:

North Sound BH-ASO is proposing to add the new Holiday to the 2022 holiday closure calendar. In accordance with our Personnel Policy the Board of Directors has the authority to amend, modify or terminate benefits, language follows: *“North Sound BH-ASO Board of Directors reserves the right, in its sole discretion, to amend, modify or terminate, in whole or in part, any or all of the provision of the benefit plans described herein.”*

Motion #21-61

- Approve the addition of the 2022 Federal and State Holiday Juneteenth (June 19th) to the North Sound BH-ASO calendar of holiday closures.

1. NEW PROGRAMS

Health Care Authority [HCA] has added funding to our contract for two new programs: *New Journeys* and *HOST*

a. New Journeys: [Attachment 1 – “New Journeys Coordinated Specialty Care Funding FAQ]

- A program that uses a multi-disciplinary team to provide wrap-around treatment services to transition-aged youth and young adults and their families when first diagnosed with psychosis.
- There are currently eleven New Journey's Teams operating across the state – none in North Sound. HCA has the funding to expand it to the North Sound.
- Effective January 1, the Medicaid funding for the New Journey's case rate will be included in the Managed Care Organization [MCO] contracts.
- The North Sound BH-ASO would receive funding to pay for two non-Medicaid slots and to provide start-up funding to any new teams that would be established in our region.

b. HOST [Homeless Outreach Stabilization Team]

- Also effective January 1, the North Sound BH-ASO will receive funding to establish a [Homeless Outreach Stabilization Team].
- The HOST program is based on the model of homeless outreach services used by the Downtown Emergency Services Center in Seattle.
- It uses a multi-disciplinary team to provide intensive outreach services to persons who are homeless and suffering from substance use or co-occurring substance use disorders and behavioral health conditions. Specifically, persons whose behavioral health condition creates barriers to their use of other community based behavioral health services.
- The funding for HOST can be braided with other funding that a behavioral health agency is using for homeless outreach services.

2. WORKFORCE DEVELOPMENT UPDATE

- The state “Behavioral Health Workforce Advisory Council” provided a preliminary report to the Senate Behavioral Health Subcommittee on November 16.
- Among the highest priority items recommended for action were:
 - Increase Medicaid reimbursement rates
 - Increase financial support/incentives for students and workers
 - Increase the ability of, and incentives for, community behavioral health agencies to supervise and train students and early career workers.

- The MCO/ASO Clinical Coordination Workforce Development Subcommittee will be reviewing these recommendations to identify specific areas where we as funders can assist.
- The North Sound BH-ASO has also set aside some of our COVID Federal Block Grant funds to support specific strategies.

3. RECOVERY NAVIGATOR PROGRAM

- The work to develop contracts for the Recovery Navigator [RN] program continues.
- We are working with the Law Enforcement Assisted Diversion [LEAD] programs in Snohomish and Whatcom counties and will be issuing a Request for Qualifications [RFQ] to select agencies in Skagit, Island, and San Juan counties to provide the Recovery Navigator Program [RNP] services. The target date of RFQ release is December 8.

4. HRSA GRANT

- North Sound BH-ASO was awarded the Rural Communities Opioid Response Program – Implementation Grant, HRSA-21-088. The award amount is up to 1,000,000,00 for 3 years starting on 9/1/2021.
- The primary focus of the grant is on Opioid Use Disorder (OUD) with the inclusion of polysubstance users for youth and adults.
- For the purposes of this grant, we identified Island County and Concrete as underserved rural regions. The grant will fund positions in East Skagit County (IMPACT team, Recovery Specialist, Medication Assisted Treatment [MAT] services) and Island County (Prevention Specialist and MAT services).

5. CRISIS SERVICES

- a) **Weekly Crisis Capacity Indicator Report** – through November 27[attachment #2].
Calls to the Crisis Line and dispatches of mobile crisis outreach teams increased over the last 4 weeks before the Thanksgiving holiday. The Thanksgiving holiday probably contributed to the temporary decrease in reported services.

- b) **Crisis Services Dashboard** [attachment #3]

6. CRISIS RESPONSE IMPROVEMENT STRATEGY COMMITTEE [CRIS]

- On November 16, the contracted consultant, Health Management Associates [HMA] presented its preliminary assessment of the state's Behavioral Health Crisis Response and Suicide Prevention services [Attachment #4].
- HMA's report identified 9 key themes:
 - 1) The continuum of crisis services is not consistent across the state.

- 2) Crisis services and utilization volume varies across the state. There appears to be a disproportionate reliance on the involuntary process and Designated Crisis Responders [DCRs].
 - 3) With the implementation of integrated managed care, the accountability and monitoring of the delivery of crisis services changed and is not bifurcated.
 - 4) Financing appears to be disproportionately balanced towards more restrictive care, and towards acute crisis services rather than prevention of crisis events.
 - 5) There are no systematic standard practices to support the person and family centered approach.
 - 6) Although there are a variety of collaborative efforts underway to create a system of care for crisis services, collaboration is fragmented.
 - 7) Workforce is severely challenged and impedes expansion of the continuum of crisis services.
 - 8) There is limited technology used across the continuum resulting in a lack of real-time data to support coordination and monitoring of client outcomes.
 - 9) There has been limited focus on outcomes but there are opportunities to develop and report on outcomes from the recent and future investments in crisis services.
- The 7 subcommittees called for in HB 1477 have been formed and members assigned [Attachment #5]. I will be one of two ASO representatives on the “Cross-System Crisis Response subcommittee.

7. FACILITY NEEDS ASSESSMENT

- Per the Board’s direction we are proposing to contract with Percival/Cummings to update the facility needs assessment they prepared for the North Sound region in 2017.
- They will be preparing a scope of work for us that will both update their initial 5-year projections as well as look at related areas such as outpatient capacity.

New Journeys Coordinated Specialty Care (NJ CSC) Funding FAQ

Purpose

To provide guidance for funding New Journeys Coordinated Specialty Care (NJ CSC).

Background

Early intervention with evidence-based treatment decreases the duration of untreated psychosis (DUP), improving outcomes over a lifetime, resulting in reduced healthcare costs, and improved quality of life for individuals and their families. [New Journeys Coordinated Specialty Care \(NJ CSC\)](#) is a treatment curated to meet the needs of those experiencing a first episode of psychosis with treatment services of a higher intensity than those offered in regular outpatient settings. Treatment provides evidence-based health and recovery support interventions for youth and young adults when first diagnosed with psychosis.

NJ CSC services are delivered by multi-disciplinary mental health professionals who work as a team and provide the treatment, rehabilitation, and support services for individuals to achieve their own goals. The service array is provided on an outpatient basis with options for home and community settings, based on the individual's own needs and what they identify as helping them achieve a more meaningful life. Service components include; individual and/or group psychotherapy, supported employment and education, family psychoeducation and support, psychiatry, and peer support.

Definitions

- **First Episode Psychosis (FEP)**- Refers to **when a person first shows signs of perceptual changes and loss of contact with reality, typically within one week to two years of the onset of changes**. The longer symptoms of psychosis go untreated, the more severe and chronic symptoms become, resulting in decreased functioning and other negative outcomes over the course of their lifetime. The goal of addressing FEP within the first two years of onset is to decrease the duration of untreated psychosis to improve outcomes throughout an individual's lifetime.
- **NJ CSC Team**- a full fidelity NJ CSC team serves up to 30 individuals, engages in ongoing NJ training with University of Washington (UW) and Washington State University (WSU), and has submitted a New Journeys Attestation which has been approved by the Health Care Authority.
- **NJ CSC Fidelity Monitoring**- Completed annually in collaboration UW. UW will recruit and train secondary co-reviewers from the NJ CSC teams, aiming for at least one trained co-reviewer per team. Fidelity monitoring will evaluate program adherence to the model, areas of success, and identify areas for additional support and training. May include methods such as, but not limited to, contact with team members, chart review, and review of sessions.
- **NJ CSC Evaluation**- WSU's evaluation data is collected monthly related to implementation and outcomes of NJ CSC.

- **Startup funds** – Funding for NJ CSC is provided by HCA directly to the NJ team before the team provides any services. This may include capital and training expenditure funds.
- **Supplemental Case Building Funds** – Per the fidelity model, new NJ teams are required to “ramp up” their caseloads incrementally over time, as required by legislation and guidelines. A full team takes between 15 and 24 months to reach full capacity. “Case building funds” are loaded into the provider or BH-ASO contracts with DBHR. This funding is intended to supplement the NJ teams during the period teams are working toward a full caseload.
- **Team Based Rate (TBR)** – The actuaries have set a Medicaid case rate payment that is stratified into two Tiers. The tiers reflect a higher level of service intensity during the first six months of treatment. The case rate payment will be paid to the Managed Care Organizations as a Per User Per Month (PUPM). The fiscal assumptions supporting the PUPM amount fully support the costs of the NJ teams to provide this service to Medicaid enrollees.

Funding

Team Based Rate Payments (based upon 24 calendar months of intervention):

- Tier 1: Engagement and Outreach (T2022 HT) – 6 calendar months total (Intake through month 6)
- Tier 2: Recovery and Resiliency (T2023 HT) – 18 calendar months total (7th - 24th month of treatment)

An individual can be served for 6-months at the first tier and 18-months at the second tier.

- The case rate will be in addition to the monthly capitation payment and will cover expenditures for the New Journeys program on an at-risk basis.
- The 24-month eligibility period is expected to begin with the first New Journeys service delivery or formal intake. Individuals may have a gap in treatment that results in the member’s 24-month eligibility period to pause and resume in a future month when New Journeys service utilization resumes.
- Case rate payments will be made by HCA. MCOs will contract with the approved New Journeys provider in the region.


Current State

There are eleven NJ CSC teams in nine regions of Washington supported through a combination of funding streams, which include the MHBG 10% set aside. Nine of the eleven sites are operational, two teams are in the process of implementation. Four additional teams are projected to be developed in the next six months. The vision is to have an adequate number of NJ CSC teams, based on incidence and population, across Washington by December 31, 2023.

Issue

A TBR was developed to assure the availability and sustainability of CSC throughout Washington. When developing a NJ CSC team, it is essential to make connections throughout the identified geographical area being served to assist in education and identification of early psychosis in the region. When facilitating a successful referral system, a “no wrong door” approach is best. The goal is to change the trajectory and prognosis of schizophrenia through coordinated and systematic treatment in the earliest stages of the illness.

NJ CSC hopes to address the challenge of (dis)engagement of older youth and young adults in mental health systems. Data indicates forty-six percent of those who met criteria for serious mental illness (SMI) had received no treatment. NJ CSC exceeds regular outpatient services with assertive efforts and accommodating the individual’s



choice to receive services in the home, community, or office. Teams spend extensive time engaging with those experiencing symptoms and their families to build trust and minimize barriers to engagement. This requires teams to limit service provision increases by a maximum of three people a month per team.

There are additional staff assumptions that result in lower level of direct service provision compared to regular outpatient services. These considerations are reflected in the TBR:

- Concurrent delivery of services
- Peer fidelity reviews of the NJ CSC model
- First Episode specific training and consultation
- Increased supervision needs
- Care coordination and consultation
- Time spent traveling to community-based appointments


Intended Result

Implementation of a TBR for NJ CSC to make screening and early identification of psychosis, among youth and young adults, a universal health care practice, and providing access to evidence-based recovery interventions to those who need them.

The implementation of the TBR will require contractual relationships to be reconfigured. NJ teams will contract directly with their regions MCOs for reimbursement of Medicaid enrollees through the TBR beginning in January 2022. All expenditures for Medicaid enrollees are included in the PMPM and TBR. The dollars need to follow the model to fund additional staff assumptions that result in the clinical team providing a higher level of treatment intensity, care coordination, and maintaining a lower caseload compared to regular outpatient services. NJ teams must bill all payers for reimbursement (Medicaid and non-Medicaid payers) prior to invoicing HCA or BH-ASO contract. Costs associated with startup and supplemental case building costs can be used to supplement program costs for the first two years (existing NJ CSC teams are encouraged to apply to DBHR for supplemental support, unique to individual site needs, during the first six months of TBR implementation).

Objective

To keep NJ CSC teams operational during the case building period, funds are provided to ensure fidelity to the model and support of early intervention. The chart below clarifies where, when, and how funds are provided to support the NJ CSC teams.



Per site	Start-up Funds	Case Building Funds	Medicaid Funds	GFS Funds
Total amount	\$80,000	\$520,000	TBR Tier 1- Engagement Tier 2- Recovery/Resiliency	2 slots for non-Medicaid per team
Source of funds	HCA Direct Funding for new teams	HCA Direct Funding for new teams	MCO Contracts IMC	BH-ASO
Type of funds	MHBG or State Funds	MHBG or State Funds	Medicaid PMPM and TBR	GFS
Location of funds	HCA directly with provider or BH-ASO	HCA directly with provider or BH-ASO	IMC Contract	BH-ASO Contracts
Funding uses	Costs associated with launching the program until case carrying	Costs associated with increased time in staff training and program development during the time that the site reaches a full case load during the 24-month case building period	All expenditures related to services provided for the Medicaid enrollees (uses all in framework)	Expenditures related to uninsured and underinsured for NJ individuals within available resources.

Expectations

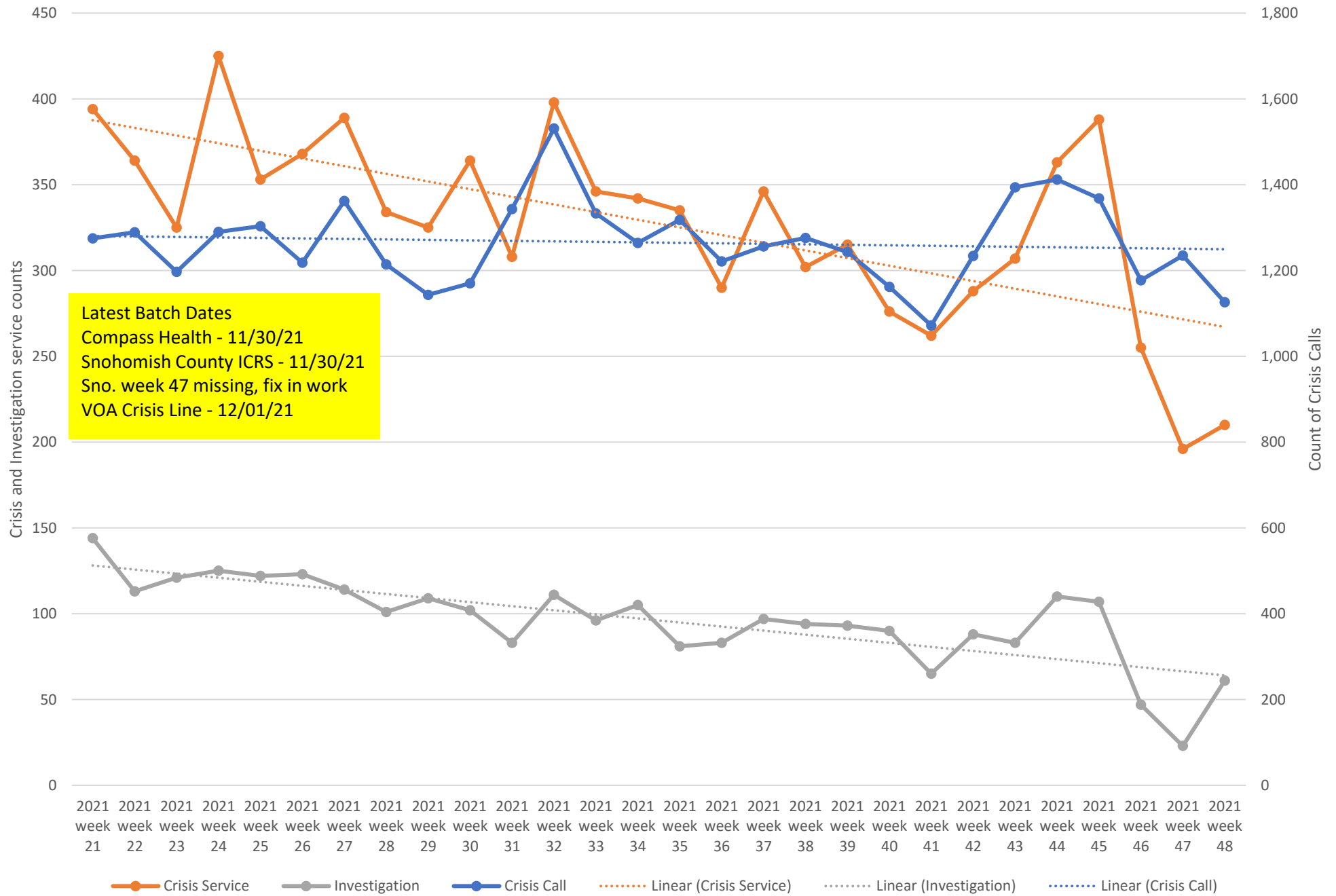
- NJ CSC will be included in Integrated Managed Care (IMC) and Wraparound Contracts with the MCOs.
- MCOs will contract with the HCA approved providers for NJ CSC TBR beginning in January 2022.
- Existing contracts with providers and BH-ASOs that expire June 30, 2022, provide a six-month grace period for the transition to TBR.
- Each New Journeys team must be recognized by HCA/DBHR as a New Journeys Coordinated Specialty Care team, has an approved, current HCA/DBHR attestation and actively participate in the New Journeys Fidelity Review requirements. Criteria for entry to this program are specified in the HCA/DBHR New Journeys manual.
- Each MCO will provide HCA a roster of current NJ participants, including the treatment month, until electronic implementation of SERI Codes can be completed.



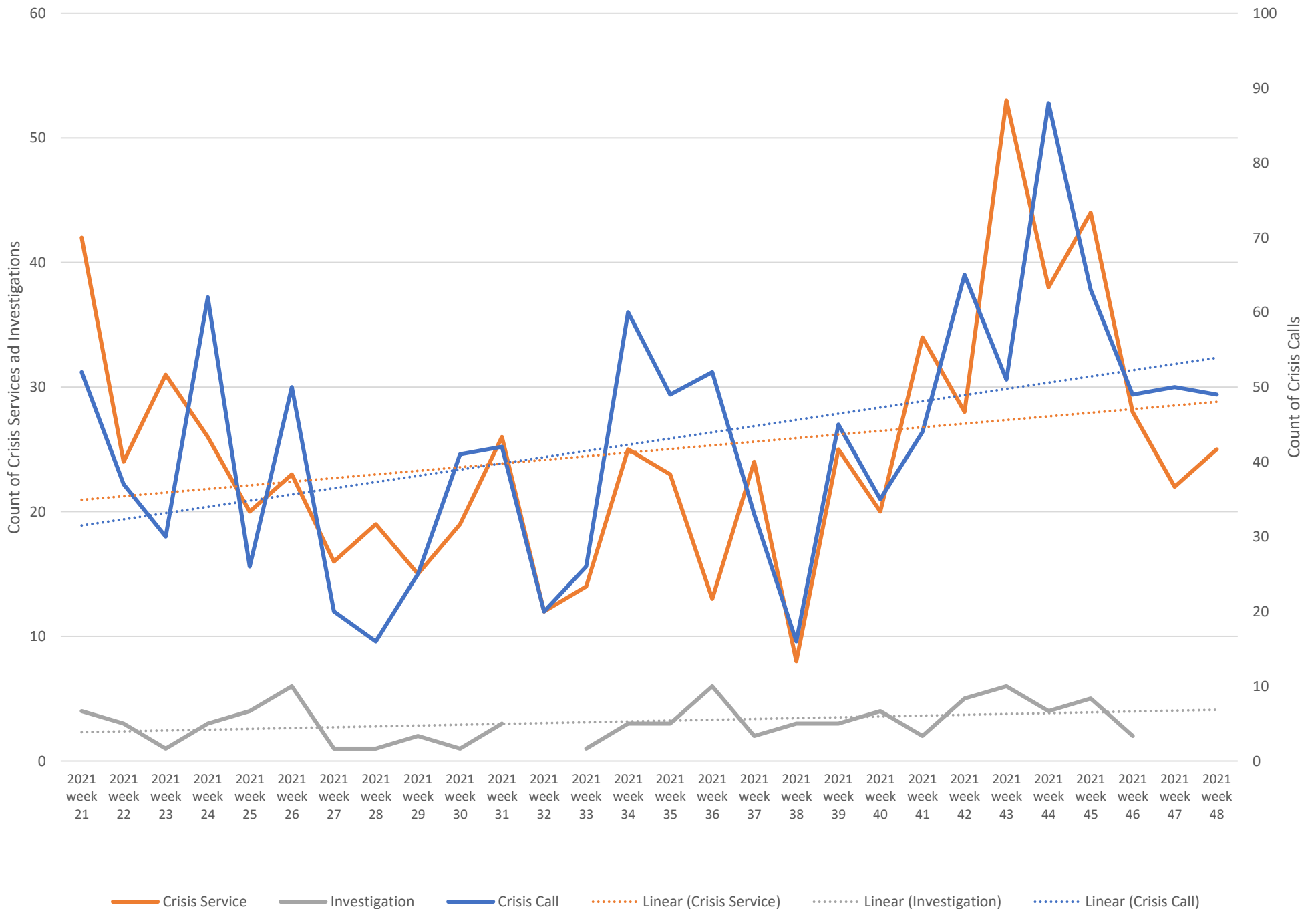
Weekly Crisis Capacity Indicator Snapshot

Page 2	Crisis Data - dates 05/16/21 to 11/27/21
Page 3	Crisis Data: Ages 0-17 - dates 05/16/21 to 11/27/21
Page 4	All DCR Dispatches - dates 05/16/21 to 11/27/21
Page 5	Weekly Staff Count - Staff providing Crisis or Investigation services 05/16/21 to 11/27/21
Page 6	Hospital placement locations (Invol and Vol) - No adjustment has been made for timely data - recent weeks likely low
Page 7	Telehealth only, crisis and investigation services from 05/16/21 to 11/27/21
Page 8	Crisis Service Unit Percent - Crisis Service units divided by Crisis units + Investigation units
Page 9	Washington State Indicators of Anxiety or Depression Based on Reported Frequency of Symptoms During Last 7 Days
Page 10	Place of Service -Crisis Services, percent of total by week
Page 11	Place of Service -Investigations, percent of total by week
Page 12	New COVID-19 Cases Reported Weekly per 100,000 population - 11/03/20 to 12/01/21
Page 13	Total Hospitalized Adults - COVID-19 (confirmed or suspected) 7 day average
Page 14	HB 1310 Data collected with LE Declines 05/16/21 to 11/27/21
Page 15	HB 1310 Data collected with LE Response or Other 05/16/21 to 11/27/21

Crisis Data - dates 05/16/21 to 11/27/21

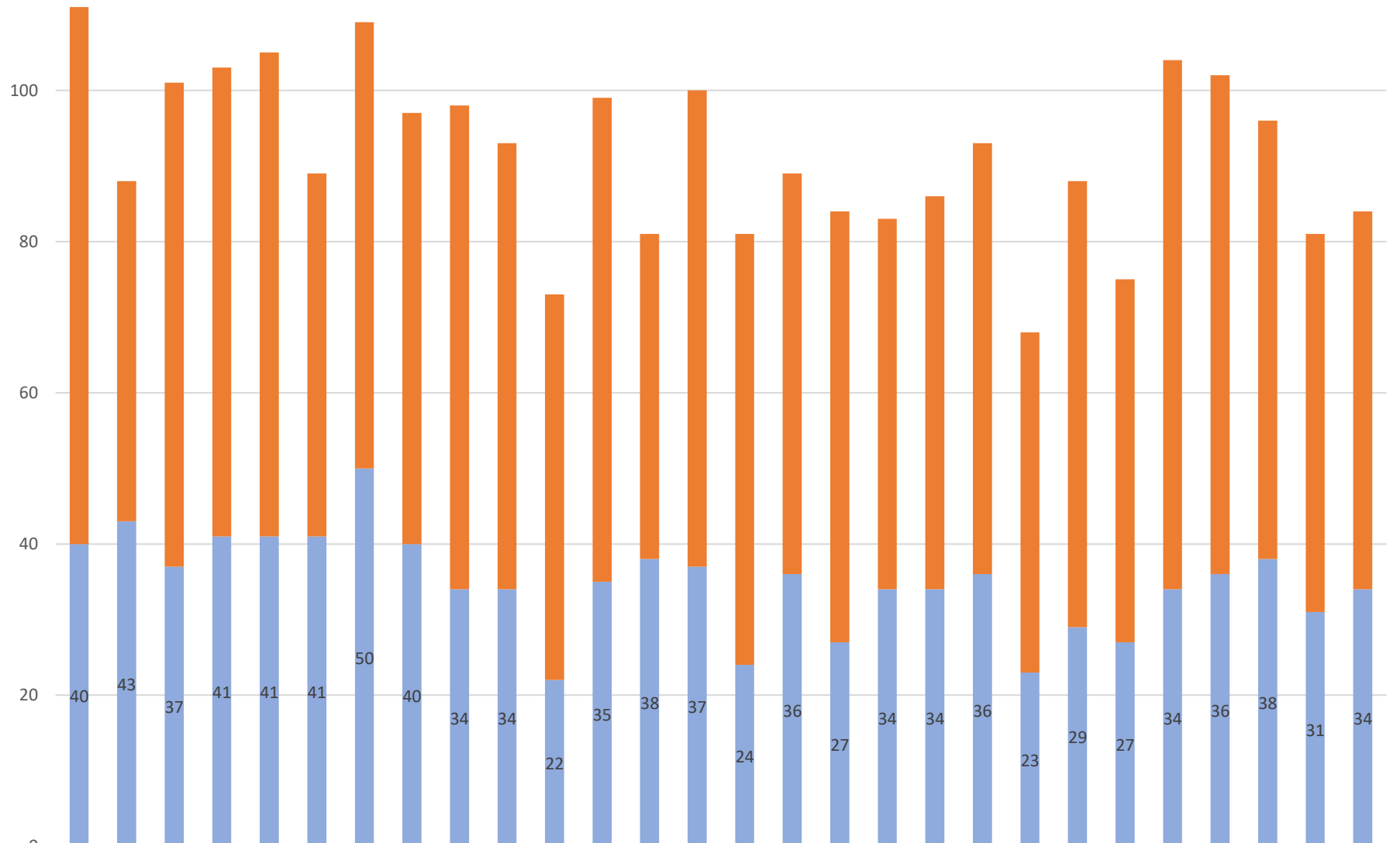


Crisis Data: Ages 0-17 - dates 05/16/21 to 11/27/21



All DCR Dispatches - dates 05/16/21 to 11/27/21

120

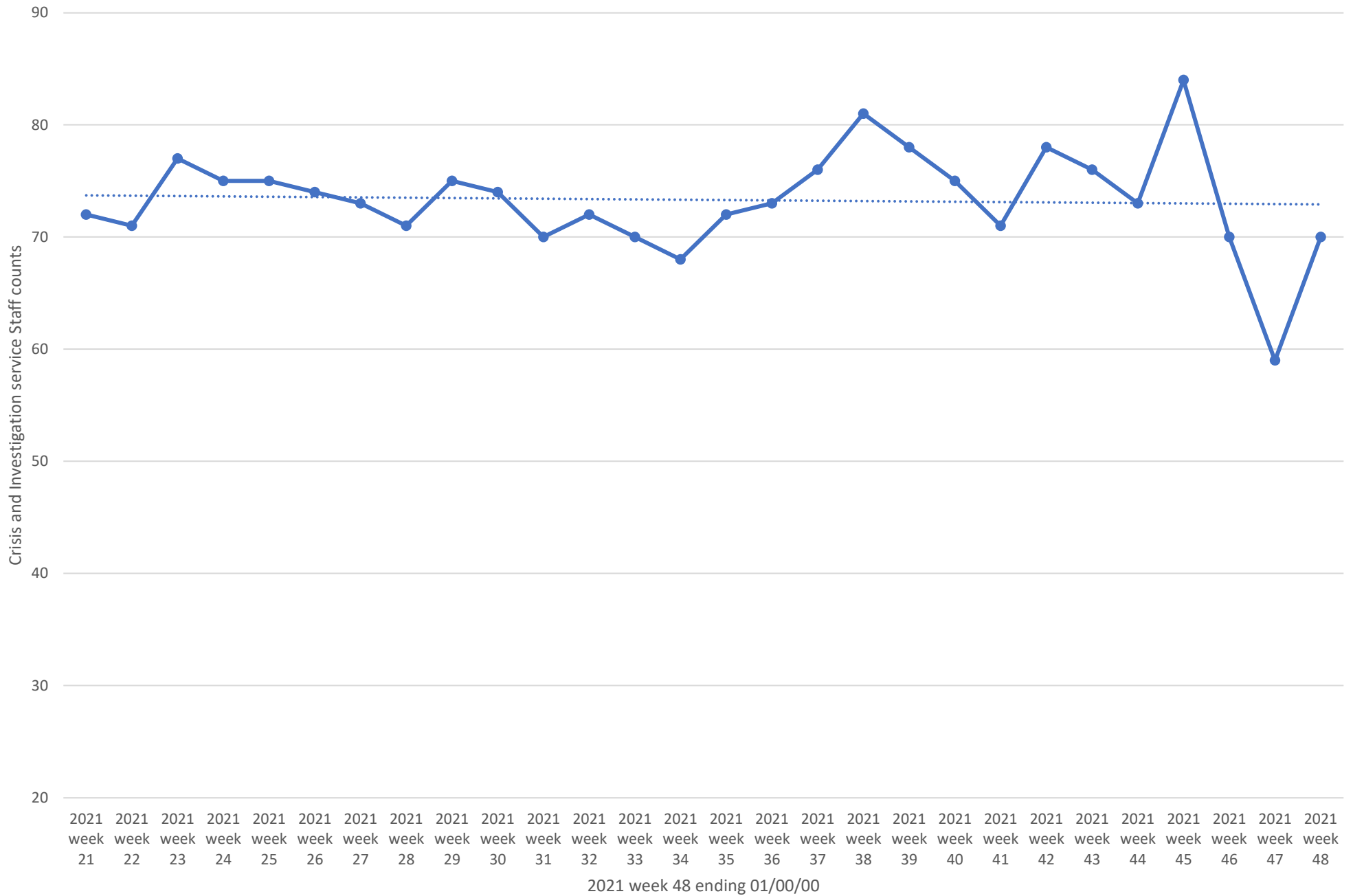


dispatch resulting in other outcome

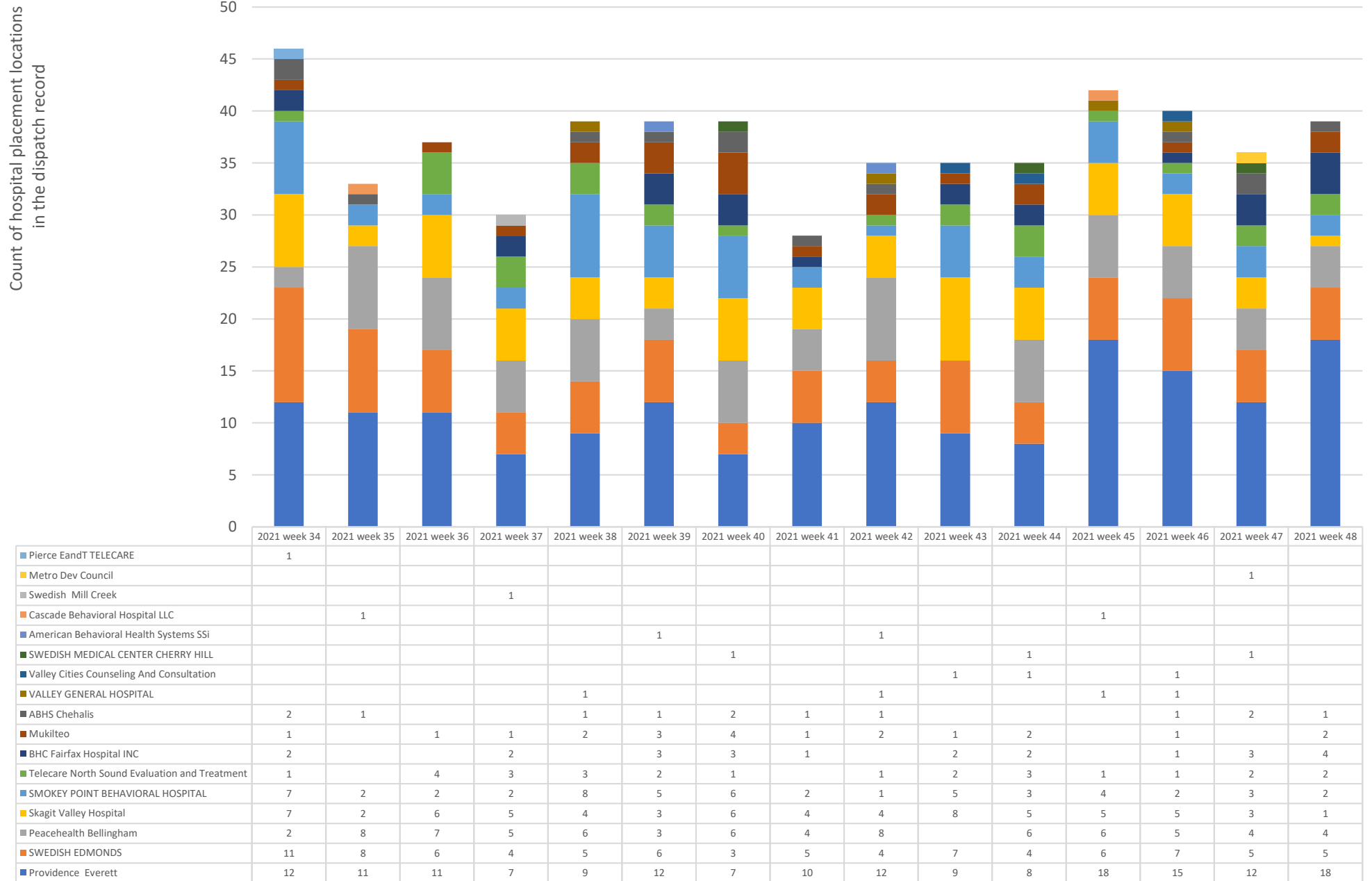
dispatch resulting in detention

2021 week 21	2021 week 22	2021 week 23	2021 week 24	2021 week 25	2021 week 26	2021 week 27	2021 week 28	2021 week 29	2021 week 30	2021 week 31	2021 week 32	2021 week 33	2021 week 34	2021 week 35	2021 week 36	2021 week 37	2021 week 38	2021 week 39	2021 week 40	2021 week 41	2021 week 42	2021 week 43	2021 week 44	2021 week 45	2021 week 46	2021 week 47	2021 week 48
71	45	64	62	64	48	59	57	64	59	51	64	43	63	57	53	57	49	52	57	45	59	48	70	66	58	50	50
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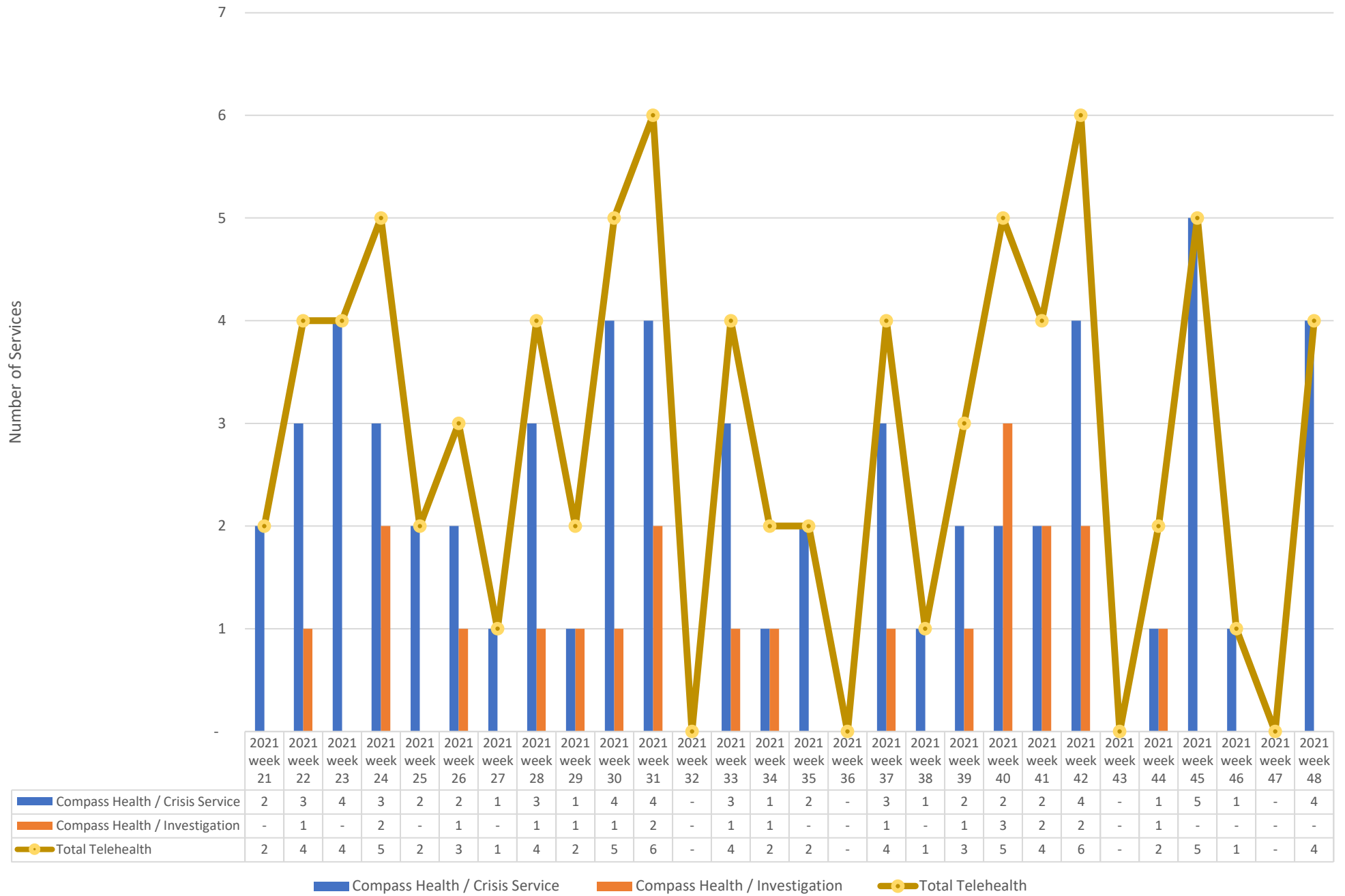
Weekly Staff Count - Staff providing Crisis or Investigaion services 05/16/21 to 11/27/21



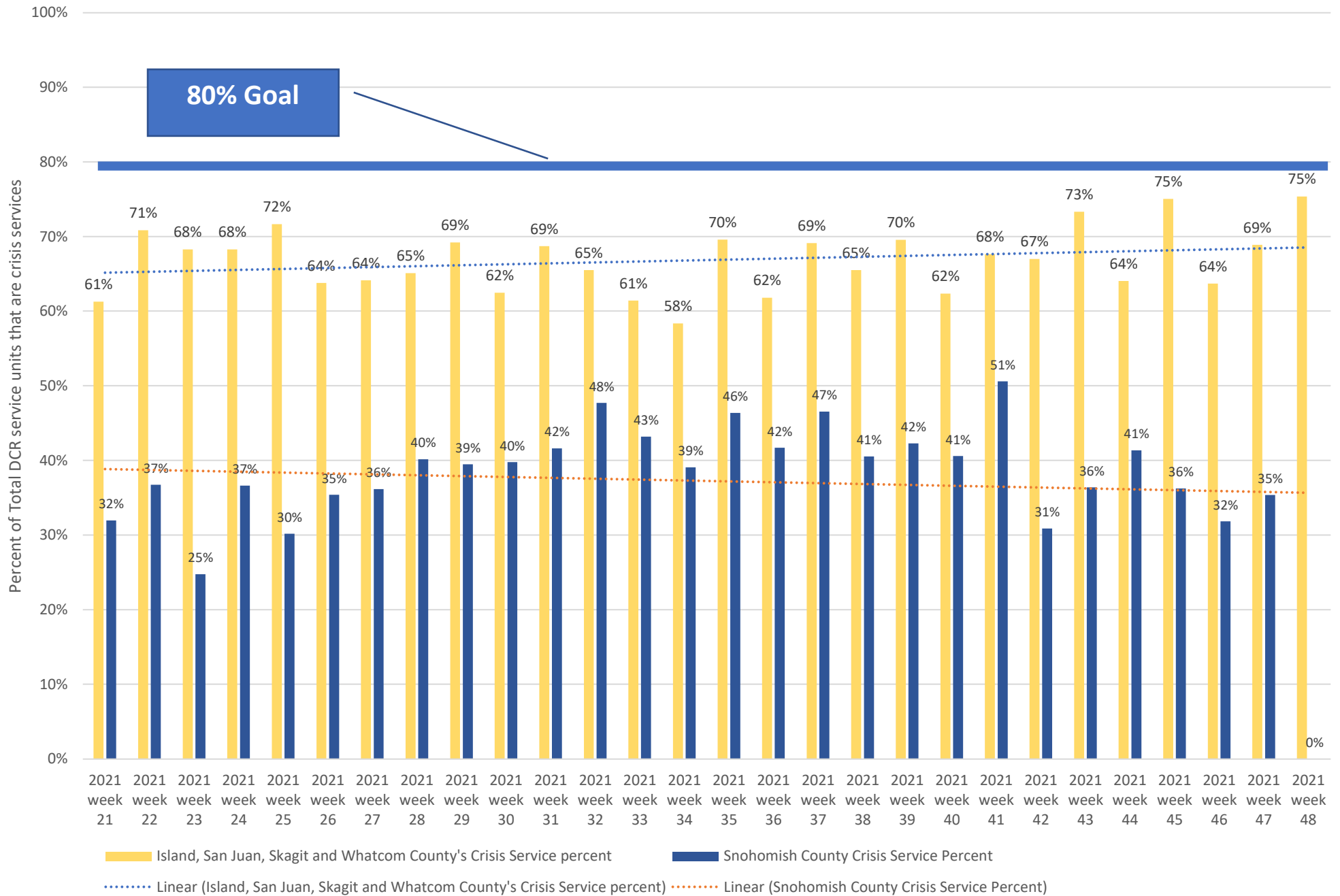
Hospital placement locations (Invol and Vol) - No adjustment has been made for timely data - recent weeks likely low



Telehealth only, crisis and investigation services from 05/16/21 to 11/27/21



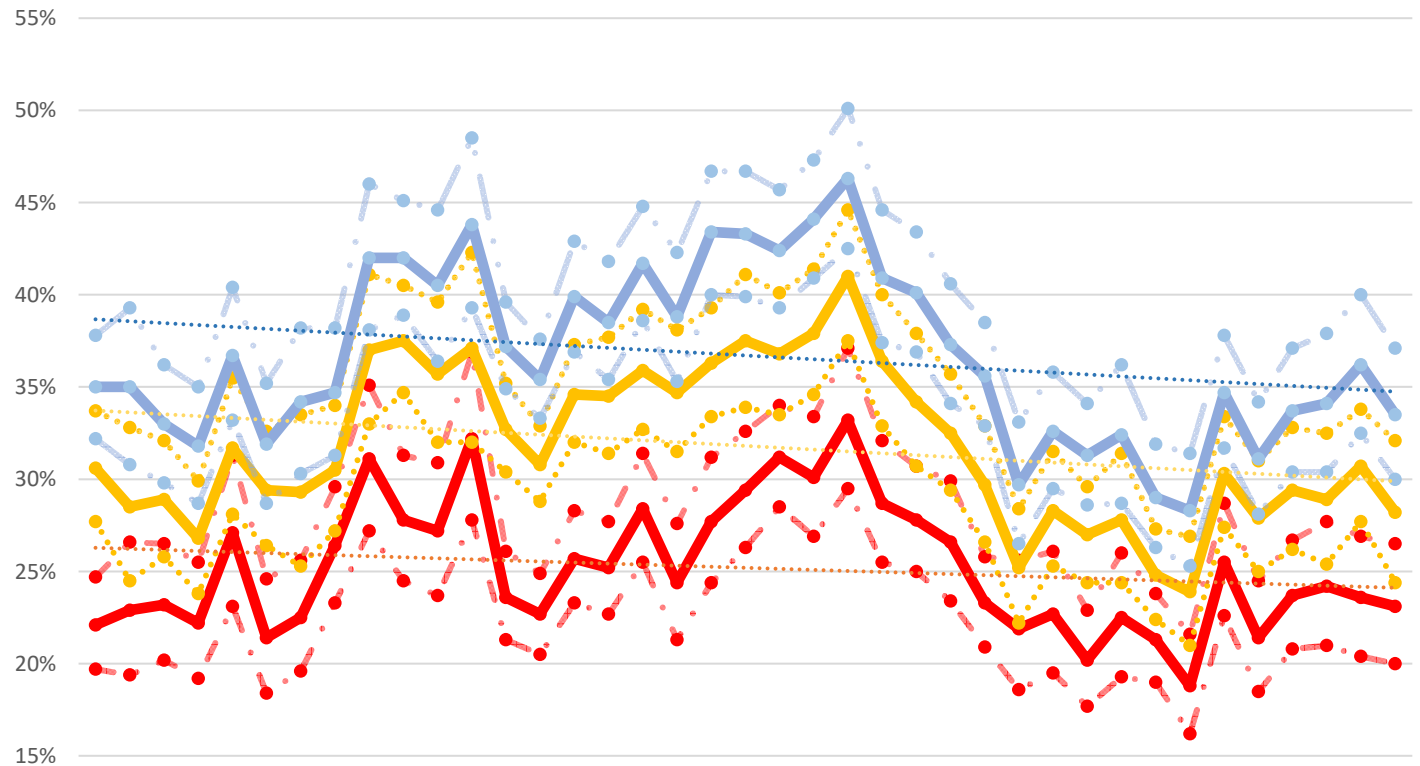
Crisis Service Unit Percent - Crisis Service units divided by Crisis units + Investigation units



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

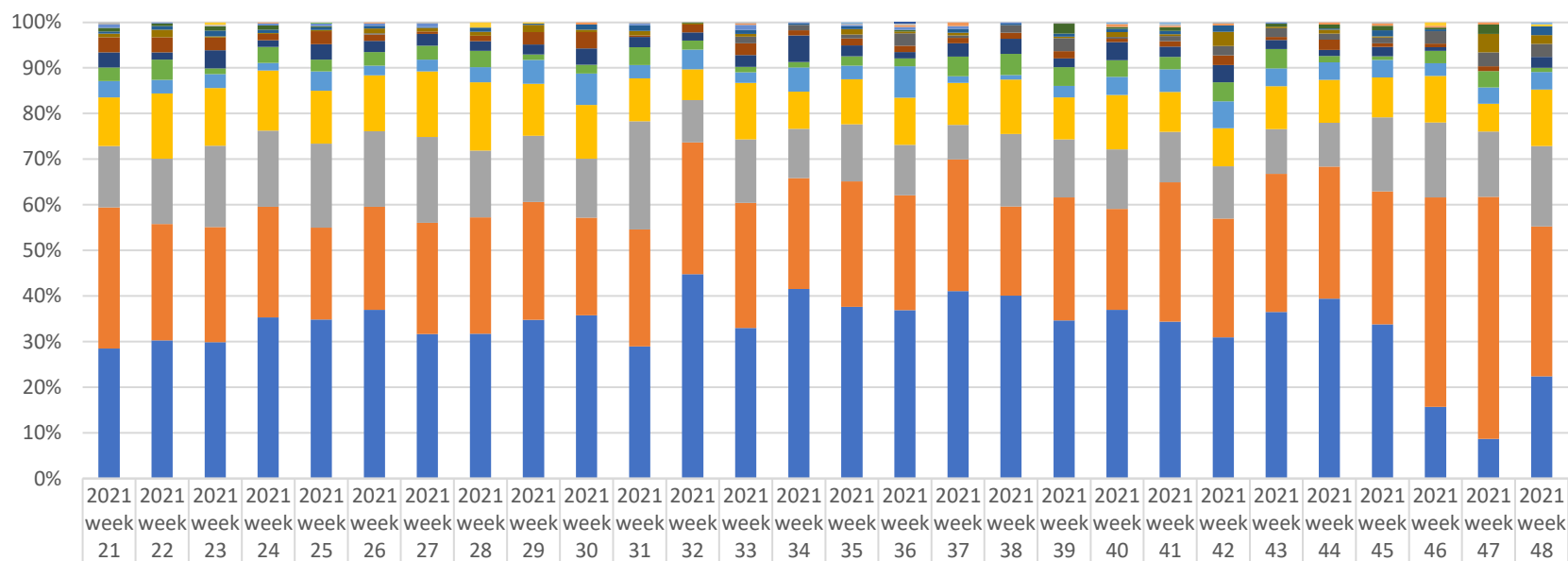
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 vrfld#lqg#nfrqrp lf#p sdfw#r i#Frylg0
 4<#q#Dp hulfdq#K rxvhkrøgv1Wkh#
 K rxvhkrø#Sxøh#xuyh|#dv#ghvjghg#
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 rq#p sα|p hq#wdwxv/#rqpvp hu#
 vshqglj/#rrg#hfxul/#K rxvlj/#
 hgxfdwlrq#j luxswlrqv/#lqg#
 glp hqvlrqv#r i#k|vlfdd#lqg#p hqwd#
 z hαjhvvi

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



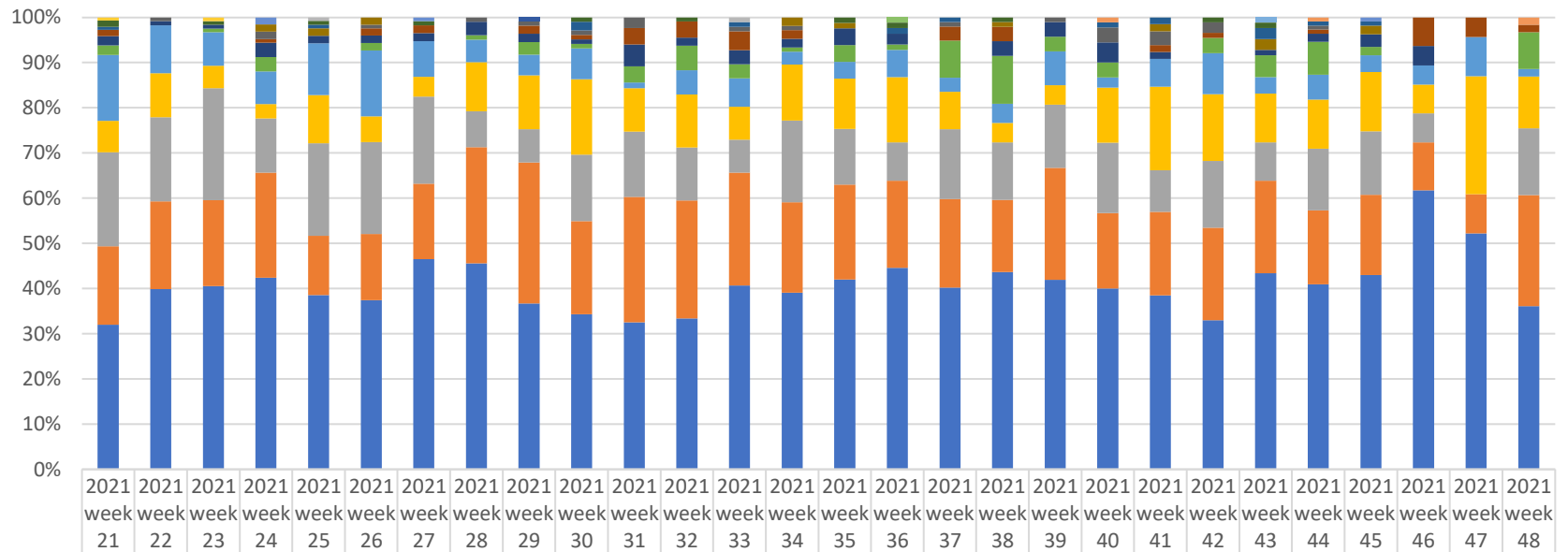
	23 Apr -05 May	07 May -12 May	14 May -19 May	21 May -26 May	28 May -02 Jun	04 Jun -09 Jun	11 Jun -16 Jun	18 Jun -23 Jun	25 Jun -30 Jun	02 Jul -07 Jul	09 Jul -14 Jul	16 Jul -21 Jul	19 Aug -31 Aug	02 Sep -14 Sep	16 Sep -28 Sep	30 Sep -12 Oct	14 Oct -26 Oct	28 Oct -09 Nov	11 Nov -23 Nov	25 Nov -07 Dec	09 Dec -21 Dec	06 Jan -18 Jan	20 Jan -01 Feb	03 Feb -15 Feb	17 Feb -01 Mar	03 Mar -15 Mar	17 Mar -29 Mar	14 Apr -26 Apr	28 Apr -10 May	12 May -24 May	26 May -07 Jun	09 Jun -21 Jun	23 Jun -05 Jul	21 Jul -02 Aug	04 Aug -16 Aug	18 Aug -30 Aug	01 Sep -13 Sep	15 Sep -27 Sep	29 Sep -11 Oct
% 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%	23%	19%	21%	21%	20%	20%
% with Symptoms of Depressive Disorder value	22%	23%	23%	22%	27%	21%	23%	26%	31%	28%	27%	32%	24%	23%	26%	25%	28%	24%	28%	29%	31%	30%	33%	29%	28%	27%	23%	22%	23%	20%	23%	21%	19%	26%	21%	24%	24%	24%	23%
% 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%	29%	25%	27%	28%	27%	27%
% with Symptoms of Anxiety Disorder low conf. level	28%	25%	26%	24%	28%	26%	25%	27%	33%	35%	32%	32%	30%	29%	32%	31%	33%	32%	33%	34%	34%	35%	38%	33%	31%	29%	27%	22%	25%	24%	24%	22%	21%	27%	25%	26%	25%	28%	24%
% with Symptoms of Anxiety Disorder value	31%	29%	29%	27%	32%	29%	29%	31%	37%	38%	36%	37%	33%	31%	35%	35%	36%	35%	36%	38%	37%	38%	41%	36%	34%	33%	30%	25%	28%	27%	28%	25%	24%	30%	28%	29%	29%	31%	28%
% 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%	33%	31%	33%	33%	34%	32%
% with Symptoms of Anxiety or Depressive Disorder low conf. level	32%	31%	30%	29%	33%	29%	30%	31%	38%	39%	36%	39%	35%	33%	37%	35%	39%	35%	40%	40%	39%	41%	43%	37%	37%	34%	33%	27%	30%	29%	29%	26%	25%	32%	28%	30%	30%	33%	30%
% 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%	35%	31%	34%	34%	36%	34%
% 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%	38%	34%	37%	38%	40%	37%

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

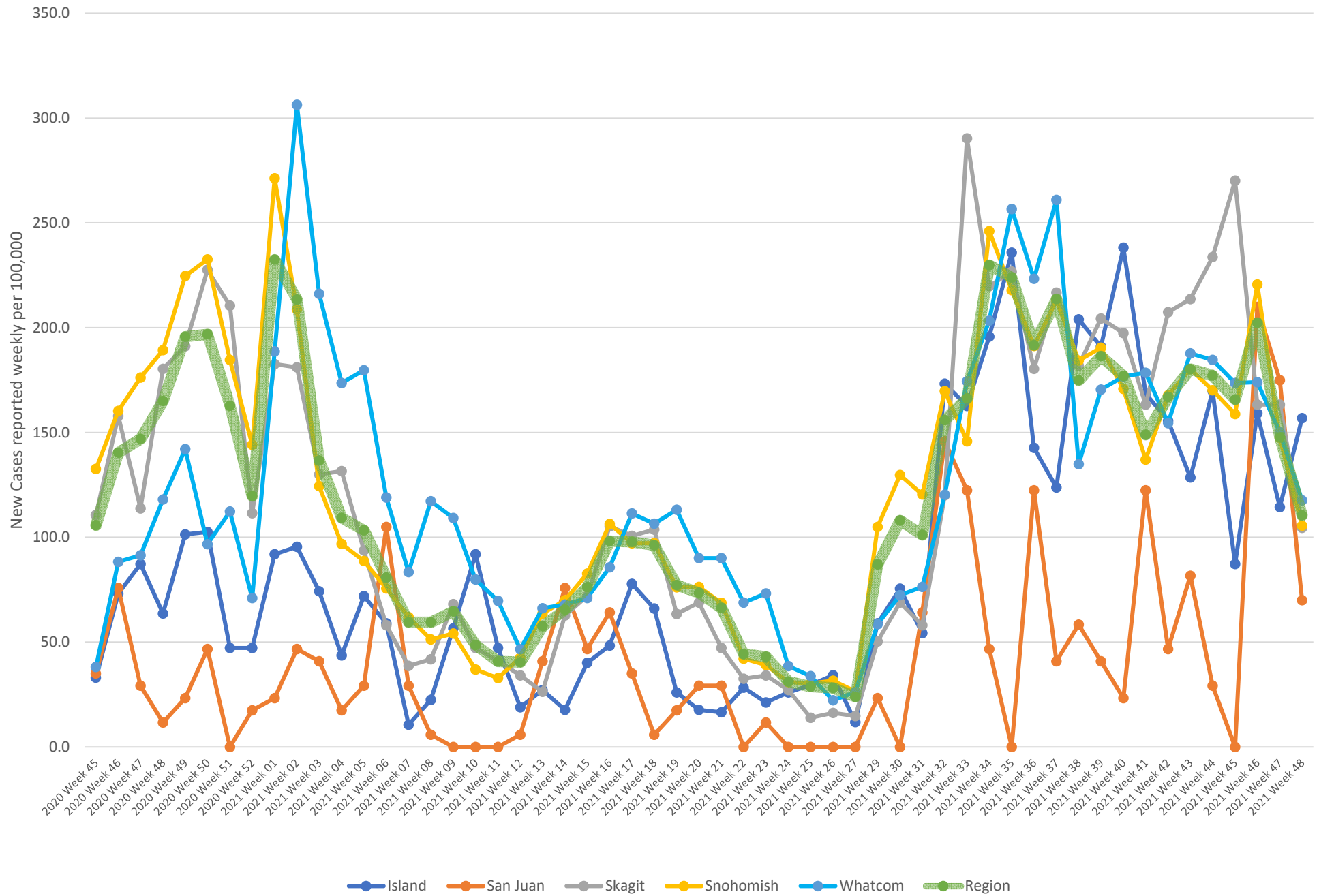


Psych. Fac.-Partial Hosp															1													
Custodial Care Facility					1																							
Skilled Nursing Facility														1					1	1							1	
Nursing Facility			2					4	1																	2		1
Community Mental Health Center	2		1				1				1		1		1	1			1		1	1			1			
Psych. Residential				1		1				2			1			1	3			2	1	1			2	2	1	1
Group Home	3	1		2	2	2	3				1		4	1	1	2	2	1					1					
School	3	2	3	4	1							1				1			7	1	2		2	3	4	1	4	
Telehealth	2	3	4	3	2	2	1	3	1	4	4		3	1	2		3	1	2	2	2	4		1	5	1		4
Homeless Shelter	3	6	1	1	1	4	3	3	5	2	3	1	2		4	1	2		1	3	1	9	1	3	1		8	4
On Campus Outpatient Hospital						1							5	4	3	8	2	5	9	1	3	6	6	5	5	7	6	6
Inpatient Hospital	13	12	9	6	10	5	2	4	9	13	1	7	9	4	5	4	4	4	5	2	3	6	2	8	3	2	2	
Inpatient Psychiatric Facility	13	6	13	6	12	9	10	7	7	13	7	7	9	20	8	4	10	10	6	11	6	11	6	5	8	2		5
Assisted Living Facility	12	16	4	15	9	11	12	12	4	7	12	8	4	4	7	5	15	14	13	10	7	12	13	5	3	7	7	2
Prison Correctional Facility	14	11	10	7	15	8	10	11	17	25	9	17	8	18	10	20	5	3	8	11	13	17	12	14	15	7	7	8
Emergency Room Hospital	42	52	41	56	41	45	56	50	37	43	29	27	43	28	33	30	32	36	29	33	23	24	29	34	34	26	12	26
Home	53	52	58	71	65	61	73	49	47	47	73	37	48	37	42	32	26	48	40	36	29	33	30	35	63	42	28	37
Other Place of Service	122	93	82	103	71	83	95	85	84	78	79	115	95	83	92	73	100	59	85	61	80	75	93	105	113	117	104	69
Office	112	110	97	150	123	136	123	106	113	130	89	178	114	142	126	107	142	121	109	102	90	89	112	143	131	40	17	47

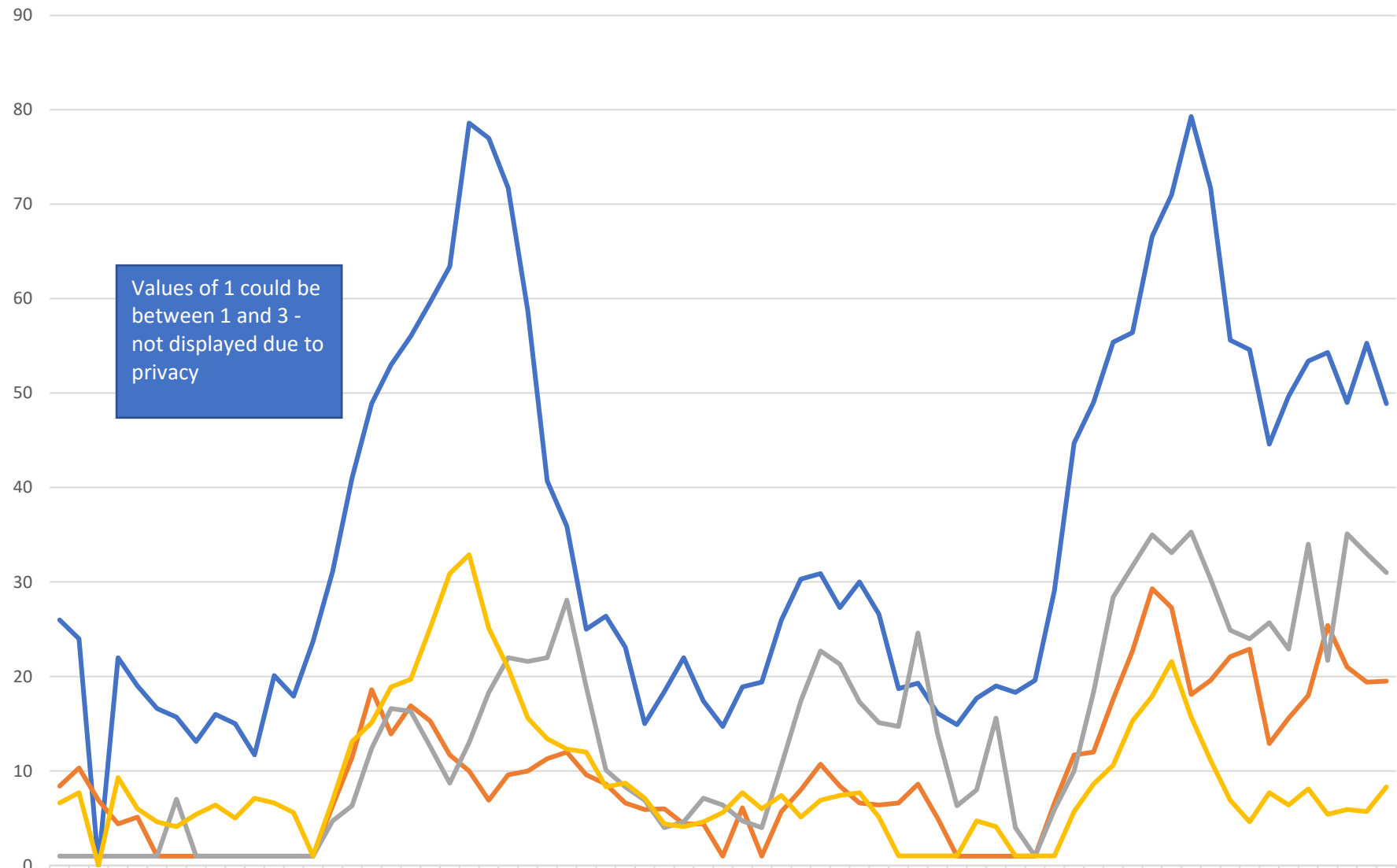
Place of Service -Investigations, percent of total by week



New COVID-19 Cases Reported Weekly per 100,000 population - 11/03/20 to 12/01/21

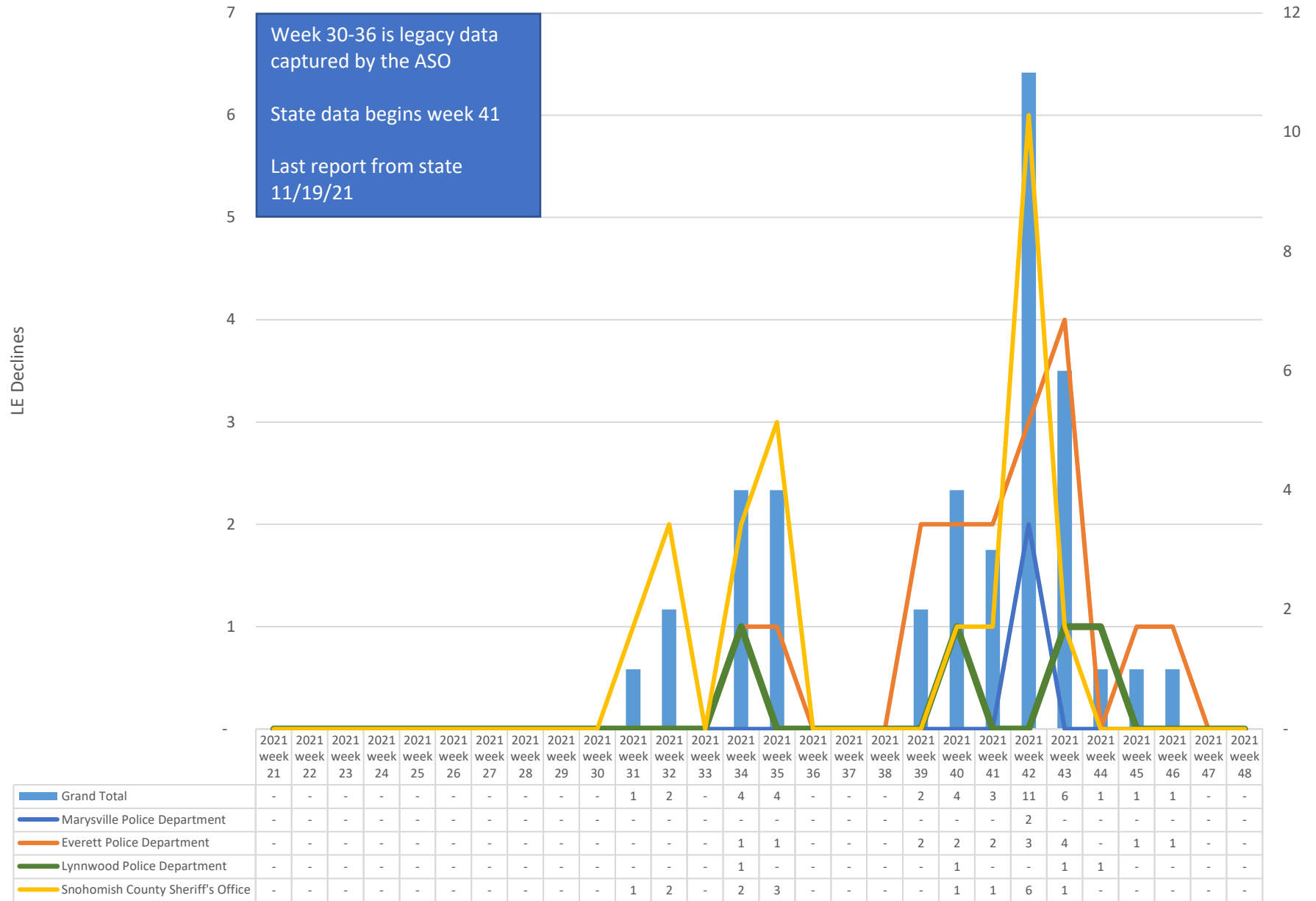


Total Hospitalized Adults - COVID-19 (confirmed or suspected) 7 day average



	7/38/78	8/18/78	8/28/78	9/4/78	9/19/78	9/21/78	10/10/78	10/10/78	10/11/78	11/11/78	11/12/78	12/12/78	1/11/81	11/21/22	5/2/12	12/23/53	13/13/24	24/24/94	14/24/35	75/15/25	26/46/16	16/16/27	27/27/97	17/27/38	68/18/28	28/28/39	19/19/210	10/10/10	10/10/10	11/11/11	11/11/11																																					
	1/2/204	21/28/21	28/21/20	28/25/22	29/29/25	20/20/20	20/20/20	20/20/20	20/20/20	20/20/20	20/20/20	20/20/20	21/21/21	20/20/22	29/29/26	2/20/29	26/26/20	20/20/206	23/20/20	204/21/28	2/201/28	25/2/20	206/23/20	2/203/20	27/2/200	27/24/21	28/2/20	20/20/20	20/20/20	20/20/20	20/20/20																																					
	020	2002	202	2020	2002	2020	2020	2020	2020	2020	2020	2020	21	2102	1021	2102	1021	2102	1021	2102	1021	2102	1021	2102	1021	2102	1021	2102	1021	2102	1021	2102	1021																																			
26	24	0	22	19	17	16	13	16	15	12	20	18	24	31	41	49	53	56	60	63	79	77	72	59	41	36	25	26	23	15	18	22	17	15	19	19	26	30	31	27	30	27	19	19	16	15	18	19	18	20	29	45	49	55	56	67	71	79	72	56	55	45	50	53	54	49	55	49
8	10	7	4	5	1	1	1	1	1	1	1	1	1	6	11	19	14	17	15	12	10	7	10	10	11	12	10	9	7	6	6	4	4	1	6	1	6	8	11	8	7	6	7	9	5	1	1	1	1	7	12	12	18	23	29	27	18	20	22	23	13	16	18	25	21	19	20	
1	1	1	1	1	1	7	1	1	1	1	1	1	1	5	6	12	17	16	13	9	13	18	22	22	22	28	19	10	8	7	4	5	7	6	5	4	11	17	23	21	17	15	15	25	14	6	8	16	4	1	6	10	18	28	32	35	33	35	30	25	24	26	23	34	22	35	33	31
7	8	0	9	6	5	4	5	6	5	7	7	6	1	7	13	15	19	20	25	31	33	25	21	16	13	12	12	8	9	7	4	4	5	6	8	6	7	5	7	7	8	5	1	1	1	1	5	4	1	1	1	6	9	11	15	18	22	16	11	7	5	8	6	8	5	6	6	8

HB 1310 Data collected with LE Declines 05/16/21 to 11/27/21

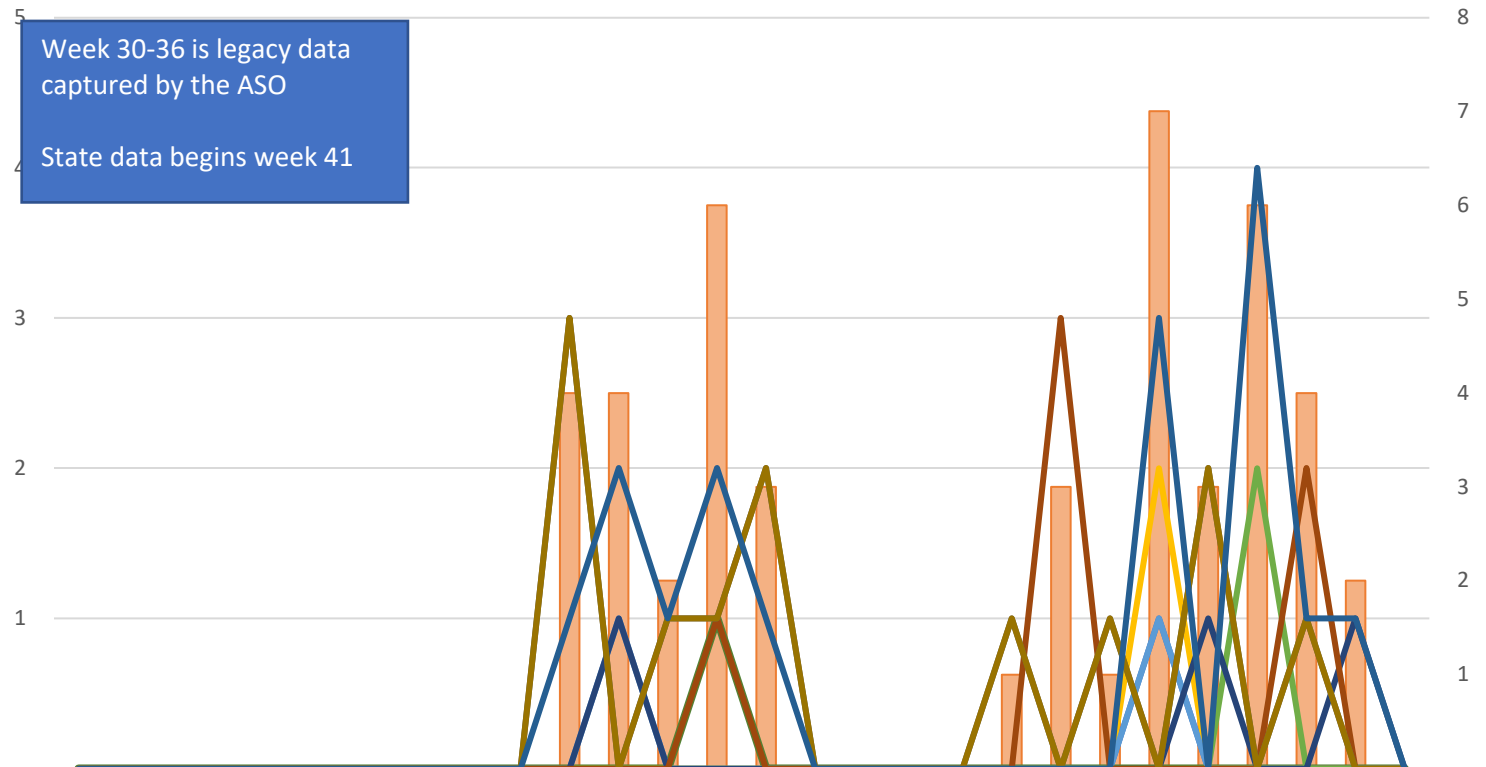


HB 1310 Data collected with LE Response or Other 05/16/21 to 11/27/21

Week 30-36 is legacy data captured by the ASO

State data begins week 41

LE Responses or Other



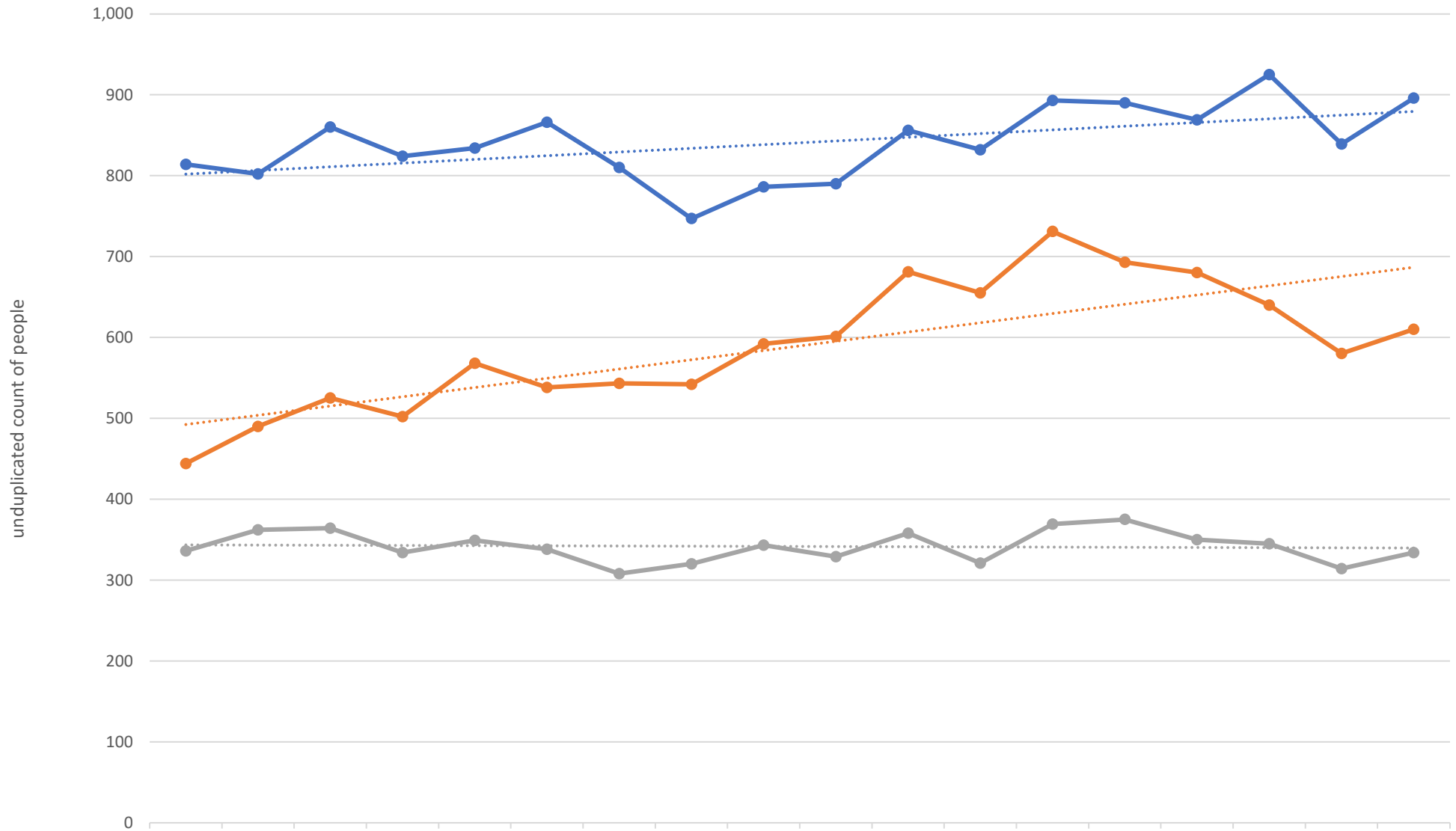
	2021 week 21	2021 week 22	2021 week 23	2021 week 24	2021 week 25	2021 week 26	2021 week 27	2021 week 28	2021 week 29	2021 week 30	2021 week 31	2021 week 32	2021 week 33	2021 week 34	2021 week 35	2021 week 36	2021 week 37	2021 week 38	2021 week 39	2021 week 40	2021 week 41	2021 week 42	2021 week 43	2021 week 44	2021 week 45	2021 week 46	2021 week 47	2021 week 48
Grand Total	-	-	-	-	-	-	-	-	-	-	4	4	2	6	3	-	-	-	-	1	3	1	7	3	6	4	2	-
Edmonds Police Department	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-
Arlington Police Department	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
WSP	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Lake Stevens Police Department	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-
Lynnwood Police Department	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-
Mukilteo Police Department	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-
Mill Creek Police Department	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-
Marysville Police Department	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	3	-	-	-	-	2	-	-
Everett Police Department	-	-	-	-	-	-	-	-	-	-	3	-	1	1	2	-	-	-	-	1	-	1	-	2	-	1	-	-
Everett Police Department	-	-	-	-	-	-	-	-	-	-	3	-	1	1	2	-	-	-	-	1	-	1	-	2	-	1	-	-
Snohomish County Sheriff's Office	-	-	-	-	-	-	-	-	-	-	1	2	1	2	1	-	-	-	-	-	-	-	3	-	4	1	1	-



North Sound Crisis System Dashboard

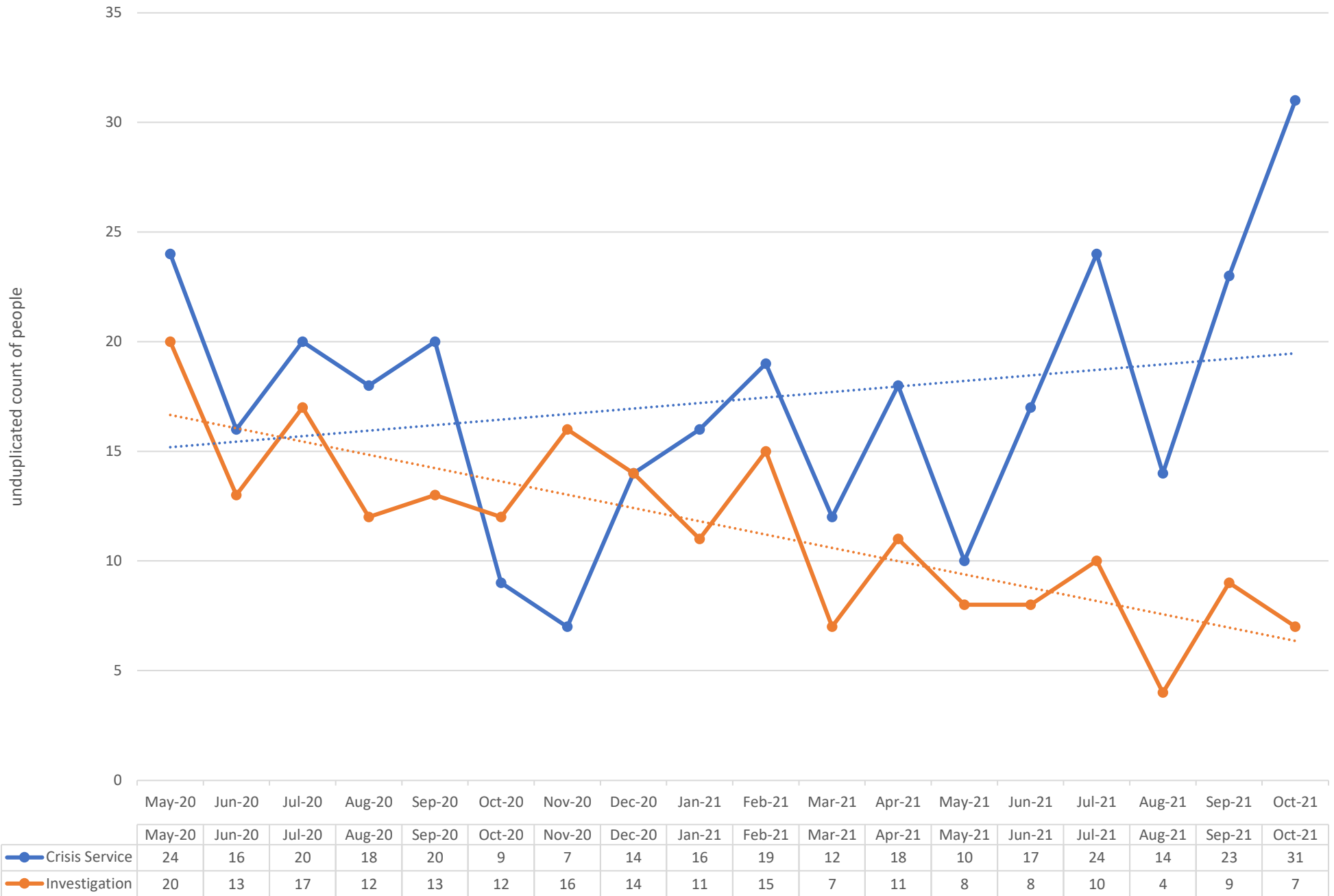
Page 2	Unduplicated People receiving a crisis system service
Page 3	Island - Unduplicated People receiving a crisis system service
Page 4	San Juan - Unduplicated People receiving a crisis system service
Page 5	Skagit - Unduplicated People receiving a crisis system service
Page 6	Snohomish - Unduplicated 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

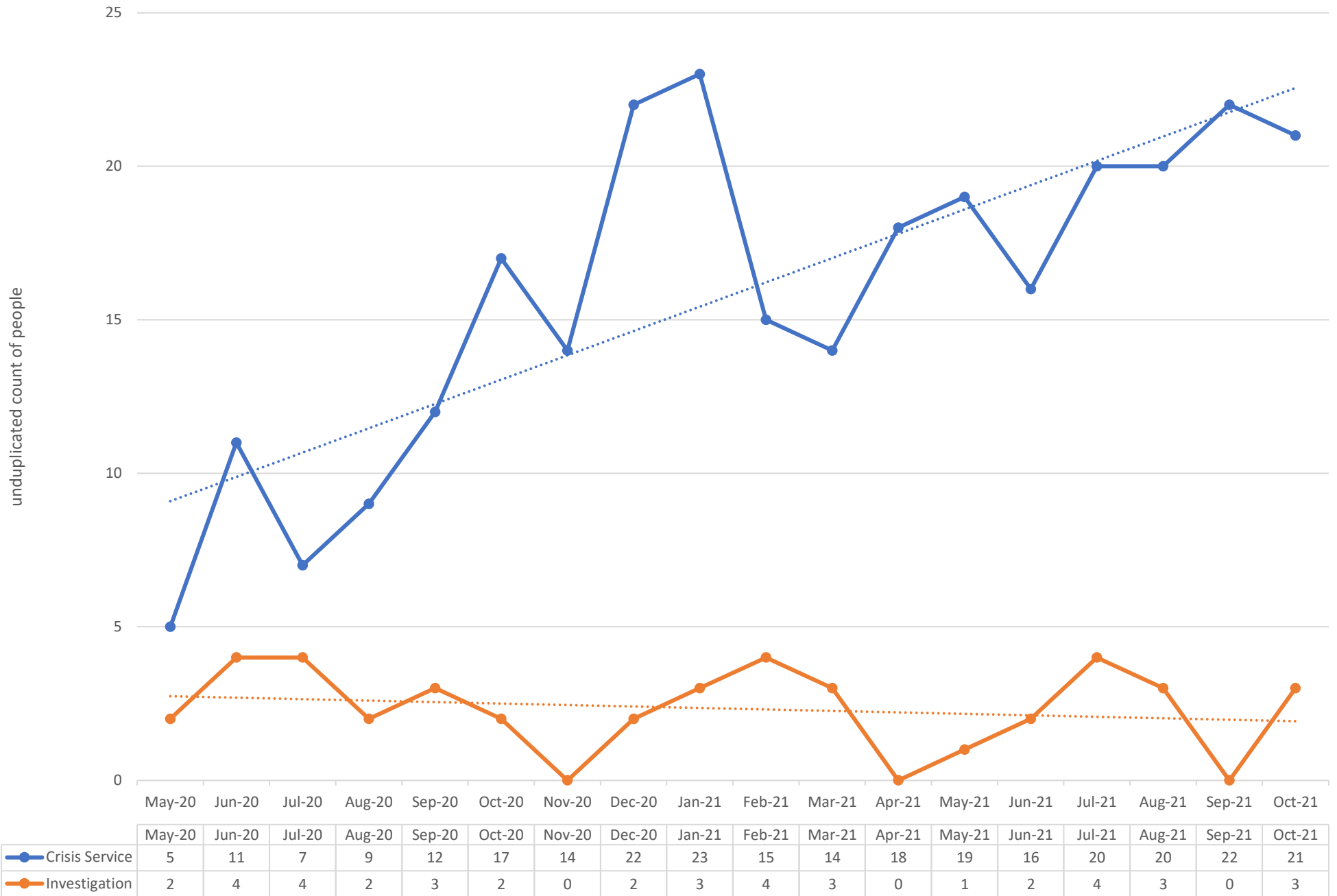


	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
Crisis Call	814	802	860	824	834	866	810	747	786	790	856	832	893	890	869	925	839	896
Crisis Service	444	490	525	502	568	538	543	542	592	601	681	655	731	693	680	640	580	610
Investigation	336	362	364	334	349	338	308	320	343	329	358	321	369	375	350	345	314	334

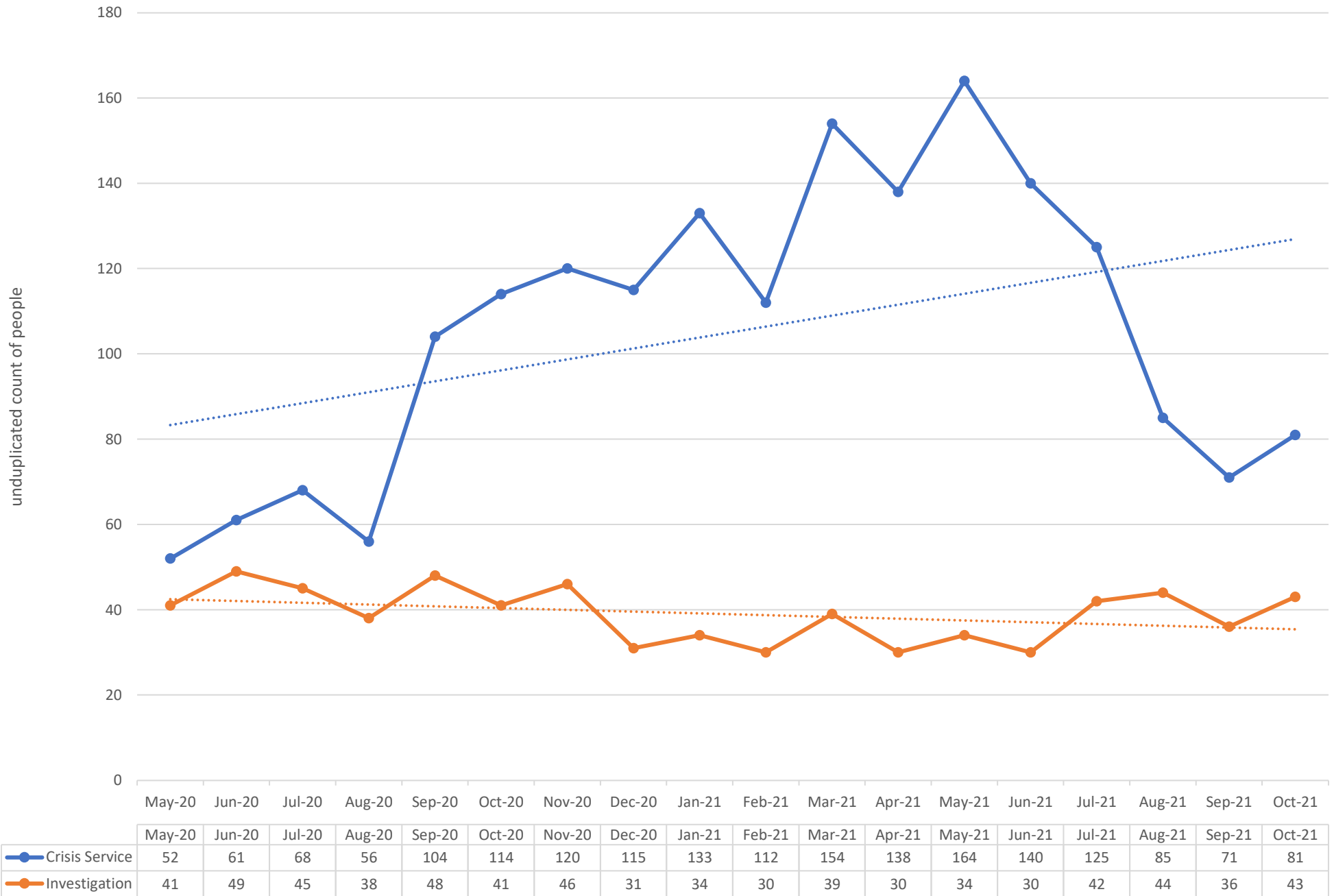
Island - Unduplicated People receiving a crisis system service



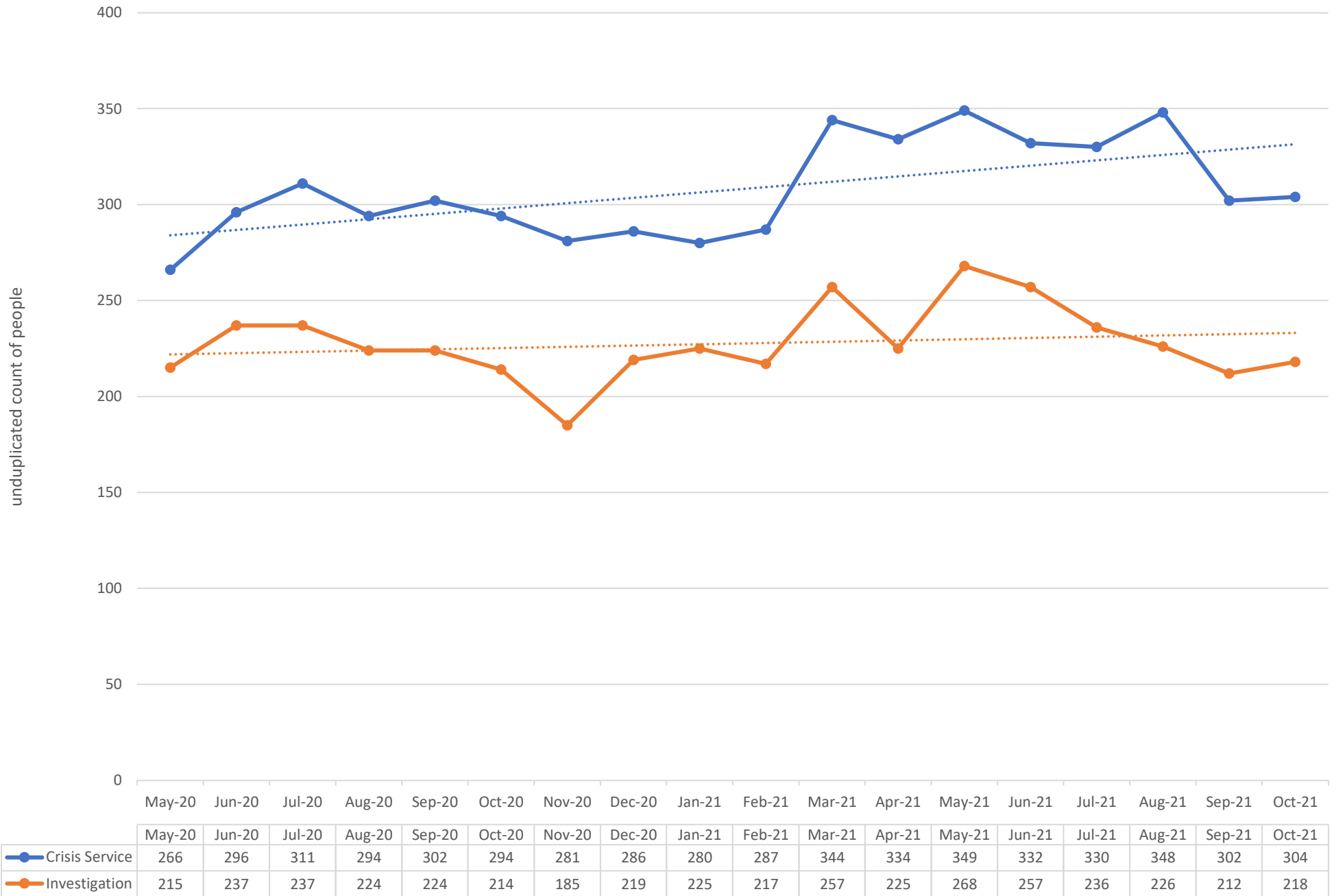
San Juan - Unduplicated People receiving a crisis system service



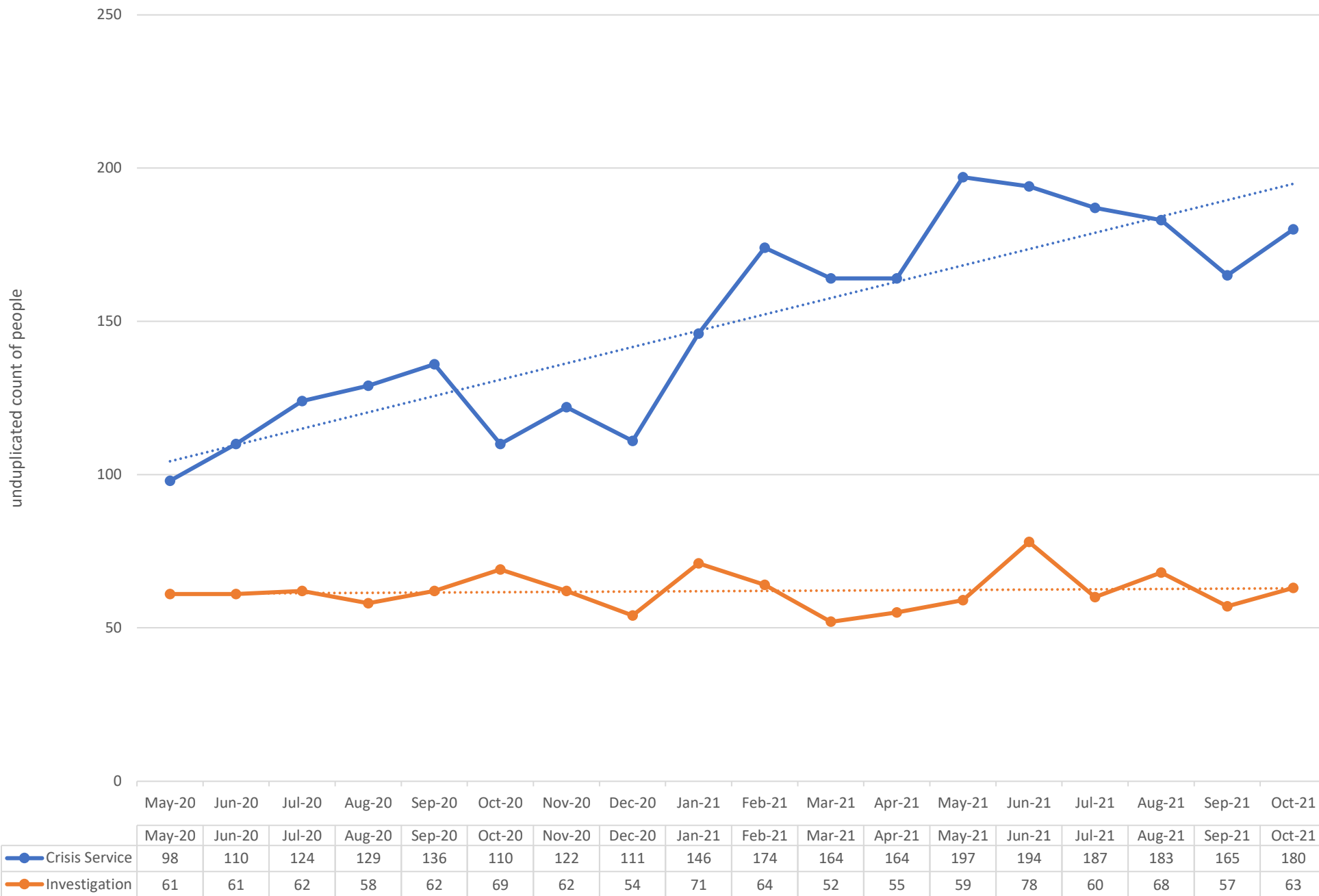
Skagit - Unduplicated People receiving a crisis system service



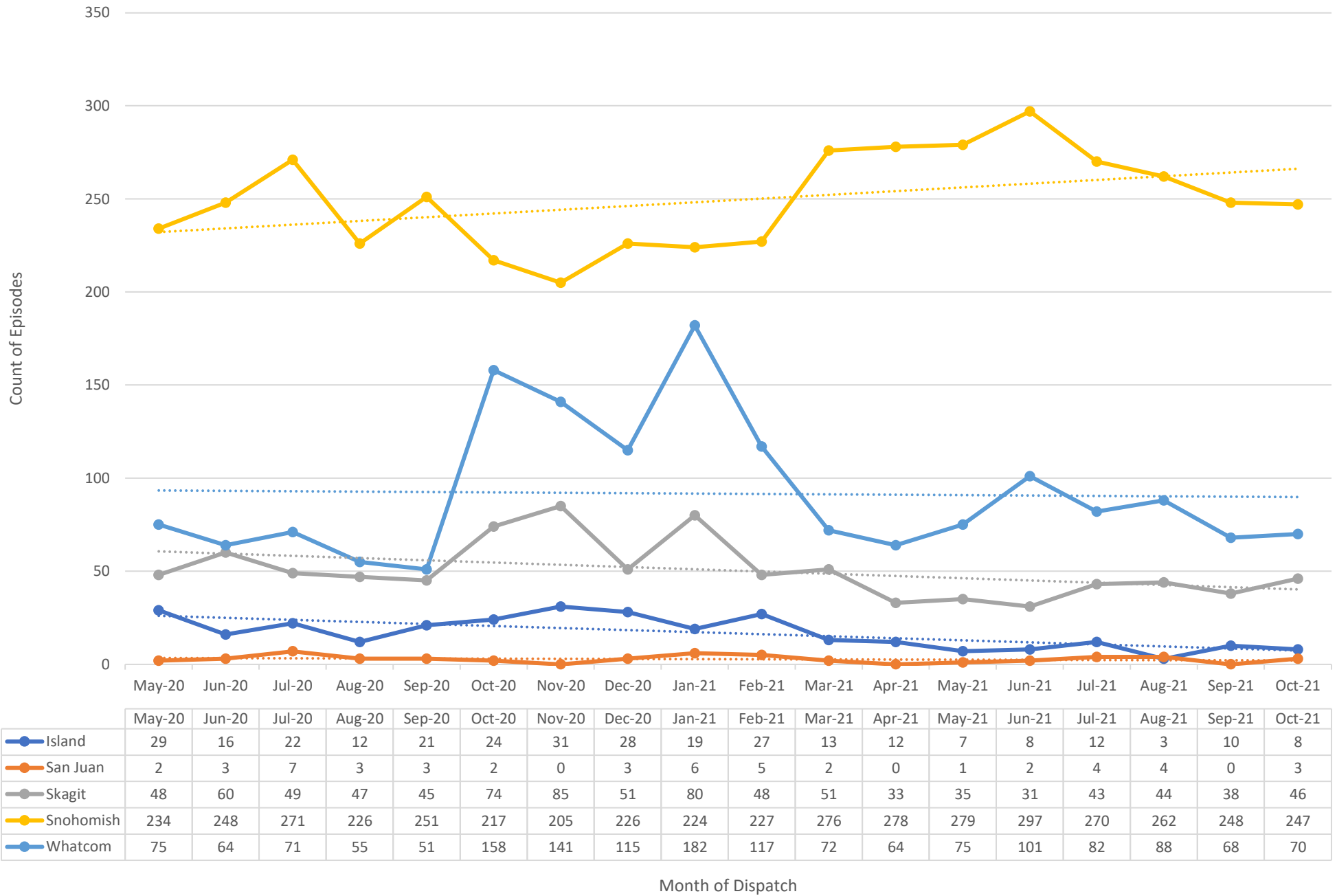
Snohomish - Unduplicated People receiving a crisis system service



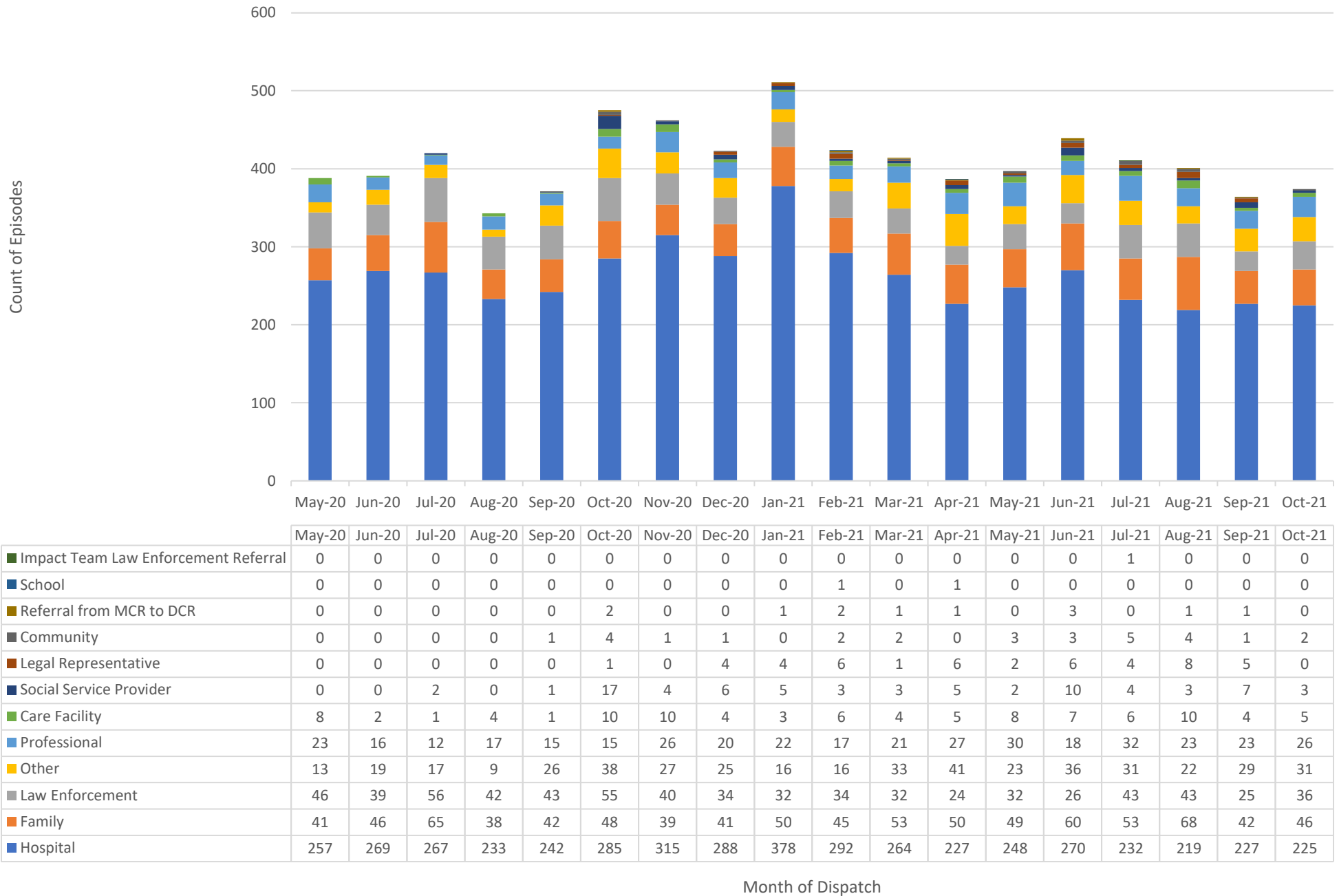
Whatcom - Unduplicated People receiving a crisis system service



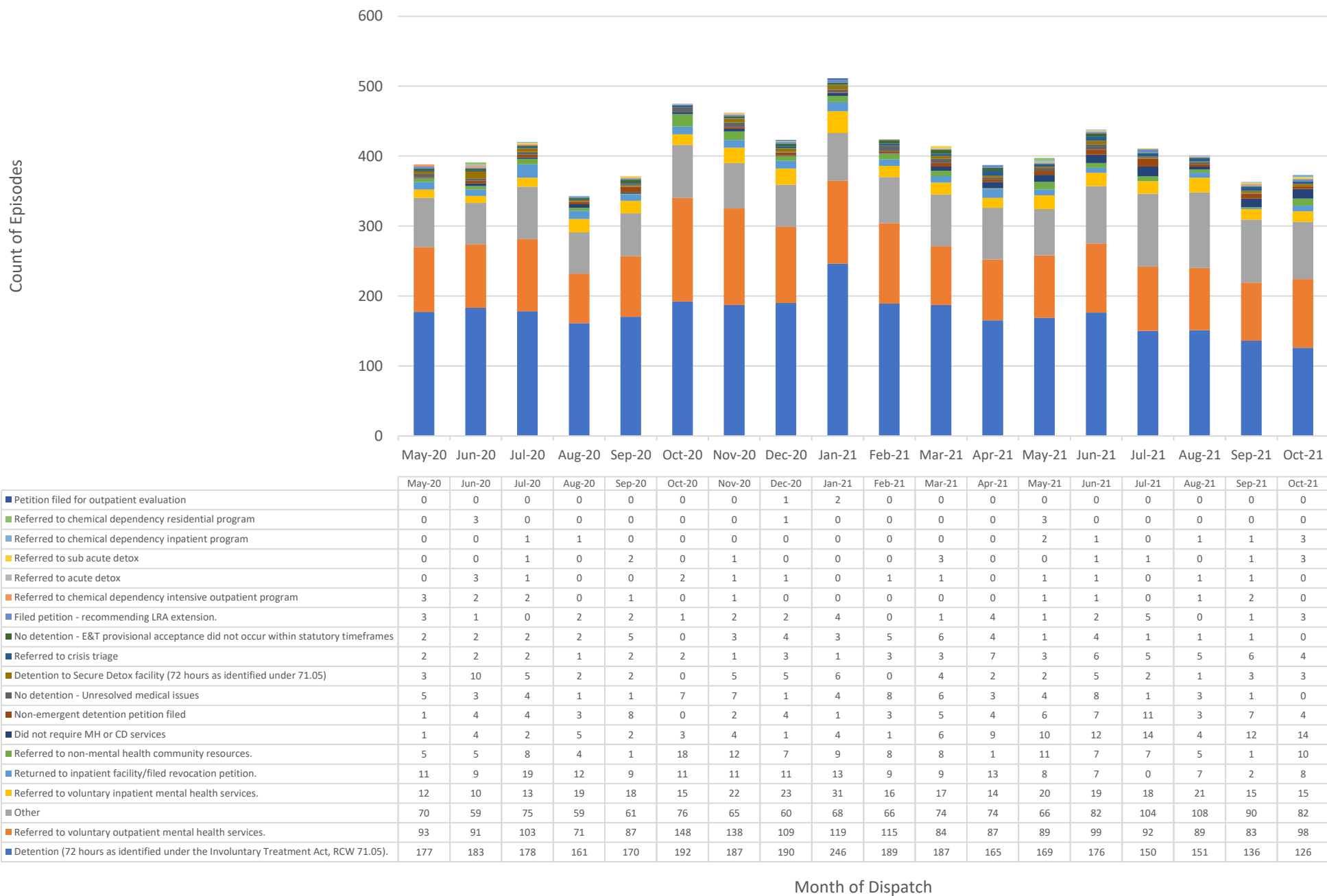
Region Designated Crisis Responder (DCR) Investigations



Region DCR Investigation Referral Sources



Region DCR Investigation Outcomes



Comprehensive Assessment of the Behavioral Health Crisis Response and Suicide Prevention Services in Washington

Key Themes for Discussion with the CRIS Committee

November 16, 2021

HEALTH
MANAGEMENT
ASSOCIATES

HARBORVIEW
MEDICAL CENTER

UW Medicine  King County

- 1. Background and Context on Crisis Services**
- 2. Work Completed by Consultants Team in the Discovery Process**
- 3. Review Comprehensive Assessment 9 Key Themes**

BACKGROUND AND CONTEXT ON CRISIS SERVICES

KEY TERMS USED IN THIS PRESENTATION

Crisis Call Center and Hub	Mobile Crisis Teams	Crisis Urgent Care Walk-in	Crisis Stabilization Units (CSUs)	Designated Crisis Responders (DCR)	Crisis Respite	Involuntary Treatment Act Investigation
<ul style="list-style-type: none"> • 24/7 regional hub/call center • Provides crisis intervention and coordination in real time • Clinically staffed • Meets NSPL standards for risk assessment and engagement 	<ul style="list-style-type: none"> • Timely, community-based interventions • Goal is to help resolve crisis stabilize in the community • Coordinate with police, crisis lines, ER's • Assessment & triage for inpatient or outpatient services 	<ul style="list-style-type: none"> • Clinics or urgent care centers that offer immediate assessment and support • Focus on resolving the crisis in less-intensive setting than a hospital/ER 	<ul style="list-style-type: none"> • Short-term (24-72 hours) observation and crisis stabilization services to all referrals • Delivered in home-like, non-hospital environment 	<ul style="list-style-type: none"> • Mental Health Professional with SUD training designated by the county or BH-ASO • Authorized to conduct ITA investigations and detain persons to an appropriate facility 	<ul style="list-style-type: none"> • Designed to be 24/7 with longer stays (>1 day) • Can take a variety of forms including residential and short-term inpatient • Emerging trends are Peer-run and Peer-Hybrid models 	<ul style="list-style-type: none"> • DCRs conduct investigation to evaluate for harm to self, others, property or grave disability secondary to a Mental or substance use disorder • Evaluates for Imminent, Non-Emergent, Revocation of Less Restrictive Alternative or Assisted Outpatient Treatment

BH ASOs

Regional-based entities that deliver some, but not all, of the crisis related services to individuals on Medicaid and all of the crisis services to individuals not on Medicaid.

MCOs

Contract with HCA to deliver acute care, mental health, and substance use disorder services to Medicaid enrollees. The MCOs contract with BH ASOs in the region where they have members. Responsible for crisis services that are not delivered by the BH ASOs to Medicaid enrollees.

HCA

Responsible for the State's Medicaid (Apple Health) program. It contracts with the MCOs to deliver services to Medicaid enrollees. It also distributes non-Medicaid funds from SAMHSA grants to each BH ASO to cover crisis services to non-Medicaid clients.

WASHINGTON's CURRENT MODEL FOR DELIVERING CRISIS SERVICES

➤ **Services for individuals on Medicaid**

- Beginning in January 2020, the HCA entered into contracts with managed care organizations (MCOs) to deliver integrated care, both physical and behavioral health services.
- Crisis services are considered a part of the behavioral health benefit.
- The MCOs must contract with regional BH ASOs to deliver selected crisis services. BH ASOs, in turn, contract with individual providers. For the remainder of crisis-related services, the MCO is responsible for contracting with providers directly.

➤ **Services for individuals not on Medicaid**

- The HCA has contracts directly with the BH ASOs in each region to deliver all crisis-related services to individuals not on Medicaid. Funding is provided by the HCA through SAMHSA grants or other non-Medicaid funds.

DELIVERY OF CRISIS SERVICES HAS CHANGED OVER TIME

Accountability of
Dept of Health

Indicates Accountability of BH ASOs

Indicates Accountability of MCOs

Before Integrated Managed Care was Introduced in Medicaid - Services Delivered to MEDICAID Clients



After Integrated Managed Care was Introduced in Medicaid - Services Delivered to MEDICAID

Oversight of the BH ASOs by the MCOs for

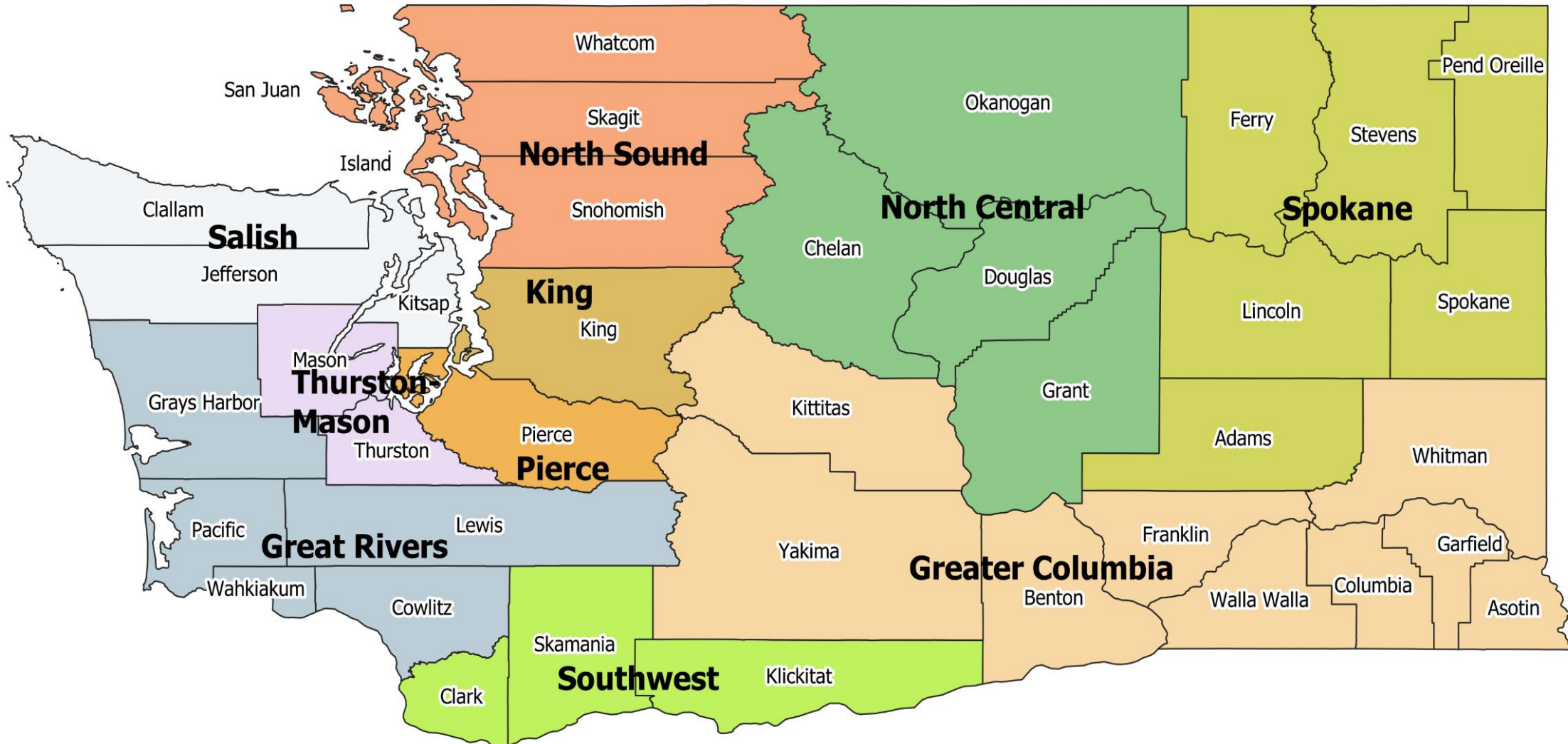


Services Delivered to NON-MEDICAID Clients has remained constant



BH ASO REGIONS

HCA has divided the counties into 10 regions. Each BH ASO has responsibility for delivering crisis services in each region. Each Medicaid MCO may serve individuals in some, but not all, regions.



MCO SERVICE REGIONS

HCA has contracts with 5 MCOs. Each MCO may serve individuals in some, but not all, regions.

	Amerigroup Washington	Coordinated Care of Washington	Community Health Plan of Washington	Molina Healthcare of Washington	UnitedHealthcare Community Plan
Region					
Great Rivers	X			X	X
Greater Columbia	X	X	X	X	
King County	X	X	X	X	X
North Central	X	X	X	X	
North Sound	X	X	X	X	X
Pierce County	X	X	X	X	X
Salish	X		X	X	X
Southwest	X	X	X	X	X
Spokane	X	X	X	X	
Thurston-Mason	X			X	X

**WORK
COMPLETED BY
CONSULTANTS
TEAM IN THE
DISCOVERY
PROCESS**

ASSESSMENT DISCOVERY PROCESS

Community Forums	<ul style="list-style-type: none">• First Responder Community Forum (10/27, 177 participants)• General Community Forum (10/28, 64 participants)• General Community Forum (11/3, 99 participants)• Lived Experience Community Forum (11/3, 84 participants)• Rural and Agricultural Community Forum (11/4, 37 participants)
Crisis System and Services Survey	<ul style="list-style-type: none">• A survey was distributed to BH-ASOs and behavioral health providers.• All BH-ASOs (8) completed the survey (serving WA's 10 regions)• 15 Providers who provide crisis services responded• 9 Providers who <i>do not</i> provide crisis services responded
Interviews	<ul style="list-style-type: none">• Interviews conducted with all 8 BH-ASOs• Interviews conducted with 4 MCOs (1 remaining interview is scheduled)
Data Analysis and Review Other Reports	<ul style="list-style-type: none">• Quarterly Crisis Reports from BH ASOs• Overdose death statistics from Washington State Department of Health• <i>Planned 2022:</i> Analysis of Medicaid claims and encounter data
Other Reports/Resources	<ul style="list-style-type: none">• HCA contracts with MCOs and BH ASOs• Preliminary Report on 988 Case Referral & Management System (Third Sector)• Vibrant 988 Landscape Analysis and Implementation Plan• Crisis delivery best practices (national scan)

COMPREHENSIVE ASSESSMENT 9 KEY THEMES

**For Input and Discussion
with the CRIS Committee**

OVERVIEW OF KEY THEMES

- **In this section, we will review the 9 key themes identified during the discovery process.**
 - Each theme is introduced with supporting sub-themes.
 - Where applicable and available, data or graphics are shown to further explain the rationale for the theme statement.
 - It is anticipated that each theme could be further researched and expanded upon.
- **We are seeking CRIS member feedback and input on the themes identified to inform the HB 1477 January 1, 2022 report and future areas of work for the HB1477 committees.**
 - *November 16th meeting:* CRIS Committee members will have the opportunity to discuss and provide feedback during the meeting.
 - *November 16-30 written comments:* CRIS Committee members will have the opportunity to provide written feedback on themes. Please send comments to Nicola Pinson, Project Manager at: npinson@healthmanagement.com.

1. Availability of the Continuum of Services
2. Utilization of Services
3. Accountability for the Provision of Crisis Services
4. Financing of Crisis Services
5. Person, Family, and Community-Centered Approaches to Delivery of Crisis Services
6. Collaboration in the Delivery of Crisis Services
7. Crisis Services Workforce
8. Use of Technology in the Provision of Crisis Services
9. Outcomes from the Delivery of Crisis Services

THEME #1

Availability of the Continuum of Services

THEME 1: AVAILABILITY OF THE CONTINUUM OF SERVICES

1. *The continuum of crisis services is not consistent across regions of the state.*

1.1 The manner in which funds are distributed can impact the continuum of services available for those who are Medicaid eligible and those who are not Medicaid eligible.

1.2 The number of Crisis Lines varies across regions.

1.3 Mobile Crisis Teams are present in every region, but the availability (turnaround time) can vary across the state. Crisis Stabilization Units are not available in some parts of the state and not easily accessible in many parts of the state.

1.4 Preventative services and programs such as warmlines and walk-in clinics are not consistently available across the state.

1.5 Crisis Respite programs, including Peer Respite, are not funded in all regions.

INVENTORY OF SELECTED PROVIDERS BY REGION

Each region has a 24/7 mobile crisis line under contract with the BH ASO in the region. The number of mobile crisis teams varies by region. The number of crisis stabilization beds varies widely across regions, with some regions having zero beds.

	24/7 Mobile Crisis Line Provided by	Number of Mobile Crisis Teams	Number of Crisis Stabilization Providers	Number of Crisis Stabilization Beds Across All Providers
STATEWIDE	6 providers	41	16	234

By Region

Great Rivers	Columbia Wellness	5	0	0
Greater Columbia	Protocall Services	4	3	48
King County	Crisis Connections	3	0	0
North Central	Crisis Connections	3	1	10
North Sound	Volunteers of America	5	6	90
Pierce County	Crisis Connections	3	1	16
Salish	Volunteers of America	4	2	22
Southwest	Crisis Connections	4	1	16
Spokane	Frontier Behavioral Health	8	2	32
Thurston-Mason	Olympic Health and Recovery Services	2	0	0

THEME #2

Utilization of Services

2. *Crisis services and utilization volume varies across the state. There appears to be a reliance on involuntary processes resulting in a disproportionate number of Designated Crisis Responders (DCR) events compared to use of mobile teams in some regions.*
 - 2.1 The volume of crisis calls (controlled for population size in each region) varies across regions.
 - 2.2 Mobile crisis team utilization and responsiveness varies greatly across regions.
 - 2.3 The rate of involuntary placements also varies across regions of the state.
 - 2.4 There continues to be an over-reliance on inpatient psychiatric beds because preventative or other diversion services are not consistently accessible.
 - 2.5 The Single Bed Certification process continues to be in place which allows for care of the psychiatric patient in the absence of a community alternative.

CRISIS CALL VOLUME TO BH ASO LINES VARIES BY REGION OF THE STATE

Calls to BH ASO Crisis Lines

CY 2020: 367,765

CY 2021*: 388,099

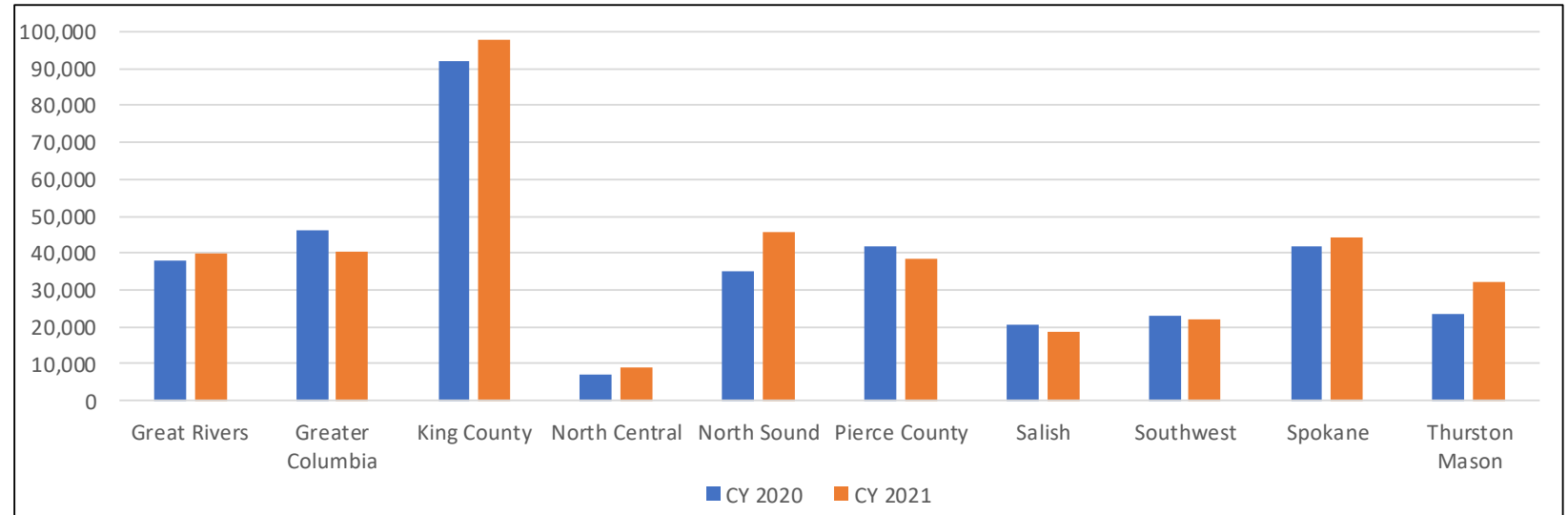
Percent of Calls Answered by BH ASO Crisis Lines within 30 Seconds

CY 2020: 93.1%

CY 2021*: 95.7%

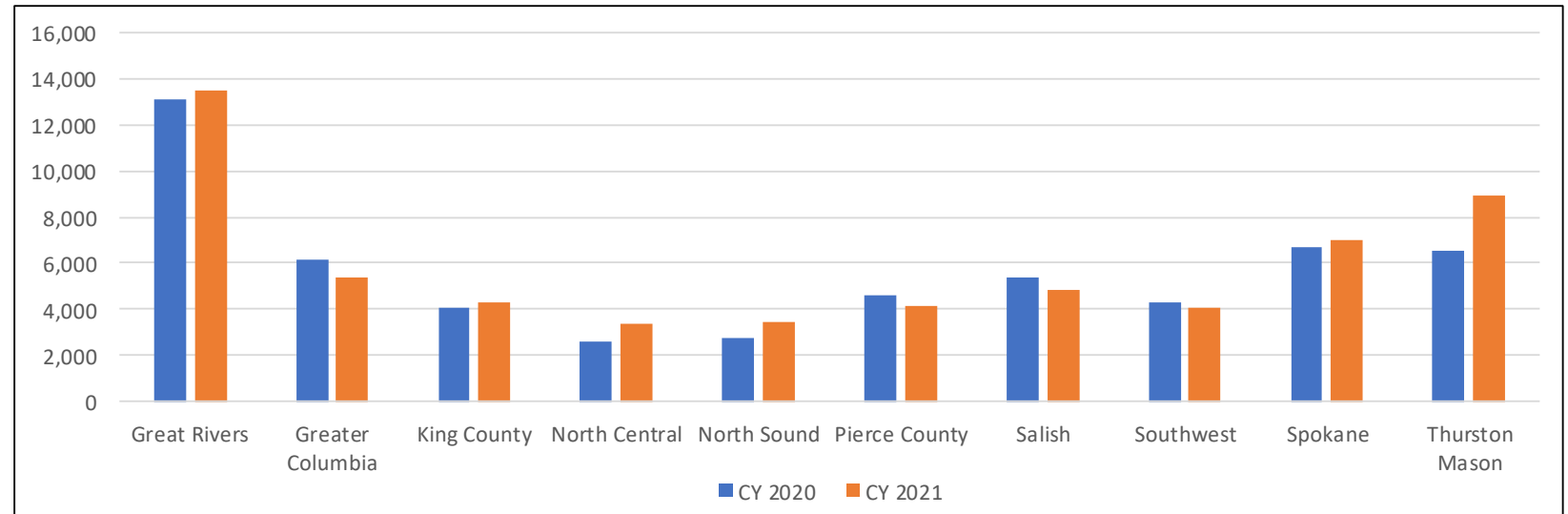
*Note that CY 2021 data is estimated annualized figures based on calls reported by BH ASOs to date.

Call Volume to BH ASO Crisis Hotlines (2021 data is annualized)



Call Volume to BH ASO Crisis Hotlines Per 100,000 Residents for each BH ASO Region (2021 data is annualized)

Statewide Values are 4,803 for CY 2020 and 4,997 for CY 2021



VARIATION IN MOBILE CRISIS OUTREACH IS SIGNIFICANT ACROSS REGIONS

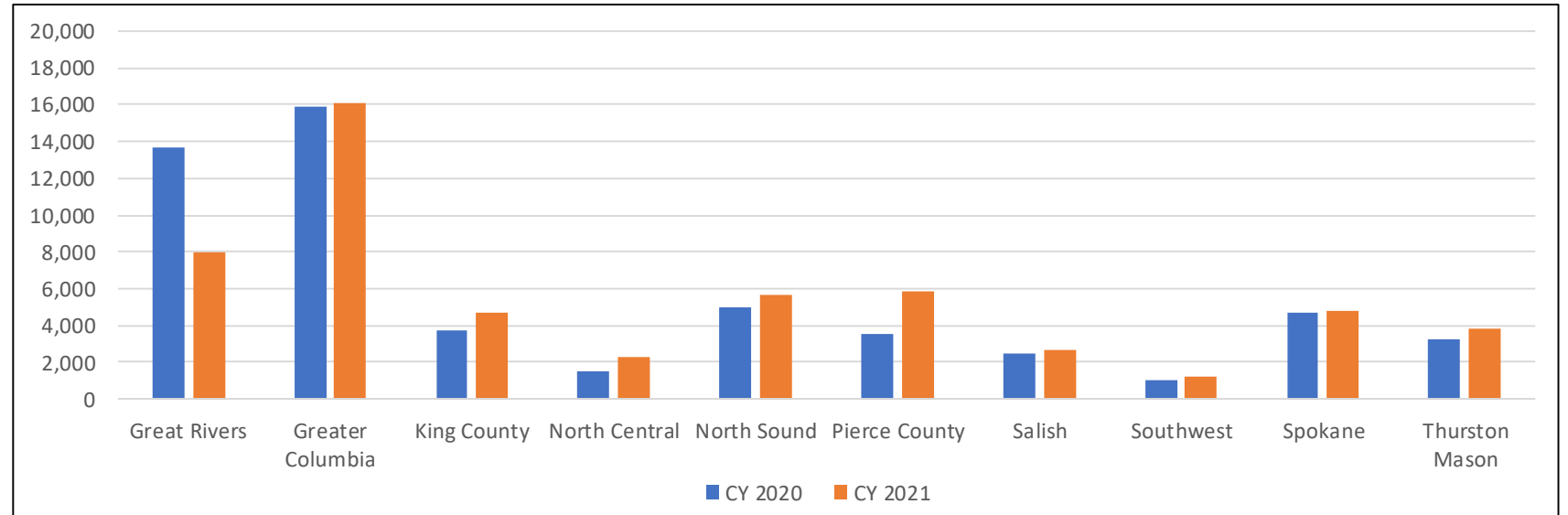
Statewide Mobile Team Volume

CY 2020: 10,831

CY 2021: 9,674*

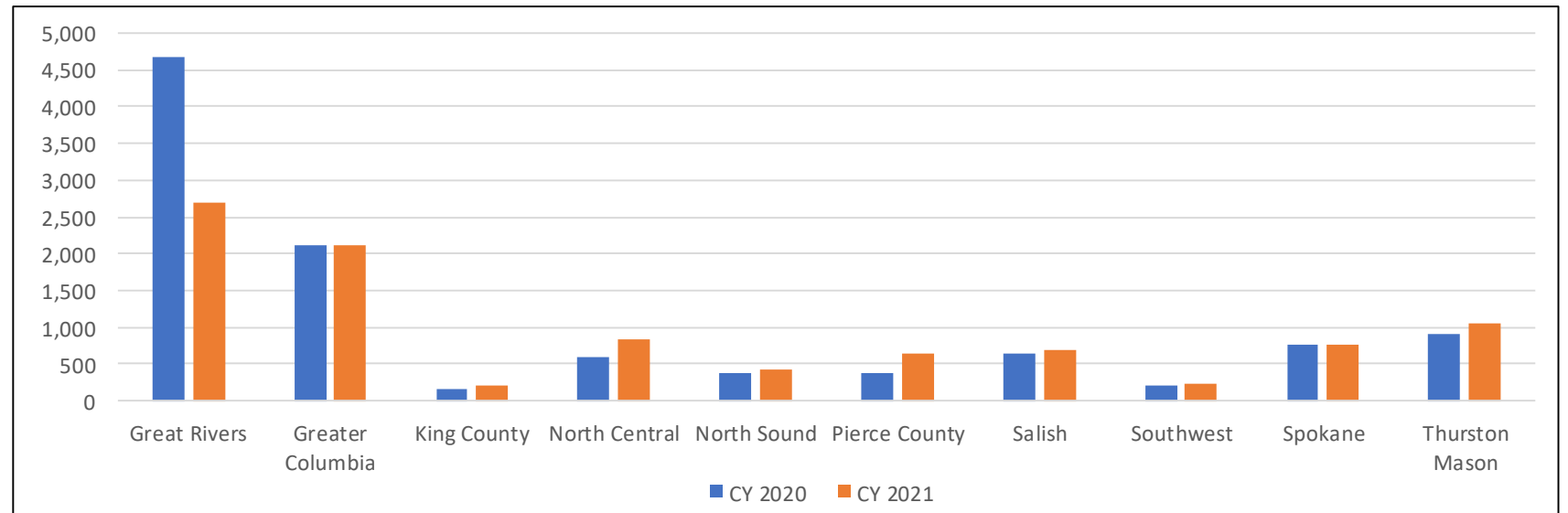
*estimated annualized number

Volume of Mobile Crisis Outreach for each BH ASO Region (2021 data is annualized)



Mobile Crisis Outreach Per 100,000 Residents for each BH ASO Region (2021 data is annualized)

Statewide Values are 665 for CY 2020 and 669 for CY 2021



THEME 2: DCR INVESTIGATIONS GROWING OR STEADY IN MOST REGIONS IN CY 2021, BUT RATE VARIES BY REGION

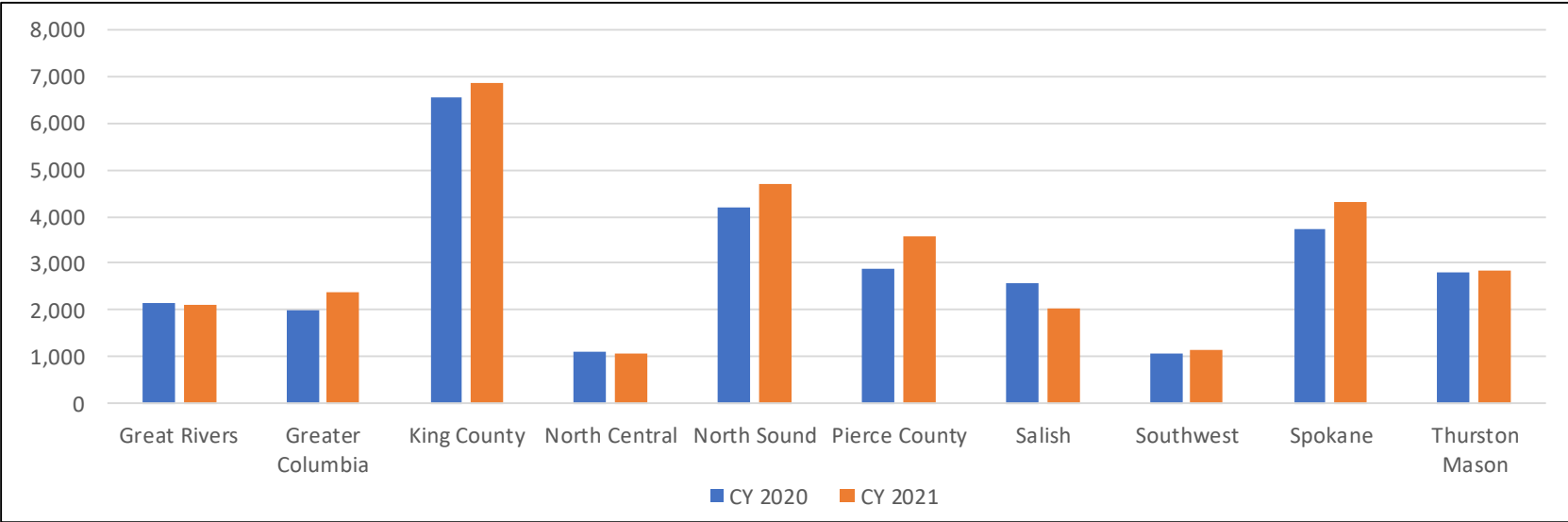
Statewide DCR Investigations

CY 2020: 29,043

CY 2021: 31,030*

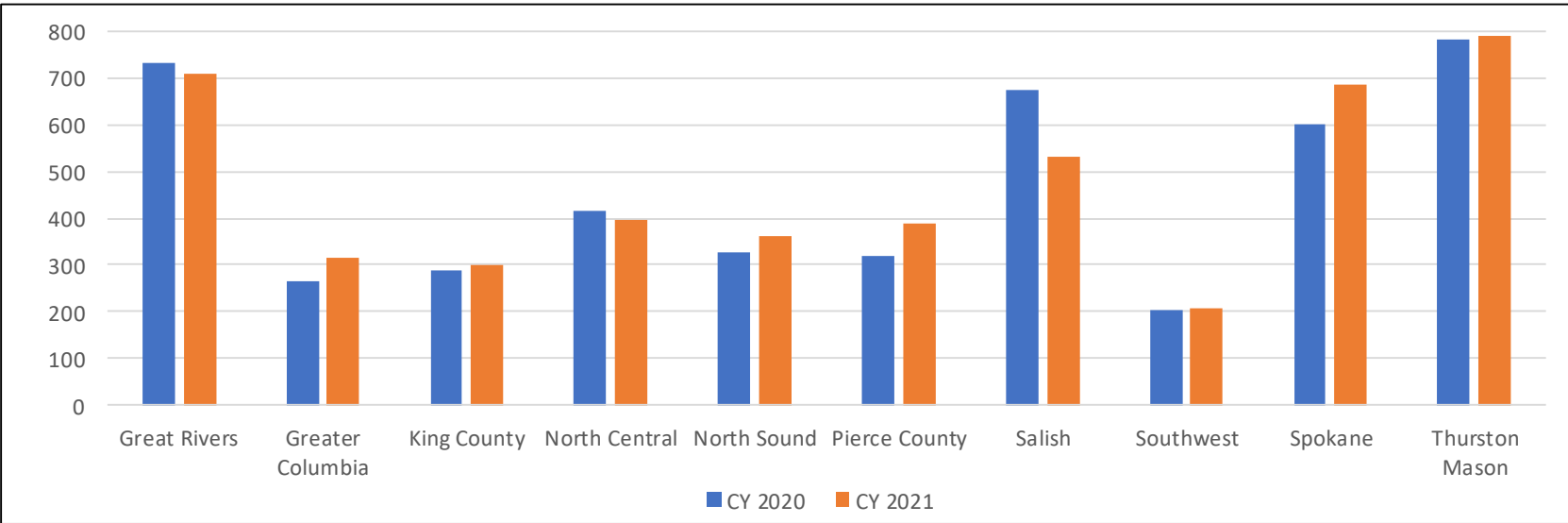
*estimated annualized number

Volume of Designated Crisis Responder Investigations for each BH ASO Region (2021 data is annualized)

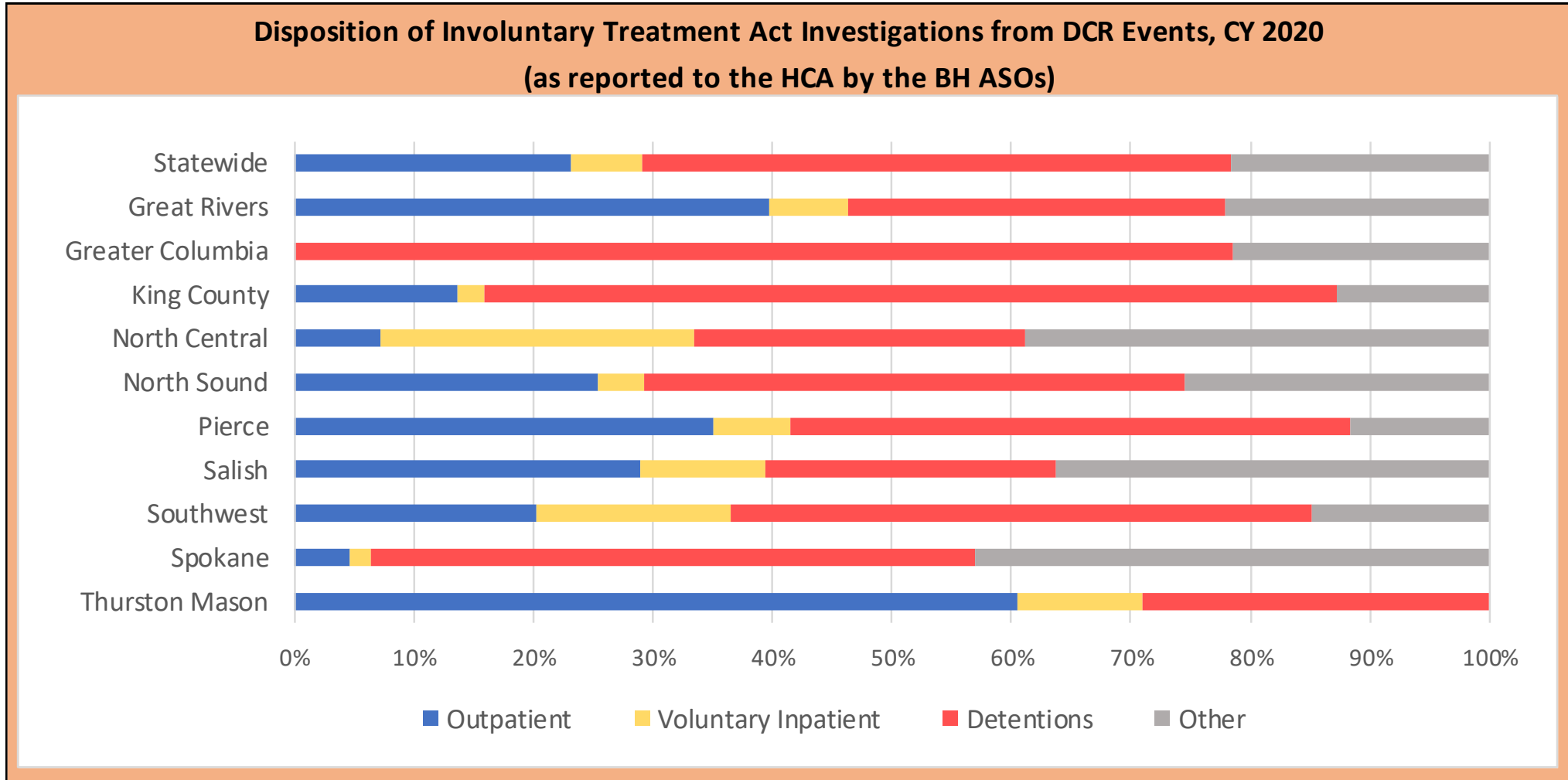


Designated Crisis Responder Investigations Per 100,000 Residents for each BH ASO Region (2021 data is annualized)

Statewide Values are 378 for CY 2020 and 402 for CY 2021

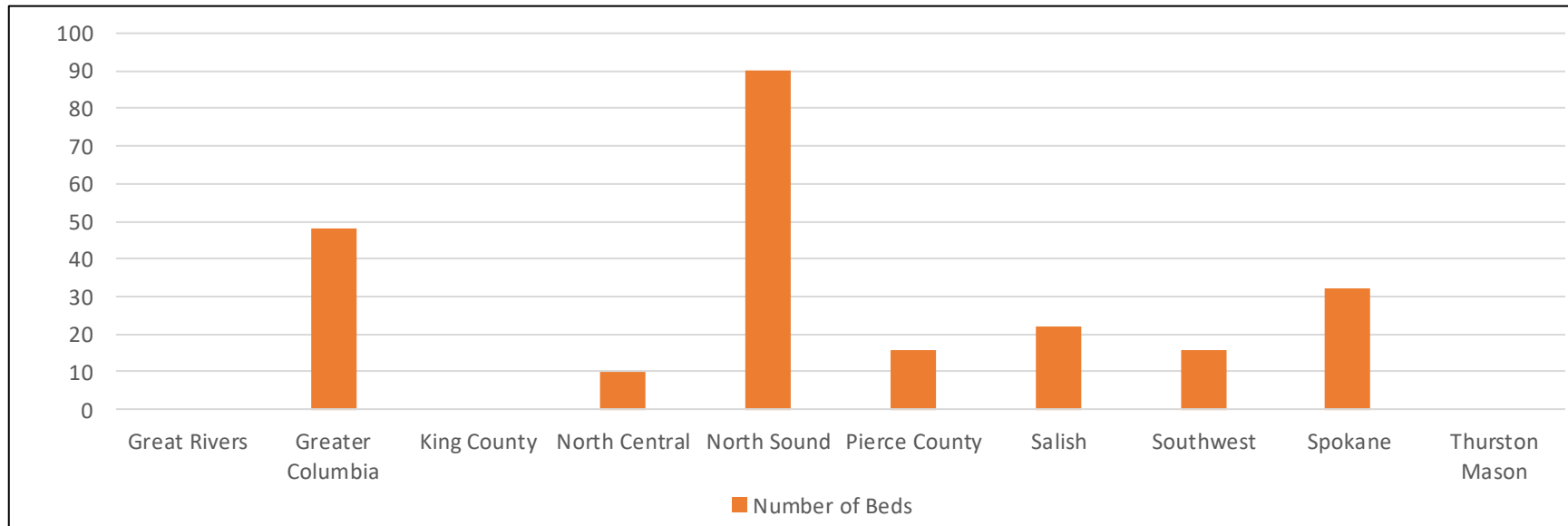


THEME 2: HALF OF DCR OUTREACH INVESTIGATIONS IN CY 2020 RESULTED IN DETENTION



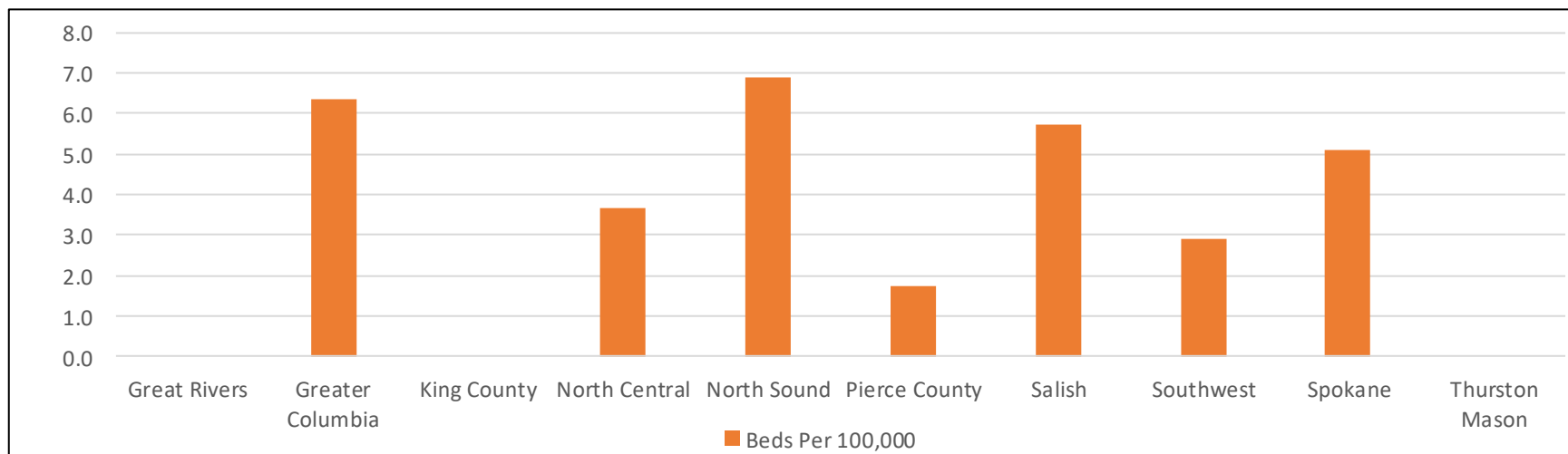
THEME 2: SOME REGIONS HAVE NO CRISIS STABILIZATION BEDS

Crisis Stabilization Beds Available in each BH ASO Region as of November 2021 *(no bar means zero beds)*



Crisis Stabilization Beds Per 100,000 Residents Available as of November 2021

Statewide Value is 3.0



THEME #3

Accountability for the Provision of Crisis Services

3. With the implementation of integrated managed care, the accountability and monitoring of the delivery of crisis services changed and is now bifurcated.

3.1 For Medicaid clients, the scope of what the BH ASOs deliver under crisis services narrowed. The Medicaid MCOs took over responsibility for more of the crisis services.

3.2 For non-Medicaid clients, however, the scope of what the BH ASOs deliver under crisis services did not narrow. In other words, the BH ASOs offer some crisis services to non-Medicaid clients but not to Medicaid clients.

3.3 There appears to be different interpretations across the state as to where responsibility of crisis services to Medicaid clients begins and ends between the BH ASOs and the MCOs.

3.4 The BH ASOs no longer have real-time data on crisis encounters for Medicaid members for all crisis services in the continuum.

3.5 Alternatively, the MCOs do not have all information on their Medicaid clients related to crisis services due to varied levels of tracking and reporting by the BH ASOs to the MCOs.

THEME #4

Financing of Crisis Services

4. *Total financing appears to be disproportionately balanced to more restrictive care than less restrictive care, and to acute crisis events and less toward the prevention of crisis events.*

4.1 Payments to BH ASOs from the HCA for non-Medicaid clients are based on historical payments and not necessarily on preferred outcomes such as diversion to lower levels of care, when appropriate.

4.2 Payments to MCOs from the HCA for Medicaid clients are made on a per member per month (PMPM) basis. There is variation of this PMPM at the regional level, usually because of differences in historical utilization. That is, higher-cost services in the past will drive a higher PMPM.

4.3 Payments to BH ASOs from the MCOs for Medicaid clients and the services under BH ASO responsibility are often paid out in advance but later reconciled on a per service basis. Therefore, in order to maximize the initial revenue received, there is an inherent bias to deliver more costly services.

4.4 The BH-ASOs often pay their local crisis providers based on capacity for 24/7 availability (“the firehouse model”). Other providers are usually paid directly by the MCO on a per service or per day basis. Providers that may deliver services across the continuum can be reimbursed differently by MCOs and BH ASOs.

THEME 4: MODELS OF PAYMENT FOR SERVICES DELIVERED IN MEDICAID CAN VARY BY REGION

Crisis Services to be Paid

24/7 Crisis Call Center	Mobile Crisis Teams	Crisis Respite Program (if offered)	Crisis Stabilization Units (if offered)	Designated Crisis Responders	Voluntary Inpatient Treatment	Involuntary Commitment
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Potential Methods of Payment

Payment from MCO to BH ASO

	Per Service	Per Service		Per Service
Capacity Payment	Capacity Payment	Capacity Payment		Capacity Payment
Prepay w/True Up	Prepay w/True Up	Prepay w/True Up		Prepay w/True Up

Payment from BH ASO to Provider

	Per Service	Per Service		Per Service
Capacity Payment	Capacity Payment	Capacity Payment		Capacity Payment

Payment from MCO to Provider

Per Service		Per Service	Per Service
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THEME #5

**Person, Family and
Community-Centered
Approaches to Delivery
of Crisis Services**

5. There are no systematic standard practices to support the person and family-centered approach within the current crisis system. This impacts both access and best practices for interventions.

5.1 In some regions, services are often rendered in a more, not less, restrictive setting due to lack of alternative options for less-restrictive settings for those in crisis.

5.2 Further, the options for individual and family empowerment (e.g., respite, warm line, drop-in) are limited in many regions. This can limit the ability to proactively prevent a crisis and results in a higher reliance on the crisis system itself.

5.3 Significant variations in the crisis service continuum and resource restrictions exist in rural communities.

5.4 Person-centered, culturally responsive, and trauma-informed approaches are inconsistently applied across the state.

5.5 Although peers are used in many settings in many parts of the state, there appears to be consensus that peers can be leveraged even more.

THEME #6

Collaboration in the Delivery of Crisis Services

6. Although there are a variety of collaborative efforts underway to create a system of care for crisis services, collaboration is fragmented and not always consistent.

6.1 Since the implementation of integrated managed care, there is not a coordinated effort between the HCA, the MCOs and the BH ASOs to track the follow-up of clients after a crisis-related event.

6.2 The lack of real-time information to providers across the continuum of services can impede more cohesive collaboration.

6.3 There are some promising collaborative efforts underway today that should be explored further to leverage across the crisis system.

6.4 There is variation across MCOs and BH ASOs in the levels of collaboration and support of community initiatives.

THEME #7

Crisis Services Workforce

7. Workforce among behavioral health practitioners in many parts of the state is severely challenged and impedes expansion of the continuum of crisis service delivery.

7.1 Recruitment and retention of behavioral health practitioners impacts the access to and availability of crisis services in Washington.

7.2 Peer support specialists are under-utilized in many portions of the crisis service continuum.

7.3 Regulations and licensure requirements can serve as an additional impediment to crisis service delivery.

7.4 Behavioral health workforce training and standards are varied across regions.

THEME #8

Use of Technology in the Provision of Crisis Services

8. There is limited technology used in the delivery of crisis services across the continuum. This results in the lack of real-time data to initiate coordination and to monitor client outcomes.

8.1 Call centers are using state-of-the-art call management systems to route crisis calls.

8.2 Call centers have the ability to report call metrics.

8.3 The BH ASO region-based crisis lines are not connected electronically to the three Lifeline call centers.

8.4 Health information technology platforms are not being utilized (e.g., bed registry, available outpatient appointments, client-specific ED use or other history) by the call centers or by providers to assist in coordinating and delivering services.

8.5. The information flow of services used by Medicaid clients before, during, and after a crisis event between BH ASOs, MCOs, and individual providers is fragmented and inconsistent. Where it occurs, the information is not in real-time.

THEME #9

Outcomes from the Delivery of Crisis Services

9. To date, there has been limited focus on the outcomes from the delivery of crisis services in Washington. There are opportunities to develop, monitor, and report out to the public the outcomes from recent and future investments in the crisis delivery system.

9.1 There is little data collected today at the system level to assess the effectiveness of crisis service delivery (e.g., mobile team response time, diversion to less restrictive care, measures to assess prevention of crisis services).

9.2 There is limited fidelity monitoring to determine if Washington's crisis delivery system aligns with national best practices.

9.3 Information to assess individuals' or families' experiences with care is limited.

9.4 Service utilization data is not being aggregated and analyzed at the statewide level to drive improvement.

NEXT STEPS

- **We are seeking CRIS member feedback and input on the themes identified to inform the HB 1477 January 1, 2022 report and future areas of work for the HB1477 committees.**
 - *November 16th meeting:* CRIS Committee members will have the opportunity to discuss and provide feedback during the meeting.
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HB 1477 Subcommittees – Overview

HB 1477 Committee Structure

The HB1477 Steering Committee is forming seven subcommittees to inform the development of recommendations for an integrated behavioral health crisis response and suicide prevention system in Washington. The Steering Committee is establishing the following subcommittees:

1. [*Confidential Information Compliance and Coordination*](#)
2. [*Credentialing and Training Subcommittee*](#)
3. [*Technology Subcommittee*](#)
4. [*Rural and Agricultural Communities*](#)
5. [*Cross-System Crisis Response Subcommittee*](#)
6. [*Lived Experience Subcommittee*](#) (this subcommittee will be open to all persons with lived experience.¹)
7. [*Tribal 988 Subcommittee*](#) (The Tribal 988 Subcommittee will be facilitated through the [Tribal Centric Behavioral Health Advisory Board.](#))



* Five of the seven subcommittees are established by HB 1477. The Steering Committee established two additional subcommittees: Lived Experience, and Rural & Agricultural Communities

Charge of HB 1477 Committees

The Steering Committee – with input from the CRIS and subcommittees – is charged to make recommendations for an integrated behavioral health crisis response and suicide prevention system with elements described HB 1477. Specifically, the Steering Committee is charged with:

- Developing a vision for an integrated crisis network in Washington that includes:
 - An integrated 988 crisis hotline and crisis call center hubs
 - Mobile rapid response crisis teams
 - Mobile crisis response units for youth, adult, and geriatric population
 - Crisis stabilization services

¹ Individuals and families with ***lived experience*** means any person or family member who have first-hand experience with a mental health challenge, substance use challenge, and/or life event impacting one's life functioning.

- An involuntary treatment system
- Access to peer-run services
- Adequate crisis-respite services
- Data resources
- Recommendations to promote equity in services for individuals of diverse circumstances of culture, race, ethnicity, gender, socioeconomic status, sexual orientation, and for individuals in tribal, urban, and rural communities.
- Identifying potential barriers and making recommendations to the Legislature and Governor for how to implement and monitor progress of the 988-crisis hotline in Washington.
- Recommendations to the Legislature and Governor for the statewide improvement of behavioral health crisis response and suicide prevention services.

Key Milestones

The Steering Committee will provide a progress report, including results of the comprehensive assessment of the behavioral health crisis response and suicide prevention services systems and preliminary recommendations related to funding of crisis response services, to the Governor and Legislature by January 1, 2022. A second progress report—along with preliminary recommendations related to crisis call center hubs and final recommendations related to funding of crisis response services are due January 1, 2023. A final report to the Governor and Legislature is due January 1, 2024.

HB 1477 Subcommittees Objectives

1. **Credentialing and Training Subcommittee** – To inform workforce needs and requirements related to behavioral health system redesign components outlined by HB 1477.
2. **Technology Subcommittee** – To examine issues and requirements related to the technology needed to manage and operate the behavioral health crisis response and suicide prevention system, such as in-coming call management, call routing, documentation systems, and system performance metrics.
3. **Cross-System Crisis Response Subcommittee** – Examine and define complementary roles and interactions of specified crisis system stakeholders, including mobile rapid response crisis teams, designated crisis responders, law enforcement, emergency medical services teams, 911 and 988 operators, public and private health plans, behavioral health crisis response agencies, nonbehavioral health crisis response agencies, and others needed to implement HB 1477.
4. **Confidential Information Compliance and Coordination** – To inform information-sharing guidelines to enable crisis call center hubs to actively collaborate with emergency departments, primary care providers and behavioral health providers within managed care organizations, behavioral health administrative service organizations, and other

health care payers to establish a safety plan for individuals in crisis in accordance with best practices.

5. **Rural and Agricultural Communities** – To seek input and address the unique needs of rural and agricultural communities related to recommendations outlined by HB 1477.
6. **Lived Experience** – To seek input and address the unique needs of people with lived experience and family members related to recommendations outlined by HB 1477.
7. **988 Tribal** – to examine and make recommendations with respect to the needs of tribes related to the 988 system.

Subcommittee Member Responsibilities

Subcommittee member responsibilities will include:

- Participate in Subcommittee meetings between November 2021 and December 2023. In 2021, there will be one subcommittee meeting (second week of November; meeting dates are currently being determined). In total, subcommittees will meet an anticipated maximum of 10 times, with frequency of meetings dependent on deadlines relevant to topics to be addressed by each subcommittee.
- Review background materials in advance of meetings.
- Engage in positive, productive communication with other subcommittee members, the subcommittee facilitator, and project staff.
- Value lived experience as a valid data source.
- Review and provide written comments on subcommittee reports.

Subcommittee Membership Criteria and Selection Process

Members for each subcommittee have been selected to provide diverse community perspectives and professional expertise on topics under consideration by each subcommittee. Subcommittees include three broad categories of members, as described below:

1. **Broad Stakeholder members:** Broad stakeholder members were selected based on evaluation of the Statements of Interest submitted by interested candidates,² member criteria outlined by the HB 1477 and the Steering Committee, and consideration of balanced representation across stakeholder categories in each subcommittee. Member selection criteria included:
 - Members must provide professional expertise and/or community perspectives;
 - Each subcommittee must have at least one member representing urban stakeholders, rural stakeholders, and youth stakeholders; and
 - The Steering Committee has directed that each subcommittee include members representing lived experience.

² Broad public outreach was engaged to invite interested candidates to submit an online Statement of Interest to serve on an HB 1477 Subcommittee. Statements of interest were accepted between October 21 – November 3. 327 Statements of Interest were received in total (Credentialing & Training – 40 statements; Technology = 24 statements; Cross-System Response = 135 statements; Confidential Information Compliance & Coordination = 9 statements; Rural & Agricultural = 37 statements; Lived Experience = 82 statements).

- Prioritize applicants to enhance diversity in race, ethnicity, gender, disability, geographic representation, and representation from communities that have been disenfranchised in the past, as well as “new” voices (i.e., individuals who have not been actively involved with legislative and agency-level groups in the past).
- 2. **Agency/Implementation SMEs:** HCA, DOH, BH-ASOs and Call Centers identified lead representatives to participate on each subcommittee. These members will support coordination of updates and information regarding agency implementation efforts relevant to the subcommittee.
- 3. **CRIS Members on Subcommittees:** CRIS members are invited to select subcommittees they would like to participate in. CRIS members will play a role to support communication and representation of subcommittee work with the larger CRIS Committee.

To allow meaningful engagement and discussion on topics under consideration, subcommittee size is limited to 10-20 members with the exception of the Lived Experience Subcommittee, which is open to all, and the Cross-System Crisis Response Subcommittee requiring broader engagement of members. We note that the Tribal 988 Subcommittee will be facilitated through the [Tribal Centric Behavioral Health Advisory Board](#), with further information available through their website.

Subcommittee members may change over time based on topics under review and aligned with member expertise. For example, subcommittees may require certain members for the initial focus on 988 implementation and additional or new members when turning toward recommendations for the crisis system redesign. Additional Subcommittees may also be formed to address specific focus areas or topics of interest.

To allow broad engagement of interested individuals, all subcommittee meetings will be open to the public and provide opportunity for public comment. Therefore, individuals who are not serving as committee members will still have the opportunity to join subcommittee meetings and provide public comment.

Please see the [CRIS webpage](#) for a Subcommittee member roster.



COVID Months' Retrospective Update

November 30th, 2021

- **Crisis Services During COVID-19:** Joe provided an in-depth presentation covering the transition of the crisis system during the pandemic to date. Concerns were spoke of individuals to be medically cleared prior to evaluation. Situations of county DCRs not willing to come and evaluate an individual in a safe environment. Outreach to another county had to be made to assist.
- **ASO/Budget Trivia:** 20 questions were asked covering the history, acronyms, geography of the North Sound region and newly operated facilities. The top three winners were 1st place Chris, 2nd place Candy, and 3rd place Marie.
- **Reflections:** Everyone had the opportunity to express how COVID re shaped their worlds, behavioral health system and how each viewed the future moving forward.





NORTH SOUND BEHAVIORAL HEALTH ADVISORY BOARD

2021-2022 LEGISLATIVE PRIORITIES

The North Sound Behavioral Health Advisory Board ~~has~~ solicited the input of persons in the North Sound region regarding behavioral health priorities to be addressed in the current legislative session. We appreciate the responsiveness of the Legislature to our input in previous years, as well as the additional investments the legislature has made in Crisis Services and Behavioral Health Facilities.

These investments have enabled the North Sound Behavioral Health Administrative Services Organization [BH-ASO] to expand funding for mobile crisis outreach and new Behavioral Health Facilities. For 2021-2022, we urge continued investment in these services as well as addressing other critical supports to stabilize the recovery of persons with behavioral health treatment needs.

1. WORKFORCE STABILITY

— Adopt the recommendations from ~~of the~~ Behavioral Health ~~BH~~ Workforce Advisory Council's December 2021 report, including the highest priority items:

- Increased Medicaid reimbursement rates for Behavioral Health Agencies
- Increased financial support and incentives for behavioral health students and staff
- Provide incentives for community Behavioral Health Agencies to supervise and train new behavioral health staff and students

(Adopt summary from the report)

— Provide direct funding for a 7% wage increase for all behavioral health agency workforce front line staff. All the funding should go to support wages and not administrative costs. ~~wages~~

2. DEVELOP A SUSTAINABLE FUNDING MODEL FOR CRISIS SERVICES ~~ONE FOR CAPACITY-BASED, NOT FOR FEE FOR SERVICES FACILITIES~~

- Direct the Health Care Authority to develop a sustainable financing model for Crisis Services ~~that is~~ based on supporting capacity rather than ~~on~~ a fee for service reimbursement model.

3. CONTINUE TO PROVIDE OPERATING SUPPORT FOR NORTH SOUND REGION'S NEW BEHAVIORAL HEALTH FACILITIES

— Continue to provide operating support for the new behavioral health treatment facilities in the North Sound Region that the legislature has funded starting in 2018 ~~in previous years~~.

— In 2021~~12~~, the North Sound region will be bringing online one more facility ~~that was~~ supported in part by county dollars – an Evaluation and Treatment Facility. This facility will replace the existing

~~Evaluation and Treatment facility in Sedro Woolley that is being closed due to the a repurposing of the property on the campus of the North Cascades Gateway Center. Without the necessary operating support, the region is in risk of losing 16 of the 32 beds in freestanding Evaluation and Treatment facilities in the North Sound region. new Triage, Withdrawal Management, SUD Residential Treatment, and Evaluation and Treatment facilities that were funded with a combination of legislative capital and local dollars. A total of 90 beds will soon be available. The new beds will both help fill the gap that will be created by the closure of Pioneer Center North as well as respond to the growing population and increased need for mental health treatment and substance use treatment—needs that have been exacerbated by the Opioid and COVID pandemics.~~

- ~~— In addition to providing operating support, state funding also allows these facilities to serve low-income persons not eligible for Medicaid. Historically, these persons represented about a third of the persons served.~~

~~1.4. PROVIDE SUPPORT FOR SERVICES THAT SUPPORT THE SUCCESSFUL TRANSITION FROM CRISIS SERVICES AND INPATIENT TREATMENT.~~

- ~~— Provide flexible funding to support persons ready for discharge from the state hospitals or psychiatric inpatient facilities to pay for essential community-based services that would support their successful transition back to the community. These services would include additional supports for Adult Family Homes or Residential Treatment facilities, PACT or other intensive outpatient services, and transitional “step-down” facilities.~~
- ~~— Continue to support and expand “HARPS” housing vouchers and housing support services for low-income non-Medicaid persons and link these to new affordable housing projects providing behavioral health supportive services.~~
- ~~— Expand the availability of short-term “step-down” residential treatment services to facilitate the discharge of persons from the state hospitals or psychiatric inpatient facilities for both Medicaid and low-income non-Medicaid persons.~~
- ~~— Persons who are ready for discharge from psychiatric inpatient facilities often need a temporary placement back in the community while longer term placement options are being explored.~~

~~2. CONTINUE TO PROVIDE OPERATING SUPPORT FOR NORTH SOUND REGION’S NEW BEHAVIORAL HEALTH FACILITIES~~

- ~~— Continue to provide operating support for the new behavioral health treatment facilities that the legislature funded in previous years.~~

~~— In 2021, the North Sound region will be bringing online new Triage, Withdrawal Management, SUD Residential Treatment, and Evaluation and Treatment facilities that were funded with a combination of legislative capital and local dollars. A total of 90 beds will soon be available. The new beds will both help fill the gap that will be created by the closure of Pioneer Center North as well as respond to the growing~~

~~population and increased need for mental health treatment and substance use treatment—needs that have been exacerbated by the Opioid and COVID pandemics.~~

~~— In addition to providing operating support, state funding also allows these facilities to serve low-income persons not eligible for Medicaid. Historically, these persons represented about a third of the persons served.~~

~~3.5.~~ ITA HEARING COURT COSTS

- Provide a separate legislative appropriation for Involuntary Treatment Act [ITA] Court Hearing costs and related expenses: this would include clear criteria for what the courts could charge for these services. Reimbursements to courts would be limited to the level of the legislative appropriation. This appropriation should be based on a prospective actuarial approach that ensures there is sufficient funding to cover the actual costs for ITA hearings.
- This funding comes from the same state general fund appropriation that is used to pay for crisis services, Evaluation and Treatment services, inpatient hospitalization and other treatment services for low-income non-Medicaid persons. As the costs to courts, and the ASOs, for ITA court hearings have increased there has been proportionately less money to pay for treatment services. ITA court costs are approximately \$2.2 million a year.

~~4. RESIDENTIAL TREATMENT “TRANSITION” SERVICES~~

~~— Expand the availability of short-term “step-down” residential treatment services to facilitate the discharge of persons from the state hospitals or psychiatric inpatient facilities for both Medicaid and low-income non-Medicaid persons.~~

~~— Persons who are ready for discharge from psychiatric inpatient facilities often need a temporary placement back on the community while longer term placement options are being explored.~~



NORTH SOUND BEHAVIORAL HEALTH ADVISORY BOARD

2022 LEGISLATIVE PRIORITIES

The North Sound Behavioral Health Advisory Board solicited the input of persons in the North Sound region regarding behavioral health priorities to be addressed in the current legislative session. We appreciate the responsiveness of the Legislature to our input in previous years, as well as the additional investments the legislature has made in Crisis Services and Behavioral Health Facilities.

These investments have enabled the North Sound Behavioral Health Administrative Services Organization [BH-ASO] to expand funding for mobile crisis outreach and new Behavioral Health Facilities. For 2022, we urge continued investment in these services as well as addressing other critical supports to stabilize the recovery of persons with behavioral health treatment needs.

1. WORKFORCE STABILITY

- Adopt the recommendations from the Behavioral Health Workforce Advisory Council's December 2021 report, including the highest priority items:
 - Increase Medicaid reimbursement rates for Behavioral Health Agencies
 - Increase financial support and incentives for behavioral health students and staff
 - Provide incentives for community Behavioral Health Agencies to supervise and train new behavioral health staff and students
- Provide direct funding for a 7% wage increase for all behavioral health agency front line staff. Funding should go to support wages and not administrative costs.

2. DEVELOP A SUSTAINABLE FUNDING MODEL FOR CRISIS SERVICES

- Direct the Health Care Authority to develop a sustainable financing model for Crisis Services based on supporting capacity rather than a fee for service reimbursement model.

3. CONTINUE TO PROVIDE OPERATING SUPPORT FOR NORTH SOUND REGION'S NEW BEHAVIORAL HEALTH FACILITIES

- Continue to provide operating support for the new behavioral health treatment facilities in the North Sound Region that the legislature has funded starting in 2018.
- In 2022, the North Sound region will be bringing online one more facility supported in part by county dollars – an Evaluation and Treatment Facility. This facility will replace the existing

Evaluation and Treatment facility in Sedro Woolley being closed due to the repurposing of the campus of the North Cascades Gateway Center. Without the necessary operating support, the region is in risk of losing 16 of the 32 beds in freestanding Evaluation and Treatment facilities in the North Sound region.

- In addition to providing operating support, state funding also allows these facilities to serve low-income persons not eligible for Medicaid. Historically, these persons represented about a third of the persons served.

4. PROVIDE SUPPORT FOR SERVICES THAT SUPPORT THE SUCCESSFUL TRANSITION FROM CRISIS SERVICES AND INPATIENT TREATMENT

- Provide flexible funding to support persons ready for discharge from the state hospitals or psychiatric inpatient facilities to pay for essential community-based services that would support their successful transition back to the community. These services would include additional supports for Adult Family Homes or Residential Treatment facilities, PACT or other intensive outpatient services, and transitional “step-down” facilities.
- Expand the availability of short-term “step-down” residential treatment services to facilitate the discharge of persons from the state hospitals or psychiatric inpatient facilities for both Medicaid and low-income non-Medicaid persons.
- Persons who are ready for discharge from psychiatric inpatient facilities often need a temporary placement back in the community while longer term placement options are being explored.

5.. ITA HEARING COURT COSTS

- This funding comes from the same state general fund appropriation that is used to pay for crisis services, Evaluation and Treatment services, inpatient hospitalization, and other treatment services for low-income non-Medicaid persons. As the costs to courts, and the ASOs, for ITA court hearings have increased there has been proportionately less money to pay for treatment services. ITA court costs are approximately \$2.2 million a year.
- Provide a separate legislative appropriation for Involuntary Treatment Act [ITA] Court Hearing costs and related expenses: this would include clear criteria for what the courts could charge for these services. Reimbursements to courts would be limited to the level of the legislative appropriation. This appropriation should be based on a prospective actuarial approach that ensures there is sufficient funding to cover the actual costs for ITA hearings.