

Advisory Board Pre-Meeting Training

June 4, 2019

12:10 – 12:50

Joe Valentine

Executive Director

Dennis Regan

Data Support Analyst

Early Warning Signs

North Sound Behavioral Health Organization

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

North Sound Proposed Early Warning and Community Performance Indicators
May 23, 2019

1. EARLY WARNING INDICATORS						
Indicator Category	State Standard	North Sound Proposed	Indicator Sub-Category	Specific Indicator Tracked	Data Source	Needs more Definition
Crisis System	X		1. Crisis Hotline Calls	a. # of incoming calls	1a. BH-ASO	
				b. # of calls answered	1b. BH-ASO	
				c. # of call answer timeliness (within 30 seconds)	1c. BH-ASO	
				d. Average speed of answer (sec)	1d. BH-ASO	
				e. Abandonment Rate	1e. BH-ASO	
	X		2. # ITA investigations and outcome	a. # of Mental Health ITA Investigations	2a. BH-ASO	
				b. # of SUD ITA Investigations	2b. BH-ASO	
				c. # Detained	2c. BH-ASO	
				d. # Voluntary Admit	2d. BH-ASO	
				e. # Discharged with Referral	2e. BH-ASO	
X		3. DCR	a. DCR response time	3a. BH-ASO		
X		4. Bed Availability	a. # of No Bed reports	4a. RDA/HCA		
			b. # of Single Bed Certs	4b. RDA/HCA		
Emergency Department Utilization	X		5. ED Utilization	a. # of EDIE-recorded ED visits by Medicaid clients	5a. HCA/Analytics, Research, and Measurement (ARM) Team	
	X			b. # of EDIE-recorded ED events per thousand member months	5b. HCA/ARM	
	X			c. EDIE-recorded ED Utilization for Seriously Mentally Ill (SMI) clients	5c. HCA/ARM	
	X			d. EDIE-recorded ED Utilization for clients with a history of BH needs (MH & SUD)	5d. HCA/ARM	
Law Enforcement Contacts		X	6. Increase in Law Enforcement referrals for crisis services	a. # referrals to law enforcement	6a. BH ASO	
Provider Payments and Capacity Note: HCA may be modifying the way we report these metrics. Finalized method TBD.	X		7. Behavioral Health Claims Status (Reported by each MCO for each BH provider individually)	a. % of BH claims/ encounters rejected by MCOs	7a. MCOs	
				b. % of BH claims/ encounters denied by MCOs	7b. MCOs	

North Sound Proposed Early Warning and Community Performance Indicators

May 23, 2019

Indicator Category	State Standard	North Sound Proposed	Indicator Sub-Category	Specific Indicator Tracked	Data Source	Needs more Definition
	X		8. Behavioral health provider survey	a. N/A- Responses are provided in narrative form	8a. Behavioral health providers	
	X		9. Civil Occupancy	a. # of patients in residence with a civil legal authority (LA) status located in designated civil wards on the last Monday of the month. (Civil patients in forensic wards or patients with a forensic LA in civil wards are excluded.)	9a. RDA	
Client Satisfaction		X	10. Increase in Medicaid enrollees switching between MCO plans	State Reports	10a.	
MCO Early Warning Indicators	X - Contract 7.3.3		11. MCO Selected Early Warning Indicators	MCO Reports to HCA	11a.	
Interpreter Services	X		12. Speed of appointment requests being filled for behavioral health provider agencies (i.e. how long it takes for an interpreter to be assigned)	a. Average # of days between the date the request was submitted and the date the request was filled	12a. HCA	
	X		13. Number of appointment requests filled vs. the number of requests made	a. % of interpreter services requests that were filled	13a. HCA	

2. COMMUNITY PERFORMANCE INDICATORS

Indicator Category	State Standard	North Sound Proposed	Indicator Sub-Category	Specific Indicator Tracked	Data Source	Needs more Definition	Frequency
Crisis System	6.2.6.6-Reductions in enrollees that use crisis services		Increase in frequent utilizers of crisis services		BH-ASO?	x	
Homelessness		X	Increase in persons coming to shelters and other indicators collected by the county HMIS systems	HMIS		x	
Network Adequacy	6.2-Behavioral Health Network Analysis		Behavioral Health Network Capacity in all areas	HCA Network Adequacy Assessment			
	6.10.1 - Appointment Standards		Increased Wait time for behavioral health appointments	Only available now through manual reports from BHAs			
	6.3.1.0-Needs of special populations		Reductions in specialty services, e.g., school based services	State Reports? MCO reports?			
	6.2.5.5-Sufficient capacity for WISe services		Decrease in WISe caseloads	State Reports			
	6.12-Distance and Drive Time standards		Ability to meet behavioral health time and distance standards	Unknown			
	6.2.5.3.6-contracts with inpatient psychiatric treatment facilities		Decrease in inpatient psychiatric treatment beds	State Reports			
	6.2.5.3-Maintain contracts with Essential Behavioral Health Providers		Decrease in SUD residential treatment and detox beds	State Reports			
	14.8.1.2 - Identification of needed local resources		Loss of ability to increase capacity and develop innovative programs.			x	
	6.16-maintain adequate network of behavioral health providers		Decrease in behavioral health workforce			x	
Physical Health Care	7.3.4 and "Attachment 2"		Improvements in physical health care indicators for persons receiving behavioral health treatment	HEDIS Measures		x	
Behavioral Health Care	7.3.7.1		Substance Use Treatment Penetration	HEDIS Measures			
	7.3.7.2		SUD Treatment Initiation and Engagement	HEDIS Measures			
	7.3.7.3		Mental Health Treatment Penetration	HEDIS Measures			
	7.3.7.4		Thirty Day psychiatric inpatient admissions	HEDIS Measures			
Healthy Youth Survey	7.4.1	X	Child and Child With Chronic Conditions Survey	CAHPS Survey7		x	x
Complaints and Grievances	7.7.1		System to track provider complaints and appeals	MCO Reports to HCA			

Behavioral Health System Indicators
generated by North Sound ASO

North Sound Early Warning Report

Crisis Calls and Investigations

Dennis Regan 5/21/2019

North Sound Early Warning Report

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Executive Summary

The North Sound Interlocal Leadership Structure developed the Early Warning System Workgroup to bring local and state stakeholders together to develop a system of metrics that will provide early warning about significant changes associated with the change to intergrated care. This report contains the data North Sound ASO will provide the state monthly to be incorporated into the state’s monthly report on the larger set of Early Warning Metrics.

Early Warning Metric Dashboards

North Sound Crisis Calls

Period	From Mar-18 To Mar-19				
	crisis calls	Calls Answered	Calls LT 30 sec	Average answer time (sec)	Calls Abandoned
Average	2,295	2,256	2,123	15	39
Min	1,924	1,891	1,776	9	21
Max	2,654	2,598	2,383	28	56
St dev	102	97	94	6	9
Mar-19	2,330	2,297	2,165	10	33
Current Month					

North Sound Investigations

Period	From Mar-18 To Mar-19						
	invest.	detentions	MH invest.	SUD invest.	MH and SUD invest.	Referred from Law Enforcement	avg dispatch response time
Average	234	111	149	11	74	21	1.5
Min	168	74	108	5	33	12	1.0
Max	315	135	227	17	157	50	2.0
Standard dev.	47	18	34	4	37	12	0.3
Mar-19	285	94	118	10	157	43	1.1
Current Month							

	Detentions and Commitments	Less Restrictive Options MH	No Detention Due to Issues	Voluntary MH Treatment	Other
Average	124	4	1	61	44
Min	82	0	0	38	25
Max	154	7	6	117	77
Standard dev.	20	2	2	22	17
Mar-19	103	0	0	117	65
Current Month					

- Inside 2 stdev
- at 2 stdev
- outside 2 stdev

Areas outside limits

Crisis Calls metrics outside limits

No areas outside of limits

Investigation metrics outside limits

- Investigation reasons as both SUD and MH have increased outside limits.
- Investigation outcomes in the voluntary group have increased outside limits.

Detailed Data Discussion

North Sound Crisis Call Metrics

North Sound Crisis call data is captured by Volunteers of America (VOA) and submitted to North Sound ASO.

Current Crisis Call Data Used

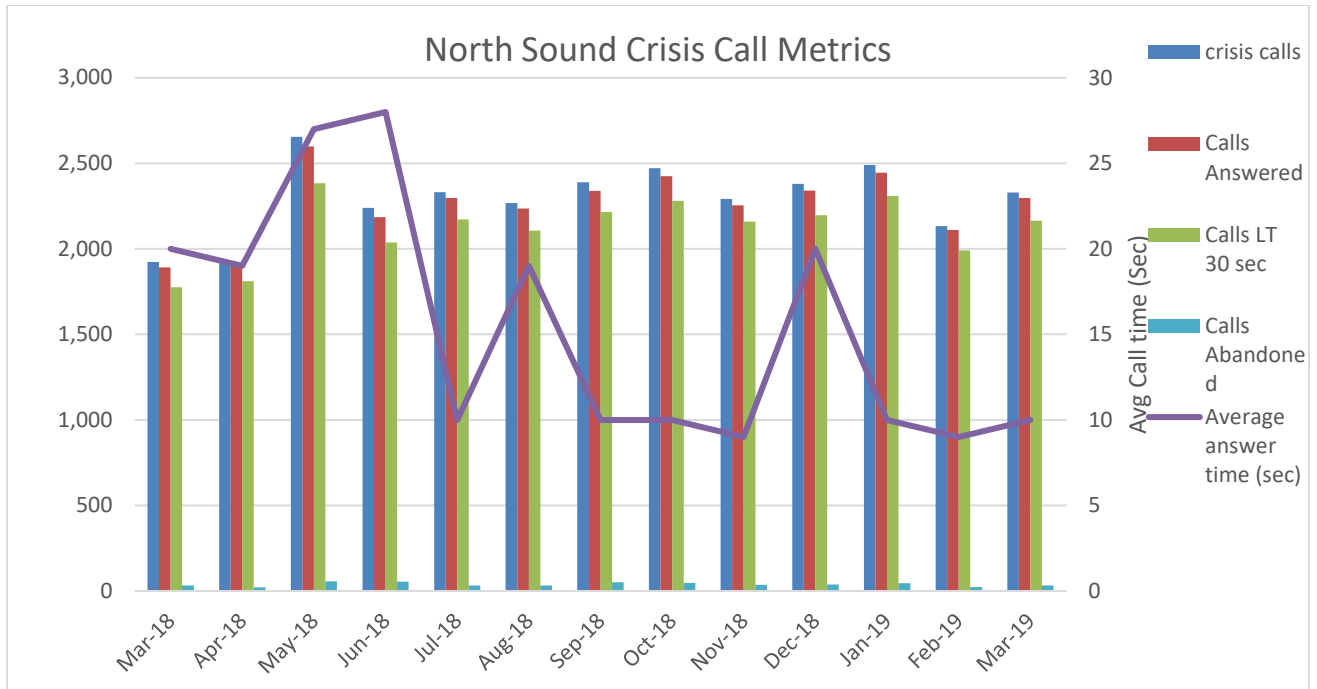
The current data used for the dashboard is below:

Month	crisis calls	Calls Answered	Calls LT 30 sec	Average answer time (sec)	Calls Abandoned
Mar-18	1,924	1,891	1,776	20	33
Apr-18	1,929	1,908	1,811	19	21
May-18	2,654	2,598	2,383	27	56
Jun-18	2,239	2,185	2,037	28	54
Jul-18	2,331	2,298	2,172	10	33
Aug-18	2,268	2,236	2,107	19	32
Sep-18	2,389	2,339	2,215	10	50
Oct-18	2,471	2,424	2,281	10	47
Nov-18	2,292	2,255	2,159	9	37
Dec-18	2,379	2,341	2,196	20	38
Jan-19	2,491	2,446	2,309	10	45
Feb-19	2,133	2,110	1,990	9	23
Mar-19	2,330	2,297	2,165	10	33

Current monthly data is highlighted for further review if it is outside 2 standard deviations of the 1 year period prior to the month.

North Sound Call Center Metrics over time Graph

North Sound Crisis call metrics are presented below with answer time transposed on top



Long term Call Center model

The graph below models the previous 6 months of data with a regression based on the 12 months to model the predicted total of calls. This is presented to allow for controlling some variability in the particular month and is not included in the more basic dashboard values. High and Low values are at the 95-percentile range. The adjust R-squared of the model used was .77 and all monthly variable had a p value far smaller than .05.

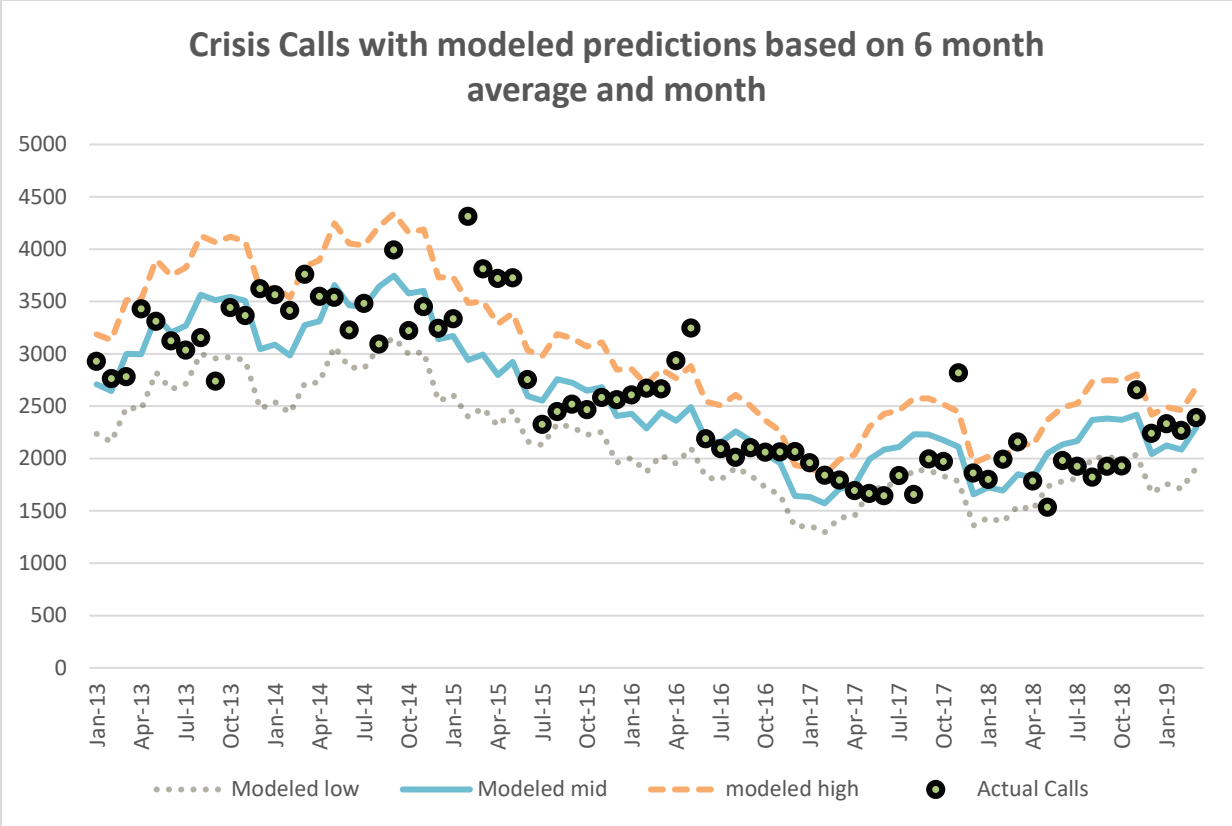
SUMMARY OUTPUT

Regression Statistics	
Multiple R	0.882476441
R Square	0.778764669
Adjusted R Square	0.735944927
Standard Error	356.9969644
Observations	75

ANOVA

	df	SS	MS	F	Significance F
Regression	12	27814579	2317882	18.18705	5.54E-16
Residual	62	7901704	127446.8		
Total	74	35716283			

	Coefficients	Standard Error	t Stat	P-value	Lower 95%	Upper 95%
Intercept	162.5109422	175.0512	0.928362	0.35682	-187.411	512.4333
X Variable 1	0.833670174	0.077884	10.70395	1.01E-15	0.677982	0.989359
X Variable 2	0.807583011	0.079085	10.21163	6.6E-15	0.649495	0.965671
X Variable 3	0.904219852	0.081431	11.10409	2.23E-16	0.741441	1.066999
X Variable 4	0.90457982	0.083888	10.78323	7.47E-16	0.736891	1.072269
X Variable 5	1.020314029	0.085977	11.86729	1.33E-17	0.848448	1.19218
X Variable 6	0.967657273	0.08668	11.16353	1.79E-16	0.794386	1.140929
X Variable 7	0.962987621	0.086001	11.19746	1.58E-16	0.791075	1.1349
X Variable 8	1.02618902	0.085152	12.05132	6.79E-18	0.855973	1.196405
X Variable 9	0.99776255	0.082737	12.05939	6.6E-18	0.832373	1.163152
X Variable 10	0.958410516	0.081445	11.76762	1.91E-17	0.795605	1.121216
X Variable 11	0.9436368	0.080305	11.75072	2.03E-17	0.78311	1.104163
X Variable 12	0.806632062	0.080172	10.06127	1.18E-14	0.646371	0.966894



North Sound Investigation Metrics

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

Current Investigation Data Used

Total Investigations/detentions/response and LE referral

month	invest.	detentions	avg dispatch response time	Referred from Law Enforcement
Mar-18	315	135	1.1	50
Apr-18	290	115	1.1	33
May-18	179	99	1.4	12
Jun-18	204	103	1.7	12
Jul-18	241	131	1.4	17
Aug-18	214	115	2.0	18
Sep-18	184	90	1.7	13
Oct-18	168	74	2.0	13
Nov-18	214	116	1.6	15

month	invest.	detentions	avg dispatch response time	Referred from Law Enforcement
Dec-18	199	111	1.0	15
Jan-19	280	134	1.8	18
Feb-19	272	123	1.3	20
Mar-19	285	94	1.1	43

Investigation Reasons

month	MH invest.	SUD invest.	MH and SUD invest.
Mar-18	227	5	83
Apr-18	196	15	79
May-18	130	9	40
Jun-18	164	7	33
Jul-18	181	16	44
Aug-18	155	17	42
Sep-18	108	15	61
Oct-18	109	7	52
Nov-18	143	8	63
Dec-18	124	11	64
Jan-19	156	13	111
Feb-19	129	7	136
Mar-19	118	10	157

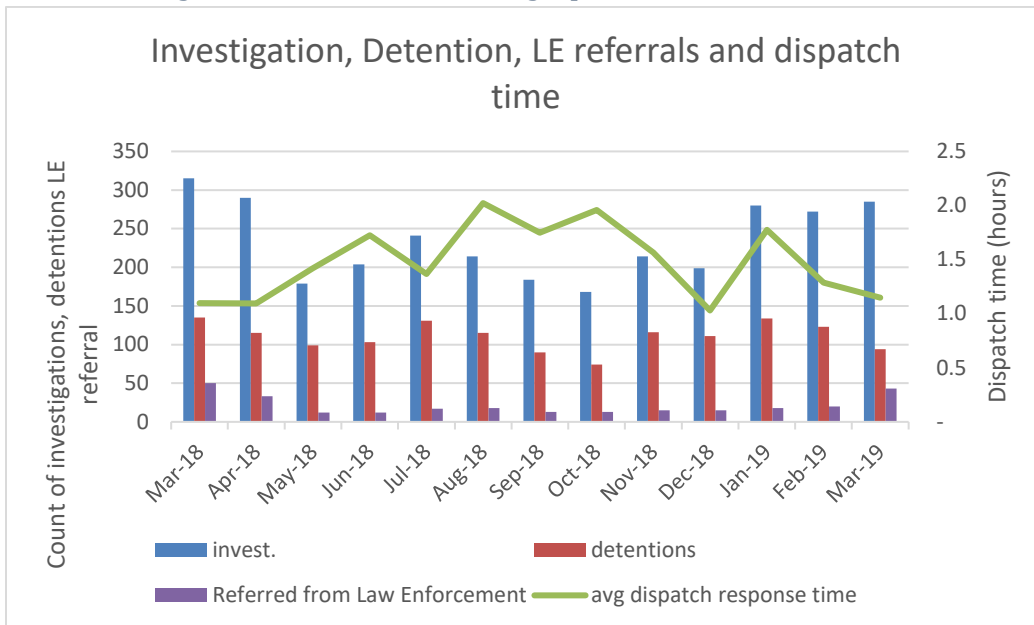
Investigation Outcomes

month	Detentions and Commitments	Voluntary MH Treatment	Less Restrictive Options MH	No Detention Due to Issues	Other
Mar-18	154	77	6	1	77
Apr-18	135	89	7	2	57
May-18	109	38	-	-	32
Jun-18	122	50	7	-	25
Jul-18	147	52	5	2	35
Aug-18	132	51	4	1	26
Sep-18	101	43	1	2	37
Oct-18	82	49	2	-	35
Nov-18	135	41	4	-	34
Dec-18	124	42	2	-	31
Jan-19	145	72	2	2	59
Feb-19	129	69	6	6	62

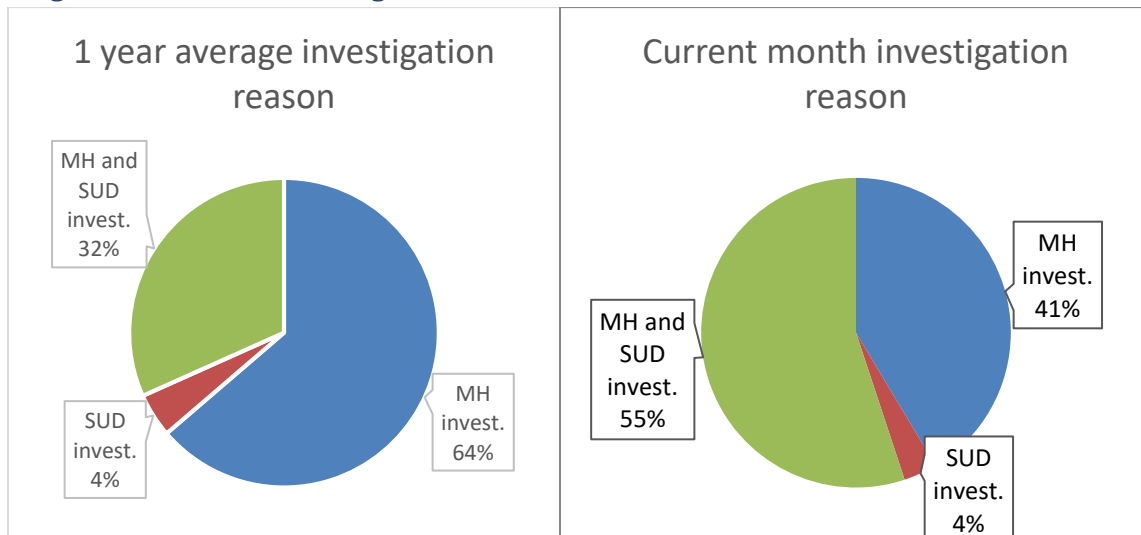
month	Detentions and Commitments	Voluntary MH Treatment	Less Restrictive Options MH	No Detention Due to Issues	Other
Mar-19	103	117	-	-	65

Current monthly data is highlighted for review if it is outside 2 standard deviations of the data in the period 1 year prior.

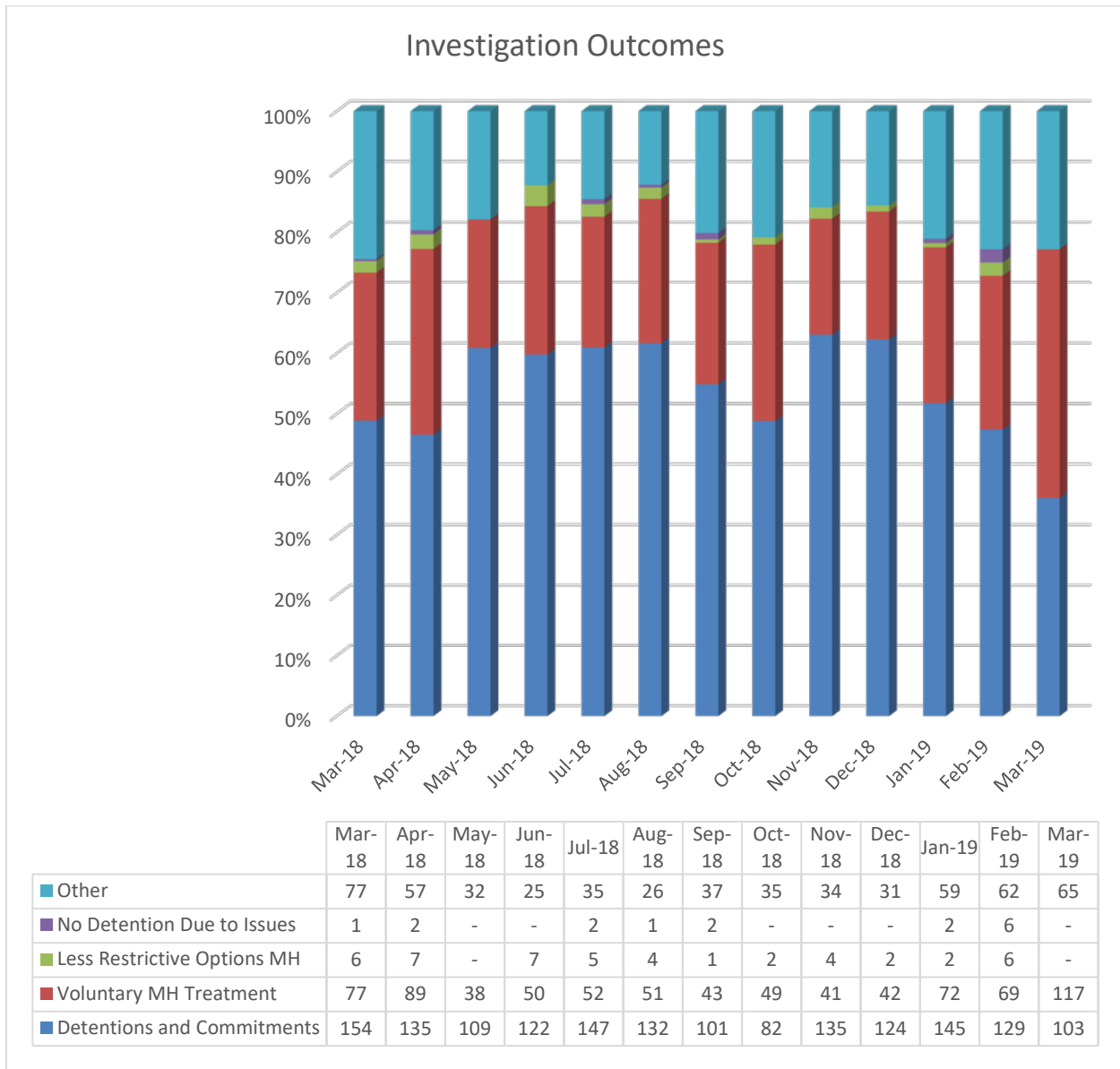
North Sound Investigation Metrics over Time graph



Investigation Reason Percentages Pie Charts



Investigation Outcomes over time percent of total chart



Investigation Outcome Grouping

Investigation outcomes are grouped to duplicate the investigation outcomes published by the state.

State Group	Investigation Outcome	all invest. in period
Detentions and Commitments	Detention (72 hours as identified under RCW 71.05).	1,432
Detentions and Commitments	Detention to Secure Detox facility (72 hours as identified under 71.05)	3
Detentions and Commitments	Returned to inpatient facility/filed revocation petition.	183

State Group	Investigation Outcome	all invest. in period
Less Restrictive Options MH	Filed petition - recommending LRA extension.	46
No Detention Due to Issues	No detention - E&T provisional acceptance did not occur within statutory timeframes	3
No Detention Due to Issues	No detention – Secure Detox provisional acceptance did not occur within statutory timeframes	1
No Detention Due to Issues	No detention - Unresolved medical issues	12
Voluntary MH Treatment	Referred to crisis triage	61
Voluntary MH Treatment	Referred to voluntary inpatient mental health services.	104
Voluntary MH Treatment	Referred to voluntary outpatient mental health services.	625
Other	Referred to non-mental health community resources.	30
Other	Other	545
Grand Total		3,045



North Sound Behavioral Health Organization

Advisory Board

Agenda

June 4, 2019

1:00 p.m. – 3:00 p.m.

Call to Order and Introductions

Revisions to the Agenda

Approval of May Minutes.....TAB 1

Announcements

Brief Comments or Questions from the Public

Executive/Finance Committee Report

— **Approval of May ExpendituresTAB 2**

— **Advisory Board Contribution to the 2020 Youth Video Challenge Contest.....TAB 3**

Executive Director’s ReportTAB 4

Executive Director’s Action ItemsTAB 5

— **Workgroup Updates**

Old Business

— **Advisory Board July Retreat Location**

— **Advisory Board Purpose, History, Membership and Duties.....TAB 6**

— **Advisory Board Site Tour – Lake Whatcom Center Substance Use Disorder Residential Facility**

New Business

— **Senate Bill 5432TAB 7**

— **Draft July Retreat AgendaTAB 8**

— **Questions for Managed Care Organization PanelTAB 9**

— **State Regional Advisory Boards**

Report from Advisory Board Members

Reminder of Next Meeting

Adjourn



North Sound Behavioral Health Organization

Advisory Board

May 7, 2019

1:00 – 3:00

Advisory Board Meeting Minutes

Members Present:

- Island County: Candy Trautman, Chris Garden
- San Juan County:
- Skagit County: Duncan West, Ron Coakley, Joan Lubbe
- Snohomish County: Marie Jubie, Fred Plappert, Pat O'Maley-Lanphear, Jim Bloss, Jack Eckrem, Jennifer Yuen, Joan Bethel, Carolann Sullivan
- Whatcom County: Mark McDonald, Michael Massanari, Arlene Feld

Members Excused:

- Island County: Christy Korrow
- San Juan County: Theresa Chemnick
- Skagit County:
- Snohomish County: Ashely Kilgore
- Whatcom County: Kara Mitchell

Members Absent:

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

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

Managed Care Organization:

- Community Health Plan of Washington; Marci Bloomquist
- United Healthcare; Allan Fisher
- Molina Healthcare; Kelly Anderson

Guests: Katelyn Morgan; Behavioral Health OMBUDS Specialist, Boone Sureepisarn; OMBUDS Specialist, Kala Buchanan, OMBUDS Specialist

Call to Order and Introductions

The meeting was called to order by Chair O'Maley-Lanphear at 1:06 p.m.

Revisions to the Agenda

Chair O'Maley-Lanphear inquired revisions to the Agenda. County Coordinators Update will be placed under New Business.

Approval of Minutes from the Previous Meeting Minutes

Motion made to approve the April minutes as written. Motion seconded. All in favor. Motion passed.

Executive/Finance Committee Report

The April Expenditures were reviewed and discussed. A motion was made to move the April Expenditures to the County Authorities Executive Committee for approval. Motion seconded. Motion passed.

Announcements

- None

Brief Comments from the Public

No public comments reported

Executive Director Report

Joe Reported

- Transition to Integrated Care
- Crisis Services
- Behavioral Health Facilities Capital Request

Joe gave an update of the Early Warning Signs Workgroup. The early warning signs and community performance indicators were reviewed. Current members that are on the workgroup are Jim, Duncan and Pat.

Action Items

Joe reviewed each of the Actions Items with the Advisory Board

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

Old Business

Site Tour Update

- Maria is coordinating with Lake Whatcom Center for dates and times that are available for the Substance Use Disorder Residential facility.

2019 Advisory Board Retreat Topics

- Members discussed topics of interest for the July 9, 2019 retreat. The focus of the retreat will be around effectiveness of advocacy in the new system. A draft agenda will be brought to the Board during the June 4 meeting.
- It was discussed to have an open dialogue with the five Managed Care Organizations during the retreat. An invitation will be sent to the MCOs liaisons.
- It was discussed to have the retreat offsite. Maria and Joe will research a venue. Further determination will be made during the June 4 meeting.

Visual Art and Poetry Contest 2020 Proposal

- Maria proposed to the Board to have a youth opioid video challenge for the 2020 contest.
- The targeted youth will be students in high school in the North Sound region. Prize amounts will be allocated to the student's education.
- The contest will connect students with their counties regarding the opioid epidemic. This will be a platform to educate their peers and community of the opioid epidemic that is negatively shaping communities.
- Motion was made to approve the youth opioid video challenge. Motion seconded. Motion approved.

Advisory Board Report – 18th Annual 2019 North Sound Tribal Health Conference and Opioid Summit

- Members that attended were Marie, Joan B., Candy, Duncan, and Jennifer.
- Members reported of what they learned and the meaningfulness of the conference.

New Business

County Coordinators Update

- Members were asked to provide county updates of communication with their County Coordinators.

Advisory Board ByLaws Revision Review

- Members reviewed the revised ByLaws. Revisions reflect the new name to North Sound Behavioral Health Administrative Services Organization and changes that are in compliance with the Healthcare Authority contract, North Sound BH-ASO LLC., Revised Code of Washington and the Washington Administrative Code
- Motion made to approve the ByLaws revisions. Motion seconded. All in Favor. Motion Passed.
- ByLaws will be effective July 1, 2019

Advisory Board Policy Revision Review

- 4501.00 Request for Support Staff Services
- 4514.00 Advisory Board Functions
- 4509.00 Development of Annual Advisory Board Expense Projection
- 4510.00 Attendance and Participation at Conferences, Seminars and Trainings
- 4511.00 Purchasing and Other Expenses Procedure
- 4515.00 Advisory Board Representation
- 4507.00 Transportation Reimbursement Request

APPROVED by Advisory Board

- Training/Conference Request Form Attachment for Policy 4510.00
- Policies reflect the organization’s name change, new website address and are in compliance with the Healthcare Authority contract, North Sound BHO LLC, Revised Code of Washington and Washington Administrative Code [WAC].
- Motion made to approve the policies with revisions with the change to Policy 4515.00 to indicate on the policy of WAC 182-538D-0252 verbiage in line 5 in italics. Motion seconded. Motion Approved.
- Policies will be implemented July 1, 2019.

Advisory Board Purpose, History, and Duties Document Revision Review

- Members reviewed the document and provided feedback for changes.
- Maria will revise the document. Document will be brought back to the June 4 meeting.

Guiding Principles Revision Review

- Members reviewed the document.
- Motion made to approve the document with the changes.
- Document will be implemented July 1, 2019.

2019 North Sound Peer Town Hall Meeting Report

- Tabled until the June 4 meeting when members can give a report to the Board.

Report from Advisory Board Members

None

Reminder of Next Meeting

The next Advisory Board meeting is June 4, 2019 in Conference Room Snohomish.

Adjournment

Chair O’Maley-Lanphear adjourned the meeting at 2:53 p.m.

**North Sound Behavioral Health Organization, LLC.
Advisory Board Budget
May 2019**

	Total	All Conferences	Board Development	Advisory Board Expenses	Stakeholder Transportation	Legislative Session
		Project # 1	Project # 2	Project # 3	Project # 4	Project # 5
Budget	\$ 22,000.00	\$ 10,200.00	\$ 575.00	\$ 10,200.00	\$ 75.00	\$ 950.00
Expense	(5,426.27)	(1,500.00)		(2,776.59)		(1,149.68)
Under / (Over) Budget	\$ 16,573.73	\$ 8,700.00	\$ 575.00	\$ 7,423.41	\$ 75.00	\$ (199.68)

BHC , NAMI, COD, OTHER	BOARDS SUMMIT (RETREAT)	Costs for Board Members (meals mileage, misc.)	Non- Advisory Board Members, to attend meetings and special events	Shuttle, meals, hotel, travel
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North Sound Behavioral Health Organization, LLC
Warrants Paid
May 2019

	Type	Date	Name	Memo	Amount
Advisory Board			Supplies		
	Bill	05/08/2019	Lunch from Costco	Batch # 128236	77.54
	Bill	05/29/2019	Mister T Trophies	Batch # 128477	325.50
	Bill	05/29/2019	Mister T Trophies	Batch # 128477	-20.07
Total · Supplies					382.97
			Travel		
	Bill	05/15/2019	City Cab, Inc.	Batch # 128321	26.20
	Bill	05/15/2019	McDonald, Mark	Batch # 128321	32.48
	Bill	05/15/2019	Yuen, Jennifer	Batch # 128321	150.80
Total · Travel					209.48
			Miscellaneous		
	Bill	05/15/2019	TC2019 Registrants	Batch # 128321	1,500.00
Total · Miscellaneous					1,500.00
Total Advisory Board					2,092.45

Advisory Board Projected Budget

\$16,573.73 Remaining Budget

- \$4,000 Behavioral Health Conference
- \$2,000 Lunch and Travel Reimbursement
- \$3,600 Taxi Transportation

Total: \$6,973.73

- \$1,750 Retreat Facilitator
- \$1,600 Skagit Resort Conference Center
 - o Project #2 place holder for \$575.00
 - o Additional amount will be taken from other allocated columns to cover additional cost of \$ 1,025.

Remaining Budget: \$3,623.73

1. TRANSITION TO INTEGRATED MANAGED CARE

a) Institution for Mental Diseases [IMD] Fiscal Audit

- We are working with the State Auditor's office to arrange for their review of our reporting of IMD expenditures. We provided them with a suggested scope of work and the steps that would most logically help them re-trace both our own calculations and the corresponding calculations by Health Care Authority [HCA] staff.
- We have been assured by HCA staff that the work on the corrective action plan will not be a barrier to North Sound receiving the BH ASO contract in July.

b) Integrated Care Planning

- The 3 Workgroups that have been formed to support the planning for the transition to Integrated Managed Care *Early Warning Metrics*, *Model of Care*, and *Capacity Building*, continue to meet.
- The *Early Warning Metrics Workgroup* has finalized its recommendation to HCA. These recommendations include 2 additional measures being proposed by the North Sound:
 - i) number of referrals to the Crisis Line from Law Enforcement [data to be supplied by the ASO], and
 - ii) Increase in Medicaid enrollees switching between plans [HCA has tentatively agreed to provide this data and add it to the monthly dashboard].
- HCA would produce the monthly Early Warning Metrics dashboard for the first 6 months after the "go-live" date [July].
- North Sound BHO is currently able to produce a monthly report with key statistics regarding the crisis line and crisis outreach services and intends to continue to do so.
- The *Model of Care* workgroup is close to finalizing the initial design on how calls to the Crisis Line and dispatch of crisis teams will be coordinated with the MCOs.
- Since Volunteers of America [VOA] Crisis Line staff would no longer have access to information about which agency is providing services to Medicaid enrollees, we need to work on an agreement with the MCOs on how this information can be provided, especially for Wraparound with Intensive Services [WISe] and Program of Assertive Community Treatment [PACT] enrollees.
- We understand that the MCO provider networks will be posted on their websites after June 19. BHO staff will review and assess them.

c) BH ASO Budget Model

- Although we are still awaiting information on our July BH ASO allocations, we have finalized a budget model using assumptions.

MEMORANDUM

June 4, 2019

TO: North Sound BHO Advisory Board

FROM: Joe Valentine, Executive Director

RE: June 13, 2019 County Authorities Executive Committee Agenda

Please find for your review the following that will go before the North Sound BHO County Authorities Executive Committee Meeting at the June 13, 2019 meeting:

North Sound BHO has completed the planning for the North Sound BH-ASO 2019-20 Substance Abuse Block Grant (SABG) and Mental Health Block Grant (MHBG). Based on the funding allocation we anticipate, SABG is \$3,289,438 annually and MHBG \$1,105,480. The two Grants are prioritized as follows:

SABG:

- Opioid Outreach to individuals using Intravenous Drugs
- Limited number of SUD assessments
- Limited amount of Interim Services
- Limited amount of Outpatient Services
- Pregnant & Parenting Women Housing Supports
- Limited amount of Therapeutic Intervention Services for Children while parent is in residential services
- Limited amount of services for – Crisis Services/Stabilization, Intensive inpatient, Long Term Residential, Involuntary Commitment and Acute Withdrawal Management

MHBG:

- Crisis Stabilization
- Mobile Outreach Crisis Services
- Traditional Healing Services (Tulalip Tribes)
- At Risk Youth outreach (Tulalip Tribes)

Motion

To approve the SABG and MHBG Grant Applications are presented.

Introduction

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

This Plan is for July 1, 2019 – June 30, 2020. All Substance Abuse Block Grant funds contractually allocated for services provided, but not expended for services actually provided by June 30, 2019, may not be used or carried forward.

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

DO NOT MODIFY OR DELETE ANY PARTS OF THIS TEMPLATE.

Instructions:

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

Region: North Sound	Current Date: June 3, 2019	Total SABG Allocation: \$3,289,438
Contact Person: Margaret Rojas	Phone Number: 360-416-7013	Email: deliverables@nsbhaso.org

Section 1 Proposed Plan Narratives

Needs Assessment (required)	<p>Describe what strengths, needs, and gaps were identified through a needs assessment of the geographic area of the region. Include age, race/ethnicity, gender, and language barriers.</p> <p><u>Strengths</u> The ASO will continue the solid implementation and use of SABG funds as implemented when previously a BHO. The counties are continuing to implement their facilities plans that North Sound provided leadership on, and the ASO will continue collaborations to continue to increase access to other MAT including the application and award of a SAMHSA grant. For SABG funded individuals, North Sound ASO has two 3.7 withdrawal management facilities; 3.5 and 3.3 residential services for individuals experiencing co-occurring issues, opioid use disorder, and PPW including residential for adolescent girls; and four providers of OTP that include two tribal methadone programs that serve non-Native individuals. The ASO increased support for PPW Housing Support services and Opioid Outreach services.</p> <p><u>Challenges</u> North Sound would benefit from a residential program for adolescent boys so they can remain in their region, as well as Recovery Housing in each county.</p>
Cultural Competence (required)	<p>Provide a narrative summarizing how cultural competence overall, is incorporated within proposed projects. Identify what anticipated efforts will be taken to measure progress.</p> <p>Under North Sound ASO contracts and policies 1515 and 1521, all providers are required to ensure their services are culturally and linguistically competent. All network providers must have internal written policies to promote these competencies in place for consumers, employees, and the community at large. Provider newly hired staff are required to complete Relias trainings on cultural competence and this is reviewed by the ASO for compliance. All areas of cultural competence are reviewed during the administrative reviews by the ASO.</p>
Continuing Education for Staff (required)	<p>Describe of how continuing education for employees of treatment facilities is expected to be implemented.</p> <p>North Sound ASO continues to fully fund the online Relias Training for each regional provider site. Relias includes at least 82 NAADAC trainings that provide CEU for CDP/T. The North Sound ASO will continue to collaborate with the regional Tribal Nations to convene the annual North Sound Tribal Conference, which has been in place since 2001. The Tribal Conference includes many quality workshops on substance use disorder.</p>
Charitable Choice (required)	<p>Provide a description of how faith-based organizations will be incorporated into your network and how referrals will be tracked.</p> <p>Catholic Community Services (CCS) is a large faith-based organization providing regional services for substance use disorder for adults and youth, mental health disorder services for adults and youth, housing units, and PPW Housing Support Services. CCS will continue to be integral to our Provider Network as a large regional provider in four counties, and, services provided are tracked through our CIS and there is no paucity of referrals to CCS or utilization of CCS services. Other faith-based organizations interested in joining our provider network would occur</p>

	through a periodic process of public request for qualifications; no other faith-based organizations have communicated an interest in joining our provider network to date.
Coordination of Services (required)	Provide a description of how faith-based organizations will be incorporated into your network and how referrals will be tracked. See above response
Public Comment/Local Board /BH Advisory Board Involvement (required)	Describe how you facilitated public comment from any person, behavioral health association, individuals in recovery, families, and local boards in the development of this SABG Plan. North Sound ASO continues the work as a BHO to work closely with each of the five regional counties and coordinate with each county's behavioral health coordinator, as well as the designated elected officials that serve on our formal governance board. Regional counties, regional tribes and North Sound ASO will continue to work together and actively collaborate. The behavioral health coordinators provide input and discussion through monthly meetings called by the North Sound ASO Executive, and tribes provide input and discussion both ad hoc and through a quarterly meeting joint jointly called by the Tribal Nations Behavioral Health Leadership and the Executive Director of North Sound ASO. The Executive Director continues to provide the opportunities (both formal and informal) for the Advisory Board members to be actively involved. The Executive Director keeps the Advisory Board informed of ASO planning and facilitates discussion and inclusion through monthly Advisory Board Leadership meetings.
Program Compliance (required)	Provide a description of the strategies that will be used for monitoring program compliance with all SABG requirements. SABG requirements are included in all Provider contracts and compliance is monitored through utilization reviews, data reconciliation, encounter reporting, and required narrative reporting.
Recovery Support Services (optional)	Provide a description of how and what recovery support services will be made available to individuals in SUD treatment and their families. Transportation costs to/from residential treatment will be reimbursed to the provider.
Cost Sharing (optional)	Provide a description of the policies and procedures established for cost-sharing, to include how individuals will be identified as eligible, how cost-sharing will be calculated, and how funding for cost-sharing will managed and monitored. North Sound ASO does not use SABG funds for this purpose.

**Section 2
Proposed Project Summaries and Expenditures**

*The * indicates a required component of the Proposed Project Summary*

Category/Sub Category	Provide a plan of action for each supported activity	Proposed # PPW to be served	Outcomes and Performance Indicators	Proposed Total Expenditure Amount
Prevention & Wellness – Preventive services, such as drug use prevention and early intervention, are critical components of wellness.				438,000
*PPW Outreach	PPW outreach is included in outreach to IUID.		See below	0
Outreach to Individuals Using Intravenous Drugs (IUID)	Opioid Outreach services are operating in Island, Skagit, Snohomish and Whatcom counties.	20	Monthly reporting by Provider: Number of hours of services provided Number of people outreached Of these, # pregnant and/or parenting Number of assessments obtained Number of treatment admits Number who received MAT	0
Brief Intervention				0
Drug Screening				0
*Tuberculosis Screening				0
Engagement Services – Assessment/admission screening related to SUD to determine appropriateness of admission and levels of care. Education Services may include information and referral services regarding available resources, information and training concerning availability of services and other supports. Educational programs can include parent training, impact of alcohol and drug problems, anxiety symptoms and management, and stress management and reduction. Education services may be made available to individuals, groups, organizations, and the community in general. This is different than staff training. Treatment services must meet the criteria as set forth in Chapter 246-341 WAC.				22,800
Assessment	Provided by OP treatment providers and withdrawal management providers	5	Verification through provider data transmitted to ASO	0
*Engagement and Referral				0
*Interim Services	All SUD network providers are	6	Verification through monthly reporting Verification through data transmitted to	0

	required by contract to assure interim services are provided within 48 hours if pregnant or individual who uses drugs intravenously, who cannot be admitted into treatment due to lack of capacity. Providers were increased previously and use open access so need has been nonexistent.		ASO Verification through UR	
Educational Programs				0
Outpatient Services – Services provided in a non-residential SUD treatment facility. Outpatient treatment services must meet the criteria as set forth in Chapter 246-341 WAC.				839,638
Individual Therapy	Services provided through ASO Provider Network	10	Verification through provider data transmitted to ASO Verification through UR	0
Group Therapy	Services provided through ASO Provider Network	10	Verification through provider data transmitted to ASO Verification through UR	0
Family Therapy				0
Multi-Family Counseling Therapy				0
Medication Assisted Therapy (MAT)	OTP Services provided through ASO Provider Network	15	Verification through provider data transmitted to ASO Verification through UR	0
Community Support (Rehabilitative) – Consist of support and treatment services focused on enhancing independent functioning.				0
Case Management				0
Recovery Housing				0
Supported Employment				0
Other Support (Habilitative) – Structured services provided in segments of less than 24 hours using a multi-disciplinary team approach to develop treatment plans that vary in intensity of services and the frequency and duration of services based on the needs of the client.				350,000

PPW Housing Support Services	Providers continue to be Brigid Collins, Catholic Community Services, and Evergreen Recovery Centers. This continues to be safe, healthy, and alcohol/drug free housing support for PPW and their children.	100	Verification through required reporting	0
Supported Education				0
Housing Assistance				0
Spiritual/Faith-Based Support				0
Intensive Support Services – Services that are therapeutically intensive coordinated and structured group-oriented. Services stabilize acute crisis and clinical conditions, utilizing recovery principles to help return individuals to less intensive outpatient, case management, and/or other recovery based services.				5,000
*Therapeutic Intervention Services for Children	Services provided through the ASO contracted PPW residential facility Evergreen Recovery Centers and Lifeline Connections, or single case agreements with Isabella House and Riel House.	6	Verification through provider data transmitted to ASO	0
Sobering Services				0
Out of Home Residential Services – 24 hour a day, live-in setting that is either housed in or affiliated with a permanent facility. A defining characteristic is that they serve individuals who need safe and stable living environments in order to develop their recovery skills. Treatment services must meet the criteria as set forth in Chapter 246-341 WAC.				1,530,000
Sub-acute Withdrawal Management				0
Crisis Services Residential/ Stabilization	Services provided through provider network, and other regional facilities as needed	5	Provide data transmission to ASO	0

Intensive Inpatient Residential Treatment	Services through provider network and single case agreements with other providers as needed	2	Verification through provider data transmitted to ASO Verification through UR	0
Long Term Residential Treatment	Services through provider network and single case agreements with other providers as needed	5	Verification through provider data transmitted to ASO Verification through UR	0
Recovery House Residential Treatment				0
Involuntary Commitment	Secure withdrawal management contracted providers is ABHS Chehalis and Spokane	3	DCR data transmission to ASO Secure facility data transmission to ASO	0
Acute Intensive Services -24-hour emergency services that provide access to a clinician. The range of emergency services available may include but are not limited to direct contact with clinician, medication evaluation, and hospitalization. Services must meet the criteria as set forth in Chapter 246-341 WAC.				100,000
Acute Withdrawal Management	Evergreen Recovery will provide these services at their Everett and Lynnwood locations	2	Verification through provider data transmitted to ASO Verification through UR	0
Recovery Supports –A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Recovery emphasizes the value of health, home, purpose, and community to support recovery.				4,000
*Interim Services				0
*Transportation for PPW	Should occur through the regional transportation broker			
Transportation	Transportation to/from residential treatment			0
*Childcare Services				0
*Other SABG activities – any activity necessary to plan, carry out, and evaluate this SABG plan, including Continued Education/training, logistics cost for conferences regarding SABG services and requirements, capacity management infrastructure, and conducting needs assessments. Continuing Education/Training for staff is funded under other resources so will be continued by the North Sound ASO.				0

Grand Totals	
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\$3,289,438

- A key goal of the budget model is to fund the Crisis Line and Designated Crisis Responders [DCRs] to meet minimum requirements for 24/7 coverage.
- We will also be providing federal block grant funds to the DCR agencies [Snohomish County Human Services and Compass Health] to provide “voluntary outreach” to persons in crisis who do not need involuntary commitment.
- DCRs will be segregating the reporting of their time to code to Medicaid and/or federal block grant activities not related to an Involuntary Treatment Act investigation.
- However, initial funding for the Crisis Line and DCRs will be very lean and our hope is to build back up the level of Medicaid attributable costs and funding.
- We are using our current contract with Health Management Associates [HMA] to conduct a *fiscal risk analysis* of our BH ASO budget model. HMA has assigned one of their fiscal risk analysis experts to review all of our financial documents and develop a “modeling tool” that will allow us to monitor trends in revenues and expenditures against our projected budget.

d) Provider Readiness

- We’ll be holding a “Provider Readiness Symposium” on June 17 specific to the policies and reporting requirements for BH ASO contracted services.
- This will include special emphasis on the need to document eligibility to use non-Medicaid fund sources, i.e., State General Fund and Federal Block Grants, to pay for voluntary Crisis Outreach and Substance Use Disorder services for “priority populations” [Pregnant and Parenting Women and Intravenous Drug Users].

e) Organizational Transition

- We continue to provide assistance to BHO staff whose positions will be eliminated. A contracted outplacement services firm is helping staff upgrade their resumes and on June 3 we hosted an on-site Job Fair that included representative MCOs, Behavioral Health Agencies, and even HCA.

2. LEGISLATIVE UPDATE

- Although we have not yet seen the final legislative allocations, we have been told that funding for Housing and Recovery through Peer Support “HARPS” services and Dedicated Marijuana Account [DMA] funds will remain the same.
- The state general fund portion of the Behavioral Health Enhancement funds is also to be the same and will be allocated to the BH ASOs. The “Medicaid” portion of these funds will be included in the MCO rates are supposed to be used primarily to support workforce recruitment and retention.
- We were told at the May 30 monthly meeting of HCA and BHOs that a critical audit by Centers for Medicare and Medicaid Services [CMS] of the states oversight of Medicaid services may lead to the state needing to pay back \$350 million. This is leading to an increased emphasis on the part of HCA on “program integrity”.

- HCA is finally initiative action to document what our future Involuntary Treatment Act [ITA] Hearing Costs will be. They have sent out a cost survey that we will use to project our future ITA hearing costs, and HCA will use the results of this survey to develop a supplemental budget request.
- The “TR settlement” lawsuit agreement end date has been extended from June 2019 to June 2020 because the state still has not yet met the targets. Note: The North Sound BHO does have all of the required slots now under contract.
- The recently passed SB 5432 which updates many of the provisions related to behavioral health has established a state workgroup to develop recommendations on how manage access to adult long-term involuntary care and how to support co-occurring disorder services. It will include 2 representatives from MCOs, one representative from BH-ASOS [we agreed to King County as our rep], Washington State Association of Counties [WSAC], State Hospital Association, and providers.
- On **June 19**, The Senate Behavioral Health Services Sub-Committee will be holding a committee hearing in Mount Vernon. This is to be one of a series of committee hearings across the state. This will be the first one. We have provided committee staff examples of new and innovative programs, such as the embedded social worker and diversion center programs in Snohomish County.

3. REGIONAL OPIOID PLAN

- With the winding down of the BHO staff structure and funding base, we have requested a meeting with the North Sound Accountable Community of Health to discuss which of the activities on the current North Sound Regional Opioid Plan could be picked up by ACH funding.
- We will do a new plan that highlights which activities will be able to be continued by the BH ASO and/or Counties.

North Sound Behavioral Health ~~Organization~~

~~Administrative Services~~

~~Organization~~ Advisory

Board ^[JV1]

Purpose

The purpose of the North Sound ~~BHOBH-ASO~~ ~~chavioral Health~~ Advisory Board is set forth in its bylaws, the North Sound ~~BHOBH-ASO's~~ contract with ~~the~~ ~~DSHS~~ ~~Health Care Authority~~, the Interlocal Agreement, and as mandated by law (RCW 71.24.300.4) (~~WAC 182-538D-0252~~). An extrapolation of these documents indicates that the Advisory Board's primary responsibility is to provide independent and objective advice and feedback to the North Sound ~~BHOBH-ASO County Authorities Executive Committee Board of Directors~~, local jurisdictions (County Advisory Boards) and service providers.

History

The North Sound RSN Advisory Board was established in October of 1989 with the creation of the five-county behavioral health consortium (~~North Sound BHO~~) and in compliance with the provisions of RCW 39.34.030, RCW 71.24, and Chapter 205, Section 5, Laws of 1989. The membership of the Advisory Board has included ~~consumers~~ ~~individuals with lived experience~~, family members of ~~consumers~~ ~~individuals with lived experience~~, ~~former consumers~~, advocates, ~~college students~~, retired health care providers, service providers, concerned community members, law enforcement ~~personnel~~ ~~representation~~, and ~~Tribal representation~~ ~~Child Protective Services staff, etc.~~ Members from each county are appointed by their respective counties (see Interlocal Agreement.) As of January 1st, 2016 the North Sound ~~BHO~~ ~~Regional Support Network~~ became a Limited Liability Company (LLC), ~~North Sound Behavioral Health Organization~~ in accordance to the Joint County BHO Interlocal Operating Agreement. ~~As of July 1, 2019 the North Sound BHO became the North Sound Behavioral Health Administrative Services Organization, in accordance to the Washington Health Care Authority contract.~~

Membership

The 26-member North Sound ~~BHOBH-ASO~~ ~~chavioral Health~~ Advisory Board consists of delegates from each county as follows:

San Juan County	3 delegates
Island County	4 delegates
Skagit County	4 delegates
Snohomish County	9 delegates
Whatcom County	6 delegates
	County Subtotal 26
Tribes	8 delegates
	Advisory Board Total 34

Duties

The principal responsibility of the North Sound ~~BHOBH-ASO~~ ~~chavioral Health~~ Advisory Board, as prescribed by law, is to review and provide comment on plans and policies drafted by the governing body of the North Sound ~~BHOBH-ASO~~ ~~and to work with the BH-ASO to resolve significant concerns regarding service delivery and outcomes~~. The Advisory Board is empowered by the North Sound ~~BHOBH-ASO Board of Directors~~ and the ~~Behavioral Health Division of DSHS to~~ Washington State ~~Health Care Authority~~:

- Act as a vehicle for public testimony regarding the behavioral health services/concerns for the region.
- Visit contracted service providers, hospitals and other community programs.
- Assist the North Sound ~~BHO~~ ~~BH-ASO~~ with dissemination of information to the general public and the Mental Health Advisory Boards of San Juan County, Skagit County, and Whatcom County.
- Assure that the special needs of minorities are met within the plans established by the North Sound ~~BHOBH-ASO~~.
- Perform such other duties as the North Sound ~~BHO~~ ~~BH-ASO~~ ~~County Authorities~~

North Sound Behavioral Health Advisory Board

Purpose

The purpose of the North Sound Behavioral Health Advisory Board is set forth in its bylaws, the North Sound BH-ASO's contract with the Health Care Authority, the Interlocal Agreement, and as mandated by law (RCW 71.24.300.) (WAC 182-538D-0252). An extrapolation of these documents indicates that the Advisory Board's primary responsibility is to provide independent and objective advice and feedback to the North Sound BH-ASO Board of Directors, local jurisdictions (County Advisory Boards) and service providers.

History

The North Sound RSN Advisory Board was established in October of 1989 with the creation of the five-county behavioral health consortium and in compliance with the provisions of RCW 39.34.030, RCW 71.24, and Chapter 205, Section 5, Laws of 1989. The membership of the Advisory Board has included individuals with lived experience, family members of individuals with lived experience, advocates, retired health care providers, service providers, concerned community members, law enforcement representation, and Tribal representation. Members from each county are appointed by their respective counties (see Interlocal Agreement.) As of January 1st, 2016 the North Sound Regional Support Network became a Limited Liability Company (LLC), North Sound Behavioral Health Organization in accordance to the Joint County BHO Interlocal Operating Agreement. As of July 1, 2019 the North Sound BHO became the North Sound Behavioral Health Administrative Services Organization, in accordance to the Washington Health Care Authority contract.

Membership

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Snohomish County	9 delegates
Whatcom County	6 delegates
	County
	Subtotal 26
Tribes	8 delegates
	Advisory Board Total 34

Duties

The principal responsibility of the North Sound Behavioral Health Advisory Board, as prescribed by law, is to review and provide comment on plans and policies drafted by the governing body of the North Sound BH-ASO and to work with the BH-ASO to resolve significant concerns regarding service delivery and outcomes. The Advisory Board is empowered by the North Sound BH-ASO Board of Directors and the Washington State Health Care Authority:

- Act as a vehicle for public testimony regarding the behavioral health services/concerns for the region.
- Visit contracted service providers, hospitals and other community programs.
- Assist the North Sound BH-ASO with dissemination of information to the general public and the Mental Health Advisory Boards of San Juan County, Skagit County, and Whatcom County.
- Assure that the special needs of minorities are met within the plans established by the North Sound BH-ASO.
- Perform such other duties as the North Sound BH-ASO Board of Directors may require or request.
- Advocacy and Education

1 ~~(8)~~) Each behavioral health administrative services organization
2 shall appoint a behavioral health advisory board which shall review
3 and provide comments on plans and policies developed under this
4 chapter, provide local oversight regarding the activities of the
5 behavioral health administrative services organization, and work with
6 the behavioral health administrative services organization to resolve
7 significant concerns regarding service delivery and outcomes. The
8 authority shall establish statewide procedures for the operation of
9 regional advisory committees including mechanisms for advisory board
10 feedback to the authority regarding behavioral health administrative
11 services organization performance. The composition of the board shall
12 be broadly representative of the demographic character of the region
13 and shall include, but not be limited to, representatives of
14 consumers of substance use disorder and mental health services and
15 their families, law enforcement, and, where the county is not the
16 behavioral health administrative services organization, county
17 elected officials. Composition and length of terms of board members
18 may differ between behavioral health administrative services
19 organizations but shall be included in each behavioral health
20 administrative services organization's contract and approved by the
21 director.

22 ~~((9) Behavioral health organizations shall assume all duties~~
23 ~~specified in their plans and joint operating agreements through~~
24 ~~biennial contractual agreements with the director.~~

25 ~~(10) Behavioral health organizations may receive technical~~
26 ~~assistance from the housing trust fund and may identify and submit~~
27 ~~projects for housing and housing support services to the housing~~
28 ~~trust fund established under chapter 43.185 RCW. Projects identified~~
29 ~~or submitted under this subsection must be fully integrated with the~~
30 ~~behavioral health organization six-year operating and capital plan,~~
31 ~~timeline, and budget required by subsection (6) of this section.)~~

32 (2) The authority must allow for the inclusion of tribes in any
33 interlocal leadership structure or committees formed under RCW
34 71.24.880, when requested by a tribe.

35 (3) If an interlocal leadership structure is not formed under RCW
36 71.24.880, the roles and responsibilities of the behavioral health
37 administrative services organizations, managed care organizations,
38 counties, and each tribe shall be determined by the authority through
39 negotiation with the tribes.



**North Sound Behavioral Health
Administrative Services Organization**

Advisory Board Retreat

July 9, 2019

8:30 a.m. – 4:30 p.m.

Agenda

Morning

8:30 a.m. to 9:00 a.m.	Welcome & Introductions (Pat), Agenda Review (Maureen)
9:00 a.m. to 9:30 a.m.	Background/Context (Joe)
9:30 a.m. to 10:30 a.m.	MCO Panel Discussion (Joe)
10:30 a.m. to 10:45 a.m.	Break
10:45 a.m. to 11:15 a.m.	Panel Question & Answer (Joe)
11:15 a.m. to 12:00 p.m.	Reaffirmation of Charter; Advocacy Discussion (Maureen)

12:00 p.m. to 1:00 p.m. Lunch

Afternoon

1:00 p.m. to 2:00 p.m.	Advocacy Discussion Continued (Maureen)
2:00 p.m. to 2:45 p.m.	Executive Director Report; Business Mtg; Budget (Joe)
2:45 p.m. to 3:00 p.m.	Afternoon Break/Snacks
3:00 p.m. to 3:45 p.m.	BH-ASO Crisis Services (Michael McAuley)
3:45 p.m. to 4:30 p.m.	Action Plan Next Steps (Maureen)
4:15 p.m. to 4:30 p.m.	Wrap Up (Pat)

North Sound Behavioral Health Advisory Board

July 9, 2019 Annual Retreat

Questions for Managed Care Organization Panel

1. Describe your behavioral health network in the North Sound region.
 - a) Do you have contracted providers in all 5 counties?
 - b) Have all of our existing behavioral health outpatient and inpatient providers contracted with you?
 - c) Do you have contracts with all our Triage and Detox facilities?
 - d) Do you have contracts for school-based services?
2. What challenges did you encounter in establishing a comprehensive behavioral health network in the North Sound region?
3. What lessons learned from your implementation of Integrated Managed Care in other region can be applied to the North Sound?
4. Describe your regional organizational structure. How many employees will you have that will be based in this region supporting behavioral health services?
5. What opportunities will there be to improve whole person treatment through your network?
6. Describe your customer service process? What numbers would a concerned family member use to contact you about a family member who is enrolled with your MCO and experiencing serious behavioral health problems?
7. How would you measure success for your behavioral health services?
8. How can the Advisory Board help you?