



North Sound Behavioral Health Advisory Board

Agenda

October 1, 2019

1:00 p.m. – 3:00 p.m.

Call to Order and Introductions

Revisions to the Agenda

Approval of September Minutes.....TAB 1

Announcements

Brief Comments or Questions from the Public

Executive/Finance Committee Report

— Approval of September Expenditures .....TAB 2

— Review Proposed 2020 Advisory Board Operating Budget .....TAB 3

Executive Director’s Report .....TAB 4

Early Warning Signs Workgroup Update .....TAB 5

Future Goals of the North Sound BH ASO.....TAB 6

Executive Director’s Action Items .....TAB 7

Old Business

— 2020 Youth Opioid Video Challenge Contest Update .....TAB 8

New Business

— Advisory Board Resignations

— 2020 Chair and Vice-Chair Nominations .....TAB 9

— North Sound BH ASO Guiding Principles.....TAB 10

— Advisory Board Webpage

— Advisory Board Bylaws.....TAB 11

— 2020 Legislative Advocacy Priorities .....TAB 12

— 2020 Advisory Board Advocacy Priorities .....TAB 13

— Reminder of the Annual Holiday Potluck

Report from Advisory Board Members

Reminder of Next Meeting

Adjourn



North Sound Behavioral Health Advisory Board

September 3, 2019

1:00 – 3:00

Meeting Minutes

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

**Members Present:**

- Island County: Candy Trautman, Chris Garden, Christy Korrow (Phone)
- San Juan: Theresa Chemnick
- Skagit County:
- Snohomish County: Marie Jubie, Fred Plappert, Jim Bloss, Jack Eckrem, Pat O'Maley-Lanphear, Joan Bethel
- Whatcom County: Mark McDonald, Michael Massanari, Kara Mitchell, Arlene Feld

**Members Excused:**

- Island County:
- San Juan County:
- Skagit County: Ron Coakley, Joan Lubbe, Duncan West
- Snohomish County: Carolann Sullivan, Jennifer Yuen
- Whatcom County:

**Members Absent:**

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

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

**Managed Care Organization Representation:**

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

**Guests: Boone Sureepisarn North Sound Region Ombuds, Katelyn Morgan; North Sound Region Ombuds, Patti Banister, Russ Sapienza; National Alliance on Mental Illness [NAMI] Whatcom Chapter**

## Pre-Meeting Training

Michael McAuley North Sound BH ASO Clinical Manager, gave an update on the crisis system.

- Since July 1<sup>st</sup> there has been one integrated crisis mobile outreach team 24/7. The team is dispatched to any crisis that is in need of an outreach. The team can do a voluntary outreach to an Involuntary Treatment Act [ITA] through the crisis system.
- We are in the early phases to get the system established. We are working with the providers to get data to us to see what services they are providing and send the data to the Managed Care Organizations [MCOs].
- We are understanding how the transition has affected the crisis services.
- A care coordination issue is to get care coordination involved early. Now the MCOs have contracts with all the outpatient providers, we might be serving an individual that might be connected to an outpatient provider. A barrier is we may not know who the outpatient provider is. A second barrier is if we want to coordinate some high intensity care coordination with the individual, how do we coordinate with the MCOs to develop a strategy? An agreement is being developed to define how that plan will work.
- On the service delivery aspect all the providers are encouraged by some changes to allow flexibility to use their teams in different ways. We are looking into ways of flexibility to increase the outreaches and utilize the system to be used in flexible ways to keep a standardized system of crisis services.
- A goal to increase service delivery
- A goal is to have a standardized system across our region.
- Michael spoke to law enforcement dispatches and establishing relationships with law enforcement.

We are working on streamlining the system to ensure it is more responsive. A goal is to have a standardized system across our region. We are waiting for the system to be stabilized to begin further plans. Members discussed preventative tools in other crisis system models.

APPROVED by Advisory Board

### **Call to order and Introductions**

The meeting was called to order by Chair O'Maley-Lanphear at 1:07 p.m.

### **Revisions to the Agenda**

No revisions mentioned

### **Approval of August Minutes**

Motion made to approve August minutes with mentioned changes. Motion seconded. All in favor.  
Motion carried.

### **Announcements**

Russ spoke about an upcoming event that is a fundraiser for NAMI Whatcom called STIGMA Stomp. Held on Saturday, October 12<sup>th</sup>. Russ gave Members informational flyers.

Marci announced CHPW quality management oversight advisory board doesn't permit the public to attend. CHPW is looking into other forums for Members to attend.

Kelly announced there are no public involvement in their quality management oversight board. Molina is looking into other forums to have Members involved in.

### **Brief Comments from the Public**

Patti Banister is an interested member of the community of serving on the Board. Patti has been a resident of Skagit county for 20 years. Patti is working in the Substance Use Disorder field. She is educated in the system knowing the barriers individuals face and hopes to contribute her voice through the Board.

### **Executive Directors Report**

Joe reported on

- Transition to Integrated Managed Care
  - Joint Operating Committee
  - Interlocal Leadership Structure
  - Early Warning Workgroup
  - Provider Meetings
  - BH ASO Budget Model
  - North Sound BH ASO Post-Implementation Monitoring Visit
- Crisis Services
- State Auditor
- Smokey Point Behavioral Health Hospital
- Tribal Coordination
- Regional Opioid Reduction Plan
- North Sound BH ASO Strategic Goals for FY 2019-2020
- Retirement of North Sound BH ASO Fiscal Officer Bill Whitlock

### **Early Warning Signs Workgroup Update**

Webinar on August 22<sup>nd</sup> was held. Topics discussed were provider payments, indicator of number of referrals to the crisis system and indicator of individuals changing of MCOs. The Early Warning Signs report will be a standing item to review. Joe will review the report with Members.

### **Future goals of the North Sound BH ASO**

- Fully Operationalize the HCA-BH ASO Contract
- Support Continuous Improvement of the Crisis Services System
- Effectively Manage Other Non-Medicaid Funded Programs
- Support Regional Planning for Behavioral Health Services
- Support Advocacy for funding and strategies to meet the behavioral health needs of all at risk North Sound persons

Members were encouraged to provide feedback. Document will be brought back to the October meeting for further discussion.

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

The August Expenditures were reviewed and discussed. A motion was made to move the August Expenditures to the Board of Directors for approval. Motion seconded. Motion carried.

### **Old Business**

#### **2020 Youth Opioid Video Challenge Contest Update**

Members reviewed the official rules, waiver/release form, checklist, mandatory end frame and official flyer. The timeline of the contest was discussed. A subcommittee will be formed to screen the videos prior to judging.

Motion made to approve the contest official rules, waiver/release form, checklist, mandatory end frame and official flyer. Motion seconded. Motion carried.

### **County Coordinators Meeting Briefs**

It was proposed to the Full Board to have written monthly briefs to the County Coordinators. This brief can be a tool to keep the counties current of the Boards activity. Members want to continue to build the communication between their respected counties. Maria will write a monthly brief that will be available to the County Coordinators during their monthly meeting. Motion made to approve the written County Coordinators brief. Motion seconded. Motion carried.

### **Advisory Board Charter**

Members reviewed the revised Charter that reflects input given during the August meeting. It was suggested to have a subcommittee to review the Bylaws to incorporate the Charter language. Only minor changes will be made to include the Charter language. Members interested to be on the subcommittee are Jim and Pat. Maria will set up a meeting to begin Bylaws revision. Revised Bylaws will

APPROVED by Advisory Board

be brought back to the October meeting. Motion made to approve the Charter. Motion seconded. Motion carried.

### **New Business**

#### **North Sound Regional Ombuds Semi Annual Report**

Katlyn and Boone reported on the January – June 2019 grievance data. The top grievance categories were dignity and respect and quality/appropriateness.

#### **Non-Medicaid Funding Stream**

Joe reviewed the funding stream with the Board. Points of advocacy took place discussing the non-Medicaid population in the North Sound region.

#### **Report from Advisory Board Members**

Arlene spoke of recent success in Bellingham of an organization called Homes now. This organization was able to fund and build 20 tiny homes that will provide temporary housing for 20 – 24 people. The public had a large voice in efforts to support this organizations purpose. This organization is volunteer driven.

Fred spoke of the new HopeWorks station that will open on October 11<sup>th</sup>. Fred mentioned the opening of a Clubhouse to help individuals' transition into the community. The Everett Clubhouse is affiliated with Hero House NW. The Clubhouse is located at 1901 Wetmore Ave. Unit C, in Everett.

Jim spoke of Clare's Place a 65 unit of supportive housing directed by Catholic Community Services.

#### **Reminder of Next Meeting**

Tuesday, October 1st, 2019 in Conference Room Snohomish

#### **Adjourn**

Chair O'Maley-Lanphear adjourned the meeting at 3:00 p.m.

**North Sound Behavioral Health Adminstrative Services Organization  
Advisory Board Budget  
September 2019**

	Total	All Conferences Project # 1	Board Development Project # 2	Advisory Board Expenses Project # 3	Stakeholder Transportation Project # 4	Legislative Session Project # 5
Budget	\$ 22,000.00	\$ 10,200.00	\$ 575.00	\$ 10,200.00	\$ 75.00	\$ 950.00
Expense	(14,718.78)	(5,257.29)	(1,750.00)	(6,561.81)		(1,149.68)
Under / (Over) Budget	<b>\$ 7,281.22</b>	\$ 4,942.71	\$ (1,175.00)	\$ 3,638.19	\$ 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 Administrative Services Organization**  
**Warrants Paid**  
**September 2019**

Type	Date	Num	Name	Memo	Amount
<b>Advisory Board</b>					
<b>ASO Expenses</b>					
<b>Supplies</b>					
Bill	09/11/2019	Sep2019-AdBrd	Arreola, Maria-Reim	Batch # 129769	36.48
Bill	09/11/2019	Aug2019-2	Haggen/Safeway	Batch # 129769	628.29
Total · Supplies					<u><b>664.77</b></u>
<b>Travel</b>					
Bill	09/04/2019	Sep2019	McDonald, Mark - AdBrd	Batch # 129665	32.48
Bill	09/04/2019	Jul-Sep2019	Trautman, Candy-AdBrd	Batch # 129665	66.12
Bill	09/11/2019	Jul-Aug2019	AA Dispatch-Yellow Cab	Batch # 129769	524.50
Total · Travel					<u><b>623.10</b></u>
Total ASO					<u><u><b>1,287.87</b></u></u>
<b>BHO Expenses</b>					
<b>Travel</b>					
Bill	09/04/2019	Jun2019-Conf	McDonald, Mark	Batch # 129661	393.22
Bill	09/04/2019	Jun2019	West, Duncan	Batch # 129661	42.69
Total · Travel					<u><b>435.91</b></u>
Total BHO					<u><u><b>435.91</b></u></u>
<b><u>TOTAL</u></b>					<u><u><b>1,723.78</b></u></u>

**1. INTEGRATED MANAGED CARE PLANNING UPDATE**

a) Interlocal Leadership Structure

- Invitations to the October 11 meeting of the Interlocal Leadership Structure [ILS] have been extended to the agreed upon list of additional stakeholders, including hospitals, sheriff's departments, and all 8 Tribal Authorities.
- Beginning with the September 13 ILS meeting, the ILS is now jointly chaired by a County Representative and an MCO representative. The first co-chairs under this model are Cammy Hart-Anderson from Snohomish County and Caitlin Safford from Amerigroup.
- The extended stakeholder meetings will be held once a quarter, and the current smaller group of MCOs, Counties, ASO and Tribal representatives will continue to meet monthly in the intervening months. However, all ILS meetings are open to the public.
- The former "Capacity Building Workgroup" has been folded into the ILS and development of recommendations related to joint grant applications and new capacity building initiatives will become a standing item on ILS agendas.

b) Joint Operating Committee

- The Joint Operating Committee [JOC] is continuing to meet twice a month in Everett. The 3 Crisis Services Agencies are now part of the committee and county representatives are also invited to attend or call in.
- The JOC is now working on a crisis services "care coordination protocol" outlining how ASO and Crisis Services staff will work with the assigned MCO care coordinator in coordinating follow up services to persons at risk.

c) Early Warning Workgroup

- The 2nd HCA "Early Warning Report" was presented at an Early Warning webinar on September 26. All previous members of the Early Warning Workgroup as well as behavioral health providers, counties, and other stakeholders had been sent an invitation.
- According to the data in the Early Warning report, all of the Crisis Services for response to calls and Designated Crisis Responder [DCR] dispatches continue to meet the established targets. [see TAB 4].
- There continue to be problems with high rates of claim rejection and/or denial with some MCOs as well as notable difference in both measures between the 5 MCOs.
- Data on changes in Emergency Department utilization are also to be included in the Early Warning reports but data for July and August are not yet available.

d) Provider Meetings

- We held our 2<sup>nd</sup> ASO Provider Meeting on September 26 and will continue to hold every other month.

- At the September 26 meeting we not only provided updates on ASO procedures and requirements but gave providers an opportunity to raise any continued concerns they have about the transition to Integrated Managed Care.
- We have agreed to coordinate and facilitate bi-monthly “Integrated Care Provider Forums” to provide Behavioral Health Agencies [BHAs] with the opportunity to address questions on reporting, payment and contract requirements related to their Medicaid Contracts directly with the MCOs. The first meeting has been scheduled for October 9.

e) BH ASO Budget

- We continue to track on a weekly basis our ability to leverage both Medicaid and federal block grant dollars. The ability to report Medicaid eligible encounters is gradually improving.
- We have developed the draft 2020 Operating Budget for the BH-ASO. This will be posted on the BH ASO website following the October 10 Board of Directors meeting. We will review it at the November Advisory Board, County Coordinator, and Board of Director meetings.
- The annual public hearing on the proposed BH ASO Operating Budget will be held at the December 12 Board of Directors meeting.
- The county administered BHOs and BH ASOs are working on proposed legislative budget priorities for the 2020 Legislative Supplemental Budget. These were shared verbally at the September 12 Board of Directors meeting, and include
  - 1) A separate appropriation for Involuntary Treatment Act [ITA] Court Hearings and related expenses: this would include clear criteria for what the courts could charge for these services and reimbursements to courts would be limited to the level of the legislative appropriation;
  - 2) Funding to support discharge from State Hospital and/or Long-Term Psychiatric Care back to the community for low-income non-Medicaid persons. Funding could be used for: residential treatment, Program of Assertive Community Treatment [PACT] services, enhanced Adult Family Home [AFH] payments, etc.; and
  - 3) Funding to expand Crisis Services outreach beyond ITA investigation services, including crisis stabilization services in Triage facilities.
- We understand that the Association of County Human Services is also proposing to the Washington State Association of Counties [WSAC] Legislative Steering Committee that the first priority listed above should be adopted by WSAC as well.

**2. SUPPLEMENTAL BEHAVIORAL HEALTH DATA**

- Effective January 1, 2020, Behavioral Health Agencies, including BH ASOs, will be required to collect and report “*Supplemental Behavioral Health Data*” in addition to service encounter data. This type of data used to be called “demographic” or “native transactions data” and provides various identifying information related to the person receiving the services to complement the services encounter data.
- Supplemental data used to be collected and reported by RSNs/BHOs but was not collected by MCOs in the regions where Integrated Managed Care was initially implemented. The

federal agency that oversees the use of federal block grant funds, Substance Abuse and Mental Health Services Administration [SAMHSA], placed the state into corrective action for not collecting this data for block grant funded programs.

- Supplemental data is more challenging to accurately collect and report and our experiences is there are many more accuracy and timeliness errors with this type of data.
- HCA will be imposing financial consequences on MCOs and BH ASOs if this data is not submitted in a timely fashion and has at least an 80% accuracy rate.
- Because MCOs had not previously been set up to collect supplemental data, they invited BHOs/ASOs to work with them on a state-wide plan to minimize differences between the funders.
- Nevertheless, we're concerned about the challenges this will present for our providers to re-start sending this data and are proposing to extend our existing contract with XPIO to continue to provide technical assistance to North Sound BHAs in meeting this requirement. **However, this will require additional funding and we have made a request to the North Sound Accountable Community of Health for the additional funding since this would be in support to the transition to integrated managed care.**

### 3. STATE AUDITOR

- The State Auditor staff have completed their regular fiscal audit of the North Sound BHO and are have been working on the “special audit” of our Institute for Mental Diseases [IMD] expenses.
- They have reported one finding related to how we described our fund balance. We separated out our report of our state general fund balance from our Medicaid fund balance. The Auditor stated we should have combined these into one number.
- The Auditor will present their findings on the regular audit to the Board of Directors Governance and Operation Committee at their meeting on October 10 at 12:30
- State Audit staff requested and received from each of the 4 counties who had received funding from the BHO to support their behavioral health facilities projects detailed expense reports on how the money was spent.

### 4. NORTH SOUND FEDERAL “MEDICATION ASSISTED TREATMENT-PRESCRIPTION DRUG AND OPIOID ADDICTION” GRANT [MAT-PDOA]

- With the NS MAT-PDOA grant entering year 2 on September 30, 2019, we've been preparing renewal contracts for our sub-contracted partners. After reviewing several factors, the difficult decision was made to not renew our contract with Sea Mar Services.
- SeaMar has not met the productivity requirements for the grant. Since the March 2019 start date of their contract, they have admitted only 5 individuals into their MAT program. In order to meet the federal targets for the grant, our minimal expectation is that Sea Mar would have admitted at least 20 individuals by Sept 29, 2019. In contrast, our other MAT-PDOA sub-contractual partner, Lifeline Connections, have admitted over 30 individuals into their program and are largely responsible for our success in meeting our current year 1 targets.

## **5. OPIOID REDUCTION PLANNING**

- North Sound BH ASO staff are working with the North Sound ACH staff to resume a community planning process focused on Opioid addiction reduction and prevention strategies.
- Specifically, we are working with them to develop a “Local Impact Network” planning group modeled on a similar model they are using for oral health improvement strategies. We’ll be reaching out to all of the stakeholders that were involved in the previous Opioid Planning Group.

## **6. SMOKEY POINT BEHAVIORAL HEALTH HOSPITAL [SPBH] UPDATE**

- North Sound BH-ASO Clinical Manager, Michael McAuley, and other ASO staff met with SMBH leadership on September 13 to review a list of concerns gathered from North Sound Designated Crisis Responders [DCRs].
- These concerns included insufficient SPBH staffing levels to ensure the safety of DCRs when they are at the hospital interviewing patients or attending court hearings. It also included incidents in which SPBH staff asked DCRs to come to the hospital when patients were asking to leave against medical advice.
- SPBH leadership indicated that they were not aware of any safety concerns having been expressed by DCRs but acknowledged they had encountered recruiting problems in keeping all of their positions filled.
- They also indicated that they had stopped the practice of requesting DCRs when patients were asking to leave against medical advice.
- SPBH leadership agreed to resume their quarterly meetings with the BH-ASO and the Crisis Services agencies to improve ongoing communication and coordination.

## **7. BEHAVIORAL HEALTH FACILITIES UPDATES**

- Two of the Behavioral Health Facilities projects that we were successful in procuring capital funding for have reached important milestones:
  - Whatcom County Crisis Stabilization Facility Groundbreaking Ceremony: took place on September 30
  - Island County Stabilization Center Groundbreaking Ceremony: tentatively scheduled for October 16.
- Snohomish County SUD Treatment Facilities [re-purposed Denny Juvenile Justice Center]: actual demolition and physical remodeling is on target to begin no later than the first quarter of 2020 with actual operation to begin in the 2<sup>nd</sup> quarter of 2021.
- Skagit County Crisis Stabilization Campus: essential public facilities process has been completed. Construction is scheduled to start in 2020.

# MEMORANDUM

October 1, 2019

TO: North Sound Behavioral Health Advisory Board

FROM: Joe Valentine, Executive Director

RE: October 10, 2019, Board of Directors

Please find for your review the following that will go before the North Sound BH ASO Board of Directors Meeting at the October 10, 2019 meeting:

## **For Ratification by the Board of Directors**

### **Substance Abuse Block Grant (SABG)**

#### **Summary:**

To ensure the BH-ASO spends their SABG funds, we asked our Pregnant and Parenting Women (PPW) providers if they could use additional funding for the respective programs. PPW is a priority population of the Grant and we are required to spend no less than 10% of the Grant on this population.

- Evergreen Recovery Centers has asked for an additional \$84,000 for 1FTE Case Manager, \$48,000 in short-term Sober Transitional Housing subsidies and \$19,500 for 6 additional hours of onsite childcare for parents to attend Parent Trust and Family Groups. A maximum increase of \$151,500.
- Brigid Collins has asked for an additional \$52,538 for additional staffing and to provide up to \$250 for each individual in PPW Housing Services a year to assist with housing needs, such as rent, security deposits, utilities and household goods.

#### **Motion #19-XX**

- North Sound BH-ASO-Brigid Collins-ICCN-19 Amendment 1 to add \$52,538 in funding to the PPW Housing Support Program. The new maximum consideration is \$152,538 with an extended term of July 1, 2019 through June 30, 2020
- North Sound BH-ASO-Evergreen-ICCN-19 Amendment 1 to add \$151,500 in funding to the PPW Housing Support Program. The new maximum consideration is \$181,500 with an extended term of July 1, 2019 through June 30, 2020.

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### **SAMHSA Grant-MAT-PDOA**

#### **Summary:**

Lifeline Connections is expanding to Skagit County. Currently Lifeline is running the program in Whatcom County at 2 sites. Sea Mar was the Skagit County provider in year 1, however, due to staffing issues and low numbers North Sound BH-ASO decided not to renew their contract. Lifeline will take over their geographic area by increasing capacity by adding an additional 1 FTE Nurse Manager, increased prescriber time and additional incentives to serve up to 385 individuals in year 1 and 2 of the Grant Cycle.

**Motion #19-XX**

- North Sound BH-ASO-Lifeline Connections-PSC-19-20 to continue the grant services in the amount of \$334,920 with a term of September 30, 2019 through September 29, 2020.

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**Whatcom County Triage Center**

**Summary:**

The Legislature allocated \$500,000 annually to the Triage Center to provide Sub-Acute Withdrawal Management Services and Crisis Stabilization Services to Individuals are without or are ineligible for Medicaid. Pioneer Human Services will provide the Sub-Acute Withdrawal Management Services and Compass Health the Crisis Stabilization Services.

**Motion #19-XX**

North Sound BH-ASO-Compass Health-ICCN-19 to add \$250,000 for Crisis Stabilization Services to Non-Medicaid individuals for July 1, 2019 through December 31, 2019. The term of the contract is July 1, 2019 through December 31, 2019.

North Sound BH-ASO-PHS-ICN-19 to add \$250,000 for Sub-Acute Withdrawal Management Services to Non-Medicaid individuals for July 1, 2019 through December 31, 2019. The term of the contract is July 1, 2019 through December 31, 2019.

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**North Sound BH-ASO Strategic Goals**

**Strategic Goals..... TAB 6**

BH-ASO is requesting approval of the NS BH-ASO 2019-2020 Strategic Goals.

**Motion #19-XX**

Approve the North Sound BH-ASO 2019 -2020 Strategic Goals as presented.

Behavioral Health System Indicators  
generated by North Sound ASO

# North Sound Early Warning Report

Crisis Calls and Investigations

Dennis Regan 9/19/2019

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# 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 integrated care. This report contains the data North Sound ASO provides to 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 Aug-18 To Aug-19**

	crisis calls	Calls Answered	Calls LT 30 sec	Average answer time (sec)	Calls Abandoned
Average	2,311	2,277	2,151	0:00:11	35
Min	2,092	2,052	1,943	0:00:09	22
Max	2,491	2,465	2,353	0:00:20	50
St dev	136	137	134	0:00:04	9
Aug-19	2,223	2,194	2,058	0:00:10	29
Current Month					

**North Sound Investigations**  
**Period From Aug-18 To Aug-19**

	invest.	detentions	MH invest.	SUD invest.	MH and SUD invest.	Referred from Law Enforcement	avg dispatch response time
Average	263	113	149	11	103	26	1.4
Min	168	74	108	5	42	13	1.0
Max	367	176	246	17	167	54	2.0
Standard dev.	59	30	44	4	45	13	0.3
Aug-19	367	169	244	17	106	54	1.4
Current Month							

	Detentions and Commitments	Less Restrictive Options MH	No Detention Due to Issues	Voluntary MH Treatment	Other
Average	125	3	2	82	51
Min	82	0	0	41	26
Max	193	6	6	143	82
Standard dev.	32	2	2	37	16
Aug-19	182	6	5	92	82
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

**MH Invest.** - Incorrect coding of the referral source in 4 counties has been fixed for Jul’19 forward – baseline data was invalid- only recording “MH and SUD” as reason for investigation for those counties.

## 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

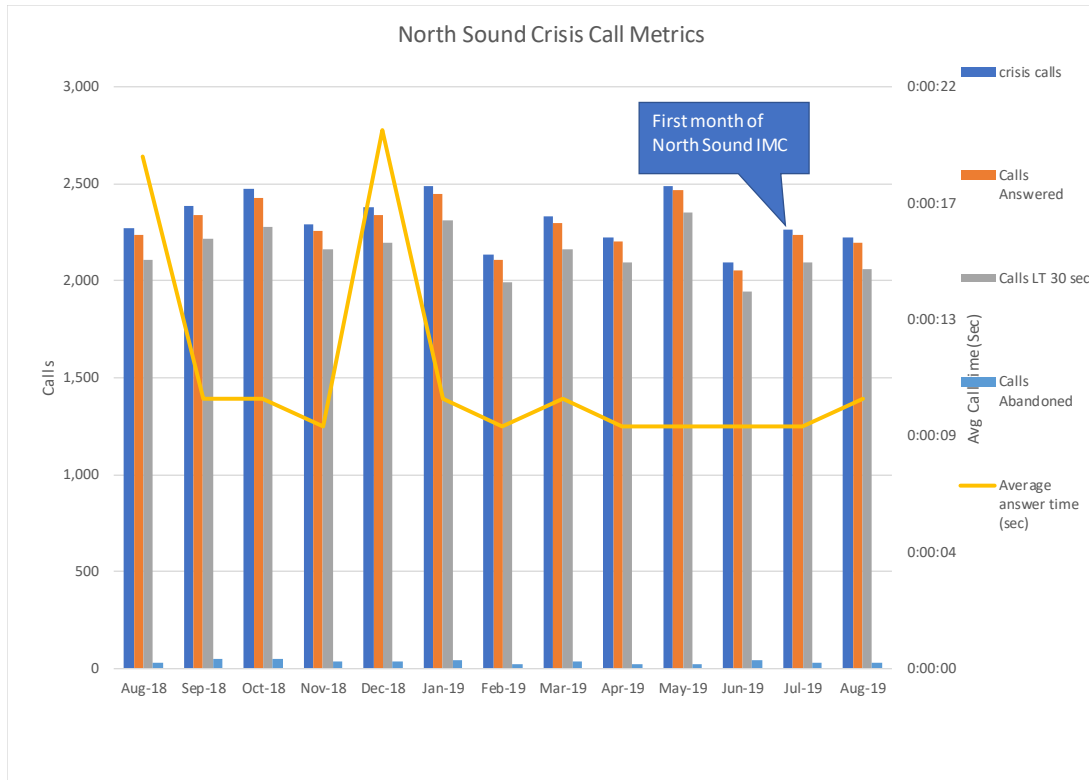
The current data used for the dashboard is below:

Month	crisis calls	Calls Answered	Calls LT 30 sec	Average answer time (sec)	Calls Abandoned	Abandoned percent
Aug-18	2,268	2,236	2,107	0:00:19	32	1.4%
Sep-18	2,389	2,339	2,215	0:00:10	50	2.1%
Oct-18	2,471	2,424	2,281	0:00:10	47	1.9%
Nov-18	2,292	2,255	2,159	0:00:09	37	1.6%
Dec-18	2,379	2,341	2,196	0:00:20	38	1.6%
Jan-19	2,491	2,446	2,309	0:00:10	45	1.8%
Feb-19	2,133	2,110	1,990	0:00:09	23	1.1%
Mar-19	2,330	2,297	2,165	0:00:10	33	1.4%
Apr-19	2,225	2,201	2,096	0:00:09	24	1.1%
May-19	2,487	2,465	2,353	0:00:09	22	0.9%
Jun-19	2,092	2,052	1,943	0:00:09	40	1.9%
Jul-19	2,264	2,235	2,094	0:00:09	29	1.3%
Aug-19	2,223	2,194	2,058	0:00:10	29	1.3%
average	2,311	2,277	2,151	0:00:11	35	1.5%
min	2,092	2,052	1,943	0:00:09	22	0.9%
max	2,491	2,465	2,353	0:00:20	50	2.1%

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 plotted as a line 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

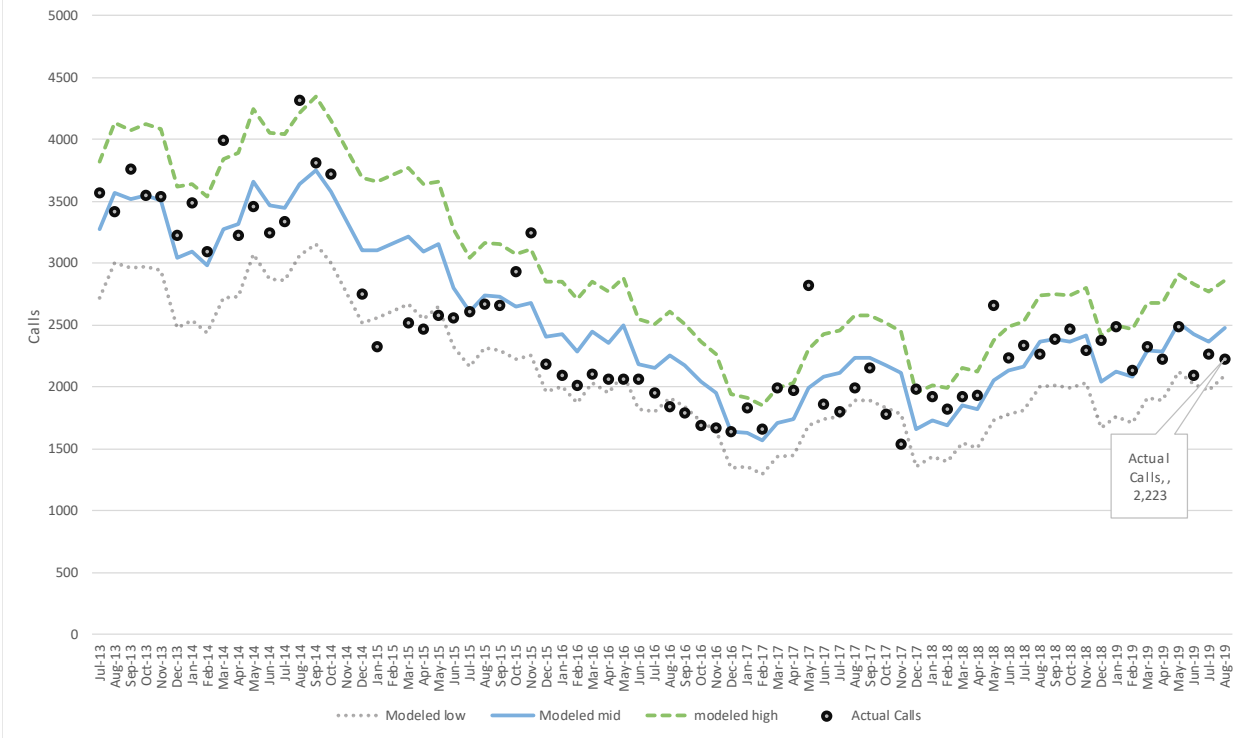
Regression Statistics	
Multiple R	0.882476441
R Square	0.778764669
Adjusted R Square	0.735944927
Standard Error	356.9969644
Observations	75

#### 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

Crisis Calls with modeled predictions based on 6 month average and month



## 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	detention percent
Aug-18	214	115	2.0	18	54%
Sep-18	184	90	1.7	13	49%
Oct-18	168	74	2.0	13	44%
Nov-18	214	116	1.6	15	54%
Dec-18	199	111	1.0	15	56%
Jan-19	281	134	1.8	19	48%
Feb-19	273	123	1.3	21	45%
Mar-19	285	94	1.1	43	33%
Apr-19	306	81	1.2	35	26%
May-19	318	101	1.2	25	32%
Jun-19	286	85	1.2	29	30%
Jul-19	326	176	1.2	44	54%
Aug-19	367	169	1.4	54	46%
average	263	113	1.4	26	44%
min	168	74	1.0	13	26%
max	367	176	2.0	54	56%

#### *Investigation Reasons*

month	MH invest.	SUD invest.	MH and SUD invest.	Percent SUD related
Aug-18	155	17	42	28%
Sep-18	108	15	61	41%
Oct-18	109	7	52	35%
Nov-18	143	8	63	33%
Dec-18	124	11	64	38%
Jan-19	156	13	112	44%
Feb-19	129	7	137	53%
Mar-19	118	10	157	59%
Apr-19	129	10	167	58%
May-19	159	13	146	50%
Jun-19	118	5	163	59%

month	MH invest.	SUD invest.	MH and SUD invest.	Percent SUD related
Jul-19	246	12	68	25%
Aug-19	244	17	106	34%
average	149	11	103	43%
min	108	5	42	25%
max	246	17	167	59%

Investigation Reason's baseline data is invalid. Reporting in 4 of the 5 counties was defaulting to investigation reason '3' MH and SUD for the entire baseline period. This problem was corrected for the July and August periods – making it appear that there is a large spike in investigation due to MH reasons. Corrections to the data in the baseline period data are underway.

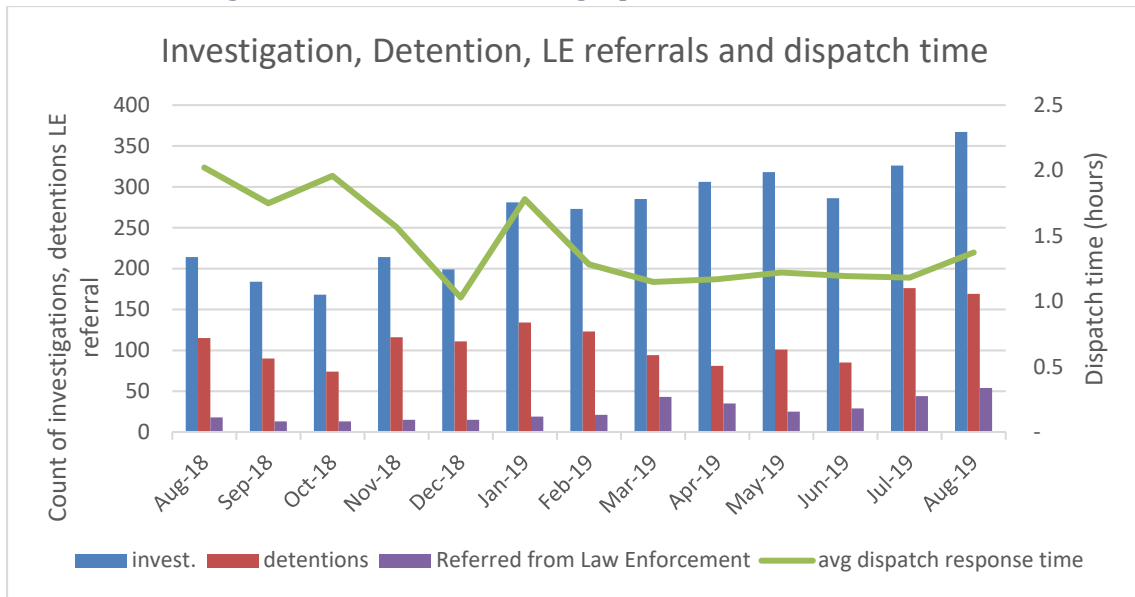
The total investigations are valid, the total number of investigations is up over the last 2 months nearing the 2 standard deviation limit.

#### *Investigation Outcomes*

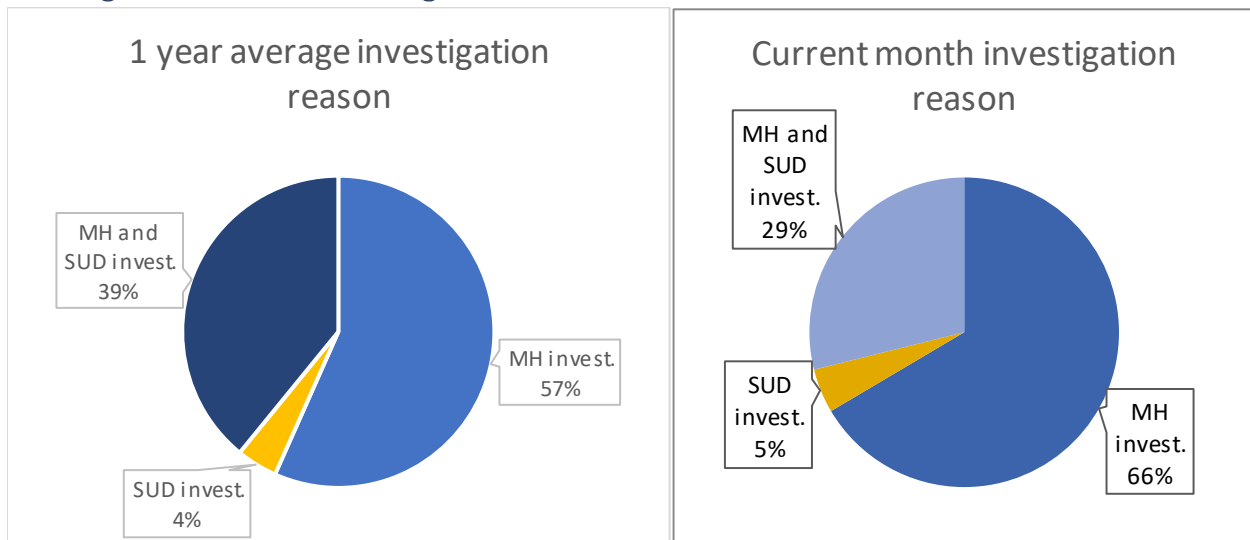
month	Detentions and Commitments	Voluntary MH Treatment	Less Restrictive Options MH	No Detention Due to Issues	Other
Aug-18	132	51	4	1	26
Sep-18	101	43	1	2	37
Oct-18	82	49	2	-	35
Nov-18	135	41	4	-	34
Dec-18	124	42	2	-	31
Jan-19	145	72	2	2	60
Feb-19	129	69	6	6	63
Mar-19	103	117	-	-	65
Apr-19	91	143	3	4	65
May-19	117	139	4	1	57
Jun-19	94	133	4	1	54
Jul-19	193	69	4	4	56
Aug-19	182	92	6	5	82
average	125	82	3	2	51
min	82	41	-	-	26
max	193	143	6	6	82

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

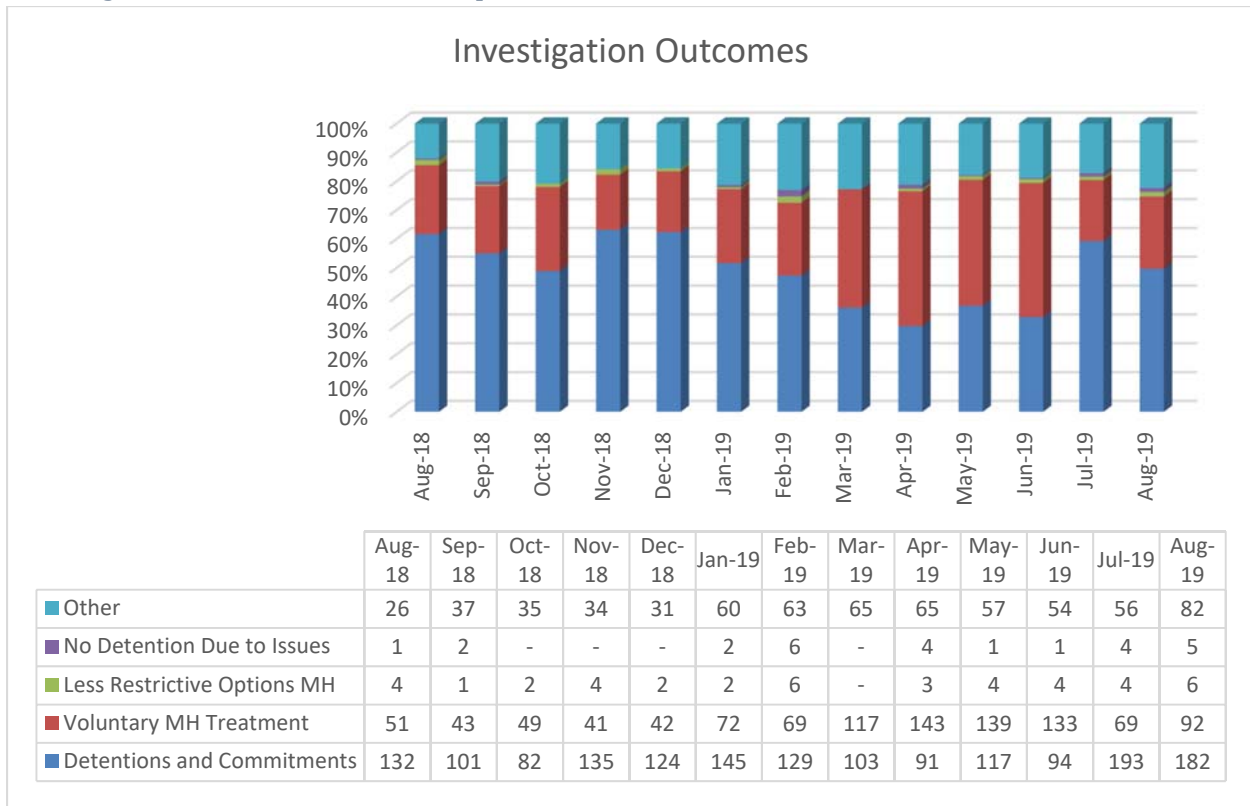


### Investigation Reason Percentages Pie Charts





## 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).	1,424
Detentions and Commitments	Detention to Secure Detox facility (72 hours as identified under 71.05)	4
Detentions and Commitments	Returned to inpatient facility/filed revocation petition.	165
Less Restrictive Options MH	Filed petition - recommending LRA extension.	41
No Detention Due to Issues	No detention - E&T provisional acceptance did not occur within statutory timeframes	5
No Detention Due to Issues	No detention – Secure Detox provisional acceptance did not occur within statutory timeframes	2
No Detention Due to Issues	No detention - Unresolved medical issues	16
Voluntary MH Treatment	Referred to crisis triage	48
Voluntary MH Treatment	Referred to voluntary inpatient mental health services.	106

Voluntary MH Treatment	Referred to voluntary outpatient mental health services.	866
Other	Referred to non-mental health community resources.	33
Other	Other	585
<b>Grand Total</b>		<b>3,295</b>



NORTH SOUND BEHAVIORAL HEALTH  
ADMINISTRATIVE SERVICES ORGANIZATION

301 Valley Mall Way, Suite 110, Mt. Vernon, WA 98273  
360.416.7013 | 800.864.3555 | F: 360.416.7017  
[www.nsbhaso.org](http://www.nsbhaso.org)

On behalf of the North Sound BH-ASO Regional Advisory Board has for years sponsored a Visual Art and Poetry contest every two years encouraging and sharing the talent of adult and adolescent person's served with the community in part to address the continuing stigma of behavioral health issues. Previous contests have shared very powerful messages of recovery as well as continued hope.

The Regional Advisory Board is transitioning with the organization to an Administrative Services Organization this summer, however it remains a priority of the BH-ASO Advisory Board to advocate for individuals within the community with Behavioral Health issues, regardless of whether they are based in behavioral health or substance use disorders.

With the organizational change, we will have a somewhat limited budget so are seeking partners to defray some of the expense associated with the contest and specifically the prizes as we are hoping for substantial prizes to be granted in educational grants for the future use by contestant towards the training or future education goals.

This year we are focusing on the Opioid Crisis and the impact on the youth of our community through a video challenge. This challenge has previously been done in other states and the messages are relevant and empowering to the participants creating the video entries. We will organize partnerships with local leaders and benefactor's for prize amounts and costs beyond the board's financial commitment.

As noted in attached information on all contributors will be recognized in videos and other websites and community advertisement. We will work with a variety of community representatives and prevention specialists to ensure those who wish to participate have an opportunity to do so on a fair and equitable basis within established guidelines.

We are very excited about focusing on the youth of our community and a very real challenge facing them in the Opioid Crisis. I hope you find the project as interesting as we do and consider partnering with North Sound BH-ASO for this project. Please do not hesitate to contact Maria Arreola at the North Sound BH-ASO if you are interested in this project or have any further questions, contact information is attached.

Sincerely,

Pat O'Maley-Lanphear

North Sound Behavioral Health Advisory Board Chair



**Subject:** North Sound Behavioral Health Advisory Board 2020 Youth Opioid Awareness Video Challenge Contest

**Background:** Every other year the North Sound Behavioral Health Advisory Board holds a Visual Art and Poetry contest to involve current and former individuals that receive behavioral health services in the North Sound region. A selected theme is determined by the Advisory Board, which emphasizes reducing the stigma associated with behavioral health and allows individuals the opportunity to share their stories of recovery. The Board judges the entries and holds an award ceremony.

**Importance:** This contest connects the BH-ASO partners and youth in the North Sound region. It addresses the opioid epidemic that is beginning to negatively shape our communities. This is affecting our public health and safety throughout the North Sound region. Youth will use this as a platform to educate their peers and community of the serious risks of addiction, misuse and deaths from prescription opioids.

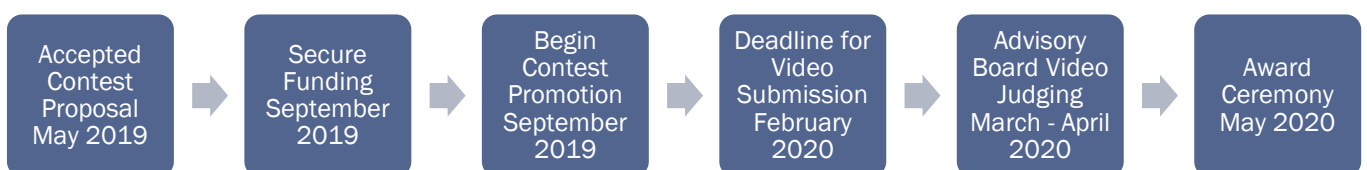
**2020 Contest Theme:** Community and Opioids: Making Choices is the theme title. Youth will submit a 30 – 60 second Public Service Announcement video, aimed to reach other teens about this widespread issue. Videos can be informative on the impact of opioids on body and brain, In Memory Of, Advocacy, Awareness, Inform and educate their peers and community.

**Issue:** With the projected operating budget of North Sound Behavioral Health Advisory Board for the year of 2020, the contest cost would not be fully funded by the Advisory Board funds.

**Solution:** Partnerships to help fund the prize amounts and expenses associated with the contest. Prize amounts will be awarded to the student’s higher education path. Prize amounts are not determined until allocated contributions are secure. The Advisory Board will allocate the prize amounts based on the funding total. Your contributing amount will help fund the prizes and associated expenses.

Prizes			
1 <sup>st</sup> Prize	2 <sup>nd</sup> Prize	3 <sup>rd</sup> Prize	People’s Choice

Timeline:



Benefits of Contest: Opening the creativity of youth in the North Sound region will address the opioid epidemic through educating the community of the crisis of prescription opioid overdose, addiction, and misuse. The participating youth will be provided a slide to include in their video with resources for individuals seeking help. Partnering organization logos will be included on the slide. The winning entries videos will be available to be posted on partnerships websites, school websites, and on the Advisory Board contest webpage. The award ceremony will be open to the public for viewing of the submitted videos.

If interested in partnering with the North Sound BH-ASO Advisory Board please contact Maria Arreola; Advisory Board Coordinator at [maria\\_arreola@nsbhaso.org](mailto:maria_arreola@nsbhaso.org) or by phone 360-416-7013.



## North Sound Behavioral Health Advisory Board

### Official Ballot

### 2020 Officer Nominations

*Nominations will be collected during the October meeting. The Nomination Committee Chair will announce the nominations during the November meeting. Vote will occur during the December meeting. Any current member may submit their own name, or the name of another member. Nominees must be current members who have actively served on the AB for a minimum of 6 months. Please write your nominees below.*

Chair	Vice-Chair

# NORTH SOUND BH-ASO GUIDING PRINCIPLES



North Sound BH-ASO has adopted the following “guiding principles” for all discussions relating to North Sound BH-ASO business. These principles were originally developed by the Quality Management Oversight Committee (QMOC) as a commitment to respectful communication and shared decision making.

As a member of a North Sound BH-ASO Board or Committee we agree to the following Guiding Principles:

- ◆ Help create an atmosphere that is SAFE.
- ◆ Maintain an atmosphere that is OPEN.
- ◆ Manage your BEHAVIOR, be mindful of how you respond to others, understand intent v. impact, and be responsible for your words and actions.
- ◆ Demonstrate RESPECT and speak with RESPECT toward each other at all times.
- ◆ LISTEN, people feel respected when they know you’re listening to their point of view.
- ◆ Practice CANDOR and PATIENCE.
- ◆ Accept a minimum level of TRUST so we can build on that as we progress.
- ◆ Be SENSITIVE to each other’s role and perspectives.
- ◆ Promote the TEAM approach toward quality assurance.
- ◆ Maintain an OPEN DECISION-MAKING PROCESS.
- ◆ Actively PARTICIPATE at meetings.
- ◆ Be ACCOUNTABLE for your words and actions.
- ◆ Keep all stakeholders INFORMED.

## NORTH SOUND BEHAVIORAL HEALTH ADVISORY BOARD

### 2019 LEGISLATIVE PRIORITIES

#### 1. **Maintain Current Level of Funding for the Behavioral Health Crisis System**

- Ensure there is sufficient funding to both maintain the existing continuum of crisis services as well as expand opportunities for diversion from jails and hospitals and that this funding is not solely dependent on the business decisions of the MCOs
- With the transition to Integrated Managed Care, Medicaid funding and State General Funding [GF-S] for Crisis Services will come from two different sources: Medicaid funding from the Apple Health Managed Care Organization [MCOs] and GF-S from the Health Care Authority [HCA] based on legislative appropriation. New Behavioral Health Administrative Services Organizations [BH-ASOs] will replace the existing regional Behavioral Health Organizations and will be responsible for overseeing and funding Crisis Services.

#### 2. **Enforce Accountability Standards for the Managed Care Organizations**

- Ensure that state agencies hold the MCOs accountable to meet the performance standards for the funding they are receiving to provide integrated managed care.
- Direct the state agencies to work with local communities, including the regional Behavioral Health Advisory Boards, in monitoring the performance of the MCOs.
- Provide sufficient legislative appropriations to maintain the ability of county administered BH-ASOs to have oversight of Crisis and Non-Medicaid services as well as regional county chaired Interlocal Leadership Structures.

#### 3. **Support the North Sound Counties' Request for the Additional Capital Funding to Complete the Projects Partially Funded in the 2018 Capital Budget.**

- Support the request of the North Sound counties to provide sufficient capital funds to finish the projects that were funded in the 2018 Capital Budget. [see attached summary].
- The 2018 Capital Budget provided partial funding for projects that would begin to address the significant shortage of behavioral health treatment beds in the North Sound region. These included: Two Substance Use Disorder [SUD] Treatment Facilities in Everett, a new Mental Health Crisis Center and a new SUD Detox Center in Bellingham, a new Evaluation & Treatment Facility and a new SUD Detox Facility in Skagit County to replace the E&T and SUD treatment facilities in Sedro Wooley that will lose their leases, and a new Crisis Center in Island County.
- The necessary land sites have been procured and building designs have been completed for all these projects. *An additional \$21.9 million is needed to bring them to completion.*



## North Sound Behavioral Health Organization

### 2019 Behavioral Health Facilities Capital Funding Request

- In 2017, the North Sound Region Counties submitted a capital funding request to address the significant shortage of behavioral health treatment beds in the North Sound Region.
- The 2018 State Capital Budget provided enough funding to begin development of most of the projects prioritized for the 2017 – 2019 biennium.
- **Development of all the facilities that received funding are now underway: there are secured sites for each facility and the initial schematic designs, detailed cost estimates, and environmental assessments completed.**
- Three of the funded projects will need additional funding to complete construction.
- Skagit County has invited the North Sound Tribes to participate in the design, capital funding, and operational support for the two Skagit Stabilization Campus projects: the replacement 16 bed Evaluation and Treatment Facility and a 24 bed Secure Detox facility. received only partial funding in 2018 contingent on the procurement of land to locate the facilities. A parcel of land has now been purchased by Skagit County for these projects. [see attached]
- The SUD Residential Treatment Centers that will occupy the re-purposed Denny Juvenile Justice Center will need an additional \$5.1 million but Snohomish County will be covering \$2.1 million with local millage dollars. The request for 2019 Capital Dollars would be for the remaining \$3 million.
- Even with the opening of the new facilities, the North Sound region will still have an insufficient number of SUD residential treatment beds to meet current needs, and this need will grow over the next 5 years with the continued growth in population.

The additional funding being requested is:

Project	Total Cost	Current Funding	Additional Funding Needed
<b>1. Skagit Stabilization Campus:</b> <ul style="list-style-type: none"> <li>• 16 bed Evaluation and Treatment Facility</li> <li>• 24 Bed Secure Detox</li> </ul>	<b>\$19.4 Million</b>	<b>\$ 4 million:</b> <ul style="list-style-type: none"> <li>• \$1.5 million State</li> <li>• \$2.5 million BHO</li> <li>• \$400,000 provided by Skagit County to purchase land</li> </ul>	<b>\$ 15 million</b>
<b>Island County Triage/Sub-Acute Detox Center</b>	<b>\$ 7.5 million</b>	<b>\$ 5 million:</b> <ul style="list-style-type: none"> <li>• \$4 million State</li> <li>• \$1 million BHO</li> <li>• \$200,000 provided by Island County to purchase land</li> </ul>	<b>\$ 2.3 million</b>
<b>Snohomish County SUD Residential Treatment</b>	<b>\$ 18 million</b>	<b>\$ 15 Million:</b> <ul style="list-style-type: none"> <li>• \$ 10 million State</li> <li>• \$ 3 million BHO</li> <li>• \$ 2 million provided by Snohomish County</li> </ul>	<b>\$3 million</b>
<b>Total 2019 Funding Request</b>	<b>\$ 46.5 million</b>	<b>\$ 24 million</b>	<b>\$20.3 million</b>

**North Sound Behavioral Health Advisory Board**  
**Recommendations for a Vision for a Fully Integrated Physical and Behavioral Health System**

**Vision:**

*The integration of physical and behavioral health care for people on Medicaid in the North Sound region should incorporate the following principles:*

- No wrong door for either physical health care or behavioral health care
- Minimal wait time for services
- “Person-friendly” treatment and recovery services.
- Reduction in stigma among all professionals serving people with both physical and behavioral health problems

**Implementing this vision should include the following strategies:**

**Access to Services**

- Improve access to services for people with behavioral health issues by reducing stigma among professionals and frontline staff.
- Encourage training for all primary care clinic staff and emergency department staff (at all levels) in how to recognize and understand behavioral health disorders.
- Train all professionals who come into contact with people exhibiting behavioral health problems on how to interact with them in a non-judgmental way using “person-first” language, e.g. “people” rather than “clients,” “patients,” or “consumers.”
- Ensure that there is an adequate number of trained behavioral health professionals located within primary care clinics, hospitals, and other community settings, such as schools, law enforcement, and jails. The behavioral health professionals should be team members, rather than isolated care providers.
- Embed physical health care professionals within behavioral health agencies as team members, rather than as isolated care providers.

Train all behavioral health agency staff (at all levels) how to appropriately interact with people with physical (dis)abilities and chronic physical conditions.

**Administrative Structure**

- Contract with a minimal number of MCOs in this region to reduce complexity for both providers and people seeking services.
- Standardize MCO contract, billing, authorization, and reporting requirements (including the elimination of pre-authorizations) to reduce the impact on both providers and on people receiving services.
- Create an electronic health record system that links a health record to the person, rather than to a provider or payer, to eliminate all redundancies for the person seeking services.
- Create continuity and consistency (and clear communication) regarding patient privacy and access to relevant health records, or voluntary/involuntary commitment, allowing access to appropriate healthcare providers associated with law enforcement and corrections agencies to eliminate wasteful resource allocation. [E.g., local resident missing, requiring law enforcement to search for person, but person was involuntarily being treated in hospital for SMI and hospital would not disclose presence of resident in hospital due to confidentiality concerns. Law enforcement officers used tens of person-hours and vehicle-miles searching in vain.]

**System of Care**

- Actively engage and coordinate with other community systems, such as hospitals, schools, law enforcement, first responders, public health officers, and social service agencies.
- Attach funding to the “system of care” and not to treatment silos.

NORTH SOUND BEHAVIORAL HEALTH ADVISORY BOARD  
2017 ADVOCACY PRIORITIES  
(revised 1.5.2017)

**BHO CAPITAL REQUESTS**

- Evaluation & Treatment Center (E&T) – Skagit County
- 16-Bed Acute SUD Detoxification Facility – Skagit County (adjacent to E&T)
- 8-Bed Sub-Acute Detoxification and Mental Health Triage Facility – West Skagit County
- Two (2) 16-Bed SUD Inpatient Treatment Facilities – Snohomish County (Everett)
- 16-Bed Mental Health Triage Facility – Whatcom County (Bellingham)
- 16-Bed Acute SUD Detoxification Facility – Whatcom County (Bellingham)
- 16-Bed Long-Term SUD Treatment Facility – Location in North Sound Region
- Step-down Transitional Housing

**CHILDREN & ADOLESCENTS**

- School-based Behavioral Health (SMI & SUD) Treatment Options
- Inpatient Treatment
- Emergency Medical Services
- Law Enforcement Training (CIT for Youth)
- Youth Homeless
- Behavioral Healthcare Needs for Incarcerated
- Community-Based SUD and MH Treatment Facilities (Detox, Long-Term, and Outpatient)

**HOMELESSNESS**

- Permanent Housing
- Supported Housing
- Military Veterans
- LGBTQ Youth
- Tenant Rights
- Outreach Services and Staff

**OPIOID TREATMENT OPTIONS**

- Medication-Assisted Treatment
- Naloxone Distribution to First Responders and People with SUDs
- Needle Exchange Program Expansion
- Outreach Program Expansion
- Safe Injection Sites

**GERIATRIC POPULATION**

- Affordable, Low Income Housing
- Home-Based Outreach
- Access to Care
- Transportation
- Critical Behavioral Healthcare for Pre-demented and Demented

**INTER-SERVICE COOPERATION / COLLABORATION**

- Team-Based Outreach and Treatment (SWs + LE; CPIT; CDPs + MHPs + CPCs)
- Developmentally/Intellectually Disabled (Comorbidities; Complex Healthcare Needs)
- Primary Care Providers (Comorbidities; Complex Healthcare Needs)
- Community Health Workers
- Peer Recovery Coaches to support recovery from SUDs
- Home-based Nursing Care Workers
- Geriatric Facilities
- Criminal Justice (LE, Courts, Jails)

**FORENSIC**

- Jail-Based Behavioral Healthcare
- Alternatives to Jail
- Behavioral Health Courts (Mental Health; Drug; Family)

**WORKFORCE**

- New Housing and Recovery Services Teams
- Mobile Crisis Teams

**GOVERNOR'S PROPOSED BUDGET**

# NORTH SOUND BEHAVIORAL HEALTH ADVISORY BOARD

## 2019-2020 Work Plan

## Focus Areas & Action Items

---

### → Accountability

- What are the Accountable Community of Health measures?
- MCOs living up to the standards Washington Administrative Code and Revised Code of Washington
- Did integrated care live up to the promise?



Action: Explore collaboration with ACH for “value added”. (attempted/closed)



Action: Obtain information from other transition Advisory Boards for lessons learned from post transition. (In progress)

- Actively monitoring Behavioral Health (BH) impact through indicators
  - Working with leadership to develop metrics
    - Ratings scorecard



Action: Develop a monitoring system to determine if MCOs are meeting contractual requirements under “Value Added” (Begin discussion for implementation)

- Stoplight – Early Warning Signs



Action: Workgroup to develop items/conditions that have attainable data prior to transition. (resolved)





Action: Board workgroup to review data post transition to a min. of 6 months. Reviewing to ensure metrics reflect acceptable levels of treatment access. (Ongoing)

- Determine if there is any negative impact on accessibility of services and stability/continuity of care following transfer to MCO care.




Action: Track incidence of crisis calls for cohort over time. We can answer the questions about rates of change post 7/1/19 as we have comparative data prior to 6/30/19


 Action: Track change of MCOs over time in this cohort. That churn rate and patterns of MCO affiliation over time will give an indication of how the client population is “voting” with their feet.

 Action: Capture who has a crisis plan(s) on file at time of call. This will allow us to track which MCOs are successfully encouraging providers to post such plans.


— Participation in Quality Boards (committees) for the five MCOs – Facilitating opportunity to advocate for clients and accountability for MCO oversight.


 Action: Identify at least 5 Board Members who will volunteer for the additional time for meetings – minimum of two AB Members per each of the five MCOs meetings.

 Action: Follow up with all five MCOs on tentative commitment voices in in retreat by September Board meeting.

 Action: Report to Advisory Board meetings relevant information from the MCO Oversight/Quality meetings for information /potential action.


— Follow up on MCOs commitment to jail transition program vocalized at retreat

 Action: Status follow up on October 2019 with MCOs (allowing for time to stabilize transition). Obtain data of number serviced/follow up time frame for clients/insured of MCO receiving behavioral health services.

 Action: Obtain data on monthly basis for:

1. Number of cohorts per MCO
2. Number of high utilizers per MCO
3. Track high utilizers from June 2019 data per MCO in July/October/December.
  - a. Crisis use and who is responsible for care
  - b. Info pulled from crisis line compared to reported tracking per MCO

— Early Warning Signs (Metrics)

 Action: Established table measures to identify potential gaps in or barriers to service continuity will be tracked monthly starting July 1, 2019. Data will be reported to Advisory Board on monthly basis for review and potential action items if trend is noted.

— Transition impact of other BH ASOs – Lesson learned information we may be able to utilize to ensure a smooth transition.

 Action: information sought from other ASOs in progress at time of retreat. Continue to completion by October 2019.



Action: Determine what information/approaches can be duplicated to enhance transition process/continuity of services/advocacy for enhanced system resources.

## → Communication

— Members feedback to counties



Action: Explore process to communicate complaints or grievances made to MCOs by individuals (In Progress)

- a. Frequency of reporting to the state is unclear.
- b. Access to HCA reports is unclear.
- c. Frequency of members changing MCOs or providers. Turnover.

— County relationships



Action: Communication with the County Coordinators to continue working relationships with Members (Completed)



Action: Having briefs sent to the County Coordinators meeting so they can be informed of the progress of the Board.



Action: Individual County Coordinators would be responsible to ensure ongoing communication process with Advisory Board members. (In Progress – Further Work Needed)



Action: Counties will still approve renewal of Advisory Board appointments. (Ongoing)

— County communication to members regarding issues within the community

- o Community based public education issues



Action: How can Advisory Board assist in community education in the various five counties? (In Progress)

- i. Opioid Plan and town hall meetings



Action: Establish periodic communication via email and/or meeting contact information exchange between county representatives and Advisory Board. Establish or continue by October 2019 and continue at determined frequency thereafter. Board members will share as appropriate various projects/issues happening in their county.



Action: Advisory Board members reporting back at meeting information gained through participation in Community meetings (i.e. county board or meetings/townhalls or specific focus groups on identified issues, unmet

needs and/or new programs or resources on monthly/quarterly basis as applicable. BH-ASO representative will also provide information as applicable in intercounty leadership meetings or other similar committees as available.

— Bi-Annual Community Project Addressing Stigma



Action: Video project selected for 2019-2020 is under development at time of retreat. Draft outline of project; legal supporting paperwork; IT resources, funding resources for project and awards will be available by September meeting at latest.



Action: Outreach to all high schools of this age range are eligible but mechanisms for contact needs to be identified in same time frame.



Action: Plan for awards and community recognition will also be identified with timeframes for articles/community events to recognize the placing of individuals, families and mentors. Materials advertising events will be recognized of all sponsors making the project possible.

— Advisory Board Enhance sense of cohesion, inclusion and communication with the Advisory Board during transition to new configuration/responsibilities moving forward.



Action: Identify strategies for Advisory Board members to become active in other community oversight boards (North Sound BHO Interlocal Leadership Workgroup, Early Warning Signs)

— Lack of communication between systems. How will communication take place with the five MCOs?



Action: Encourage active participation by the five MCOs representatives on the Advisory Board (In progress)

→ **Crisis System – Supporting System Delivery**

- Continuity of care
- Care coordination
- Funding to serve everyone/regional



Action: Legislative outreach with specific clear data on current crisis services/unmet needs and cost of services. (Completed)



Action: Explore potential for further legislative outreach with representatives in district at community meetings and or invite to an Advisory Board meeting when they are in district to update them. (In Progress)



- Unified street level care
  - Connecting with individuals that are in crisis in the community before they end up in the criminal justice system or in the hospitals



Action Coordinate with the five counties for increase on potential intake of ED/police involvement for behavioral or SUD related issues. (In Progress)

- Advocate for these individuals with the MCOs to make sure they get the care they need



Action: Seek the churn information from each MCO post implementation to identify potential gaps/barriers. (Pending)

- Look at cross county needs advocate – support
- Working with justice system, law enforcement, correctional agencies to advocate behavioral healthcare services for incarcerated individuals



Action: Explore potential for Advisory Board participation in various county service boards ( jail diversion program, 1/10 board, jail treatment board)

- Starting July 1, 2019 obtain the following data



Action: DCR time to service

Follow up documented

Plan in place prior to crisis service

Recidivism – (as defined) recalled within 30 days of original crisis service

## Positive Outcomes

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- **Care Is Improving**
- **Efficiencies In System Delivery**
- **Better Coordination Between Systems**
- **Lives Have Improved**
- **Healthier Communities**
- **Communities Are Holding MCOs Accountable**