



North Sound Behavioral Health Advisory Board

Agenda

May 4, 2021

1:00 p.m. – 3:00 p.m.

Call to Order and Introductions

Revisions to the Agenda

Approval of April Minutes

Announcements

Brief Comments or Questions from the Public

Executive/Finance Committee Report

— **Approval of April Expenditures**

Executive Director's Report

— **Margaret Rojas – Retention Plans**

Executive Director's Action Items

Old Business

— **Advisory Board Flyer Revisions**

— **Metrics Update**

New Business

— **Legislative Advocacy Timeline – Ad Hoc Committee**

Report from Advisory Board Members

Reminder of Next Meeting

Adjourn



We create hope and promote recovery
by advancing whole person health.



Compass Health
Northwest Washington's Behavioral Healthcare Leader

ITA: 101

Involuntary Treatment Act



Compass Health
Northwest Washington's Behavioral Healthcare Leader

In this Training . . .

- Summary of ITA in Washington
- RCW 71.05 and 71.34
- Ricky's Law
- Joel's Law
- Sheena's Law
- Non emergent detention
- COVID-19 Implications
- Youth Trends
- Questions?

Mobile Crisis Outreach Team (MCOT)

- The **Mobile Crisis Outreach Team (MCOT)** is a community-based outreach team with the ability to respond to and provide crisis services in the community (e.g., homes, schools, shelters). The Team serves adults, adolescents, and children who are experiencing a behavioral health (mental health and/or substance use) crisis regardless of their funding source. MCOT offers short term crisis intervention and prevention services utilizing strength-based, solution-focused, culturally competent, trauma-informed, and recovery-oriented interventions.
- Involuntary and Voluntary Services
- VOA Crisis Line

What is ITA?

- ITA = Involuntary Treatment Act, passed in 1973
- DCR = Designated Crisis Responder - Designated by County/Region
- Currently under RCW 71.05 and RCW 71.34
- Compass Health provides services in Island, San Juan, Skagit, and Whatcom counties
 - Other regions/counties:
 - County Employees
 - Behavioral Health Agencies
 - Non Profit Agencies

RCW 71.05 and 71.34

- RCW 71.05 for adults
- RCW 71.34 for 13-18 year old
 - For under 18, always want to consider Family Initiated Treatment
 - Family is defined under statute as “biological or adoptive parent who has legal custody, including either parent if custody is shared *OR* a person or agency judicially appointed as legal guardian or custodian of the child” (71.24.025)

Detention Criteria

Categories

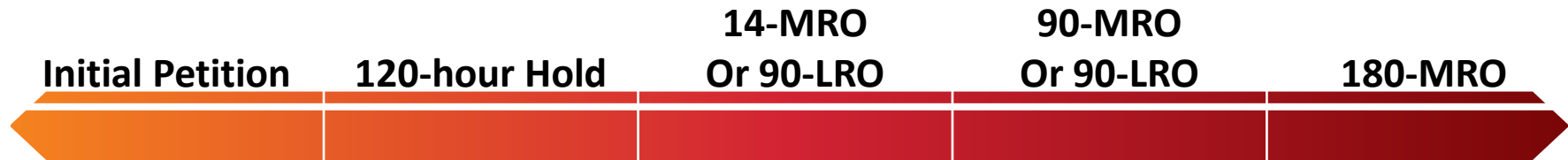
- Danger to Self
- Danger to Others
- Gravely Disabled
- Property Damage

Items for Consideration

- Likely to occur at any moment or near at hand, rather than distant or remote (imminent)
- History of violent acts (10 years)
- Due to behavioral health disorder
- Absence of less restrictive alternative

Detention Process

- DCR does initial petition, 120 hours
- Individual gets placed
 - Psychiatric Hospital, Evaluation and Treatment Facility (E&T) or Withdrawal Management Services (WMS) formerly Secured Detox
- Court:
 - Can petition court to hold longer (more restrictive order)
 - Can discharge on LRO (less restrictive alternative order)
- At any time:
 - Individual can agree to stay voluntary
 - Facility can discharge



Non-Emergent Detention

- Imminence not present, but decompensating
- Investigate, get order from judge to detain
- Only after a DCR initial ITA investigation

Less Restrictive Order

- LRO (Less Restrictive Order)
 - Think mental health probation...
 - Certain conditions must be met
 - Attend appointments,
 - Take medication as prescribed, no other substances
 - Live in approved housing,
 - No weapons, etc.
 - Must be more than just not doing something is required in order to revoke – must also have decompensation

Less Restrictive Order (*cont.*)

- Provider initiates the petition for revocation. Clinical staff file affidavits to support. DCR conducts client interview and reviews to determine if criteria met.
- Court:
 - Can revoke less restrictive order, person stays at facility up to end of order
 - Can discharge on LRO (same or new)

Ricky's Law

- Enrique “Ricky” Garicia at the time was a young man in his 20’s who was repeatedly hospitalized for substance related disorders
- At the time of discharge, a provider told he and a friend that “if we were in another state I would involuntarily detain you; but we can’t in Washington”
- Ricky’s friend, Lauren Davis, lobbied for a change in law.
- Ricky’s law went into effect in April 2018. It allows for the involuntary commitment of a loved one who is suffering from addiction. The hope is for people to reach a sober state so that they can make a decision about whether or not to enter a treatment program.
- Ricky had been sober for six years at the time the law was passed.
- Lauren was later elected to represent Washington’s 32nd Legislative District in the state House.

House Bill 1713 / Ricky's Law

- Changed to “Behavioral Health Disorder”
- Behavioral health disorder encompasses both mental health and substance use disorders
- Same criteria for initial detention required
- For SUD, detained to Secured Detox Units
 - Currently only located in Spokane, Chehalis and Valley Cities in Seattle
- Differences:
 - Cannot Single Bed Cert
 - Do not suspend gun rights at point of commitment
 - No place currently able to do extended commitments (longer than 14 days)
 - No LRO option



Enrique "Ricky" Garcia with his friend Lauren Davis

Joel's Law

- In 2013 Joel Reuter was shot and killed by Seattle police during a behavioral health crisis
- He had previously been evaluated for detainment multiple times but did not meet the legal threshold for involuntary commitment
- In 2014 his parents began lobbying the legislature for changes.
- In 2015 Joel's law was signed



What is Joel's Law?

- DCR does not detain *or* does not investigate within 48 hours when requested
- Family can submit to court within 10 days a petition for involuntary detention
- Must be immediate family member (spouse, domestic partner, child, step child, parent, step parent, grandparent, step grandparent or sibling), legal guardian or conservator

Sheena Henderson

- West Corporation in Spokane Valley called 911 on a Monday afternoon, July 7, 2014, to report their fellow employee Chris Henderson was being unruly.
- They reported he had also talked about killing his wife and himself.
- Spokane Valley police deputies responded to the business and contacted Henderson just before 1 pm Monday.
- Henderson was checked out but not arrested or taken into custody
- Three hours after deputies cleared him as a suicide risk, Chris Henderson retrieved a gun from Spokane police that had been confiscated in May during an earlier suicide attempt.
- Tuesday morning, July 8, 2014, Chris Henderson entered the Rockwood Cancer Treatment Center where his wife worked, and shot and killed both his wife, Sheena, and himself

House Bill 1448 / Sheena's Law

- House Bill 1448 requires law enforcement who respond to a suicide attempt or threat to notify a mental health professional within 72 hours. Mental health officials can then determine whether they should be involuntarily committed.
- Law enforcement must submit a report to the DCR office within 12 hours
- The DCR office must respond within 12 hours of receipt of referral
- Also requires law enforcement to notify families when confiscated guns were going to be returned



COVID-19 Impacts



Compass Health
Northwest Washington's Behavioral Healthcare Leader

Major Change: Telehealth



Ability to use Telehealth

- Prior to last year, all investigations had to be face to face, now able to use telehealth.
- Coordinated with local hospitals, facilities, community resource centers

Indirect effects of pandemic

- **Decrease in-person outpatient services:** led to more referrals from individuals who have not had face to face services for months and may not respond well to telehealth
- **New Referrals:** Increased in referrals for individuals that have never had previous mental health challenges

Youth Detentions



Recent Trends

- Referral pipeline broken
- Don't engage in telehealth well
- Seasonal uptick around school return is happening as schools return to in-person
- Voluntary services has remained consistent

How do you refer to a DCR?

- Call Care Crisis Line/VOA
 - **1-800-584-3578**, 24 hours a day
- VOA will triage and dispatch
- DCRs most often assess in the ED
 - Community assessments also option, however may still need to go to hospital for medical clearance
- If meets criteria, DCR will complete petition for initial detention, place in appropriate facility

Questions?

Contact Information:

Amy Pereira, LICSW, MHP, DCR

Director Crisis Response and
Stabilization

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(360) 932.3029



Compass Health
Northwest Washington's Behavioral Healthcare Leader



North Sound Behavioral Health Advisory Board

April 6, 2021

1:00 – 3:00

Meeting Minutes

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

Members Present on Phone GoToMeeting Platform:

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

Members Excused:

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

Members Absent:

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

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

Managed Care Organization Representation:

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

Guests: Kala Buchanan, North Sound Ombuds, Samantha Moore, North Sound Ombuds, Katelyn Morgan, North Sound Ombuds

Pre-Meeting Training

No pre-meeting scheduled as this is an alternating month

Call to order and Introductions

The meeting was called to order by Chair West at 1:05 p.m.

Revisions to the Agenda

No revisions mentioned

Approval of March Minutes

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

Announcements

United Healthcare Advisory Board Representation

Alan Fischer will no longer represent United Healthcare (UHC). Alan consistently attended meetings since the first year of integration with the North Sound BH-ASO. Alan represented UHC during the Advisory Board's holiday gatherings, Advisory Board retreat and during a Managed Care Organization roundtable. His contribution was valuable during the learning transition with the Board. Bea Dixon, UHC Behavioral Health Executive Director and Stacey Lopez, UHC Clinical Manager will now represent UHC during the Advisory Board meetings.

Bea Dixon attended and was introduced to the Board. Bea comes with 30 years of working in the Washington Behavioral Health system. Maria will write a letter to Alan on behalf of the Board in recognition of his contribution through the year.

Behavioral Health Performance Study for Regional Providers

Chair west announced an invitation the Integrated Provider meeting will have on August 21st from 1:00 – 3:00. During this meeting Comagine will be gathering feedback to understand the changes across the region affecting adults and children in the behavioral health system in the North Sound. Members are invited to listen in the conversations held during the survey. Those that are interested are to contact Lisa Hudspeth at Lisa_Hudspeth@nsbhaso.org.

Brief Comments from the Public

Kayla asked for Members interest to individual act of support to House Bill 1086 which directly affects the North Sound Ombuds. Members that would like to individually contact Ombuds can inform Maria to get connected with Ombuds.

Executive Directors Report

Joe reported on

- Legislation
- Budget
- Crisis Services
- Expansion of Mobile Crisis Outreach
- Expansion of Medicated Assisted Treatment to East Skagit

APPROVED by Advisory Board

- Update on Peer Pathfinder Program
- Business and Occupation Tax [B&O]
- BHO Close-Out Liability Discussions

Executive Director's Action Items

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

Motion seconded, 2 abstained, motion carried.

Executive/Finance Committee Report

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

Old Business

Advisory Board Brochures

The Editing Workgroup consisted of Kara, Candy, Pat, Duncan and Diana met to bring forth the revised brochure. No further edits were mentioned. Pat was recognized for her efforts in reviewing the final revised brochure. Mandy Iverson, North Sound BH-ASO, Human Resource Specialist was provided the language and format from the Editing Workgroup. Mandy was able to produce the brochure.

Motion made to approve the brochure. Motion Seconded. All in Favor. Motion Carried.

Maria will order printed hard copies for Members. Maria will mail them to those that are requested. Maria will work with North Sound BH-ASO I.T. department to post downloadable versions on the ASO website and on the Advisory Board webpage.

The final versions will be shown to the Board of Directors meeting April 8th as informational only. Maria will notify the County Coordinators, agencies and Managed Care Organizations.

Advisory Board 2021-2022 Legislative Advocacy

Due to the change in advocacy this year due to COVID restrictions, it was determined to draft thank you letters to Legislators in the North Sound region. The letters content will provide recognition of support on behavioral health bills and budget and ongoing support of the coming year of bills that are brought forth.

Maria will work with Joe to draft the letters to be emailed to Legislators.

New Business

2021 Washington Behavioral Healthcare Conference

The conference will be held virtually on June 16-18th. The state will offer scholarships that will cover the cost of registration. The Board has sufficient funds to cover the cost if a scholarship is denied. Interested members are to contact Maria. Maria will coordinate registrations.

Advisory Board Summer Recess

It was determined to cancel the July 6th meeting for Summer recess. The next regular scheduled meeting will be on August 3rd.

Report from Advisory Board Members

Candy will be attending the American Association of Suicidology conference this year. This will be held in a hybrid model.

Reminder of Next Meeting

Tuesday, May 4th via Zoom Platform

Adjourn

Chair West adjourned the meeting at 2:55 p.m.

APPROVED

**North Sound Behavioral Health Administrative Services Organization
Advisory Board Budget
April 2021**

	Total	All Conferences	Board Development	Advisory Board Expenses	Stakeholder Transportation	Legislative Session
		Project # 1	Project # 2	Project # 3	Project # 4	Project # 5
Budget	\$ 20,000.00	\$ 9,900.00	\$ 1,000.00	\$ 9,000.00		\$ 100.00
Expense	0.00					
Under / (Over) Budget	\$ 20,000.00	\$ 9,900.00	\$ 1,000.00	\$ 9,000.00	\$ -	\$ 100.00



All expenses to attend Conferences	Advisory Board Retreat/Summit	Costs for Board Members (meals mileage, misc.)	Non- Advisory Board Members, to attend meetings and special events	Shuttle, meals, hotel, travel
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1. FINAL LEGISLATION AND BUDGET

- This has been a significant legislative year for behavioral health policy initiatives and funding. [attachment #1- “Behavioral Health Bill List”]
- Two major policy bills for behavioral health have been passed:
 - E2SHB 1477 [the 988 bill]
 - EHSB 5476 [responding to the Blake decision]
- There have also been a number of new allocations and funding increases for behavioral health, including additional funding for BH-ASOs [attachments #2&3 “2021 Behavioral Health Budget Highlights and “2021-2023 Omnibus Operating Budget-HCA Agency Detail”].
- There is also proviso funding for 3 North Sound projects:
 - 1) \$300,000 in both FY 2022 and FY 2023 to provide “trauma informed counseling services to children and youth in Whatcom County schools;
 - 2) \$200,000 in both FY 2022 and FY 2023 to establish the “Whatcom county crisis stabilization center as a pilot project for diversion from the criminal justice system to appropriate community-based treatment”; and,
 - 3) \$750,0000 to “provide a one-time grant to Island county to fund a pilot program to improve behavioral health outcomes for young people in rural communities.”

2. WORKFORCE SHORTAGES

- There has been an acceleration of workforce shortages among North Sound Behavioral Health Agencies [BHAs] in the last month. There are almost no adult mental health outpatient appointments outside of Snohomish County.
- This was a topic of discussion at the April 21 Integrated Provider meeting where providers were invited to share their specific challenges and ideas for solutions. [Attachment #4 is a consolidated list of ideas from this meeting and 3 other sources].
- A subsequent directive from HCA has required us to come up with a strategy to address the lack of openings for new appointments by May 4.
- There was an emergency meeting of the Joint Operating Committee on April 26 to begin discussing solutions. We reviewed the results of an “access” survey regarding the availability of appointments for both mental health and SUD services that was sent to all providers.
- Potential solutions will be discussed, and additional input will be solicited at a behavioral health provider meeting on May 4.
- One of the ideas discussed was ways to increase the capacity of the number of providers serving the North Sound region. One BHA – Consejo out of King County – approached us independently about contracting with us to serve San Juan County. Because they can

provide both mental health and SUD telehealth services, we are interested in a regional contract that would allow them to serve other parts of the region in the future.

3. **CRISIS SERVICES**

- **Weekly Crisis Capacity Indicator Report** – through April 24 [attachment #5]
 - Calls to the Crisis Line remain at historically high levels and have begun trending up upwards again for the last 3 weeks.
 - The number mobile crisis outreach team dispatches have also been climbing for the last 3 weeks, along a continued upwards trend line.
 - Both Crisis Service calls and mobile crisis outreaches for youth continue to climb
 - The use of Telehealth for ITA investigations has been high for the last 9 weeks
 - Hospital placements at Providence Everett remain very high – about 16-20 placements a week.

4. **TEAMonitor REVIEW**

- HCA has sent us the list of questions we must address for their 2021 “TEAMonitor” Review.
- We need to provide all of the required responses and supporting documents by July 13. The onsite review is scheduled for September 28.

Behavioral Health Bill List

As of April 28, 2021

Bill	Key Provisions	Status
2SHB1477	<ul style="list-style-type: none"> Creates state designated crisis hotline centers to implement use of the new “988” for behavioral health crisis services. Funds other crisis services including regional youth crisis teams [see bill synopsis below] 	Passed by Conference Committee -sent to Governor
1086	<ul style="list-style-type: none"> Eliminates regional behavioral health Ombuds services and creates a state office of behavioral health consumer advocacy The elimination of Ombuds services contracted through BH-ASOs would not take place until October 1, 2022 	Sent to Governor
1296	<ul style="list-style-type: none"> Restores the B&O tax deduction for BH-ASOs and other health or social welfare organizations on government funded behavioral health services. 	Signed by Governor
SHB 1348	<ul style="list-style-type: none"> Directs HCA to seek federal waivers to suspend rather than terminate persons in jail for less than 30 days 	Sent to Governor
5073	<ul style="list-style-type: none"> Makes a number of technical changes to the ITA act, including allowing DCRs to use video for ITA investigations and expands minimum requirements for Less Restrictive Orders 	Sent to Governor
5074	<ul style="list-style-type: none"> Establishes a “safe station pilot program” in fire stations. 	A provision to “consider” including a safe station model was included in 5476
5328	<ul style="list-style-type: none"> Directs HCA to seek a state plan amendment to incorporate the clubhouse modality and requires clubhouses to be accredited by Clubhouse International 	Passed the Senate, not acted on by the House
5476	<ul style="list-style-type: none"> A compromise of the House and Senate versions of a bill responding to the Sate vs. Blake court decision. [see bill synopsis below] 	Passed by Conference Committee -sent to Governor
SSB 5157	<ul style="list-style-type: none"> Requires the establishment of performance measures for Medicaid plans related to rates of criminal justice system involvement 	Sent to Governor
<ul style="list-style-type: none"> 1504 	<ul style="list-style-type: none"> Establishes a behavioral health workforce pilot program and provides training support grants to providers 	<ul style="list-style-type: none"> Sent to Governor

<ul style="list-style-type: none"> • 1311 • 1007 	<ul style="list-style-type: none"> • Allows for persons participating in authorized apprenticeship programs to qualify for substance use disorder professional certification • Removes limitation on number of supervised experience hours that a person pursuing a license as a social worker may complete through distance supervision 	<ul style="list-style-type: none"> • Sent to Governor • Signed by Governor
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Summary of E2SHB 1477

- Directs the Department of Health to designate crisis hotline centers that meet standards related to technology and the ability to identify and deploy community crisis resources for persons experiencing a behavioral health crisis.
- Establishes the Crisis Response Improvement Strategy Committee to develop a comprehensive assessment of the behavioral health crisis services system and a recommended vision for an integrated crisis network throughout Washington.
- Requires that health plans and medical assistance programs provide coverage for next day appointments for enrollees experiencing urgent, symptomatic behavioral health conditions, beginning in 2023.
- Establishes the Statewide 988 Behavioral Health Crisis Response Line Tax on phone lines to fund the crisis hotline centers and response services.
- Makes several appropriations to increase capacity for the existing crisis call centers and begin implementation of the crisis call center hub system and supporting technology

BHASO Bill/Budget Summary for *SB 5476 - Responding to the State v. Blake decision by addressing justice system responses and behavioral health prevention, treatment, and related services.*

As way of background, this bill is the Legislature's response to the *State v. Blake* decision. Washington's statute governing possession of a controlled substance is a strict liability offense. That is, a person can be found guilty of possession without proof that the defendant knew they possessed the substance. In February of this year, the Washington Supreme Court found this statute to be unconstitutional, holding that the Legislature's criminalization of passive conduct with no requirement to prove criminal intent is a violation of due process. This decision invalidated any Washington sentence for simple possession of a controlled substance.

Bill Summary:

This bill addresses several areas. Most relevant to BHASO's:

- The bill directs the Health Care Authority (Authority) to establish a substance use recovery services advisory committee. The Authority must appoint members to the committee who have relevant background related to the needs of persons with substance use disorders and be reflective of the community of individuals living with substance use disorders. The committee shall include four legislative members representing each of the two largest caucuses of the House of Representatives and the Senate. The committee shall establish a substance use recovery services plan with a preliminary report due on December 1, 2021, and the final report due on December 1, 2022. The plan shall be implemented by December 1, 2023.
- Subject to appropriation, the Authority shall create a grant program to provide treatment services to low-income individuals, establish an expanded recovery support services program to increase access to services for individuals in recovery from substance use disorder, and establish a homeless outreach stabilization transition program.
- Each Behavioral Health Administrative Services Organization (BHASO) must establish a recovery navigator program that provides community-based outreach, intake, assessment, and connection to services to youth and adults with substance use disorders.
- The Authority must provide funding to each BHASO for the recovery navigator programs, subject to appropriation.
- The intent of the Legislature is for any related funding to be ongoing.

Budget Summary:

- \$2.8mil is provided for Behavioral Health Administrative Services Organization positions to develop regional recovery navigator program plans and to establish positions focusing on regional planning to improve access to and quality of regional behavioral health services with a focus on integrated care.
- \$42mil is provided to expand substance use disorder services and supports including amounts for prevention, outreach, treatment, recovery supports, and grants to tribes.

BEHAVIORAL HEALTH

Increases

Adult and Youth Mobile Crisis Response (\$25.8 million NGF-O; \$19.7 million Federal; \$51.9 million 5-year NGF-O total)

Funding is provided for increasing local behavioral health mobile crisis response team capacity. In prioritizing this funding, the health care authority shall assure that a minimum of six new children and youth mobile crisis teams are created and that there is one children and youth mobile crisis team in each region by the end of fiscal year 2022.

Behavioral Health Treatment and Supports (\$40.7 million NGF-O; \$56.7 million Federal; \$61.8 million 5-year NGF-O total)

Funding is provided for expansion of community mental health and substance use disorder services including prevention, outreach, treatment, and recovery support services. This includes funding for short-term housing vouchers for individuals with behavioral health issues and funding to provide opioid use disorder medications for individuals in jails. Additional funds are provided for meeting exceptional personal care needs required by individuals with significant behavioral health disorders.

Community Civil Involuntary Treatment Beds (\$40.2 million NGF-O; \$33.8 million Federal; \$157.7 million 5-year NGF-O total)

The Legislature began funding contracted community civil long-term involuntary inpatient bed capacity in the 2017-19 biennium. These beds provide community alternatives to services historically provided at the state hospitals. There are 167 beds funded through the end of the 2019-21 biennium. Additional investments are made to increase the funded capacity to 273 beds by the end of fiscal year 2023. The budget outlook assumes that a total of 369 community beds are funded by the end of fiscal year 2025. Funding is also included for 64 mixed use facility beds during fiscal year 2023 and the budget outlook assumes funding for 100 psychiatric beds at a new University of Washington behavioral health teaching hospital. Beds are reduced at the state hospitals as described below.

Behavioral Health Provider Rate Increases (\$26.8 million NGF-O; \$59.6 million Federal; \$53.7 million 5-year NGF-O total)

Funding is provided for a 2 percent rate increase for a variety of community behavioral health providers. The funding shall be included in capitation rates for managed care organizations and in grants to behavioral health administrative services organizations. The Health Care Authority shall employ mechanisms such as directed payment to ensure the funding is used by these entities to increase provider rates.

Behavioral Health Provider Relief (\$31.0 million Federal)

Funding is provided on a one-time basis solely for the Health Care Authority to provide assistance payments to behavioral health providers that serve Medicaid and state-funded clients and have experienced revenue loss or increased expenses as a result of the COVID-19 pandemic.

Trueblood Settlement and other Forensic Mental Health Investments (\$52.6 million NGFO; \$3.5 Other; \$131.0 million 5-year NGF-O total)

Funding is provided to continue implementation of the Trueblood, et. al. v. DSHS settlement. This includes funding for forensic navigators, outpatient competency restoration, housing, crisis,

and other community support services required under the settlement agreement. Pursuant to the agreement, these services are to be implemented in the phase II region (King County) during²⁴ the 2021-23 biennium. Two new forensic wards are phased in at Western State Hospital and a new 30 bed facility for patients acquitted as not guilty by reason of insanity is funded at Maple Lane.

Savings

State Hospital Civil Ward Reductions (-\$59.6 million NGF-O; -\$198.7 million 5-year NGF-O total)

The Legislature began providing funding for community civil long-term involuntary inpatient bed capacity in the 2017-19 biennium. These beds provide community alternatives to services historically provided at the state hospitals. This item reflects savings from the closure of 180 beds at Western State Hospital during the 2021-23 biennium. The budget outlook assumes an additional 120 WSH beds are shifted to the community in the 2023-25 biennium. Investments in community beds are described above.

APPROPRIATIONS IN ENGROSSED SENATE BILL NO. 5476 (STATE V. BLAKE DECISION)

Appropriations Assumed in ESB 5476 (\$64.6 NGF-O; \$3.9 million Federal; \$134.0 million 5-year NGF-O total)

Engrossed Senate Bill 5476 (State v. Blake decision) amends provisions relating to criminal justice and substance use disorder treatment in response to the State v. Blake decision. It is assumed that the bill will be enacted with a variety of appropriations including funding for the following purposes: (1) **implementation of a statewide recovery navigator program**; (2) **implementation of Clubhouse services in every region of the state**; (3) **implementation of Homeless Outreach Stabilization Teams**; (4) **expansion of efforts to provide opioid use disorder medication in city, county, regional, and tribal jails**; (5) **expansion of opioid treatment network programs for people with co-occurring opioid and stimulant use disorder**; (6) **development of regional recovery navigator program plans**; (7) **assistance to improve quality in recovery housing and recovery residences**; (8) **provision of short-term housing vouchers for individuals with substance use disorders**; (9) **support for substance use disorder family navigator services**; (10) **establishment and support for a Recovery Oversight Committee**; (11) **development and implementation of a recovery services plan** (12) **establishment of therapeutic courts operated by municipalities and district courts**; (13) **provision of grants for the operational costs of new staffed recovery residences**; and (14) **training for law enforcement related to interactions with persons with a substance use disorder.**

**2021-23 Omnibus Operating Budget
Conference Proposal (H-1633)
Washington State Health Care Authority
Community Behavioral Health**
(Dollars in Thousands)

	FTEs	NGF-O	Total
2021-23 Carryforward Level	111.6	1,304,604	3,591,954
2021-23 Maintenance Level	111.6	1,335,331	3,823,192
Policy Other Changes:			
1. PCAP Expansion	0.0	687	1,374
2. Peer Support/Recruitment	0.0	1,762	1,762
3. MAT Tracking	0.0	260	260
4. SUD Family Navigators	0.0	1,000	1,000
5. Recovery Cafes	0.0	250	250
6. Civil Commitment Transition	0.0	132	330
7. Safe Station Pilot Programs	0.0	395	1,150
8. Opioid Overdose Medication	1.0	137	273
9. 1115 IMD Waiver Costs	1.0	207	2,075
10. ARPA HCBS Enhanced FMAP	0.0	-58,208	0
11. Audio-Only Telemedicine	0.0	52	100
12. BHASO Funding	0.0	6,780	6,780
13. Behavioral Health Consumer Advocacy	0.0	-610	-610
14. Expand MH Services and Supports	0.0	0	20,600
15. Expand SUD Services and Supports	0.0	6,603	42,018
16. Behavioral Health Comparison Rates	0.0	200	400
17. Behavioral Health Institute	0.0	0	1,800
18. Behavioral Health Personal Care	0.0	12,268	12,268
19. Behavioral Health Provider Relief	0.0	0	31,000
20. MCO Behavioral Health Rate Increase	0.0	17,016	55,041
21. Rural Behavioral Health Pilot	0.0	750	750
22. BH Respite Waiver	0.0	150	150
23. Behavioral Health Workforce	0.0	1,000	1,000
24. Align Funding To Expenditures	-0.5	0	-36
25. Extend MTP Initiative 3	1.5	0	-25,499
26. Trueblood Phase 2 Implementation	0.0	17,155	19,774
27. Child Assessment & Diagnosis	0.8	1,079	1,257
28. BH Employment Barriers Task Force	0.0	0	100
29. Co-Responder Grants	0.0	0	2,000

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	FTEs	NGF-O	Total
30. BH Teaching Clinics Enhancement	0.0	150	150
31. COVID FMAP Increase	0.0	-22,373	0
32. Tribal Residential SUD Rates	0.0	0	15,733
33. CLIP Rate Increase	0.0	228	456
34. Crisis Stabilization Pilot	0.0	400	400
35. Developmental Disability Training	0.0	600	600
36. Trueblood FTEs	3.5	1,123	1,123
37. Community Long-Term Inpatient Beds	0.0	27,996	51,982
38. CLIP HMH Facility	0.0	3,288	6,316
39. High Potency Cannabis Policy Review	0.0	0	500
40. Short-Term BH Housing Support	1.0	6,218	6,218
41. Telehealth Standards	0.0	410	410
42. Adult and Youth Mobile Crisis Teams	0.0	25,848	38,579
43. Involuntary Commitment	0.0	800	800
44. Intensive Outpatient/Partial Hosp.	0.0	1,800	1,800
45. Jail MOUD Treatment	0.0	5,000	5,000
46. Law Enforcement Assisted Diversions	0.0	0	5,000
47. MCO Wraparound Services	0.0	840	840
48. Mobile Integrated Health Pilot	0.0	750	750
49. Mental Health Education and Support	0.0	500	500
50. PCAP Rate Increase	0.0	234	402
51. Peer Crisis Response Training	0.0	0	250
52. Peer Emotional Support Network	0.0	0	500
53. Problem Gambling Prevalence Study	0.0	0	500
54. ARPA UIHP Enhanced FMAP	0.0	-1,691	0
55. DSHS Vancouver RTF Rates	0.0	2,834	4,647
56. Trauma Informed Care	0.0	600	600
Policy -- Other Total	8.3	64,620	321,423
Policy Comp Changes:			
57. State Employee Benefits	0.0	143	324
58. WFSE General Government	0.0	-1,285	-3,582
59. Rep Employee Health Benefits	0.0	95	266
Policy -- Comp Total	0.0	-1,047	-2,992

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	FTEs	NGF-O	Total
Policy Transfer Changes:			
60. Children's Crisis Outreach Response	0.0	2,500	2,500
Policy -- Transfer Total	0.0	2,500	2,500
Total Policy Changes	8.3	66,073	320,931
2021-23 Policy Level	119.8	1,401,404	4,144,123
Approps in Other Legislation Proposed Changes:			
61. SUD Family Navigators	0.0	500	500
62. Outreach/Intensive Case Management	0.0	25,000	25,000
63. Short-Term SUD Housing Vouchers	0.0	1,000	1,000
64. SUD Regional Administration	0.0	2,800	2,800
65. SUD Recovery Oversight Committee	1.0	400	400
66. Recovery Residences	0.0	150	150
67. SUD Expansion Admin. Support	3.0	5,130	5,130
68. Clubhouse Expansion	0.0	4,787	8,677
69. Homeless Outreach Stabilization	0.0	12,500	12,500
70. Jail MOUD Treatment	0.0	5,000	5,000
71. Opioid Treatment Network	0.0	1,000	1,000
Total Approps in Other Legislation Proposed	4.0	58,267	62,157
Grand Total	123.8	1,459,671	4,206,280

Comments:

1. PCAP Expansion

Funding is provided to expand services to pregnant and parenting women in the Parent Child Assistance Program. (General Fund-State; General Fund-Medicaid)

2. Peer Support/Recruitment

Funding is provided to maintain and increase resources for the peer support program for individuals with substance use disorders, as well as recruit peer specialists. (General Fund-State)

3. MAT Tracking

Funding is provided to enhance the capabilities of a tool to track medication-assisted treatment provider capacity. (General Fund-State)

4. SUD Family Navigators

Funding is provided for grants for substance use disorder family navigators. (General Fund-State)

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5. Recovery Cafes

Funding is provided to expand the number of recovery cafes. (General Fund-State)

6. Civil Commitment Transition

Funding is provided to implement Engrossed Second Substitute Senate Bill 5071 (civil commitment transition). (General Fund-State; General Fund-Medicaid)

7. Safe Station Pilot Programs

Funding is provided to implement Engrossed Substitute Senate Bill 5074 (safe station pilot programs). (General Fund-State; General Fund-Medicaid)

8. Opioid Overdose Medication

Funding is provided to implement Second Substitute Senate Bill 5195 (opioid overdose medication). (General Fund-State; General Fund-Medicaid)

9. 1115 IMD Waiver Costs

The federal Centers for Medicare & Medicaid Services requires health information technology (HIT) commitments to meet milestones associated with the 1115 Institutions for Mental Disease (IMD) waiver. There also are reporting and evaluation costs related to the waiver. Funding is provided for increased HIT and evaluation costs required for implementation of the waiver. (General Fund-State; General Fund-Medicaid)

10. ARPA HCBS Enhanced FMAP

The American Rescue Plan Act (ARPA) of 2021 increases the Federal Medical Assistance Percentage (FMAP) for Medicaid Home and Community-Based Services (HCBS) by 10 percentage points from April 1, 2021, through March 30, 2022. Federal funds attributable to the 10 percent FMAP increase must be used to supplement, not supplant, the level of state funds expended for HCBS for eligible individuals through programs in effect as of April 1, 2021. To receive the enhanced FMAP on HCBS, states must implement, or supplement the implementation of, one or more activities to enhance, expand, or strengthen HCBS. Consistent with the ARPA, all funding generated by the increased HCBS FMAP is reinvested into a variety of HCBS activities, as listed in the LEAP Omnibus Document HCBS – 2021. (General Fund-State; General Fund-Medicaid)

11. Audio-Only Telemedicine

Pursuant to Engrossed Substitute House Bill 1196 (audio-only telemedicine), funding is provided for rulemaking and staff to review standards and collaborate with the Office of the Insurance Commissioner (OIC) to make recommendations regarding telemedicine. (General Fund-State; General Fund-Medicaid)

12. BHASO Funding

Funding is provided to increase rates for providers serving Behavioral Health Administrative Service Organization (BHASO) clients by 2 percent effective July 1, 2021, and for increases in other operating costs including local court costs for involuntary treatment hearings. (General Fund-State)

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13. Behavioral Health Consumer Advocacy

Funding is reduced for ombuds services provided by Behavioral Health Administrative Services organizations (BHASOs) pursuant to Engrossed Second Substitute House Bill 1086 (behavioral health consumers). The funding associated for non-Medicaid consumer advocacy services are shifted to the Department of Commerce. Medicaid Managed Care Organizations (MCOs) are expected to continue to directly pay for the services required by their enrollees. (General Fund-State)

14. Expand MH Services and Supports

Funding is provided to expand mental health services and supports including treatment and recovery support services. (General Fund-ARPA; General Fund-CRRSA)

15. Expand SUD Services and Supports

Funding is provided to expand substance use disorder services and supports including amounts for prevention, outreach, treatment, recovery supports, and grants to tribes. (General Fund-State; General Fund-CRRSA)

16. Behavioral Health Comparison Rates

Funding is provided to support actuarial work required for the Authority to develop behavioral health comparison rates. (General Fund-State; General Fund-Medicaid)

17. Behavioral Health Institute

Funding is provided for the University of Washington Behavioral Health Institute to continue and enhance its efforts related to behavioral health training and workforce development. (General Fund-Federal)

18. Behavioral Health Personal Care

The state match for Medicaid personal care services for individuals who require services because of a behavioral health need is paid for by the Medicaid managed care organizations and the federal portion is paid by the Department of Social and Health Services. Funding is provided to reflect increases in the caseload. (General Fund-State)

19. Behavioral Health Provider Relief

Funding is provided on a one-time basis solely for the Authority to provide assistance payments to behavioral health providers that serve Medicaid and state-funded clients and have experienced revenue loss or increased expenses as a result of the COVID-19 pandemic. (Coronavirus State Fiscal Recovery Fund-Federal)

20. MCO Behavioral Health Rate Increase

Funding is provided to continue in the 2021-23 fiscal biennium a 2 percent increase to Medicaid reimbursement for community behavioral health providers contracted through managed care organizations that was effective in April, 2021. (General Fund-State; General Fund-Medicaid)

21. Rural Behavioral Health Pilot

Funding is provided for a one-time grant to Island County to fund a pilot program to improve behavioral health outcomes for young people in rural communities. (General Fund-State)

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22. BH Respite Waiver

Funding is provided for the Department to seek a Medicaid waiver for behavioral health respite care. (General Fund-State)

23. Behavioral Health Workforce

Funding is provided for three behavioral health workforce pilot sites and a flexible training grant program pursuant to Engrossed Second Substitute House Bill 1504 (workforce education investment account). (General Fund-State)

24. Align Funding To Expenditures

Chapter 247, Laws of 2019 (SSB 5181) imposed restrictions on firearms possession by individuals receiving involuntary behavioral health treatment, which created work for the Health Care Authority's (Authority) firearms compliance unit. Funding and FTE authority are reduced to align the funding with projected expenditures. (General Fund-Medicaid)

25. Extend MTP Initiative 3

The Medicaid Transformation Project (MTP) is a five-year agreement between the state and the Centers for Medicare and Medicaid Services (CMS) that provides federal investment to promote innovative, sustainable, and systemic changes that improve the overall health of Washingtonians. Funding is adjusted to reflect shifting of some costs to the Authority's physical health care services budget and assumes an extension of the MTP Initiative 3 (Foundational Community Supports) for an additional year. (General Fund-Federal; General Fund-Local)

26. Trueblood Phase 2 Implementation

A settlement agreement has been approved in the Trueblood, et. al. v. DSHS lawsuit. Implementation of the agreement will occur in phases in different regions of the state. The first phase, funded in the 2019-21 budget, included Pierce and Spokane counties and the southwest region. The second phase will include King County. The agreement outlines five key areas of investments: competency evaluations, competency restoration, forensic Housing and Recovery through Peer Services (HARPS), forensic Projects for Assistance in Transition from Homelessness (PATH), crisis diversion and supports, education, training and workforce development. (General Fund-State; General Fund-Medicaid)

27. Child Assessment & Diagnosis

Funding is provided to implement changes to assessment and diagnosis of children aged birth to 5 years old including provision of up to five sessions for intake and assessment in their own home or other natural setting, pursuant to Second Substitute House Bill 1325 (behavioral health/youth). The amounts include funding for provider reimbursement for traveling to the child as well as training on the appropriate diagnosis classification criteria to diagnose children in this age range. (General Fund-State; General Fund-Medicaid)

28. BH Employment Barriers Task Force

Funding is provided on a one-time basis for the Authority to convene a task force to identify ways to reduce barriers to behavioral health employment related to background checks. (General Fund-Federal)

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29. Co-Responder Grants

Funding is provided for grants to include a mental health practitioner on the team of personnel responding to an emergency involving an individual experiencing a behavioral health crisis (General Fund-Federal)

30. BH Teaching Clinics Enhancement

Funding is provided for the Health Care Authority to convene a work group to develop a recommended teaching clinic enhancement rate for behavioral health training and supervision of students and others seeking their certification or license. (General Fund-State)

31. COVID FMAP Increase

The Families First Coronavirus Response Act was enacted March 18, 2020. This act enhances the federal financial participation in the Medicaid program by 6.2 percentage points. The enhancement is assumed to end December 31, 2021. (General Fund-State; General Fund-Medicaid)

32. Tribal Residential SUD Rates

Apple Health reimburses all substance use disorder (SUD) resident treatment facilities (RTFs) for adults and youth intensive inpatient resident treatment at rates that do not cover the cost of the treatment and support provided by tribal RTFs to Indian Health Service-eligible American Indian and Alaska Native Medicaid clients. Higher, cost-based rates can be negotiated with the Centers for Medicare & Medicaid Services (CMS). (General Fund-Medicaid)

33. CLIP Rate Increase

Funding is provided for a 2 percent rate increase for Children's Long-Term Inpatient Program (CLIP) providers effective July 1, 2021. (General Fund-State; General Fund-Medicaid)

34. Crisis Stabilization Pilot

Funding is provided on a one-time basis to establish the Whatcom county crisis stabilization center as a pilot project for diversion from the criminal justice system to appropriate community-based treatment. (General Fund-State)

35. Developmental Disability Training

Funding is provided to continue the University of Washington's Project ECHO (Extension for Community Healthcare Outcomes) funding for: (1) telecommunication consultation with local physicians to discuss medications appropriate to patients who have developmental disabilities and behavioral issues; and (2) training to both behavioral health and developmental disabilities professionals to support individuals with both developmental disabilities and behavioral health needs. (General Fund-State)

36. Trueblood FTEs

Funding is provided to support the data reporting, contracts, and fiscal work required for the implementation of the Trueblood, et. al. v. DSHS settlement agreement. (General Fund-State)

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37. Community Long-Term Inpatient Beds

The Legislature began providing funding for community long-term inpatient bed capacity in the 2017-19 biennium. These beds provide community alternatives to services historically provided at the state hospitals. There have been 167 beds funded through the end of the 2019 21 biennium. Additional investments are made during the 2021-23 biennium to increase the funded capacity to 221 by the end of FY 2022 and 273 by the end of FY 2023. The Outlook assumes that a total of 369 beds are funded by the end of FY 2025. The funded level is sufficient to implement recommended rate methodologies for various providers pursuant to a 2020 report submitted to the Legislature. Beginning in FY 2023, the Authority shall cap reimbursement for vacant beds at 6 percent. (General Fund-State; General Fund-Medicaid)

38. CLIP HMH Facility

Funding is provided for the Authority to contract for a 12-bed children's long-term inpatient program (CLIP) facility specializing in the provision of habilitative mental health services for children and youth with intellectual or developmental disabilities who have intensive behavioral health support needs. Start-up funding is provided in FY 2022 and ongoing operational funding is provided beginning in July 2022. The Authority must provide a report to the Legislature on utilization of the facility in June 2023. (General Fund-State; General Fund-Medicaid)

39. High Potency Cannabis Policy Review

Funding is provided for the Authority to contract with the University of Washington Alcohol and Drug Abuse Institute to implement a process to develop policy solutions in response to the public health challenges of high Tetrahydrocannabinol potency cannabis. (General Fund-Federal)

40. Short-Term BH Housing Support

Funding is provided for short-term rental subsidies and recovery housing for individuals with mental health or substance use disorders. (General Fund-State)

41. Telehealth Standards

Funding is provided for the Authority to contract with the Washington State Behavioral Health Institute to review current and emerging data and research and make recommendations related to standards of care and best practices for virtual behavioral health services to children from prenatal stages through age 25. (General Fund-State)

42. Adult and Youth Mobile Crisis Teams

Funding is provided for increasing local behavioral health mobile crisis response team capacity and ensuring each region has at least one adult and one children and youth mobile crisis team that is able to respond to calls coming into the 988 crisis hotline. In prioritizing this funding, the Authority shall assure that a minimum of six new children and youth mobile crisis teams are created and that there is one children and youth mobile crisis team in each region by the end of FY 2022. (General Fund-State; General Fund-Medicaid)

43. Involuntary Commitment

Funding is provided to implement Substitute Senate Bill 5073 (involuntary commitment). (General Fund-State)

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44. Intensive Outpatient/Partial Hosp.

Funding is provided to expand capacity for pilot programs providing Intensive Outpatient/Partial Hospitalization services that were originally funded in the 2020 supplemental budget. (General Fund-State)

45. Jail MOUD Treatment

Funding is provided for the Authority to expand efforts to provide opioid use disorder medication in city, county, regional, and tribal jails. (General Fund-State)

46. Law Enforcement Assisted Diversions

Funding is provided to continue grants to Law Enforcement Assisted Diversion (LEAD) programs outside of King County established pursuant to Chapter 314, Laws of 2019 (SSB 5380). (General Fund-ARPA)

47. MCO Wraparound Services

Funding is provided for Medicaid managed care organizations to increase provider rates by 2 percent for non-Medicaid wraparound services effective July 2021. (General Fund-State)

48. Mobile Integrated Health Pilot

Funding is provided for a mobile integrated health pilot project to provide intervention services and care coordination. (General Fund-State)

49. Mental Health Education and Support

Funding is provided for the Authority to contract with a statewide mental health non-profit organization that provides free community and school-based mental health education and support programs for consumers and families. (General Fund-State)

50. PCAP Rate Increase

Funding is provided for a 2 percent rate increase for Parent Child Assistance Providers (PCAP) providers effective July 1, 2021. (General Fund-State; General Fund-Medicaid)

51. Peer Crisis Response Training

Funding is provided for the Authority to contract for the development of a specialized 40-hour crisis response training curriculum for behavioral health peer specialists and to conduct a minimum of one statewide training session during FY 2022 and one statewide training session during FY 2023. (General Fund-Federal)

52. Peer Emotional Support Network

Funding is provided for the Authority to establish an emotional support network program for individuals employed as peer specialists. (General Fund-Federal)

53. Problem Gambling Prevalence Study

Funding for a one-time study of problem gambling prevalence in adults is shifted from FY 2020 to FY 2021. The Authority shall submit the study to the Legislature by June 30, 2022. (Problem Gambling Account-State)

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54. ARPA UIHP Enhanced FMAP

As a result of the ARPA, the federal government is increasing the state's FMAP for Medicaid Urban Indian Health Organization and Native Hawaiian Health Care System services to 100 percent for eight quarters. This increase is in effect from April 1, 2021, through March 31, 2023. (General Fund-State; General Fund-Medicaid)

55. DSHS Vancouver RTF Rates

Funding is provided for the Authority to contract for two distinct 16-bed units which provide long-term involuntary treatment. The beds must be used for individuals who have been committed to a state hospital pursuant to the dismissal of criminal charges and a civil evaluation ordered under RCW 10.77.086 or RCW 10.77.088. (General Fund-State; General Fund-Medicaid)

56. Trauma Informed Care

Funding is provided on a one-time basis for the Authority to contract with the North Sound BHASO to provide trauma-informed counseling services to children and youth in Whatcom County schools. (General Fund-State)

57. State Employee Benefits

Health insurance funding is provided for state employees who are not represented by a union, who are covered by a bargaining agreement that is not subject to financial feasibility determination, or who are otherwise not part of the Health Care Coalition of Unions. The insurance funding rate is \$936 per employee per month for FY 2022 and \$1,091 per employee per month for FY 2023. (General Fund-State; General Fund-Federal; General Fund-Local)

58. WFSE General Government

Funding is reduced to reflect furlough savings in the 2021-23 collective bargaining agreement. (General Fund-State; General Fund-Federal)

59. Rep Employee Health Benefits

Health insurance funding is provided for state employees who are covered by the Health Care Coalition of Unions. The insurance funding rate is \$936 per employee per month for FY 2022 and \$1,091 per employee per month for FY 2023. (General Fund-State; General Fund-Federal)

60. Children's Crisis Outreach Response

Funding for the Children's Crisis Outreach Response team is transferred from the Department of Children, Youth and Families to the Authority. The Authority shall seek to maximize federal participation for the services provided by the team to children enrolled in the Medicaid program. (General Fund-State)

61. SUD Family Navigators

Engrossed Senate Bill 5476 (State v. Blake decision) amends provisions relating to criminal justice and substance use disorder treatment in response to the State v. Blake decision. The bill includes an appropriation for grants for substance use disorder family navigators. (General Fund-State)

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62. Outreach/Intensive Case Management

Engrossed Senate Bill 5476 (State v. Blake decision) amends provisions relating to criminal justice and substance use disorder treatment in response to the State v. Blake decision. The bill includes an appropriation for the Authority to contract with Behavioral Health Administrative Service Organizations to implement statewide Recovery Navigator programs which provide community-based outreach and case management services based on the Law Enforcement Assisted Diversion (LEAD) model. This includes funding for technical assistance support from the LEAD national support bureau. (General Fund-State)

63. Short-Term SUD Housing Vouchers

Engrossed Senate Bill 5476 (State v. Blake decision) amends provisions relating to criminal justice and substance use disorder treatment in response to the State v. Blake decision. The bill includes an appropriation for short-term housing vouchers for individuals with substance use disorders. (General Fund-State)

64. SUD Regional Administration

Engrossed Senate Bill 5476 (State v. Blake decision) amends provisions relating to criminal justice and substance use disorder treatment in response to the State v. Blake decision. The bill includes an appropriation for Behavioral Health Administrative Services Organization positions to develop regional recovery navigator program plans and to establish positions focusing on regional planning to improve access to and quality of regional behavioral health services with a focus on integrated care. (General Fund-State)

65. SUD Recovery Oversight Committee

Engrossed Senate Bill 5476 (State v. Blake decision) amends provisions relating to criminal justice and substance use disorder treatment in response to the State v. Blake decision. The bill includes an appropriation for staffing of the substance use recovery oversight committee and related contract services expenses. (General Fund-State)

66. Recovery Residences

Engrossed Senate Bill 5476 (State v. Blake decision) amends provisions relating to criminal justice and substance use disorder treatment in response to the State v. Blake decision. The bill includes an appropriation for HCA to contract with an organization with expertise in supporting efforts to increase access and improve quality for recovery housing and recovery residences. This funding shall be used to increase recovery housing availability through partnership with private landlords, increase accreditation of recovery residences statewide, operate a grievance process for resolving challenges with recovery residences, and conduct a recovery capital outcomes assessment for individuals living in recovery residences. (General Fund-State)

67. SUD Expansion Admin. Support

Engrossed Senate Bill 5476 (State v. Blake decision) amends provisions relating to criminal justice and substance use disorder treatment in response to the State v. Blake decision. The bill includes an appropriation for additional FTEs and related contracted services for the Authority to develop and implement the recovery services plan and other requirements of SB 5476. This includes funding for 1.0 FTE Occupational Nurse Consultant to provide contract, oversight, and accountability to improve performance and ensure provisions in law and contract are met among the Medicaid managed care plans for care transitions work with local jails. Funding is also provided for one FTE at HCA to create and oversee a program to stand up emergency department programs to induce medications for patients with opioid use disorder paired with a referral to community-based outreach and case management programs. (General Fund-State)

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68. Clubhouse Expansion

Engrossed Senate Bill 5476 (State v. Blake decision) amends provisions relating to criminal justice and substance use disorder treatment in response to the State v. Blake decision. The bill includes an appropriation for implementation of Clubhouse services in every region of the state. (General Fund-State; General Fund-Medicaid)

69. Homeless Outreach Stabilization

Engrossed Senate Bill 5476 (State v. Blake decision) amends provisions relating to criminal justice and substance use disorder treatment in response to the State v. Blake decision. The bill includes an appropriation for implementation of Homeless Outreach Stabilization Teams consisting of mental health, substance use disorder, and medical professionals. The teams shall provide and facilitate access for homeless individuals with behavioral health disorders to necessities, nursing and prescribing services, case management, and stabilization services. (General Fund-State)

70. Jail MOUD Treatment

Engrossed Senate Bill 5476 (State v. Blake decision) amends provisions relating to criminal justice and substance use disorder treatment in response to the State v. Blake decision. The bill includes an appropriation to expand efforts to provide opioid use disorder medication in city, county, regional, and tribal jails. (General Fund-State)

71. Opioid Treatment Network

Engrossed Senate Bill 5476 (State v. Blake decision) amends provisions relating to criminal justice and substance use disorder treatment in response to the State v. Blake decision. The bill includes an appropriation to expand opioid treatment network programs for people with co-occurring opioid and stimulant use disorder. (General Fund-State)

Workforce Recruitment and Retention: Barriers and Recommendations
North Sound BH-ASO Review, April 22, 2021

Sources:

1. North Sound BH-ASO BHEF provider survey
2. “Washington’s Behavioral Health Workforce: Barriers and Solutions”: Phase II Report and Recommendations – December 2020
3. Behavioral Health Council COVID Pandemic Impact plus Chronic Underfunding
4. April 21 North Sound Integrated Provider Meeting

Barriers	Solutions
Salary and benefits not competitive with other sectors	Funding to provide: <ul style="list-style-type: none"> • competitive wages • competitive wages for senior staff • signing bonuses
Need for other workforce supports	Flexible funding to provide: <ul style="list-style-type: none"> • quarterly retention bonuses • other “wellness” supports • childcare stipends
Loss of behavioral health staff to other organizations: hospitals, schools, MCOs, private practice	<ul style="list-style-type: none"> • Train and pay for behavioral staff in primary care settings • Fund an expansion of recruitment, training and supervisions of peer counselors
Length of time to fill vacant positions	<ul style="list-style-type: none"> • License reciprocity • Streamline the provider one registration process
The cost and challenge of providing the required hours of supervision	<ul style="list-style-type: none"> • Reimbursement and incentives for someone to provide supervision • Provide free training to supervisors • Pilot competency-based training • Expand use of tele-based supervision • Establish a teaching clinic enhancement rate • Create funded practicum sites
Insufficient resources or time to provide adequate training	<ul style="list-style-type: none"> • Provide separate funding for training of clinical staff • Offer group training site for staff from different agencies to receive standardized training and network • Use “training cohorts”
Cost of college education	<ul style="list-style-type: none"> • Tuition reimbursement or loan forgiveness programs
Cost of licensing	<ul style="list-style-type: none"> • Subsidies for license renewal

Amount of time it takes someone to get licensed and set up in Provider One	<ul style="list-style-type: none"> • License reciprocity • Streamline the provider one process
Barriers to recruiting and training peers	<ul style="list-style-type: none"> • Flexibility to allow peers to start performing some tasks before being fully certified • More opportunities for peer training – especially local training opportunities
COVID Impacts	<ul style="list-style-type: none"> • school and childcare challenges • difficult to onboard staff • staff morale, compassion fatigue • fear of risk from direct outreach

Legislative Solutions:

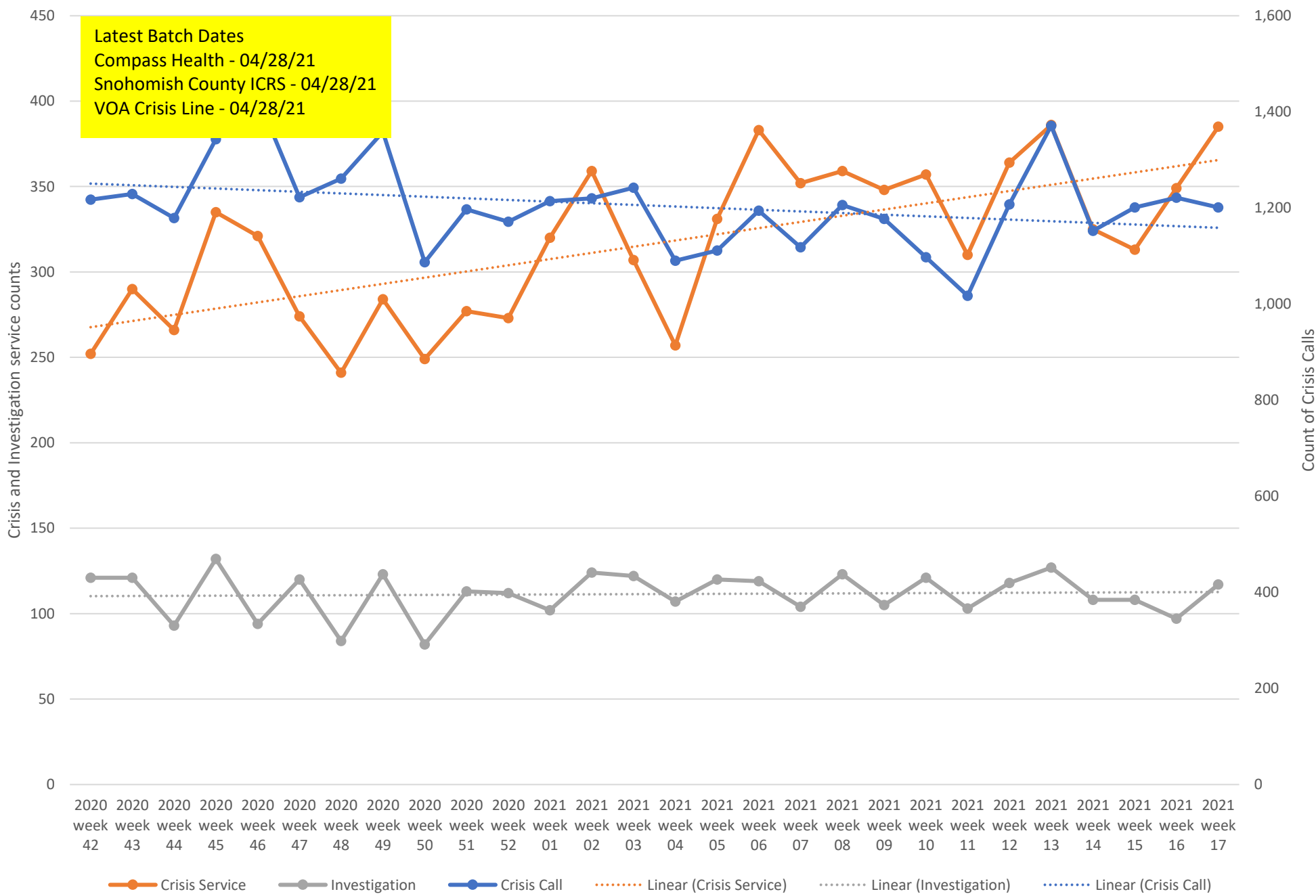
<ul style="list-style-type: none"> • 1504 	<ul style="list-style-type: none"> • Establishes a behavioral health workforce pilot program and provides training support grants to providers
<ul style="list-style-type: none"> • 1311 	<ul style="list-style-type: none"> • Allows for persons participating in authorized apprenticeship programs to qualify for substance use disorder professional certification
<ul style="list-style-type: none"> • 1007 	<ul style="list-style-type: none"> • Removes limitation on number of supervised experience hours that a person pursuing a license as a social worker may complete through distance supervision



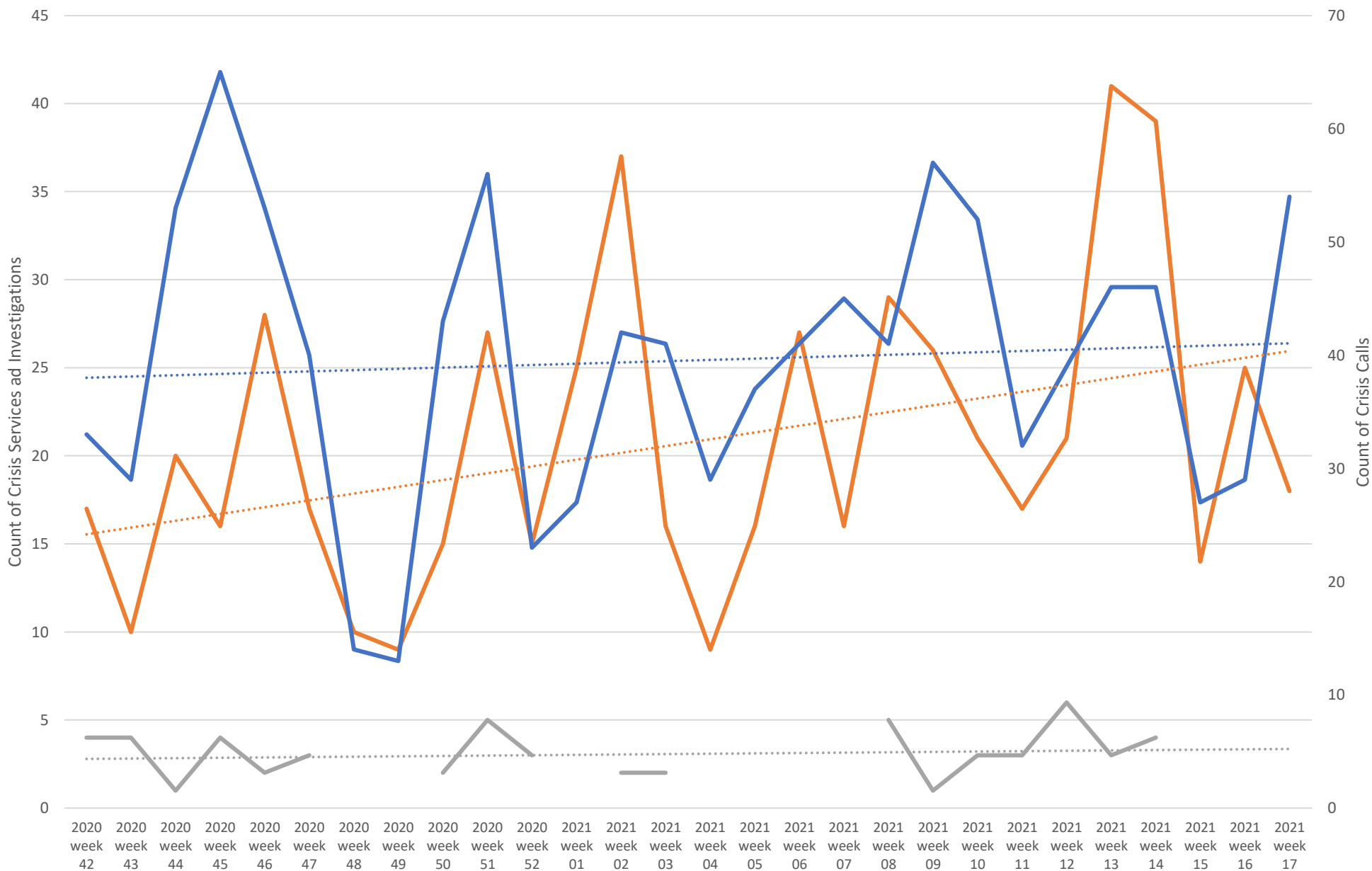
Weekly Crisis Capacity Indicator Snapshot

Page 2	Crisis Data - dates 10/11/20 to 04/24/21
Page 3	Crisis Data: Ages 0-17 - dates 10/11/20 to 04/24/21
Page 4	All DCR Dispatches - dates 10/11/20 to 04/24/21
Page 5	Weekly Staff Count - Staff providing Crisis or Investigation services 10/11/20 to 04/24/21
Page 6	Average dispatch time for investigations from 10/11/20 to 04/24/21
Page 7	Hospital placement locations (Invol and Vol) - No adjustment has been made for timely data - recent weeks likely low
Page 8	Telehealth only, crisis and investigation services from 10/11/20 to 04/24/21
Page 9	Crisis Service Unit Percent - Crisis Service units divided by Crisis units + Investigation units
Page 10	New COVID-19 Cases Reported Weekly per 100,000 population - 07/28/20 to 04/28/21
Page 11	Washington State Indicators of Anxiety or Depression Based on Reported Frequency of Symptoms During Last 7 Days
Page 12	Place of Service -Crisis Services, percent of total by week
Page 13	Place of Service -Investigations, percent of total by week

Crisis Data - dates 10/11/20 to 04/24/21

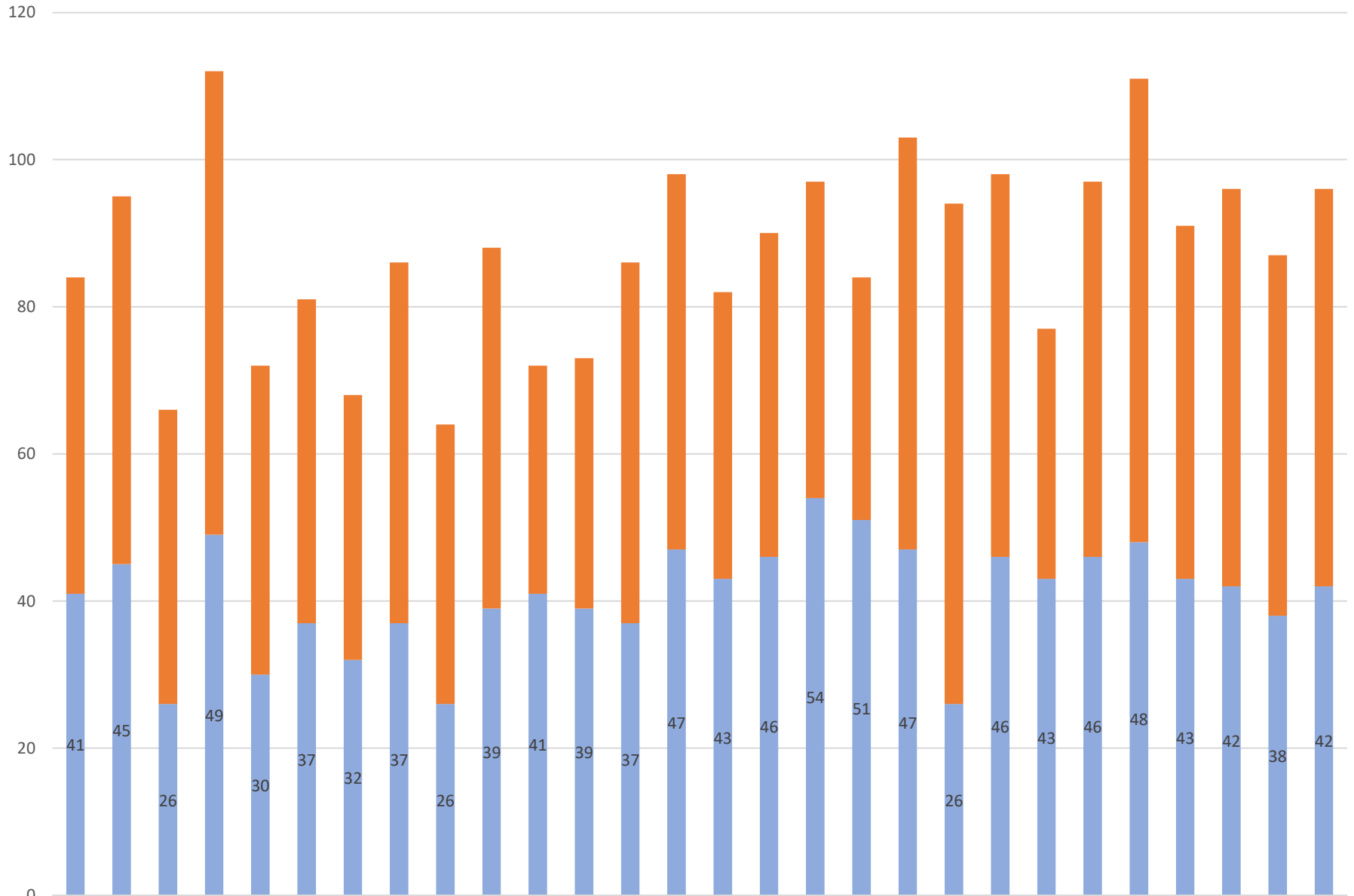


Crisis Data: Ages 0-17 - dates 10/11/20 to 04/24/21



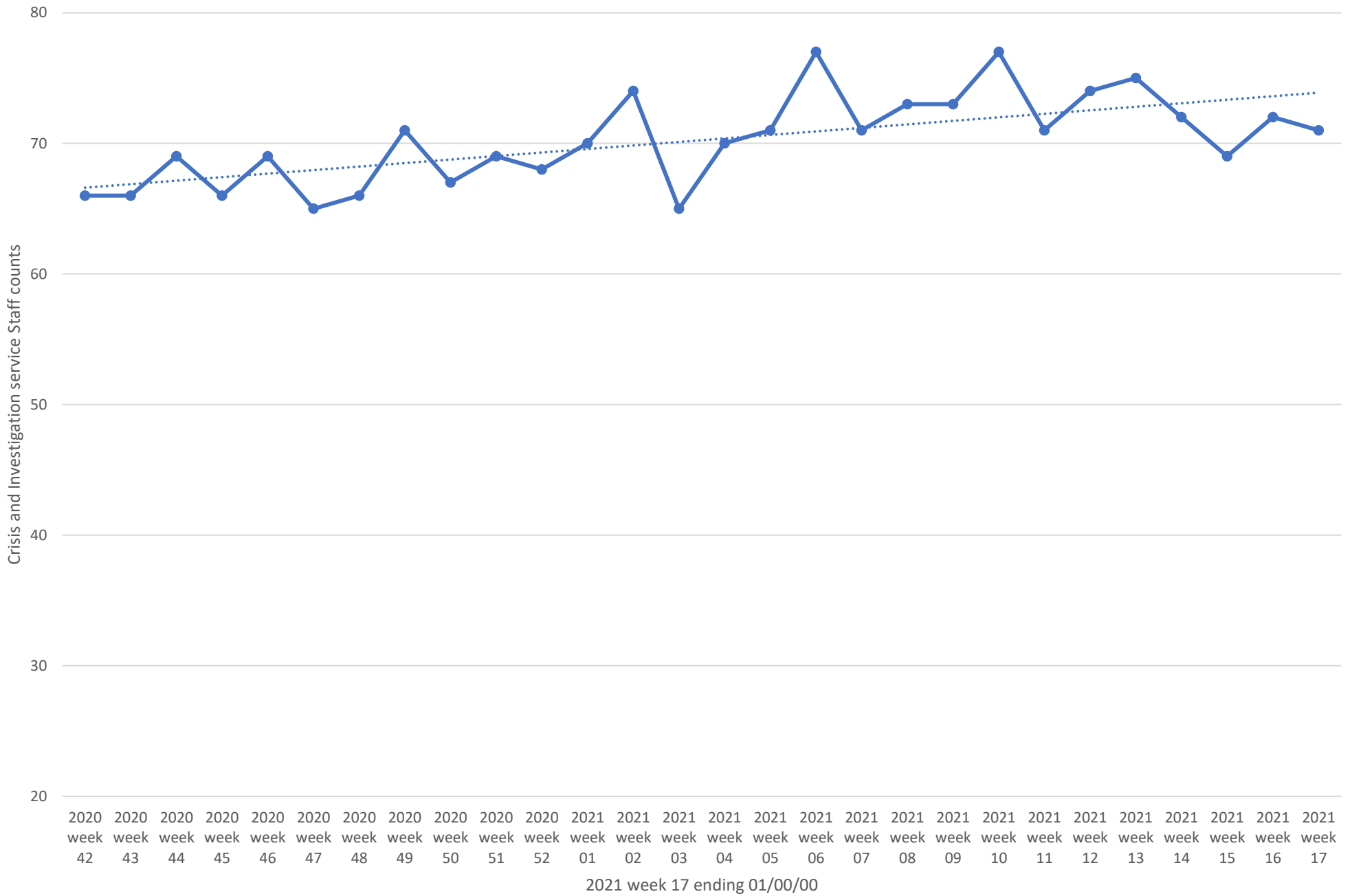
— Crisis Service
 — Investigation
 — Crisis Call
 ⋯ Linear (Crisis Service)
 ⋯ Linear (Investigation)
 ⋯ Linear (Crisis Call)

All DCR Dispatches - dates 10/11/20 to 04/24/21

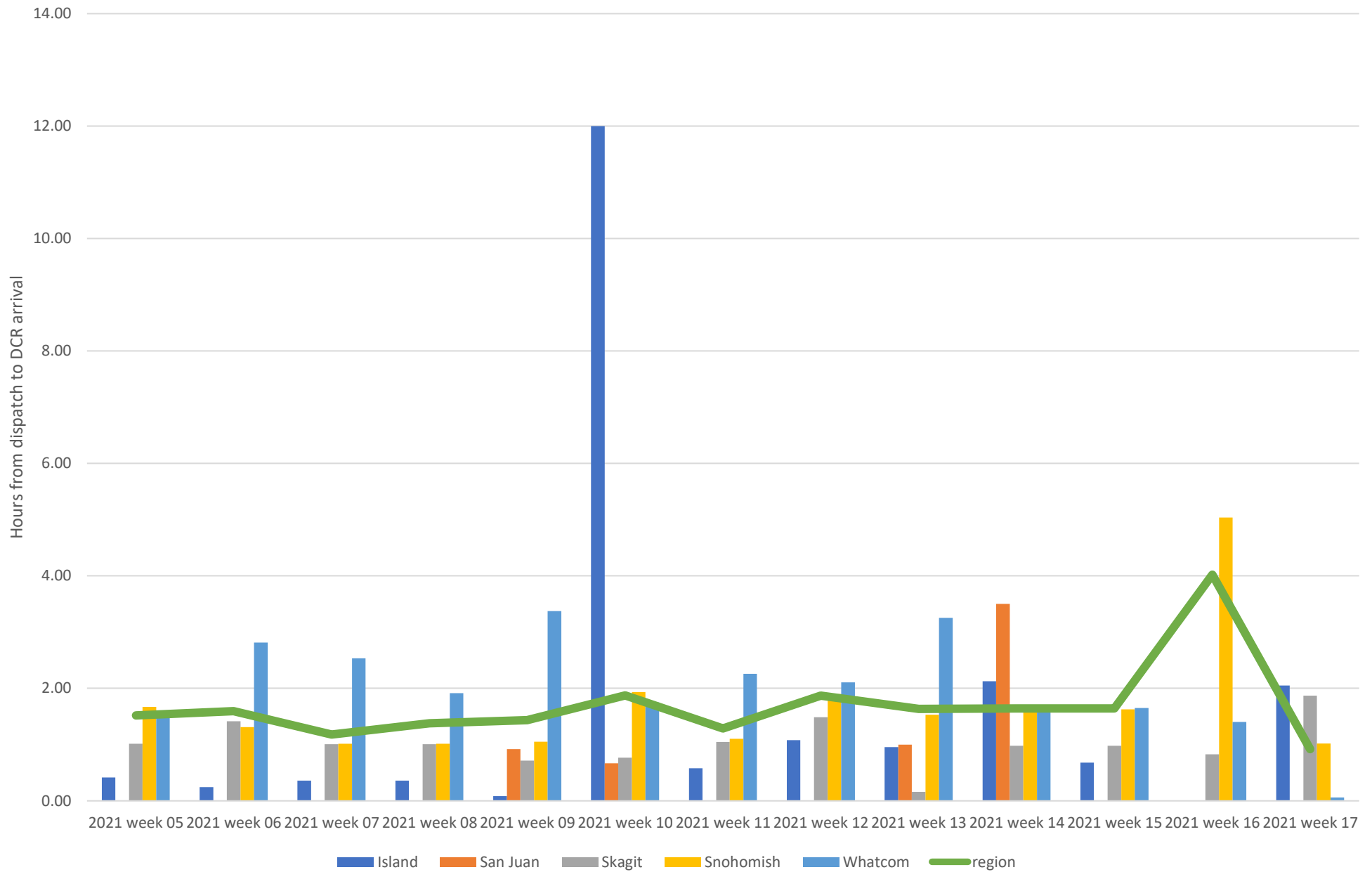


	2020 week 42	2020 week 43	2020 week 44	2020 week 45	2020 week 46	2020 week 47	2020 week 48	2020 week 49	2020 week 50	2020 week 51	2020 week 52	2021 week 01	2021 week 02	2021 week 03	2021 week 04	2021 week 05	2021 week 06	2021 week 07	2021 week 08	2021 week 09	2021 week 10	2021 week 11	2021 week 12	2021 week 13	2021 week 14	2021 week 15	2021 week 16	2021 week 17
dispatch resulting in other outcome	43	50	40	63	42	44	36	49	38	49	31	34	49	51	39	44	43	33	56	68	52	34	51	63	48	54	49	54
dispatch resulting in detention	41	45	26	49	30	37	32	37	26	39	41	39	37	47	43	46	54	51	47	26	46	43	46	48	43	42	38	42

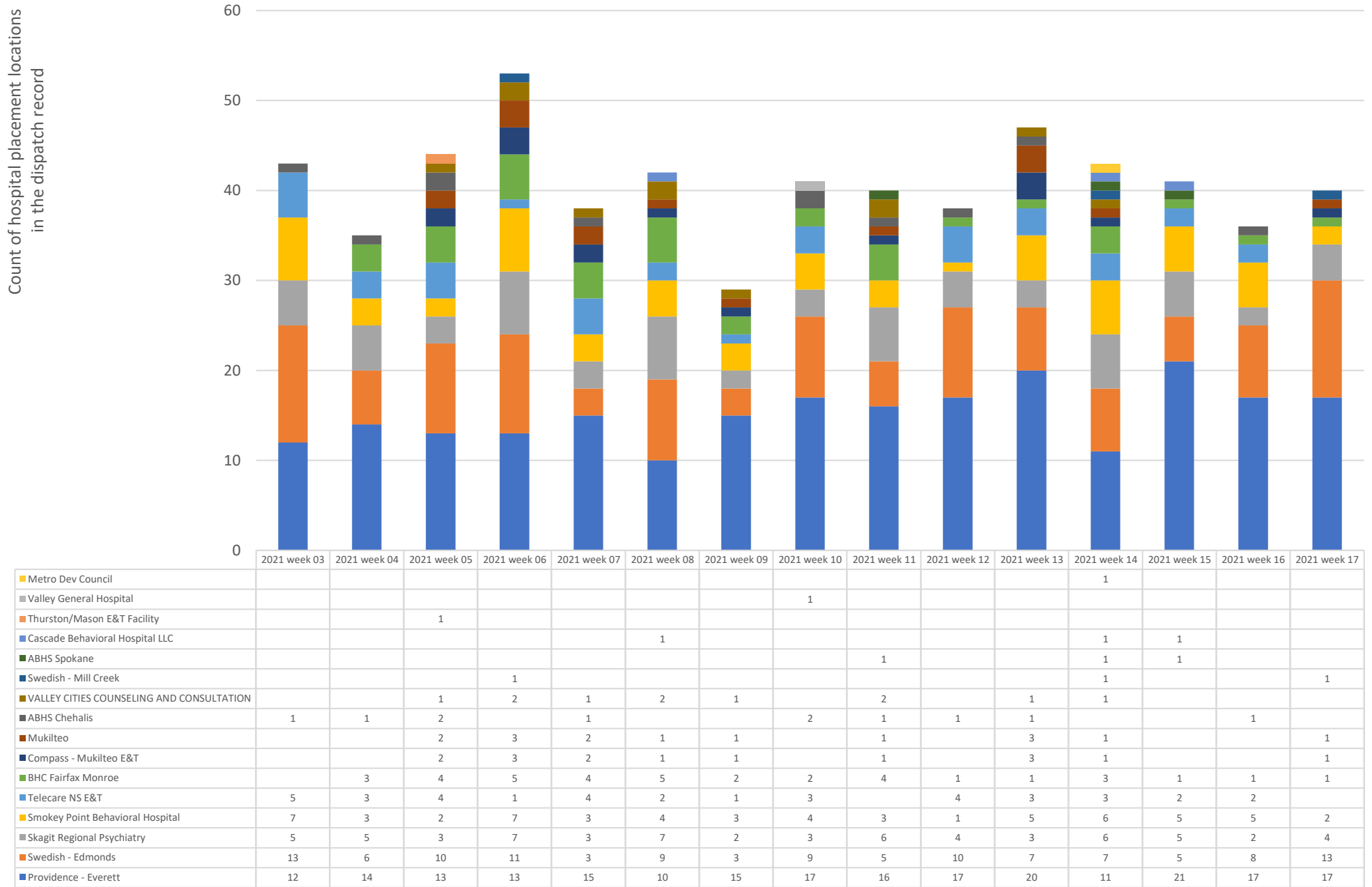
Weekly Staff Count - Staff providing Crisis or Investigation services 10/11/20 to 04/24/21



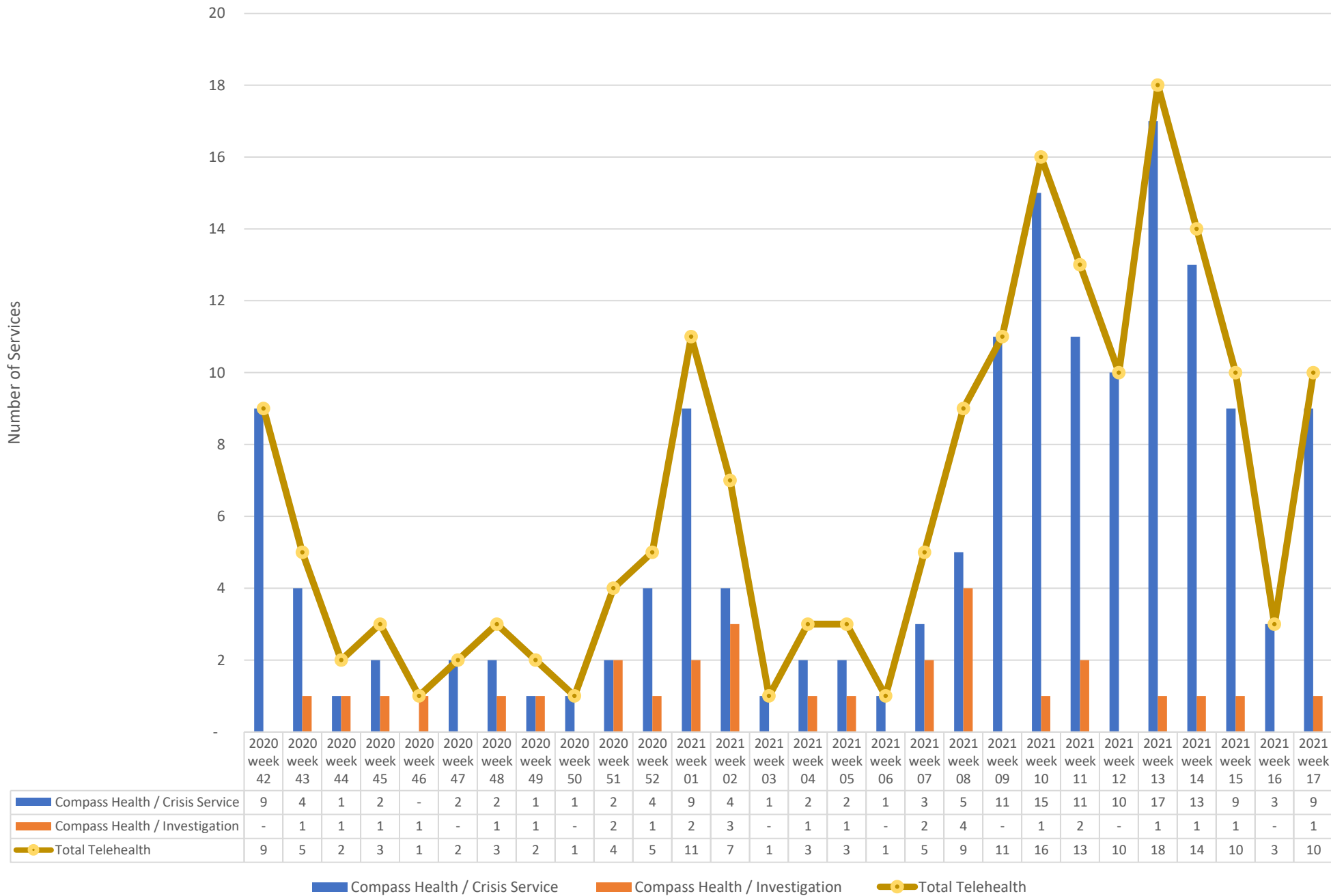
Average dispatch time for investigations from 10/11/20 to 04/24/21



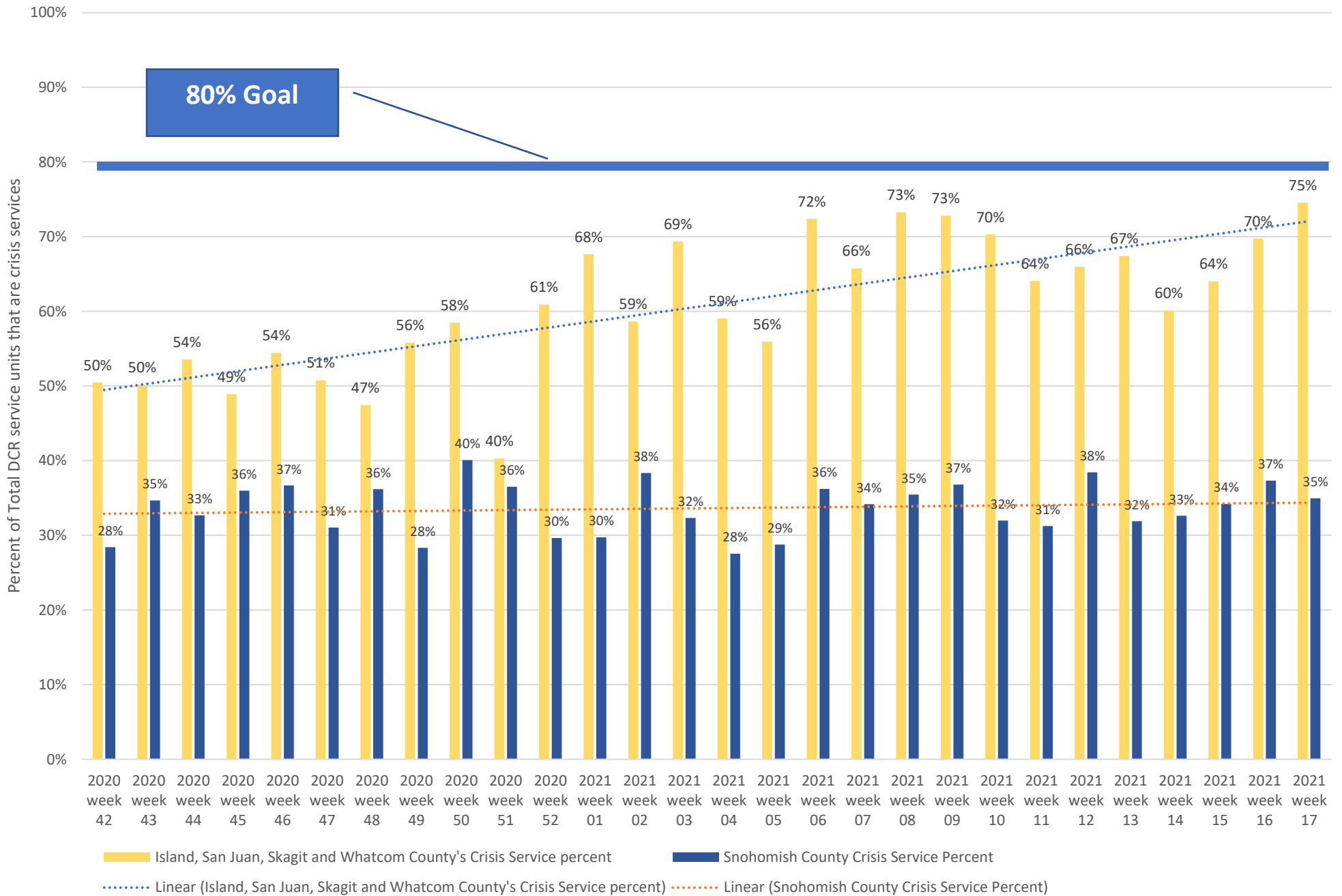
Hospital placement locations (Invol and Vol) - No adjustment has been made for timely data - recent weeks likely low



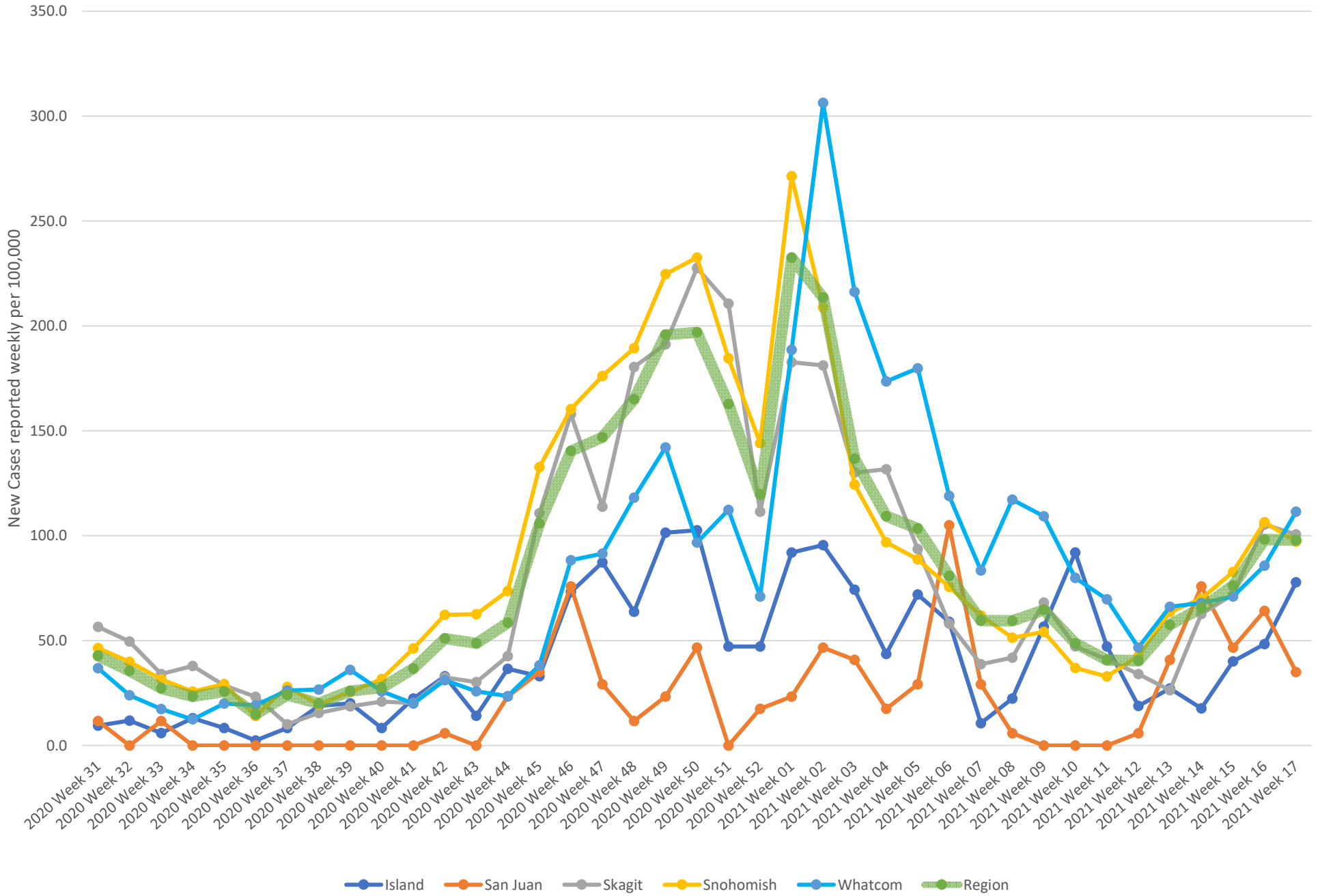
Telehealth only, crisis and investigation services from 10/11/20 to 04/24/21



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



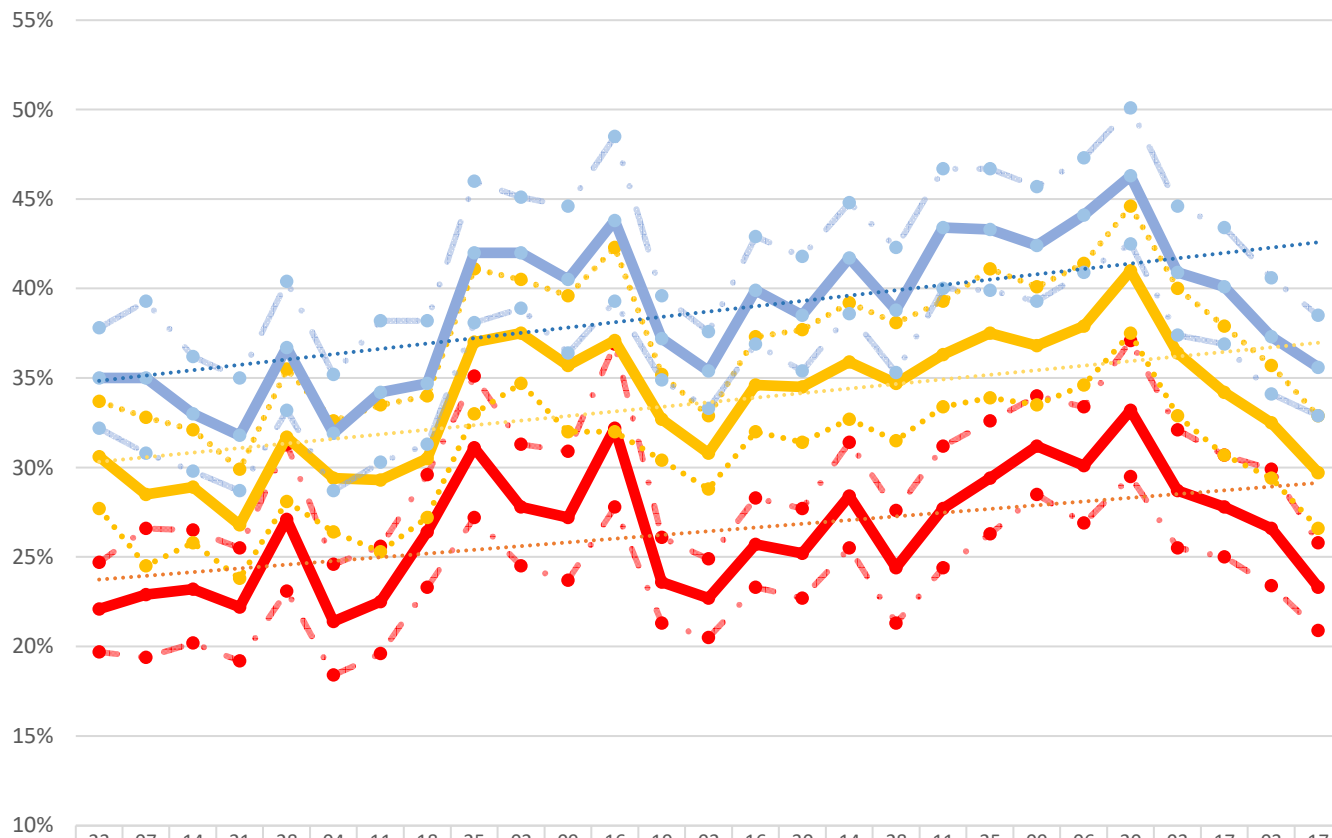
New COVID-19 Cases Reported Weekly per 100,000 population - 07/28/20 to 04/28/21



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

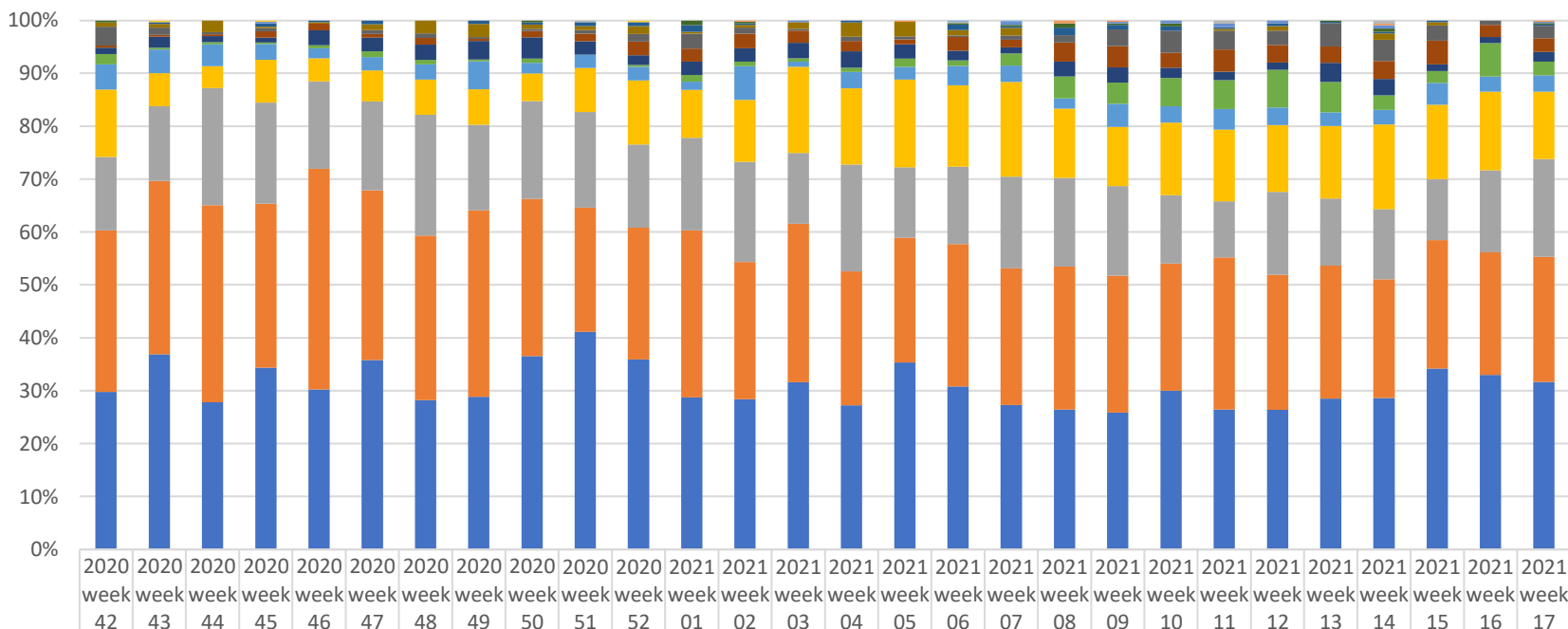
Wkh# IV#Fhqv#v#Exundx/#q#
 frøderudwlrq#z lk#lyh#hghud#
 djhqf#lv/#xqf#kgh#kx#rxv#krø#
 Sxøh#xuyh|#r#surgxfh#gdw#rcq#kxh#
 vrfld#dqg#nfrqrp lf#p sdfw#r i#Frylg0
 4<#cq#Dp hulfdq#kxv#krøgv#Wkh#
 Krxv#krø#Sxøh#xuyh|#dv#ghv#ljgh#
 wr#jdxjh#kxh#p sdfw#r i#kxh#dqg#hp lf#
 rq#p sα|p hqw#wd#wv#frqvx#p hu#
 vshqglj#/#rrg#hfxul|#kxv#lj#/
 hgxfdwlrq#j luvx#wlrqv#dqg#
 glp hqvlrqv#r i#k|v#fdd#dqg#p hqwd#
 z højhvvi

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



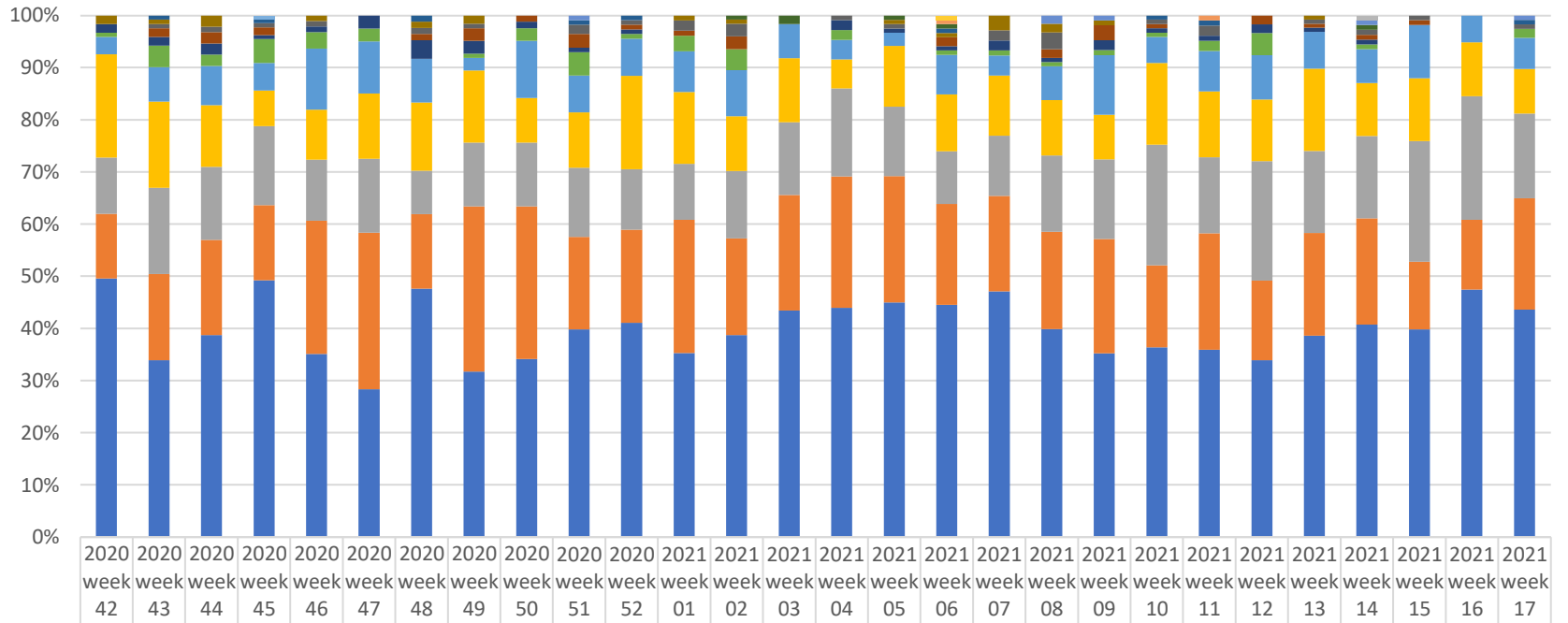
	23 Apr-05	07 May-12	14 May-19	21 May-26	28 May-02	04 Jun-09	11 Jun-16	18 Jun-23	25 Jun-30	02 Jul-07	09 Jul-14	16 Jul-21	19 Aug-31	02 Sep-14	16 Sep-28	30 Sep-12	14 Oct-26	28 Oct-09	11 Nov-23	25 Nov-07	09 Dec-21	06 Jan-18	20 Jan-01	03 Feb-15	17 Feb-01	03 Mar-15	17 Mar-29
---●●● % with Symptoms of Depressive Disorder low conf. level	20%	19%	20%	19%	23%	18%	20%	23%	27%	25%	24%	28%	21%	21%	23%	23%	26%	21%	24%	26%	29%	27%	30%	26%	25%	23%	21%
———— % with Symptoms of Depressive Disorder value	22%	23%	23%	22%	27%	21%	23%	26%	31%	28%	27%	32%	24%	23%	26%	25%	28%	24%	28%	29%	31%	30%	33%	29%	28%	27%	23%
---●●● % with Symptoms of Depressive Disorder high conf. level	25%	27%	27%	26%	31%	25%	26%	30%	35%	31%	31%	37%	26%	25%	28%	28%	31%	28%	31%	33%	34%	33%	37%	32%	31%	30%	26%
●●●●● % with Symptoms of Anxiety Disorder low conf. level	28%	25%	26%	24%	28%	26%	25%	27%	33%	35%	32%	32%	30%	29%	32%	31%	33%	32%	33%	34%	34%	35%	38%	33%	31%	29%	27%
———— % with Symptoms of Anxiety Disorder value	31%	29%	29%	27%	32%	29%	29%	31%	37%	38%	36%	37%	33%	31%	35%	35%	36%	35%	36%	38%	37%	38%	41%	36%	34%	33%	30%
●●●●● % with Symptoms of Anxiety Disorder high conf. level	34%	33%	32%	30%	36%	33%	34%	34%	41%	41%	40%	42%	35%	33%	37%	38%	39%	38%	39%	41%	40%	41%	45%	40%	38%	36%	33%
---●●● % with Symptoms of Anxiety or Depressive Disorder low conf. level	32%	31%	30%	29%	33%	29%	30%	31%	38%	39%	36%	39%	35%	33%	37%	35%	39%	35%	40%	40%	39%	41%	43%	37%	37%	34%	33%
———— % with Symptoms of Anxiety or Depressive Disorder value	35%	35%	33%	32%	37%	32%	34%	35%	42%	42%	41%	44%	37%	35%	40%	39%	42%	39%	43%	43%	42%	44%	46%	41%	40%	37%	36%
---●●● % with Symptoms of Anxiety or Depressive Disorder high conf. level	38%	39%	36%	35%	40%	35%	38%	38%	46%	45%	45%	49%	40%	38%	43%	42%	45%	42%	47%	47%	46%	47%	50%	45%	43%	41%	39%

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



	2020 week 42	2020 week 43	2020 week 44	2020 week 45	2020 week 46	2020 week 47	2020 week 48	2020 week 49	2020 week 50	2020 week 51	2020 week 52	2021 week 01	2021 week 02	2021 week 03	2021 week 04	2021 week 05	2021 week 06	2021 week 07	2021 week 08	2021 week 09	2021 week 10	2021 week 11	2021 week 12	2021 week 13	2021 week 14	2021 week 15	2021 week 16	2021 week 17
Custodial Care Facility																		1	1									
Community Mental Health Center		1		1							1																	
Nursing Facility										1							1						2			2		
Psych. Residential													1			1			2	1					1		1	
School				1										1				2		1	2	2	2		2		1	
On Campus Outpatient Hospital	1								1			3	1				1	1	3	1	2			1	2		1	
Group Home		1		2	1	2		2	1	2	2	4	1		1		4	1	5	3	3	1	2	1	1	1	1	
Homeless Shelter	2	2	6	1	1	3	6	7	2	2	4	1	2	4	7	9	4	5				1	3		4	2		
Telehealth	9	4	1	2		2	2	1	1	2	4	9	4	1	2	2	1	3	5	11	15	11	10	17	13	9	3	9
Prison Correctional Facility	1	1	1	4	4	2	3	1	3	4	7	8	10	7	5	3	10	5	13	14	10	13	12	12	11	14	8	10
Inpatient Psychiatric Facility	3	6	3	3	9	7	7	10	10	7	5	8	9	9	8	9	7	4	10	10	7	5	5	14	10	4	4	7
Assisted Living Facility	5	1	1	1	2	3	2	1	2		1	4	3	2	2	5	4	8	15	14	19	17	26	22	9	7	22	10
Inpatient Hospital	12	13	11	10	6	7	7	15	5	7	7	5	23	3	8	8	14	11	7	15	11	12	12	10	9	13	10	12
Emergency Room Hospital	32	18	11	27	14	16	16	19	13	23	33	29	42	50	37	55	59	63	47	39	49	42	46	53	52	44	52	49
Home	35	41	59	64	53	46	55	46	46	50	43	56	68	41	52	44	56	61	60	59	46	33	57	49	43	36	54	71
Other Place of Service	77	95	99	104	134	88	75	100	74	65	68	101	93	92	65	78	103	91	97	90	86	89	93	97	73	76	81	91
Office	75	107	74	115	97	98	68	82	91	114	98	92	102	97	70	117	118	96	95	90	107	82	96	110	93	107	115	122

Place of Service -Investigations, percent of total by week



	2020 week 42	2020 week 43	2020 week 44	2020 week 45	2020 week 46	2020 week 47	2020 week 48	2020 week 49	2020 week 50	2020 week 51	2020 week 52	2021 week 01	2021 week 02	2021 week 03	2021 week 04	2021 week 05	2021 week 06	2021 week 07	2021 week 08	2021 week 09	2021 week 10	2021 week 11	2021 week 12	2021 week 13	2021 week 14	2021 week 15	2021 week 16	2021 week 17
Non residential SUD Facility				1																								
Custodial Care Facility																	1								1			
School																										1		
On Campus Outpatient Hospital																	1						1					
Psych. Residential										1									2	1						1		1
Homeless Shelter													1	2		1	1									1		
Community Mental Health Center		1		1			1			1	1						1				1	1						1
Office	2	1	2		1		1	2				1	1			1	1	3	2	1					1			
Telehealth		1	1	1	1		1	1		2	1	2	3		1	1		2	4		1	2		1	1	1	1	1
Group Home		2	2	2			1	3	1	3	1	1	3				2		2	3	1		2	1	1	1	1	
Assisted Living Facility	2	2	2	1	1	3	3	3	1	1	1				2	1	1	2	1	2	1	1	2	1	1			
Home	1	5	2	6	3	3		1	2	5	1	3	5		2		1	1	1	1	1	2	5		1			2
Prison Correctional Facility	4	8	7	7	11	12	7	3	9	8	8	8	11	8	4	3	9	4	8	12	6	8	10	9	7	11	5	7
Inpatient Hospital	24	20	11	9	9	15	11	17	7	12	20	14	13	15	6	14	13	12	13	9	19	13	14	20	11	13	10	10
Other Place of Service	13	20	13	20	11	17	7	15	10	15	13	11	16	17	18	16	12	12	18	16	28	15	27	20	17	25	23	19
Inpatient Psychiatric Facility	15	20	17	19	24	36	12	39	24	20	20	26	23	27	27	29	23	19	23	23	19	23	18	25	22	14	13	25
Emergency Room Hospital	60	41	36	65	33	34	40	39	28	45	46	36	48	53	47	54	53	49	49	37	44	37	40	49	44	43	46	51

For Board of Director Approval**Project for Assistance in Transition from Homelessness (PATH)**

- North Sound released a Request for Information (RFI) on the PATH Grant and received two responses. Bridgeways is a Behavioral Health Agency (BHA) in Snohomish County and Second Chance Foundation is a Non-Profit in Snohomish County. In discussions with the Health Care Authority (HCA) it was requested the provider be a BHA. The reason stated is a BHA can provide billable BH services. Bridgeways was a North Sound BHO network provider prior to July 2019.
- Additionally, HCA has approved moving the Whatcom County PATH funds to the Snohomish County project and North Sound ASO is paying the Federal Match with General Funds-State (GF-S) in the amount of \$73,009 annually.

Motion #XX-XX

North Sound BH-ASO-Bridgeways-PATH-21-22 for the provision of outreach and engagement services to individuals with serious mental illness who are homeless or at risk of becoming homeless. The consideration for this contract is \$219,026 in Federal Grant and \$73,009 in ASO GF-S for a maximum consideration of \$292,035. The contract term is May 1, 2021 through September 30, 2021 with an automatic one-year renewal on October 1, 2021 based on continued compliance with the terms of the contract.

Collective Medial Technologies (CMT)

- CMT is a health data platform to provide our crisis providers with important information on individuals they encounter, information such as their assigned MCO, treatment relationships, and other pertinent information. The participating BHAs will upload information into their respective MCO portals, which will give the crisis providers access to all five (5) MCO's member information. Four of the five MCOs have already pledged funding to the annual cost of \$10,000. We are awaiting the fifth MCO to affirm their financial participation. North Sound will pay the \$10,000 annual platform fee and invoice all MCOs participating.

Motion #XX-XX

Collective Medical Technologies-North Sound BH-ASO-Agreement-21 for the provision of access to the CMT health platform. The annual reoccurring fee is \$10,000. This contract will auto-renew annually unless terminated by either party.

Behavioral Health Advisory Board



The Advisory Board for the North Sound Behavioral Health Administrative Services Organization (North Sound BH-ASO) seeks a diversity of voices willing to advocate for mental health and substance use programs and crisis services that meet the needs of persons in our communities.

Purpose

North Sound BH-ASO Advisory Board advocates for a system of care that is shaped by the voices of our communities and people using behavioral health services. The Advisory Board provides independent and objective advice and feed back to the North Sound BH-ASO Board of Directors and local jurisdictions, and county advisory boards and service providers.

Chartered by the state, for the region of Snohomish, Island, Skagit, San Juan and Whatcom counties the North Sound BH-ASO has the following responsibilities:

- Advocate for the delivery of behavioral health care is competent, compassionate, empowering, and supportive of personal health and wellness. Care needs of region are understood, defined, and championed.
- Actively seek and administer grants and contracts with service, outreach, and housing providers to improve regional delivery of care with annual budget of \$28 Million.
- Manage the regional Crisis Line and follow up services for over 3,500 persons in crisis a month.
- Advocate for care needs at the state level.

Membership of the Advisory Board is open to persons with lived experience, parents and guardians of persons with lived experience, law enforcement, retired professionals, and members of North Sound Tribal Nations.

Scope

The North Sound BH-ASO Advisory Board is empowered by North Sound BH-ASO Board of Directors and the Washington State Health Authority to:

- Champion BH-ASO coordinated, regional approach to behavioral health service delivery to ensure services meet regional care needs through community and legislative advocacy.
- Provide advice to the North Sound BH-ASO Board of Directors, five Apple Health Managed Care Organizations, and to the North Sound BH-ASO staff to improve access to behavioral health services for persons in need of treatment and recovery.
- Maintain close ties with their local communities so they can act as informed voices for persons who need behavioral health services.
- Constantly educate themselves about changes in the behavioral health services, needs, and emerging practices. Each individual member has their own personal advocacy story which helps make the Advisory Board a unique resource for improving and maintaining a vital behavioral health system.

The North Sound BH-ASO supports Advisory Board members in continued efforts to learn, supporting attendance at local and state conferences and educational events in their communities.

Meetings

Advisory Board meetings are open to the public and are held the first Tuesday of every month from 1:00pm – 3:00pm. Remote meeting attendance is supported by North Sound BH-ASO staff.

When in-person meetings are permitted, travel mileage reimbursement or taxi transportation are provided to the Mt. Vernon office in compliance with yearly budget and in compliance with North Sound BH-ASO policies.

Pre-Meeting Trainings are provided to educate members about the behavioral health programs and services available in the North Sound region. The Pre -Meeting Trainings are held directly before the Full Board meetings.

We welcome your interest in serving on the Board, please contact your County Connectors (contact info below) or the North Sound BH-ASO at (360) 416-7013. Appointment terms are three years.

North Sound County Connectors

Island County: Betsy Griffith (360) 678-8294

San Juan County: Barbara LaBrash (360) 370-0595

Skagit County: Sarah Hinman (360) 416-1500

Snohomish County: Jonathan Waters (425) 388-6291

Whatcom County: Jackie Mitchell (JMitchel@co.whatcom.wa.us)

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



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Mt. Vernon, WA 98273

(360) 416-7013

www.nsbhaso.org

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Washington State
Health Care Authority