

## ADVISORY BOARD PRE-MEETING

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March 5<sup>th</sup>, 2019

12:10-12:50PM

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**North Sound Behavioral Health Organization**

**Liz Baxter**

North Sound Accountable Community of Health

Chief Executive Officer



# North Sound Behavioral Health Organization

## Advisory Board

### Agenda

March 5, 2019

1:00 p.m. – 3:00 p.m.

Call to Order and Introductions

Revisions to the Agenda

Approval of January Minutes ..... TAB 1

Announcements

Brief Comments or Questions from the Public

Executive/Finance Committee Report

— Approval of January Expenditures ..... TAB 2

— Approval of February Expenditures ..... TAB 3

Executive Director's Report ..... TAB 4

— Shelli Young Opioid Plan Update ..... TAB 5

Executive Director's Action Items ..... TAB 6

Old Business

— Letters to the Managed Care Organizations ..... TAB 7

New Business

— OMBUDS Semi Annual Report ..... TAB 8

— 2019 Advisory Board Legislative Session Update ..... TAB 9

2019 Proposed Pre-Meeting Schedule ..... TAB 10

— Pre-Meeting Training Analysis ..... TAB 11

— SAVE THE DATE 18<sup>th</sup> Annual 2019 North Sound Tribal Behavioral Health Conference  
And Opioid Symposium ..... TAB 12

— 2019 Washington Behavioral Healthcare Conference ..... TAB 13

— Question and Answer Session With MaryAnne Undeblad ..... TAB 14

— 2019 Site Tour – Lake Whatcom Center SUD Residential ..... TAB 15

Report from Advisory Board Members

Reminder of Next Meeting

Adjourn

APPROVED by Advisory Board:



## North Sound Behavioral Health Organization

### Advisory Board

January 7<sup>th</sup>, 2019

1:00 – 3:00

### Advisory Board Meeting Minutes

#### Members Present:

- Island County: Candy Trautman, Christy Korrow (Phone), Chris Garden
- San Juan County: Theresa Chemnick
- Skagit County: Ron Coakley, Duncan West, Joan Lubbe
- Snohomish County: Marie Jubie, Fred Plappert, Pat O'Maley-Lanphear, Jim Bloss, Jack Eckrem, Jennifer Yuen, Carolann Sullivan
- Whatcom County: Arlene Feld, Michael Massanari, Kara Mitchell

#### Members Excused:

- Island County:
- San Juan County:
- Skagit County:
- Snohomish County: Ashley Kilgore, Joan Bethel
- Whatcom County: Mark McDonald

#### Members Absent:

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

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

APPROVED by Advisory Board

Guests: Katelyn Morgan; Behavioral Health OMBUDS Specialist, Boone Sureepisarn; OMBUDS Specialist, Kayla Buchanon; OMBUDS, Marci Bloomquist; Community Health Plan of Washington North Sound Regional Manager, Harold McClure; Everett Clubhouse

#### **Call to Order and Introductions**

The meeting was called to order by Chair O'Maley-Lanphear at 1:05 p.m.

#### **Revisions to the Agenda**

Chair O'Maley-Lanphear inquired revisions to the Agenda. Under New Business the topic of Written Letters to the Managed Care Organizations will be added. No other revisions mentioned.

#### **Approval of Minutes from the Previous Meeting Minutes**

Motion made to approve the December minutes as written. Motion seconded. All in favor. Motion carried.

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

The December Expenditures were reviewed and discussed. A motion was made to move the Expenditures to the County Authorities Executive Committee for approval. Motion seconded. Motion approved. All in favor.

#### **Announcements**

None

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

- Boone Sureepisarn announced Kayla as the new support staff for the North Sound Regional OMBUDS.
- Harold McClure gave a brief overview of the operational functions and funding sources for the Snohomish County Clubhouse.

#### **Executive Director Report**

Joe Reported

- Transition to Integrated Care
- Behavioral Health Facilities Capital Request
- Update on Behavioral Health Enhancement Funds [SB 6032]

#### **Action Items**

Joe reviewed each of the Actions Items with the Advisory Board

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

#### **Old Business**

Draft Legislative Session Speaking Points

- Members reviewed the draft speaking point document. Members provided feedback. Members in favor to take the supporting document to the 2019 Legislative Session.

APPROVED by Advisory Board

#### 2019 Pre-Meetings

It was determined to have the Executive Finance Committee propose the pre-meeting trainings. The proposed presentations will be brought back to the Board during the February meeting.

#### Update on the Distribution of Calendars

Members were informed the 2018 Visual Art and Poetry contest calendars were distributed to provider agencies, North Sound BHO County Authorities Executive Committee, County Coordinators, North Sound BHO staff, individuals who participated in the contest and will be given to state Legislators.

#### Update of Plaques

The honorary plaques for David Kincheloe and Greg Wennerberg were received. The plaques will be displayed at the North Sound BHO office.

### New Business

#### Pre-Meeting Training Analysis

Alice Lind and Jessica Diaz from the Health Care Authority (HCA) spoke to the Board on the accountability standards HCA has established for MCOs under the integrated Managed Care model.

Members determined to further look into moving actions until further information is gathered from the presentation request of Accountable Community of Health (ACH).

#### Letters to the Managed Care Organizations

- Members discussed alternative ways to begin forming a constructive platform with the MCOs. A letter will be written to each individual MCO. Members provided input on the context of the letters. Members were all in agreement to have the letters written to the MCOs. Members will view the letters at the February meeting.

#### Report from Advisory Board Members

Arlene spoke of the Blaine area having a rise in teen drug use. The local fire department and law enforcement are forming a mentor program for teens in the area. The local teens will have the opportunity to go on bike rides with the fire department and local law enforcement.

#### Reminder of Next Meeting

The next Advisory Board meeting is February 5<sup>th</sup>, 2019 in Conference Room Snohomish.

#### Adjournment

Chair O'Malley-Lanphear adjourned the meeting at 7:46 p.m.

| Under / (Over) Budget              |              |             |              |              |              |
|------------------------------------|--------------|-------------|--------------|--------------|--------------|
|                                    | Budget       | Expense     |              |              |              |
| Total                              | \$ 22,000.00 | (908.37)    | \$ 10,200.00 | \$ 10,200.00 | \$ 21,083.63 |
| All Conferences                    | \$ 575.00    |             | \$ 575.00    | \$ 10,200.00 | \$ 9,645.83  |
| Board Development                  |              |             |              |              | \$ 75.00     |
| Advisory Board Expenses            |              |             |              |              | \$ 950.00    |
| Stakeholder Transportation Session |              |             |              |              | (352.00)     |
| Project # 1                        | Project # 2  | Project # 3 | Project # 4  | Project # 5  |              |

|                                                      |                                                      |                                                                           |                                 |
|------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------|
| OTHER<br>BHC, NAME, COO<br>BOARDS SUMMIT<br>(RETURN) | Costs for Board<br>Members (travel,<br>meals, misc.) | Non-Advisory<br>Board Members to<br>attend meetings and<br>special events | Single, meals,<br>hotel, travel |
|------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------|

Warrants Paid  
January 2019

| Type                          | Date       | Name                                         | Memo           | Amount |
|-------------------------------|------------|----------------------------------------------|----------------|--------|
| <b>Advisory Board</b>         |            |                                              |                |        |
| <b>Totals - Supplies</b>      |            |                                              |                |        |
| Bill                          | 01/22/2019 | Supplies<br>Engraved Plaques                 | Batch # 126910 | 102.52 |
|                               |            |                                              |                | 102.52 |
| <b>Totals - Travel</b>        |            |                                              |                |        |
| B/E                           | 01/22/2019 | Yuen, Jennifer                               | Batch # 126910 | 52.20  |
| B/I                           | 01/29/2019 | Chemnick, Theresa                            | Batch # 127004 | 70.00  |
| Bill                          | 01/29/2019 | Travel/Legalsure                             | Batch # 127004 | 352.00 |
|                               |            |                                              |                | 474.20 |
| <b>Totals - Miscellaneous</b> |            |                                              |                |        |
| Bill                          | 01/08/2019 | Miscellaneous<br>Farmhouse Inn<br>Restaurant | Batch # 126715 | 249.55 |
|                               |            |                                              |                | 249.55 |
| <b>Total - Advisory Board</b> |            |                                              |                | 906.37 |

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

|                       | All          | Board        | Advisory     | Stakeholder | Legislative |
|-----------------------|--------------|--------------|--------------|-------------|-------------|
| Conferences           | Project # 1  | Project # 2  | Project # 3  | Project # 4 | Project # 5 |
| Budget                | \$ 22,000.00 | \$ 10,200.00 | \$ 10,200.00 | \$ 75.00    | \$ 550.00   |
| Expense               | (2,489.98)   |              | (1,195.80)   |             | (1,294.18)  |
| Under / (Over) Budget | \$ 19,510.02 | \$ 10,200.00 | \$ 9,004.20  | \$ 75.00    | \$ (344.18) |

|                         |                              |                                                     |                                                                            |                                 |
|-------------------------|------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------|---------------------------------|
| BHC, NAM, CDO,<br>OTICR | HOA/ROS SUMMIT<br>(MCT/BEAT) | Cost for Board<br>Members (meals,<br>mikeys, misc.) | Net-Advisory<br>Board Members, to<br>attend meetings and<br>special events | Shuttle, meals,<br>hotel travel |
|-------------------------|------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------|---------------------------------|



North Sound Behavioral Health Organization, LLC.

Warrants Paid  
February 2019

| Type                   | Date       | Name                | Memo           | Amount   |
|------------------------|------------|---------------------|----------------|----------|
| Advisory Board         |            |                     |                |          |
| Bill                   | 02/26/2019 | FedEx               | Batch # 127318 | 16.06    |
| Bill                   | 02/26/2019 | Laser Engraving     | Batch # 127318 | 32.82    |
| Supplies               |            |                     |                | 48.88    |
| Total - Supplies       |            |                     |                |          |
| Bill                   | 02/06/2019 | AA Dispatch         | Batch # 127072 | 592.75   |
| Bill                   | 02/26/2019 | Legislative Lodging | Batch # 127318 | 942.18   |
| Travel                 |            |                     |                | 1,534.93 |
| Total - Travel         |            |                     |                |          |
| Total - Advisory Board |            |                     |                |          |
|                        |            |                     |                | 1,583.61 |

## 2019 NORTH SOUND OPIOID REDUCTION PLAN CONDENSED WORKPLAN – 1/29/2019

In 2019, the Opioid Planning Group will prioritize efforts, expand the Planning Group to include more Counties, Tribes and MCOs, and use a "committee" model to implement the prioritized strategies with shared leadership reporting back monthly to the main Planning Group.

(Potential OPG priorities TBD in red; County ORP Priorities in Bold)

| Goal                                      | ORP, OPIOID SUMMARY, YTH Policies/RECOMMENDATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Activities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Tasks                                                                                                                                                                                                                                                                                                                                                  | Next Steps/Status/Notes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Lead                                                                                                                                                                                                                         |
|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. <b>Prevent opioid misuse and abuse</b> | <b>1.1. Promote use of prescribing BPs.</b><br><b>1.2. Raise awareness of adverse effects among opioid users.</b><br><b>1.3. Prevent opioid misuse, particularly among youth.<sup>1,18</sup></b><br><b>a. Communities.<sup>114</sup></b><br><b>a. Work w/ schools/other key partners to expand ED Rx, early intervention and Tx.<sup>115-117</sup></b><br><b>Support families in preventing childhood trauma and accessing needed services.<sup>103,118,119</sup></b><br><b>Services to Families.<sup>114</sup></b><br><b>a. Address Stigma about OUD and MAT.<sup>114,119,120</sup></b> | <b>1.1.1 – Cross trainings for BH/HC providers.</b><br><b>1.2.1 – Information to individuals using opioids.</b><br><b>1.3.1 – Facilitate collaborations between local stakeholders.</b><br><b>1.3.2 – Conduct a regional Px gap analysis in schools.</b><br><b>1.3.3 – Expand Rx ERP's to fill gaps.</b><br><b>1.3.4 – Develop intergenerational services for families, esp. families impacted by OUD.</b><br><b>1.3.5 – Regional social marketing campaign.</b><br><b>1.3.6 – Online resources.</b> | <b>a. Develop/implement cross trainings.</b><br><b>a. Address stigma SEP Cas</b><br><b>a. Regional Youth Forum.</b><br><b>a. HC Px programs, EBPs, gaps.</b><br><b>a. Expand programming.</b><br><b>a. Regional workgroup of key stakeholders to develop a workplan?</b><br><b>a. Launch anti-stigma campaign.</b><br><b>a. Create a reg info hub.</b> | <b>a. State BP guidelines go into effect Jan 2019 re: prescribing, PMP.</b><br><b>a. Engage SEP partners to reach Clients</b><br><b>a. Market MA effectiveness/access</b><br><b>a. HCA's Rx Help line marketing campaign 2019</b><br><b>a. Prioritize recommendations w/ "traction."</b><br><b>a. Create matrix w/ opportunities to get involved.</b><br><b>a. Conduct Resource Assessment/Gap Analysis.</b><br><b>a. Use Gap Analysis to develop new programs.</b><br><b>a. Promote local Youth Forums?</b><br><b>a. Opioid Planning Workgroup Priority?</b><br><b>a. Intergenerational Services Forum?</b> | <b>State Opioid Response</b><br><b>Partner w/ Harm Reduction Coalition</b><br><b>Youth Services Workgroup</b><br><b>(Shellie has encouraged DASH to consider taking the lead on a statewide gap analysis.)</b><br><b>TBD</b> |
| 2. <b>Link individ-</b>                   | <b>1.4. Promote safe storage/med disposal.</b><br><b>2.1. Build capacity of HC providers to ID misuse, screen for OUD, and link patients to Tx.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1.4.1 – Support local efforts.</b><br><b>2.1.1 – Facilitate coordination between primary health care and CLD Rx systems.</b>                                                                                                                                                                                                                                                                                                                                                                      | <b>a. Include info/ resources on regional website.</b><br><b>TBD</b>                                                                                                                                                                                                                                                                                   | <b>a. Disseminate "It's time to change the way we think/talk" message.</b><br><b>a. Work on regional website; links to local sites.</b><br><b>a. Co-lead Stigma Alert doc for training/dissemination</b><br><b>a. Move state/local activities in place.</b><br><b>a. Will this be included in WSACH Educational work?</b>                                                                                                                                                                                                                                                                                    | <b>Opioid Planning Group</b><br><b>County Public Health</b><br><b>ACH or MCOs?</b>                                                                                                                                           |

|                                    |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                        |
|------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Goals with OTH to Tx support eyes: | 2.2 Expand access to and utilization of MAT.                      | <p>2.2.1 - Expand MAT capacity.</p> <p>2.2.2 - Support Tx or demand, promote strength-based culture.</p> <p>2.2.3 - Expand Tx capacity, new programs and create system incentives for co-located services.</p> <p>2.2.4 - Access to MAT and other services in a variety of locations, such as mobile vans.</p> <p>2.2.5 - Increase prescribers, "hub &amp; spoke."</p> <p>2.2.6 - Partner w/ HC to subsidize costs for becoming watered.</p> | <p>o Prescriber training.</p> <p>o Additional programs?</p> <p>o Promote low barrier MAT, walking detox, Tx decision-making, self-directed care.</p> <p>o Promote central campuses, co-located services, low recovery supports, low barrier services, and school-based health centers.</p> <p>o ID negative, program details, previous models.</p> <p>o ID fund sources.</p> <p>o Contract van services?</p> <p>✓ Support Hub &amp; Spokes.</p> <p>o Funds to expand SCR.</p> <p>o Financial incentives for primary care to prescribe?</p> | <p>o Several prescriber trainings and Tx expansion.</p> <p>o RHO role in coordinating the regional system?</p> <p>o How to promote strength-based culture?</p> <p>o Open Access for Tx.</p> <p>o Opioid Planning Workgroup Priority?</p> <p>o Several new Tx models in the region (Hub &amp; Spoke, BS MAT-PCOA grant, new OTHs?).</p> <p>o Services co-located at SEPs a Harm Reduction Coalition priority.</p> <p>o Opioid Planning Workgroup Priority?</p> <p>o Ownership? Operation? Is?</p> <p>o King Co Mobile Medical Van and ETS models.</p> <p>o A Harm Reduction Coalition priority.</p> <p>o Opioid Planning Workgroup Priority?</p> <p>o Recent Tx enhancements (7 Hub &amp; Spokes).</p> <p>o Regional role in coordinating the system?</p> <p>o State supported prescriber trainings recently.</p> <p>o Will this be included in NSACH BI directional work?</p> | <p>Regional Partners</p> <p>IBD</p> <p>TBD</p> <p>IBD</p> <p>Regional Partners</p> <p>ACH or MCOs?</p> |
|                                    | 2.3 Expand MAT in the CJ system.                                  | <p>2.3.1 - MAT for inmates and/or jail releasees.</p> <p>2.3.2 - Comprehensive transitional services.</p> <p>2.3.3 - Educate courts re: MAT &amp; facilitators.</p>                                                                                                                                                                                                                                                                          | <p>o MAT for inmates or being released from jail.</p> <p>o Replicate effective pilots.</p> <p>o Broker collaborative efforts.</p>                                                                                                                                                                                                                                                                                                                                                                                                          | <p>o Counties have indicated their desire to work locally.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Counties and other partners                                                                            |
|                                    | 2.4 - Increase SLP capacity to provide ODPx and support services. | <p>2.4.1 - Care coordination services as part of SEPs.</p> <p>2.4.2 - Provide other services onsite at SEPs.</p>                                                                                                                                                                                                                                                                                                                             | <p>✓ Harm Reduction Coalition in place.</p> <p>o Mobile vans.</p> <p>o Co-located other services for primary care.</p>                                                                                                                                                                                                                                                                                                                                                                                                                     | <p>o HRC meetings underway.</p> <p>o Co-located services and vans w/ SEPs a Harm Reduction Coalition priority.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Harm Reduction Coalition                                                                               |
|                                    | 2.5 ID/treat PPWs w/ OUD, NAS among newborns.                     | 2.5.1 - Support existing PPW programs.                                                                                                                                                                                                                                                                                                                                                                                                       | TBD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <p>o Partnership w/ Placenta Parenthood?</p> <p>o Opioid Planning Workgroup Priority?</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | TBD                                                                                                    |
|                                    | 2.6 - Develop/enhance regional Tx supports.                       | 2.6.1 - Convene Reg Opioid summit.                                                                                                                                                                                                                                                                                                                                                                                                           | ✓ Regional Opioid Summit October 2017.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Completed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                        |

|                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                         |                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| <ul style="list-style-type: none"> <li>o ID resources/create Housing opportunities for MAT patients.<sup>65</sup></li> </ul>                                                                               | <p>2.6.2 – Expand recovery housing: in-jail, transitional, sober support, permanent support.</p> <p>2.6.3 – Workforce: CDPs, MHPs, co-occurring supports, e.g., JJJm waivers and distance learning.</p> <p>2.6.4 – Expand work-force (re-coaches, BHs, allies, peer counselors).</p> <p>2.6.5 – Expand clinical supervision for CDPs.</p> <p>2.6.7 – Create a “convergence” system.</p> | <p>TBD</p> <ul style="list-style-type: none"> <li>o Tuition waivers/scholarship</li> <li>o College credit for experience, distance learning.</li> <li>o Support trainings</li> <li>o Advocate for certification</li> <li>o Identify new solutions to address clinical supervision shortage.</li> </ul> | <ul style="list-style-type: none"> <li>o Counties have led work locally.</li> <li>o Amerigroup (State Supported Housing).</li> <li>o Regional ROSC Forum or support Counties with local forums?</li> </ul>                                                              | <p>Counties and other partners</p> |
| <p>Transition the Tx paradigm to support Effective Strategies.<sup>66</sup></p>                                                                                                                            | <p>2.6.6 – Raise awareness of MAT as an essential tool in OUD Tx. (Client center/nonpunitive Tx.)</p>                                                                                                                                                                                                                                                                                   | <ul style="list-style-type: none"> <li>o Comm colleges’ curricula</li> <li>o Targeted trainings.</li> <li>o Transition Tx culture.</li> </ul>                                                                                                                                                          | <ul style="list-style-type: none"> <li>o Federal, State and BHO efforts underway.</li> <li>o Local advocacy with Community Colleges?</li> <li>o Regional Workforce Forum?</li> <li>o Opioid Planning Workgroup Priority?</li> </ul>                                     | <p>TBD</p>                         |
| <p>Help at-risk youth early. Whole System MAT on demand. Youth in recovery.<sup>67</sup> Work w/ schools/etc to expand early in Tx.<sup>67b,68</sup></p>                                                   | <p>2.6.8 – Expand youth intervention, Tx, recovery, out reach, CRM programming.</p>                                                                                                                                                                                                                                                                                                     | <ul style="list-style-type: none"> <li>o Regional Youth Forum.</li> <li>o Expand student Support Advocates, School-based BH services, Youth Advocates, Wraparound.</li> <li>o Long-term supports.</li> </ul>                                                                                           | <ul style="list-style-type: none"> <li>o Tribal BH Allies.</li> <li>o DBHR/SLD Peer certification pending.</li> <li>o Include in Regional ROSC Forum?</li> <li>o KSA/CH Pathways working on Concierge system.</li> <li>o Opioid Planning Workgroup Priority?</li> </ul> | <p>Regional Partners?</p>          |
| <p>“Scale up” local programs, like MAT in Jails, BH embedded LL.<sup>69</sup></p> <p>Expand Recovery Supports, e.g. Housing, Child Care, Transp., Employment, Educ, LI Recovery Coaching.<sup>70</sup></p> | <p>2.6.8 – Expand LBP for OUD.</p> <p>2.6.10 – Tune regional coordination and cross county collaborations.</p> <p>2.6.11 – Expand transp.</p> <p>2.6.12 – Explore voc. trns etc. at BHs.</p> <p>2.6.13 – Facilitate BHs/ Ret Comm partnership.</p>                                                                                                                                      | <ul style="list-style-type: none"> <li>o Comm colleges’ curricula</li> <li>o Targeted trainings.</li> <li>o Transition Tx culture.</li> </ul>                                                                                                                                                          | <ul style="list-style-type: none"> <li>o Set up regional Targeted trainings?</li> <li>o Stigma Alert Dictionary and Anti-Stigma campaign.</li> <li>o Opioid Planning Workgroup Priority?</li> </ul>                                                                     | <p>Youth Services Workgroup</p>    |
|                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                         | <ul style="list-style-type: none"> <li>o Trainings and pilots opportunities present.</li> <li>o Identify funding sources to expand programs.</li> </ul>                                                                                                                                                | <ul style="list-style-type: none"> <li>o Prioritize recommendations w/ “traction.”</li> <li>o Create matrix w opportunities to get involved.</li> </ul>                                                                                                                 | <p>Regional Partners</p>           |
|                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                         | <ul style="list-style-type: none"> <li>o Regional ROSC Forum or ROSC Workgroup to connect existing services and design new ROSC services?</li> </ul>                                                                                                                                                   | <ul style="list-style-type: none"> <li>o Use existing training resources.</li> <li>o KSA/CH partner programs?</li> <li>o Include MAT info/effectiveness in treating OUD and other Anti-Stigma messaging.</li> <li>o Opioid Planning Workgroup Priority?</li> </ul>      | <p>KSA/CH?</p>                     |
|                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                         | <p>TBD</p>                         |



|                                     |                                                                                                                                                                          |                                                                                                                                                                   |                                                                                                                                                |                                                                                                                                                                              |                                   |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
|                                     | Develop strategies to address opioid misuse and OUD among Seniors. (Presented at the 2020 Geriatrics)                                                                    | 2.6.14 – Tx access for OUD, underinsured. Resources to caregivers /PCPs, how to talk, what to do when OUD is suspected. >Safe use in seniors. >Pain mgmt options. | TBC                                                                                                                                            | a. State resources such as CDTA, STR, SOR                                                                                                                                    | DPHR                              |
| Future vision to prevent OUD deaths | 3.1 Educate how to recognize, respond to an overdose.                                                                                                                    | 3.1.1 Disseminate preventive information to families and others impacted by OUD                                                                                   | a. Start a conversation w/ the BHT's quarterly Aging meeting partners.                                                                         | a. Involve regional partners such as NW Regional Council, AAA, ALTA, Counties/Tribes. a Regional "Symposium"? a Opioid Planning Workgroup Priority?                          | EBD                               |
|                                     |                                                                                                                                                                          | 3.1.2 Connect those who OUD w/ Naloxone, outreach, etc.                                                                                                           | a. Utilize BHAs, SLPs and other partners to disseminate info.                                                                                  | a. Consult w/ SLPs in HRC meetings to explore ideas, resources, activities. b. Include information on regional website                                                       | State and Regional Partners - HRC |
| Action Items                        | 3.2 Increase avail/use of Naloxone. Expand naloxone for people leaving jail/prison. <sup>194</sup>                                                                       | 3.2.1 Expand Naloxone for high-risk populations.                                                                                                                  | a. Facilitate coordination between partners.                                                                                                   | a. Some local efforts. a. Brosnahan recommendations pending.                                                                                                                 | Regional Partners?                |
|                                     | 4.3 Enhance capacity to monitor use, morbidity and mortality. Opioid crisis as a PH problem - strategies to conduct Surveillance on OUDs and Mortality... <sup>194</sup> | 4.3.1 Regional capacity to monitor OUD via a. 4.3.2 - Multiple local sources re: opioids with youth. 4.3.3 - Other strategies.                                    | a. Explore regional strategies for strategic expansion.                                                                                        | a. DOH: Ready access to Naloxone statewide from COSL mostly via the SLPs. a. Remaining gaps? PHenix gap analysis? a. LE/EMS concerns? a. Opioid Planning Workgroup Priority? | TDD                               |
|                                     | and document the effectiveness of Tx and Prevention efforts. <sup>194</sup>                                                                                              | 4.4.1 - Track the impacts of regional efforts.                                                                                                                    | a. Communication between systems to monitor a. Work with Regional Epidemiologists, Data Forum? a. Standardize coroner policies. <sup>194</sup> | a. ACH Data Learning Community? a. SAS Data Analytics? a. Skagit County data resources. a. ID strategies to better track youth                                               | Regional Partners                 |
|                                     |                                                                                                                                                                          |                                                                                                                                                                   | a. ID/collect clinical and proxy measures for quality improvement.                                                                             | a. Specific to individual programs                                                                                                                                           | Regional Partners                 |



**North Sound  
Behavioral Health Organization, LLC**

301 Valley Mall Way, Suite 110, Mount Vernon, WA 98273  
<http://northsoundbho.org> • 360.416.7013 • 800.684.3353 • F 360.416.7017

**DRAFT**

March 6, 2019

Carolyn Leptich  
Amerigroup

Dear Carolyn Leptich,

On behalf of the North Sound Behavioral Health Advisory Board, I would like to invite your organization to designate a liaison to our Advisory Board. Our request is that your liaison would attend the monthly Advisory Board meetings, be available to provide updates and answer questions about your organization's implementation of Integrated Managed Care in our region, as well as become a conduit for conveying thoughts and recommendations from our Advisory Board members to your organization.

The North Sound Behavioral Health Advisory Board will continue to operate according to the guidelines in Section 23 of the Health Care Authority BH-ASO contract requirements. We are broadly representative of the region's geographic and demographic mix of the service population and exceed the 51% requirement of membership of persons with lived experience and parents and guardians of persons experiencing and/or are in recovery from a behavioral health disorder, law enforcement, retired professionals and tribal representation.

Over the years, our Advisory Board members have taken their consultation role seriously, constantly educating themselves about changes in behavioral health services needs and emerging practices. They maintain close ties with their local communities so they can act as informed voices for persons who need these services.

We encourage you to use our Advisory Board as a way of obtaining informed input from persons with lived experience and their family members.

The North Sound Behavioral Health Advisory Board normally meets the first Tuesday of each month at the North Sound Behavioral Health Organization office at 301 Valley Mall Way in Mount Vernon.

The BHO staff support for the Advisory Board is Maria Arreola. Please feel free to direct your questions and the name of your designated liaison to her.

Sincerely,

Pat O'Maley-Langhear, Chair

North Sound Behavioral Health Organization Advisory Board

Maria Arreola

North Sound Behavioral Health Organization  
Advisory Board Coordinator



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**DRAFT**

March 6, 2019

Marci Bloomquist  
Community Health Plan of Washington

Dear Marci Bloomquist,

On behalf of the North Sound Behavioral Health Advisory Board, I would like to invite the Community Health Plan of Washington (CHPW) to designate a liaison to our Advisory Board. Our request is that your liaison would attend the monthly Advisory Board meetings, be available to provide updates and answer questions about your organization's implementation of Integrated Managed Care in our region, as well as become a conduit for conveying thoughts and recommendations from our Advisory Board members to your organization.

We want to express our appreciation to CHPW for already arranging for a representative to attend our Advisory Board meetings and appreciate the commitment you have demonstrated to actively engage with our Board.

The North Sound Behavioral Health Advisory Board will continue to operate according to the guidelines in Section 23 of the Health Care Authority BH-ASO contract requirements. We are broadly representative of the region's geographic and demographic mix of the service population and exceed the 51% requirement of membership of persons with lived experience and parents and guardians of persons experiencing and/or are in recovery from a behavioral health disorder.

Over the years, our Advisory Board members have taken their consultation role seriously, constantly educating themselves about changes in behavioral health services needs and emerging practices. They maintain close ties with their local communities so they can act as informed voices for persons who need these services.

We encourage you to use our Advisory Board as a way of obtaining informed input from persons with lived experience and their family members.

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The BHO staff support for the Advisory Board is Maria Arreola. Please feel free to direct your questions and the name of your designated liaison to her.

Sincerely,

Pat O'Maley-Lanphear, Chair  
North Sound Behavioral Health Organization Advisory Board

Maria Areola

North Sound Behavioral Health Organization  
Advisory Board Coordinator



**North Sound Behavioral Health Ombuds  
2018 Semi Annual Report**

| GRIEVANCE CATEGORIES                                          | January-June | July-December | TOTAL     |
|---------------------------------------------------------------|--------------|---------------|-----------|
| Access                                                        | 0            | 2             | 2         |
| Denial/Referrals                                              | 0            | 1             | 1         |
| Quality/Access/Integrity                                      | 4            | 1             | 5         |
| Pharmacy/Prescription                                         | 2            | 0             | 2         |
| Services Intensity, Not Available or Coordination of Services | 2            | 1             | 3         |
| Behavioral Assessment                                         | 0            | 2             | 2         |
| Physicians, APRNs, and Medications                            | 2            | 2             | 4         |
| Financial and Administrative                                  | 0            | 0             | 0         |
| Residential                                                   | 0            | 0             | 0         |
| Insurance                                                     | 0            | 0             | 0         |
| Transportation                                                | 0            | 0             | 0         |
| Emergency Services                                            | 2            | 2             | 4         |
| Violation of Confidentiality                                  | 0            | 1             | 1         |
| Other Rights Violated                                         | 0            | 0             | 0         |
| Other                                                         | 0            | 0             | 0         |
| <b>TOTAL</b>                                                  | <b>10</b>    | <b>12</b>     | <b>22</b> |

| OMHA/OMH GRIEVANCES            | January-June | July-December | TOTAL     |
|--------------------------------|--------------|---------------|-----------|
| Behavioral Health Agency       | 9            | 1             | 10        |
| Behavioral Health Organization | 2            | 0             | 2         |
| <b>TOTAL</b>                   | <b>11</b>    | <b>1</b>      | <b>12</b> |

| OTHER                  | January-June | July-December | TOTAL    |
|------------------------|--------------|---------------|----------|
| Administrative Hearing | 0            | 0             | 0        |
| Appeals                | 0            | 0             | 0        |
| Second Opinion         | 0            | 0             | 0        |
| <b>TOTAL</b>           | <b>0</b>     | <b>0</b>      | <b>0</b> |

### 2018 Grievance Demographics

| GENDER       | January-June | July-December | TOTAL     |
|--------------|--------------|---------------|-----------|
| Male         | 2            | 3             | 5         |
| Female       | 9            | 2             | 11        |
| Transgender  | 0            | 0             | 0         |
| Not Reported | 0            | 0             | 0         |
| <b>TOTAL</b> | <b>11</b>    | <b>5</b>      | <b>16</b> |

| AGE          | January-June | July-December | TOTAL     |
|--------------|--------------|---------------|-----------|
| 0-12         | 2            | 0             | 2         |
| 13-21        | 0            | 0             | 0         |
| 22-65        | 9            | 2             | 11        |
| 66+          | 0            | 0             | 0         |
| <b>TOTAL</b> | <b>11</b>    | <b>2</b>      | <b>13</b> |

| ETHNICITY     | January-June | July-December | AVERAGE     |
|---------------|--------------|---------------|-------------|
| Non-Caucasian | 23%          | 43%           | 36%         |
| Caucasian     | 36%          | 57%           | 47%         |
| Not Reported  | 36%          | 0%            | 18%         |
| <b>TOTAL</b>  | <b>100%</b>  | <b>100%</b>   | <b>100%</b> |

| SERVICE TYPE           | January-June | July-December | AVERAGE     |
|------------------------|--------------|---------------|-------------|
| Mental Health          | 100%         | 75%           | 88%         |
| Substance Use Disorder | 0%           | 13%           | 7%          |
| Co-Occurring           | 0%           | 13%           | 6%          |
| Other                  | 0%           | 0%            | 0%          |
| <b>TOTAL</b>           | <b>100%</b>  | <b>100%</b>   | <b>100%</b> |

### 2018 Resource Data

| DESCRIPTION                                             | January-June | July-December | TOTAL      |
|---------------------------------------------------------|--------------|---------------|------------|
| Potential Grievances                                    | 51           | 84            | 135        |
| Other/Family Contacts & Additional Non-34A/BHO Concerns | 95           | 41            | 136        |
| <b>TOTAL</b>                                            | <b>146</b>   | <b>125</b>    | <b>271</b> |

| SERVICE TYPE           | January-June | July-December | AVERAGE     |
|------------------------|--------------|---------------|-------------|
| Mental Health          | 88%          | 89%           | 89%         |
| Substance Use Disorder | 7%           | 6%            | 7%          |
| Co-Occurring           | 0%           | 4%            | 2%          |
| W/Ss                   | 5%           | 1%            | 3%          |
| <b>TOTAL</b>           | <b>100%</b>  | <b>100%</b>   | <b>100%</b> |

| RESOURCE BREAK DOWN                        | January-June | July-December | TOTAL     |
|--------------------------------------------|--------------|---------------|-----------|
| Consumer Education (Currently in Services) | n/a          | 25            | 25        |
| Information and Referral (Not in Services) | n/a          | 17            | 17        |
| Advocate Education (Family/Friends)        | n/a          | 15            | 15        |
| Provider Consultation                      | n/a          | 2             | 2         |
| <b>TOTAL</b>                               | <b>n/a</b>   | <b>60</b>     | <b>60</b> |

Note: The Resource Breakdown is a new reporting category added to Ombuds database at the end of Quarter 3 only tracking this data for Quarter 4 of 2018

### 2018 Potential Grievance Demographics

| GENDER       | January-June | July-December | TOTAL      |
|--------------|--------------|---------------|------------|
| Male         | 19           | 36            | 55         |
| Female       | 32           | 44            | 76         |
| Transgender  | 0            | 2             | 2          |
| Not Reported | 0            | 2             | 2          |
| <b>TOTAL</b> | <b>51</b>    | <b>84</b>     | <b>135</b> |

| AGE          | January-June | July-December | TOTAL      |
|--------------|--------------|---------------|------------|
| 0-13         | 3            | 3             | 6          |
| 14-21        | 2            | 4             | 6          |
| 21-65        | 45           | 75            | 121        |
| 65+          | 1            | 2             | 3          |
| <b>TOTAL</b> | <b>51</b>    | <b>84</b>     | <b>135</b> |

| ETHNICITY     | January-June | July-December | AVERAGE     |
|---------------|--------------|---------------|-------------|
| Non-Caucasian | 18%          | 17%           | 18%         |
| Caucasian     | 47%          | 56%           | 52%         |
| Not Reported  | 35%          | 27%           | 31%         |
| <b>TOTAL</b>  | <b>100%</b>  | <b>100%</b>   | <b>100%</b> |

#### January-March

This report period, Ombuds initiated an anonymous Customer Satisfaction Survey with the goal of receiving feedback regarding Ombuds services. From the survey's returned, 71% provided positive feedback. The information on the remainder indicated that the individuals were not satisfied with the resolution that the agency provided, therefore, left Ombuds services were unsatisfactory. This provided insight to ways Ombuds could increase overall satisfaction and we are implementing steps to meet those needs. We found this very helpful and will keep you posted on the results.

Overall, Ombuds grievance numbers are consistent with previous quarterly reports from this last year. The Ombuds team has continued to provide outreach to community providers and other support groups. This quarter, Ombuds provided 6 outreach as that included:

- Sea Mar-Marilee
- Catholic Community Services Snohomish
- Whatcom (Jrta) Bellingham
- Skagit Crisis Center-Bellingham
- The Beach Center-Veneta
- Oasis Tear Shelter-Skagit

We also have 5 upcoming outreaches to:

- VAM-Snohomish
- CDAH-Snohomish
- Island County Human Services
- Haven House-Snohomish
- Spotlight on Skagit Skagit

Ombuds attended a 2-day State Ombuds Training in March that covered topics of:

- Involuntary Treatment: Present and Future
- Fully Integrated Care Regions
- State Updates
- WRAP Planning
- Working with Challenging Conversations

Ombuds is preparing for our next state training in May 2018.

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## 2018 Quarter 2 Narrative

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### April - June 2018

This quarter, Ombuds continued to assist each individual to address concerns at the lowest level possible. Ombuds encourages each individual to self-advocate by sharing information, provide education and empower the individual to address their concern with the provider. As a result, Ombuds was able to assist the individual with resolving the concern before it rises to the grievance level.

This quarter, Ombuds staff has continued to meet with providers and other community groups to provide information about Ombuds services. We have had a total of 15 outreach which include:

- Snohomish County NAM
- Snohomish County DCR
- Klahanna
- Island County Indian Services
- Sunrise Services-Everett
- Haven House
- Sunrise Service-Mt. Vernon
- Compass Health ES
- Health Care Integration Forum State of WA
- Compass Health Everett
- Northwest Youth Services Mt. Vernon
- Oasis Teen Shelter
- Evergreen Recovery Centers
- Lake Whatcom Center
- Snokey Point Behavioral Health Hospital

Within the last 12 months, we have had 46 outreach.

In addition, we have also attended a 2-day State Ombuds Training in May that covered topics of:

- State Updates
- Leading with Self Advocacy
- Ombuds as Mediators

Ombuds is preparing for our next state training in July 2018.

We have continued to send out Customer Satisfaction Surveys and will report data once received.

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July - September 2018

This quarter, grievances have remained low and information/referral contacts remained consistent. This is a positive change as individuals are able to resolve their concern at the lowest level possible. We believe this is a direct result of providing an increase of education regarding individual rights, provider rights, and overall education of the Behavioral Health system. In addition, summer months historically tend to have fewer contacts.

Ombuds provided 3 outreaches this quarter which included:

- Northwest Youth Services Outreach Bellingham
- Therapeutic Health Everett
- Pioneer Center North
- Compass Health San Juan County
- Project Homeless Connect
- East County Community Meeting

We also attended two Ombuds state trainings that covered the topics of: State Updates, Developmental Disabilities Ombuds Services, Self-Care, Managed Care Organization Transition, Grievance changes 2019, History and Role of Disabilities Rights Washington, Consumer Rights, Advisory and Dispute Resolution, Services Annuals and The Trust Island Settlement.

The team also attended the following trainings:

- Laws and Ethics
- Advanced Autism
- Microsoft Excel. Ombuds reached out to the five MCO's and was able to have a telephonic conference call with Amerigroup, as well as a meeting with a representative from Community Health Plan of Washington.

Additional calls received included:

- Individuals seeking information about services for Eating Disorders
- Locations to administer Haldol injections
- Behavioral Health modifications for an adult with Developmental Delays
- Subingpatient services for individual not involved with the Department of Corrections
- Higher level of outpatient care for an adult
- Concerns about a provider not returning family member calls

We recognize the need to be able to track categories of all concerns (grievances and concerns addressed but not through the grievance process). Ombuds are currently in the process of creating an efficient method to collect the data regarding the concerns/categories that were addressed without initiating a formal grievance. We hope to be able to track this data by the start of 2019.

## 2018 Quarter 4 Narrative

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### October-December 2018

The Ombuds program has gone through several changes during this quarter. These included a change in program manager as previous manager resigned, Boone Sureepisarn has accepted this position; Katelyn Morgan (previous program assistant) is now the Ombuds Specialist; and Kate Buchanan is the new program assistant.

Outreach visits continued again this quarter and included the following:  
Attended Carnegie Resource Center Open House in Everett WA.  
Participation in Coordinated Care/MSDHO Foster Care Symposium  
Presentation to the ECHO/WH Center in Everett, and the REACH Center in Mount Vernon  
Attended Bridgeways Open House  
Participated in Skagit County Child and Family Consortium  
Meeting with Skagit County embedded Social Worker  
Program overview with Community Health Plan of Washington  
Trainings this quarter:  
Microsoft Excel Training  
Troubleshooting Training provided by Disability Rights Washington

Ombuds services provided 51 information and Referral contacts and assisted with 1 BHA and 3 BHO level grievances. We assisted many individuals resolve their concerns without filing grievances.

Additionally Ombuds staff has been assisting several individuals with "Medicare only" insurance coordinate Behavioral Health services.

Ombuds staff received several complaints regarding the Snokey Point Behavioral Health Hospital for lack of quality care and/or lack of coordination with the Community Behavioral Health service providers.

North Sound Behavioral Health Organization assisted the Ombuds Program to update the Access database.

Ombuds are continuing to prepare for the Health Care integration in 2019 and met with Community Health Plan of Washington's representative this month. The State of Washington Health Care Authority postponed the North Sound Behavioral Health Organization transition to ASD until June 30, 2019. Ombuds has scheduled several outreaches for 2019 and will be visiting Telecare B&T and Sea Mar in Lynnwood in the beginning of January. Ombuds attended BHO/Coordinated Care Foster Care symposium in December and has a follow up meeting scheduled with Coordinated Care in January.

## Legislative Session Agenda

### Appointment Context

1. Maria will begin introduction to the Representative/Senator/Legislative Assistant
2. Pat will begin her speaking points
3. Marie will begin her speaking points
4. Chris will begin his speaking points
5. Christy will begin her speaking points
6. Arlene will begin her speaking points
7. Joe will close the meeting

### Etiquette

|           |                                                |
|-----------|------------------------------------------------|
| Etiquette | Be kind                                        |
|           | Be brief                                       |
|           | Don't interrupt AB peers or Legislators or AID |
|           | Leave position paper/letter with Legislators   |

### Wednesday, January 30, 2019

|                   |                                                                                               |
|-------------------|-----------------------------------------------------------------------------------------------|
| 11:00 am          | Arlene and Pat to meet Maria at office. Maria to depart from office to pick up Marie/Cristina |
| 11:30 to 11:45 am | Pick up Marie and Cristina at their homes                                                     |
| 12:00 to 1:00 pm  | Lunch                                                                                         |
| 3:00 pm           | Arrive at Hotel                                                                               |
|                   | Check in                                                                                      |
|                   | Hilton Garden Inn Olympia                                                                     |
|                   | 2101 Henderson Park Lane SE                                                                   |
|                   | (360) 236-9934                                                                                |
| 5:30 pm           | Meet in lobby for dinner (Casa Mia of Olympia)                                                |
|                   | 716 Plum Street SE, Olympia, 98501                                                            |

### Thursday, January 31, 2019

|                    |                                                                                                                                                                                                                                                                                      |
|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7:00 am to 8:30 am | Continental Breakfast/Hotel Check Out                                                                                                                                                                                                                                                |
|                    | Meet in hotel lobby to travel to first appointment. Members that traveled in their own vehicle will have to travel via own vehicle to first appointment. Parking is \$2.00 per hour. Requires exact change. Estimated time 6 hours for \$12.00. Keep your receipt for reimbursement. |
| 8:30 am            |                                                                                                                                                                                                                                                                                      |
| 9:15 am            | Rep. Carolyn Eslick (R) 39 LD 467 John L. Osborn Building                                                                                                                                                                                                                            |
| 10:30 to 10:45 am  | Rep. Eileen Cody (D) 34 LD 303 John L. Obrien Building                                                                                                                                                                                                                               |
| 10:45 to 11:15 am  | <b>Brief stop for support request with Legislative Assistant.</b>                                                                                                                                                                                                                    |
|                    | Rep. Sharon Shewmake (D) 42 LD 310 John L. Obrien Building                                                                                                                                                                                                                           |
|                    | Rep. Brad Klipper (R) 8 <sup>th</sup> LD 122 A Legislative Building                                                                                                                                                                                                                  |
| 11:30 am           | Sen. Jamie Pedersen (D) 43 LD 235 John A. Cherberg Building                                                                                                                                                                                                                          |

|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 11:45 – 12:00 to 1:00 pm | <p>Lunch</p> <p>Capital Grill</p> <p>Located in Legislative Building</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 1:00 to 1:45 pm          | <p>Brief stop for support request with Legislative Assistants (LAs) (Not Scheduled. Depending on Availability of LAs, may not be able to stop at all listed below)</p> <p>Senator John McCoy (D) 38 LD 305 Legislative Building</p> <p>Rep. Matt Boehrke (R) 6 LD 122 B Legislative Building</p> <p>Rep. Keith Goehner (R) 12 LD 122 C Legislative Building</p> <p>Rep. Andrew Barkis (R) 2 LD 122 D Legislative Building</p> <p>Rep. Jeremiah Dufault (R) 15 LD 122 E Legislative Building</p> <p>Rep. Mike Sheele (R) 12 LD 122 F Legislative Building</p> <p>Rep. Skyler Rude (R) 16 LD 122 G Legislative Building</p> <p>Rep. Michelle Calder (R) 26 LD 122 H Legislative Building</p> |
| 2:00 pm                  | <p>Rep. Shelley Kloba (D) 1 LD 132 A Legislative Building</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 2:15 to 2:45 pm          | <p>Brief stops with Legislative Assistants (LAs) Not scheduled. Depending on the availability of LAs may not be able to stop at all listed below</p> <p>Rep. Mike Chapman (D) 24 LD 132 B Legislative Building</p> <p>Rep. Gerry Pollet (D) 46 LD 132 C Legislative Building</p> <p>Rep. Kristine Reeves (D) 30 LD 132 D Legislative Building</p> <p>Rep. Larry Springer (D) 45 LD 132 E Legislative Building</p> <p>Rep. Sherry Appleton (D) 23 LD 132 F Legislative Building</p>                                                                                                                                                                                                         |
| 3:00 pm                  | <p>Sen. Roger Goodman (D) 45 LD 436 B Legislative Building</p> <p>This is the last appointment of the session. Marie has suggested to tour the Dome. You may May leave after the last appointment. You don't have to stay to look around the Dome.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 3:15 to 4:00 pm          | <p>Tour the Dome</p> <p>Depart from Olympia.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 4:30 pm to 5:30 pm       | Dinner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 7:00 pm                  | Drop off Marie and Cristina at their homes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 7:30 pm                  | Drop off Pat at the Starwood Camano exit for her pickup                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 8:45 pm                  | Arrive at office for Ariene's drop off                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 9:30 pm                  | Estimated time of arrival to Maria's home                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |





## **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 Woolley 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>     |

## Representative Carolyn Eslick



Rep. Carolyn Eslick was appointed in 2017 to the 39th District seat vacated by former Rep. John Kuster.

Carolyn grew up on a farm, learning the value of hard work and commitment to purpose. As a restaurant owner for more than 20 years, she understands the challenges facing employers and employees. When she was a small business owner, the city allowed some new retail shops to put their entrances facing Highway 2 instead of Main Street, which is in the heart of the city. That problem, and finding the solution, got her started in local government.

Since then, Carolyn has served six years as a city council member and more than nine years as the mayor of Sultan. She is a champion for economic growth and is the founder and former president of GroWashington, a business development and retail incubator.

While working in local government, she demonstrated an unwavering commitment to keeping her community safe. Carolyn is also dedicated to

helping young people reach their full potential. She served on the board of the Boys and Girls Club and works closely with community members to find solutions to teenage drug and alcohol abuse.

Carolyn lives in Sultan with her husband, Chuck Donaldson, a high school shop and agriculture teacher. They have a blended family, with five children and five grandchildren.

### Contact

#### Olympia Address:

467 John L. O'Brien Building  
P.O. Box 40600  
Olympia, WA 98504-0600

[carolyn.eslick@leg.wa.gov](mailto:carolyn.eslick@leg.wa.gov)

#### Capitol Phone

Toll Free: (800) 562-6000  
Direct line: (360) 786-7816

## Representative Eileen Cody



Representative Eileen Cody was raised on her family's farm in Iowa. After graduating from high school, Eileen earned an associate's degree in nursing from the College of Saint Mary and a Bachelor of Science degree in nursing from Creighton University.

Eileen recently retired after working at Kaiser Permanente (formerly Group Health Cooperative) in Seattle for the past forty years. She is a neuro-rehab nurse certified in both rehabilitation nursing and multiple sclerosis care. In addition to her work at Kaiser Permanente, Eileen is a founding member of District 1199 NW/SEIU Hospital and Health Care Employees Union.

First appointed and subsequently retained to the House of Representatives in 1994, Eileen has dedicated her legislative career to achieving affordable, quality healthcare for all residents of Washington state.

Eileen currently serves as chair of the House Health Care & Wellness Committee, where she has worked for improved patient safety, mental health parity, public health services, and to restore the universal purchase of vaccines. More recently, she has led efforts to implement the federal Affordable Care Act at the state level. Largely because of her work, Washington's online health care marketplace, Washington Healthplanfinder, is a model for the rest of the country – helping thousands of Washingtonians access affordable coverage.

Eileen has called West Seattle home since 1978. She and her husband, architect Tom Mitchell, share a home with their cats Steven and Mandu and their dog, Humphrey.

### Contact

#### **Olympia Address:**

JL0B 303  
PO Box 40600  
Olympia, WA  
98504-0600

(360) 786-7978

#### **Legislative Assistant:**

Thea Byrd  
Email: [Thea.Byrd@leg.wa.gov](mailto:Thea.Byrd@leg.wa.gov)

#### **Toll-free Hotline:**

1 800 562 6000  
1-800-635-9993 (TTY)



## Senator Jamie Pederson



Jamie Pedersen grew up in Puyallup, graduated from Puyallup High School and worked at McDonald's to help put himself through Yale College, where he studied Russian and history, and graduated summa cum laude. After spending a year living in Russia and collecting oral histories of Soviet Afghan war veterans, Jamie attended Yale Law School. He clerked on the U.S. Court of Appeals for the D.C. Circuit and then returned to Seattle – and Capitol Hill – in 1995. He practiced corporate law at Preston Gates & Ellis (now K&L Gates) for 17 years. Since May 2012, he has been Vice President and General Counsel for McKinstry, a Seattle-based construction and engineering firm with substantial expertise in green building.

Jamie was elected to the House of Representatives in 2006 and was appointed to the Senate in December 2013 and elected in 2014. He serves as the chair on the Law & Justice Committee and also serves on the Ways & Means Committee and the Early Learning and K-12 Education Committee. In the House, he served as chair of the House Judiciary Committee. During his tenure in the House, he also served on the House Appropriations Committee, the Appropriations Subcommittee on General Government, the Higher Education Committee, the Health Care & Wellness Committee, the Business & Financial Services Committee, and the Capital Budget Committee. Jamie serves on the Legislative Ethics Board and the Office of Civil Legal Aid Oversight Committee and is a commissioner in the National Conference of Commissioners of Uniform State Laws.

Jamie helped to organize and was a plaintiff in *League of Education Voters v. State of Washington*, the case that overturned several Tim Eyman initiatives that purported to require 2/3 majorities to pass tax increases in the legislature.

Jamie is actively involved in many community and nonprofit organizations. He is the past President and current Treasurer of Central Lutheran Church on Capitol Hill, where he helped to establish a nonprofit to run a community lunch program that feeds hundreds of people each week.

Jamie chaired the board of the national civil rights organization Lambda Legal, and served as Lambda's lead volunteer lawyer on the state's marriage equality case. He also provides free legal services to a variety of nonprofits, such as Social Venture Partners, Seattle Girls' Choir, and Flying House Productions. He has sung in the Seattle Men's Chorus since 1996.

Jamie lives on Capitol Hill with his husband, Eric Pedersen, and their sons Trygve, Leif, Erik and Anders.

### Contact

#### Olympia office

Sen. Jamie Pedersen  
PO Box 40443  
Olympia, WA 98504  
(360) 786-7628

Legislative Assistant  
Penka Culveski  
[penka.culveski@leg.wa.gov](mailto:penka.culveski@leg.wa.gov)  
(360) 786-7628



## Representative Shelley Kloba



A longtime resident of Kirkland, Representative Shelley Kloba's journey to the state legislature started as a parent advocate for a public education that truly meets the needs of our children and communities.

After holding various advocacy roles in her local PTAs, Representative Kloba was elected to serve as the Washington State PTA Legislative Director. Throughout her time in the PTA, Representative Kloba was able to gain invaluable experience working with policy makers to bring about meaningful change. This experience inspired Representative Kloba to get more involved in her community, serving a four-year term on the Kirkland Park Board, volunteering on park and school bond and levy committees, and serving as a trustee for the Lake Washington Schools Foundation. These experiences led to a desire to be a policy maker. She was appointed to the Kirkland City Council before being elected in November 2013. On the Council, Representative Kloba stood for a responsible and responsive budget that made key investments to maintain Kirkland's high quality of life while planning for the region's

future.

While serving as a councilmember, Representative Kloba was actively involved in supporting kids and families on the Eastside Human Services Forum, the King County Domestic Violence Initiative, the King County Cities Climate Collaboration, and the King County Board of Health.

In November 2016, Representative Kloba was elected to her first term in the State House of Representatives, where she serves as vice-chair of the Commerce & Gaming and the Technology & Economic Development committees, as well as serving on the Transportation Committee.

Representative Shelley Kloba graduated from the University of Illinois with a B.S. in Kinesiology (1990) and from the Seattle Massage School with Honors (1996).

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LEG 132A  
PO Box 40600  
Olympia, WA  
98504-0600

(360) 786-7900  
Email: Shelley

**Legislative Assistant:**

Joren Clowers  
Email: Joren.Clowers@leg.wa.gov

## Representative Roger Goodman

**Family:**

Roger lives in Kirkland with his daughter Vivian and his son Felix.

**Education:**

Harvard University, M.P.A. (Kennedy School of Government), 1996-1998

The George Washington University, J.D., 1983-1986

Dartmouth College, A.B., also awarded Senior Fellowship, 1979-1983

U. of the Witwatersrand (South Africa), visiting research associate, 1981

**Professional Experience:**

Attorney in Private Practice, Licensed in State and Federal Courts

Criminal Justice Policy Consultant, King County Bar Association, 2000-2009

Executive Director, Washington State Sentencing Guidelines Commission, 1998-2000

National Association of Sentencing Commissions Board, 1999-2000

Washington State Law and Justice Advisory Council, 1998-2000

Chief of Staff, U.S. Representative Rick Boucher (VA), 1993-1995

Legislative Director and Counsel, U.S. Representative Bob Wise (WV), 1989-1993

Legal staff, Democratic National Committee, 1988

Attorney, Tillinghast, Collins & Graham, Providence, RI, 1986-1988

**Olympia Address:**

Leg 436B

PO Box 40600

Olympia, WA

98504-0600

(360) 786-7878

[Email Roger](#)

**District Office**

615 Market Street

Suite B

Kirkland, WA 98033

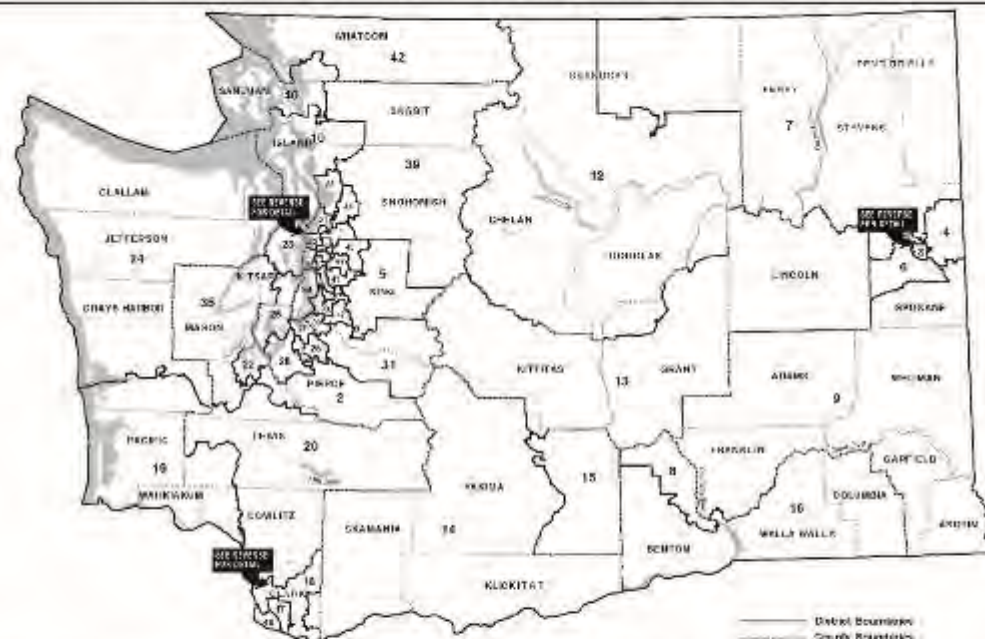
(425) 739-1810

**Legislative Assistant:**

Sydney Oliver

[Sydney.Oliver@leg.wa.gov](mailto:Sydney.Oliver@leg.wa.gov)

## 2019 Statewide Legislative District Map With Legislative Members



**District 1**  
Sen. Jay Palumbo, D  
Rep. Derek Stuenkel, D  
Rep. Shelly Kibbe, D

**District 2**  
Sen. Heidi Hecker, R  
Rep. Andrew Barkis, R  
Rep. J. P. Wilson, R

**District 3**  
Sen. Andy Billic, D  
Rep. Marcus Russell, D  
Rep. Anna Ormsby, D

**District 4**  
Sen. Mike Padalen, R  
Rep. Matt Stein, R  
Rep. Tom McCutcheon, R

**District 5**  
Sen. Mark Skiller, D  
Rep. Jeff James, D  
Rep. Lisa Collins, D

**District 6**  
Sen. Jeff Hely, R  
Rep. Mike Velt, R  
Rep. Jenny Griffin, R

**District 7**  
Sen. Shelly Stein, R  
Rep. Jacqueline Mussombe, R  
Rep. Paul Knox, R

**District 8**  
Sen. Sharon Brown, R  
Rep. Tracy Kappert, R  
Rep. Adam Bedenke, R

**District 9**  
Sen. Mark Schesler, R  
Rep. Mary Eve, R  
Rep. Joe Schaub, R

**District 10**  
Sen. Barbara Bailey, R  
Rep. Norma Smith, R  
Rep. David Paul, D

**District 11**  
Sen. Bob Hagstrom, D  
Rep. Zack Judkins, D  
Rep. Steve Bongiovanni, D

**District 12**  
Sen. Brad Hawkins, R  
Rep. Suzie Goshorn, R  
Rep. Michael Lee, R

**District 13**  
Sen. Judy Wamick, R  
Rep. Tom Doni, R  
Rep. Mike Thayer, R

**District 14**  
Sen. Chris King, R  
Rep. Chris Cony, R  
Rep. Grant K. Mashumaker, R

**District 15**  
Sen. Tim Houderford, R  
Rep. Bruce Chandler, R  
Rep. Jessica Dutch, R

**District 16**  
Sen. Margaret Wade, R  
Rep. Wilbert Hixon, R  
Rep. Skyler Rude, R

**District 17**  
Sen. Cynthia Wilson, R  
Rep. Mike Kraft, R  
Rep. Paul Harris, R

**District 18**  
Sen. Ann Rivers, R  
Rep. Brandon Mels, R  
Rep. Larry A. Pratt, R

**District 19**  
Sen. Alex Blake, D  
Rep. Jim Wicks, R  
Rep. Brian Blake, D

**District 20**  
Sen. John R. Pauer, R  
Rep. Michael Dufek, R  
Rep. Joe Grant, R

**District 21**  
Sen. Mark L. Lee, D  
Rep. Simon Peterson, D  
Rep. Lili Lee-Hicks, D

**District 22**  
Sen. Sam Hunt, D  
Rep. Laura Dolan, D  
Rep. Bill Dugan, D

**District 23**  
Sen. Christine Ruffin, D  
Rep. Sherry Appleton, D  
Rep. Drew Hansen, D

**District 24**  
Sen. Kevin Van Dyke, D  
Rep. Mike Dugman, D  
Rep. Steve Burroughs, D

**District 25**  
Sen. Matt Zagar, R  
Rep. Kelly Chambers, R  
Rep. Chris Gilman, R

**District 26**  
Sen. Emily Randall, D  
Rep. Jesse Young, R  
Rep. Michelle Chisler, R

**District 27**  
Sen. Joanne Trumelle, D  
Rep. Laurie Palmer, D  
Rep. Luke Day, D

**District 28**  
Sen. Steve O'Brien, R  
Rep. Matt Leavitt, D  
Rep. Christine Chisler, R

**District 29**  
Sen. Steve Conway, D  
Rep. Michele Morgan, D  
Rep. Steve Kirby, D

**District 30**  
Sen. Chris Wilson, D  
Rep. Mike Bellhouse, D  
Rep. Kristine Brown, D

**District 31**  
Sen. Phil Fontana, R  
Rep. Drew Sukerbury, R  
Rep. Morgan Lewis, R

**District 32**  
Sen. Jesse Salmon, D  
Rep. Chad Orr, D  
Rep. Lauren Davis, D

**District 33**  
Sen. Karen Kaiser, D  
Rep. Tim Oswald, D  
Rep. Mia Gregerson, D

**District 34**  
Sen. Joe Nguyen, D  
Rep. Eliana Chale, D  
Rep. Joe Maguire, D

**District 35**  
Sen. Tim Sheldon, D  
Rep. Dan Griffin, R  
Rep. Drew Matheson, R

**District 36**  
Sen. Rebecca Calkins, D  
Rep. Noel Tamm, D  
Rep. Chris Hansen, D

**District 37**  
Sen. Rebecca Saldaña, D  
Rep. Sharon Tomita-Sanchez, D  
Rep. Eric Pedersen, D

**District 38**  
Sen. John McCoy, D  
Rep. Tara Robinson, D  
Rep. Mike Sells, D

**District 39**  
Sen. Keith Wagner, R  
Rep. Robert J. Smerfield, R  
Rep. Carolyn Estick, R

**District 40**  
Sen. [Blank], D  
Rep. Eileen Leonard, D  
Rep. Jeff Merritt, D

**District 41**  
Sen. Lisa Williams, D  
Rep. Tim Sarna, D  
Rep. Michael Tava, D

**District 42**  
Sen. Doug Anderson, R  
Rep. Lindsay Van Wieren, R  
Rep. Sharon Brownlee, D

**District 43**  
Sen. Dennis Johnson, D  
Rep. Mike Mason, D  
Rep. Chris Chapp, D

**District 44**  
Sen. Steve Finkle, D  
Rep. John Lacey, D  
Rep. David M. Moad, D

**District 45**  
Sen. Mike Chandra, D  
Rep. Steve Goodman, D  
Rep. Larry Springs, D

**District 46**  
Sen. David Brooks, D  
Rep. Gerry Valler, D  
Rep. Carter Valler, D

**District 47**  
Sen. Mike Das, D  
Rep. Diana Patterson, D  
Rep. Joe Sullivan, D

**District 48**  
Sen. Patricia Kader, D  
Rep. Vladimir Blatter, D  
Rep. Amy Wicks, D

**District 49**  
Sen. Anne LeClair, D  
Rep. Sharon Wells, D  
Rep. Monica Reed-Stevens, D



## Break-out of Washington Area Legislative Districts

### Members Representing Spokane and Vancouver Areas

#### Spokane Area



**District 1**  
Sen. Andy Enright, R  
Rep. James B. Smith, R  
Rep. David Armstrong, R

**District 4**  
Sen. Bruce Alder, R  
Rep. John W. Hays, R  
Rep. Lisa M. Johnson, R

**District 6**  
Sen. Joe Hall, D  
Rep. Bruce W. K. R.  
Rep. Larry R. Johnson, R

**District 7**  
Sen. Shelly Short, R  
Rep. Stephen R. Engstrom, R  
Rep. Paul K. Smith, R

**District 9**  
Sen. Rick Santorum, R  
Rep. Mike Shea, R  
Rep. John Smith, R

**District 11**  
Sen. Charles King, R  
Rep. Charles R. R.  
Rep. Greg E. McLaughlin, R

**District 12**  
Sen. Linda Gossett, R  
Rep. John Smith, R  
Rep. Paul Smith, R

**District 13**  
Sen. Dan Krieger, R  
Rep. Donald G. R.  
Rep. Larry A. R. R.

**District 14**  
Sen. Suzanne C. Smith, D  
Rep. Sharon P. R.  
Rep. Sharon P. R.

#### Vancouver Area



### Members Representing the Puget Sound Area

**District 1**  
Sen. Greg Kuntz, D  
Rep. Joe & Thoma, D  
Rep. Phil H. H. R.

**District 2**  
Sen. David L. R.  
Rep. James H. R.  
Rep. J. R. R.

**District 3**  
Sen. Mike Miller, D  
Rep. J. R. R.  
Rep. J. R. R.

**District 10**  
Sen. David L. R.  
Rep. Mike Miller, R.  
Rep. David L. R.

**District 11**  
Sen. John H. R.  
Rep. Jack H. R.  
Rep. Steve H. R.

**District 21**  
Sen. Mike Miller, D  
Rep. James H. R.  
Rep. Phil H. H. R.

**District 23**  
Sen. Mike Miller, D  
Rep. James H. R.  
Rep. Phil H. H. R.

**District 24**  
Sen. Mike Miller, D  
Rep. James H. R.  
Rep. Phil H. H. R.

**District 25**  
Sen. Mike Miller, D  
Rep. James H. R.  
Rep. Phil H. H. R.

**District 26**  
Sen. Mike Miller, D  
Rep. James H. R.  
Rep. Phil H. H. R.

**District 27**  
Sen. Mike Miller, D  
Rep. James H. R.  
Rep. Phil H. H. R.

**District 28**  
Sen. Mike Miller, D  
Rep. James H. R.  
Rep. Phil H. H. R.

**District 29**  
Sen. Mike Miller, D  
Rep. James H. R.  
Rep. Phil H. H. R.

**District 30**  
Sen. Mike Miller, D  
Rep. James H. R.  
Rep. Phil H. H. R.

**District 31**  
Sen. Mike Miller, D  
Rep. James H. R.  
Rep. Phil H. H. R.

**District 32**  
Sen. Mike Miller, D  
Rep. James H. R.  
Rep. Phil H. H. R.

**District 33**  
Sen. Mike Miller, D  
Rep. James H. R.  
Rep. Phil H. H. R.

**District 34**  
Sen. Mike Miller, D  
Rep. James H. R.  
Rep. Phil H. H. R.

**District 35**  
Sen. Mike Miller, D  
Rep. James H. R.  
Rep. Phil H. H. R.

**District 36**  
Sen. Mike Miller, D  
Rep. James H. R.  
Rep. Phil H. H. R.

**District 37**  
Sen. Mike Miller, D  
Rep. James H. R.  
Rep. Phil H. H. R.

**District 38**  
Sen. Mike Miller, D  
Rep. James H. R.  
Rep. Phil H. H. R.

**District 39**  
Sen. Mike Miller, D  
Rep. James H. R.  
Rep. Phil H. H. R.

**District 40**  
Sen. Mike Miller, D  
Rep. James H. R.  
Rep. Phil H. H. R.

**District 41**  
Sen. Mike Miller, D  
Rep. James H. R.  
Rep. Phil H. H. R.

**District 42**  
Sen. Mike Miller, D  
Rep. James H. R.  
Rep. Phil H. H. R.

**District 43**  
Sen. Mike Miller, D  
Rep. James H. R.  
Rep. Phil H. H. R.

**District 44**  
Sen. Mike Miller, D  
Rep. James H. R.  
Rep. Phil H. H. R.

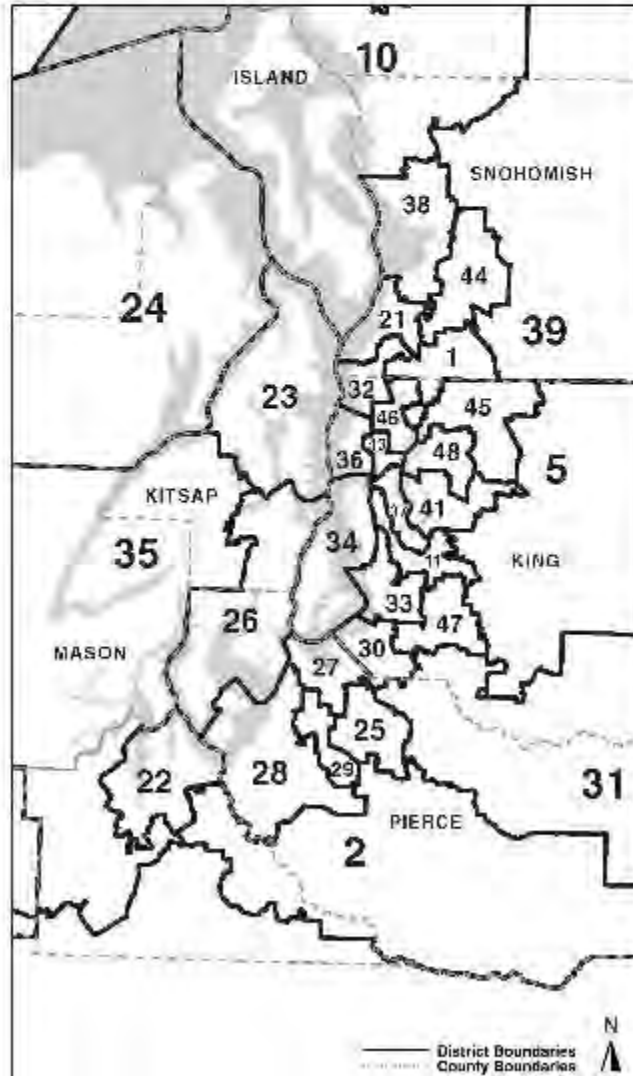
**District 45**  
Sen. Mike Miller, D  
Rep. James H. R.  
Rep. Phil H. H. R.

**District 46**  
Sen. Mike Miller, D  
Rep. James H. R.  
Rep. Phil H. H. R.

**District 47**  
Sen. Mike Miller, D  
Rep. James H. R.  
Rep. Phil H. H. R.

**District 48**  
Sen. Mike Miller, D  
Rep. James H. R.  
Rep. Phil H. H. R.

**District 49**  
Sen. Mike Miller, D  
Rep. James H. R.  
Rep. Phil H. H. R.



[Legislature Home](#) > [Washington State Legislature](#) > [Guide to Effective Participation](#)

## A Citizen's Guide to Effective Legislative Participation

### The Legislative Process

Every year the Legislature meets to engage in the process of public decision making. The objective is to reach consensus on a wide range of issues affecting every citizen and the future prosperity of Washington State. The process involves cooperation to make critical decisions in everyone's best interests.

We have chosen representatives to carry out the difficult task of determining which laws and policies will best serve these interests. However, to effectively perform their job, legislators rely heavily on input from many different sources.

They receive a great deal of technical information from their staffs, state agency personnel and professional lobbyists. Yet, much of what they actually decide depends on the views, interests and preferences of the citizens who elect them.

This is precisely how the legislative process was designed to work. It is based on a close, open and positive relationship between elected officials and the citizens whom they represent.

You can actively participate in the legislative process in a variety of ways. Select the method that allows the fullest expression of your personal interest and commitment, but follow some basic steps.

### Know How the Process Works

For your individual participation to be most effective, a basic understanding of the whole legislative picture is essential. If there is something you do not understand about the process, ask someone who can provide an answer. Here are some resources:

- Call the Legislative Information Center at 360.786.7573.
- Call your legislator's office.
- Read the [How a Bill Becomes a Law](#) page.
- Learn how to read a bill.
- Read the [Legislative Overview](#) page.
- Listen to or watch broadcasts of committee hearings to see how they are conducted. All committee hearings are broadcast live in streaming audio over our internet website and many hearings are televised live on TWV.

### Make Yourself the Expert

Before you address an issue, do some homework. Know the whole issue: who it affects, what others feel about it, how it will influence future trends, and any other information you are able to gather. Thorough research allows you to present your



viewpoint with confidence and credibility, and, combined with your personal experience, is the most effective information you can provide.

### Get to Know Your Legislators

To make a difference in the legislative process, you must develop a relationship with your legislators. Keep in mind that you can work effectively with someone, regardless of the personal opinions either of you may hold. Although you are unlikely to agree on every issue, you can still build a positive relationship in the long run.

The best way to get to know your legislators on a personal basis is to spend time with them when the Legislature is not meeting. Arrange a meeting during the months between sessions when they are home.

Your legislators are also your neighbors. You share many of the same interests and concerns, so make a strong effort to build on the common ground you both hold. Take the time to find out who they are as people.

You can contact your legislators in a number of ways:

- **Personal visit.** Call the office, introduce yourself, tell the legislator or the legislative assistant what you would like to discuss, and make an appointment for a visit. Use the Member Rosters to find the phone numbers. If you plan a visit, be prepared for your discussion. Know what you want to say, be factual, and make your comments as brief and specific as you can. If you do not know something, be willing to admit it and offer to follow up with more information later, which is also an avenue for further discussion.
- **Attend a Town Hall Meeting.** Most legislators conduct periodic town hall meetings at various locations in their district. This is a good opportunity to meet your legislator and to express your views and concerns in an informal setting.
- **Write a letter.** Express your views and request the member's attention through the mail. Make your letters brief, to the point, clear, and formal. Include your mailing address and phone number so the legislator knows where to respond. Use the Member Rosters to find the mailing addresses.
- **Send an e-mail message.** Like letters, e-mails should be brief, to the point, clear, and formal. Include your name and mailing address, as well as your e-mail address, and let the legislator know how you'd prefer to be contacted. Use the Member E-mail Address list to find the e-mail addresses for legislators.
- **Call the toll-free Legislative Hotline.** You can call the toll-free Hotline at **1.800.562.6000** to leave a message on any issue.
- **Testify before a committee.** Make your views and positions known by testifying before a committee that is having public hearings on an issue or bill.

### Get to Know Legislative Staff

Legislators rely heavily on professional staff for information gathering and analysis. You can play an equally supportive role by making sure staff are aware of the perspective your personal knowledge and experience can provide.

Legislative staff work on a wide range of issues. They always appreciate new sources of clear and accurate information, and they can provide you with the most current information they have.

### Network with Other Citizens

Much of the information you need to be effective in the legislative process can be obtained from other concerned and active citizens. Most interest areas are represented by informal citizen groups, if not formal membership organizations.

Find out whether there are groups that share your concerns and establish a network. A group of concerned citizens can be much more effective working together, rather than as separate individuals trying to accomplish the same goal.

### Key Points to Remember

Regardless of how frequently you contact your legislators, you will be far more effective if you follow these points:

1. Be well prepared for your discussions.
2. Provide a written statement with all verbal presentations.
3. Make letters and e-mail formal, specific, and concise.
4. Don't berate or argue with your legislator when you disagree. Simply thank the member for the time spent with you and express a desire for further discussion.

Whatever position you represent, however, remember your participation makes a difference. Our legislative process is one way each of us may contribute to the quality of life we experience in our state. Your willingness to be a responsible, involved participant is crucial to the decision-making process.

#### Highlights

*There is but one element of government, and that is THE PEOPLE. From this springs all government.* **John Adams**

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*It is not the fact of liberty, but the way in which liberty is exercised that ultimately determines whether liberty itself survives.* **Dorothy Thompson**

# A Guide to Reading a Legislative Measure

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|  | <p><b>SENATE BILL 7999</b></p> <p>State of Washington      59th Legislature      2005 Regular Session</p> <p>By Senators <u>Strom</u> and <u>Blair</u>, (by request) Department of<br/> <u>State Printing, Printing, and Distribution, Department of<br/> Operations &amp; Elections.</u></p> <p>AN ACT relating to the board of accountancy; amending RCW<br/> 18.01.110; adding a new section to chapter 18.01 RCW; repealing RCW<br/> 18.01.45 and 18.01.510; and providing an effective date.</p> <p><b>BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:</b></p> <p><b>Sec. 1.</b> RCW 18.01.101 and 2064 c 19 s 1 are each amended to read<br/> as follows:</p> <p>(1) The board shall issue a license to a holder of a<br/> certification or license issued by another state that is eligible<br/> to practice public accountancy, provided that:</p> <p>(a) Such state meets similar provision to grant reciprocity to a<br/> holder of a valid certificate or license in this state;</p> <p>(b) The applicant meets the CPA requirements of RCW 18.01.110;</p> <p>(c) The applicant meets the good character requirements of RCW<br/> 18.01.105(1)(i); and</p> <p>(d) The applicant passes the examination required for issuance of<br/> his or her certificate or license with grades that would have been<br/> passing grades at that time in this state and meets all current<br/> requirements in this state for issuance of a license as the bill<br/> applicant is today or at the time of the issuance of the applicant's<br/> license in the other state, not all the requirements that applicable to<br/> this state or has three years of experience within the five years<br/> immediately preceding application or two five years of experience<br/> within the ten years immediately preceding application in the practice<br/> of public accountancy that meets the requirements prescribed by the<br/> board.</p> <p>(2) The board may accept alternate designation of the applicant as<br/> substantially equivalent to national standards as meeting the<br/> requirement of subsection (1)(d) of this section.</p> <p>(3) A licensee who has been granted a license under the reciprocity<br/> provisions of this section shall notify the board within <del>thirty</del><br/> <del>sixty</del> days of the license or certificate issued in the other<br/> jurisdiction and report of the status of the license or certificate<br/> issued in the other jurisdiction become current and valid.</p> <p><b>NEW SECTION. Sec. 2.</b> A new section is added to chapter 18.01 RCW<br/> to read as follows:</p> <p>Each member of the board shall be compensated in accordance with<br/> RCW 43.03.140 and shall be reimbursed for travel expenses incurred in<br/> the discharge of such duties in accordance with RCW 43.03.230 and<br/> 43.03.060.</p> <p><b>NEW SECTION. Sec. 3.</b> The following acts or parts of acts are each<br/> repealed:</p> <p>(1) RCW 18.01.101 (Accountants from foreign countries) and 2064 c<br/> 19 s 1, 1993 c 370 s 1, &amp; 1992 c 163 s 1; and</p> <p>(2) RCW 18.01.510 (Actions against licensees- Procedures) and 1980 c<br/> 285 s 10, 1991 c 324 s 14, &amp; 1989 c 296 s 31.</p> <p><b>NEW SECTION. Sec. 4.</b> This act takes effect June 1, 2006.</p> | <p><b>BILL NUMBER:</b> Each bill is assigned a number for identification.</p> <p><b>PRIME SPONSOR:</b> The member of the Legislature who first introduced the bill.</p> <p><b>CO-SPONSOR(S):</b> The member(s) of the Legislature who join the prime sponsor in introducing the legislation.</p> <p><b>AGENCY REQUEST:</b> Indicates that bill was requested by an executive branch agency (legislative sponsor still required).</p> <p><b>REFERRAL:</b> The date the bill was introduced and to which committee it was referred.</p> <p><b>BILL TITLE:</b> Identifies the subject of the legislation and how it affects the Revised Code of Washington (RCW).</p> <p><b>ENACTING CLAUSE:</b> This states who intends to make this bill a law. It will either be by the people of the state or by the legislature.</p> <p><b>AMENDATORY HEADING:</b> Also known as the "jingle," recites both the most recent session law and RCW citation being amended.</p> <p><b>EXISTING LAW:</b> The text of the current RCW to be amended.</p> <p><b>DELETED LANGUAGE:</b> Lined-out phrases are proposed deletions to existing law.</p> <p><b>NEW LANGUAGE:</b> Underlined phrases are proposed new language to existing law.</p> <p><b>NEW SECTION:</b> Proposed new language to be added as a new section to the existing RCW.</p> <p><b>REPEALER:</b> The section of a bill that lists which RCW sections are to be removed from state law by the proposed legislation.</p> <p><b>EFFECTIVE DATE:</b> The date the bill becomes a law.</p> |
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SR 7000

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Office of the Code Reviser/Senate Information Services-Revised 11/2004

## A Guide to Reading a Legislative Measure

### TYPES OF MEASURES

**Bill:** A proposed law presented to the Legislature for consideration; it may originate in either house.

**Joint Memorial:** A message or petition addressed to the president, Congress, or the head of any other agency of the federal or state government, asking for consideration of some matter of concern to the state or region. Proposed amendments to the U.S. Constitution are also in the form of joint memorials.

**Joint Resolution:** An act of the legislature which proposes an amendment to the state constitution for reference to the people for acceptance or rejection. Joint resolutions must receive a two-thirds affirmative vote in each house.

**Concurrent Resolution:** A resolution relating to the internal operation of the legislature, in which one house concurs in the action of the other; it may originate in either house.

**Floor Resolution:** A resolution adopted by either house usually honoring or commemorating an individual, organization, or event. It also may call for some type of action.

**Initiative:** A legislative power vested in the people. There are two types: (1) initiative to the people, which goes directly to the voters without consideration by the legislature; and (2) initiative to the legislature, which is considered by the legislature at its next regular session, and if not enacted, is placed on the next general election ballot.

### DEFINITIONS OF TERMS

**Amendment:** Any change in a bill, resolution or memorial. A committee amendment is an amendment proposed in a committee meeting. A floor amendment is an amendment proposed on the floor of a legislative chamber.

**Striking Amendment:** Amendment removing everything after the title and inserting a whole new bill.

**HB:** Abbreviation for House Bill

**SB:** Abbreviation for Senate Bill.

**S (Substitute):** A new bill is proposed by a committee to replace the original one. The substitution must be approved by the entire body.

**E (Engrossed):** Incorporates amendments that were passed by the house of origin (where the bill was introduced).

**Scope and Object:** If an amendment offered to a proposed bill does not relate closely to the content of the bill, a member may raise "scope and object." The president then rules if the amendment is "in order" or "out of order."

**Enacted:** When a bill is passed by both houses of the legislature and signed by the governor.

**New Section:** Proposed new language to be added as a new section to existing law.

**Veto:** Partial or complete rejection of a bill by the governor. The governor has the power to veto sections of bills but cannot make any additions.

**Override:** The legislature can override the governor's veto with a two-thirds vote of both houses



## Overview of the Legislative Process

The Washington State Legislature is made up of two houses (or chambers), the [Senate](#) and the [House of Representatives](#). Washington has 49 [legislative districts](#), each of which elects a Senator and two Representatives. Senators serve four-year terms and Representatives serve two-year terms. The Senate and House of Representatives meet in session each year to create new laws, change existing laws, and enact budgets for the State.

The legislative cycle is two years long. Within that two-year cycle, there are two kinds of legislative sessions: regular sessions and extraordinary, or special, sessions. Regular sessions are mandated by the State Constitution and begin the second Monday in January each year. In the odd-numbered year, for example, 2005, the regular session is 105 days; in the even-numbered year, for example, 2006, it is 60 days. Extraordinary sessions are called by the Governor to address specific issues, usually the budget. There can be any number of extraordinary sessions within the two-year cycle, and they can last no more than 30 days. To see the legislative calendar for the most recent session, go to the [Cut-off Calendar](#) on the [Agendas, Schedules, and Calendars](#) page.

The members of the House and Senate offer legislation, or [bills](#), for consideration. The ideas for bills come from a number of places: something has happened in the last year that inspires new legislation (for instance, the change in people's perception of crime gave rise to the youth violence bills that were offered during the 1994 Session); a member wishes to address an issue that is specific to his or her district; the Legislature decides to tackle a major issue (such as regulatory reform); changes in technology dictate a change in the State's laws, etc.

Once a member introduces a bill, the legislative process begins. The process has a number of specific steps. If the bill makes it through all the steps in the chamber in which it was introduced (the "first house"), it goes to the other chamber (or "second house") and goes through the same steps there. Each step is identified and explained below.

**Prefiling:** Members can prefile bills for introduction in the month before session begins. Prefiled bills are officially introduced the first day of the session.

**Introduction, or First Reading:** The first thing that happens to bills on the "floor" is introduction and referral to committee. This is also referred to as the bill's first reading. (Bills must have three readings in each house in order to pass the Legislature.)

Leadership determines to which committees bills will be referred; this is usually determined by the bill's subject matter. Bills that require an appropriation or that raise revenue must also go to a fiscal committee for review.

To see which bills will be introduced for the upcoming legislative day, go to the [Agendas, Schedules, and Calendars](#) page and display House Introductions or Senate Introductions.

**Committee Action:** The chair of each committee works with leadership and staff to schedule bills to be heard by the committee. Committees hold three kinds of meetings: (1) work sessions, where issues are determined and reviewed; (2) public hearings, where testimony from interested parties is taken; and (3) executive sessions, where the committee decides how it will report the bill to the whole house. Not all bills get scheduled for hearing, so a good number of bills never get any further than committee.

Bills can be reported in several fashions, the most usual being do pass (pass the bill just as it is), do pass as amended (pass the bill as amended by the committee), and do pass substitute (the committee offers a different version to take the place of the original bill). The members on the prevailing side sign the "majority" report; those members who disagree with the majority sign the "minority" report. Not all bills coming out of committee have minority reports. To see a list of bills reported out of House or Senate committee each day, go to [Standing Committee Reports](#).



As a bill moves through the committee process, the staff prepares the "bill report." The bill report includes a legislative history of the bill, background on the issue, a summary of the legislation, the names of those who testified on the bill, and a summary of the testimony for and against the bill. The bill report is edited as the bill moves through the process. When the bill moves to the opposite house, that house prepares a bill report as well. A bill that has finally passed the Legislature would have House, Senate, and final bill reports.

At the start of the session, both houses agree on dates by which bills have to be reported out of committee in order to be eligible for further consideration by the Legislature. There is a "cut off" date for bills to be out of committee in the first house and one for bills to be out of committee in the second house.

**Rules Committee:** Once a bill has been reported by the appropriate committee(s), the floor acts on the committee report and then passes the bill to the Rules Committee. Usually, the floor adopts the committee's recommendation.

The Rules Committee is where leadership exercises the most control over the process. The Rules Committee is made up of members from both parties. Each member on the committee gets to select two or three bills that will move on to the next step in the process. Which bills a member selects could be the result of a party caucus, or another member approaching that member, or a piece of legislation about which the member feels strongly.

**Rules Review /Rules White:** The first step in the Rules Committee process is called Rules Review in the House and Rules White in the Senate (the report that lists the bills in this step in the Senate is printed on white paper). Rules Committee members review the bills and decide whether or not to move them on to the next step.

**Rules Consideration /Rules Green:** The next step is called Rules Consideration in the House and Rules Green in the Senate (the report is printed on green paper). Sometimes bills skip this step and go to the calendar for second reading. It is another step that allows leadership to control the process.

**Calendars/Bill Report Books:** The Rules Committee decides which bills will be scheduled for second reading. Those bills that will probably require some debate are placed on the regular calendar. Those that are probably not controversial may be placed on the suspension calendar in the House, the consent calendar in the Senate. The Rules Committee also decides whether a bill will be placed on the regular calendar or the suspension/consent calendar.

Each house prepares documents that list the bills scheduled to be heard on the floor. The House prepares "bill report books" (containing an order of contents and the bill report of each bill on the calendar) and "floor calendars" (a list of the bills, a brief description for each, and the committee action on each). The Senate prepares "calendars" (with an order of contents and the bill report of each bill), and "flash calendars" (the list with the brief descriptions and committee actions). The Senate flash calendar lists only those bills that were "pulled" from Rules at the last Rules Committee meeting. To see which bills are on the calendar in either house, go to [House Floor Activity Report](#) or [Senate Floor Activity Report](#).

**Second Reading:** It is on second reading that the chamber discusses the merits of the legislation. It is here, too, where members can offer amendments to the bill. Most bills that get this far get their second reading in the couple of weeks following the committee cut-off.

If a bill has been amended in committee or on the floor in the first house, it is ordered engrossed. Engrossing a bill means incorporating the amendments into the body of the bill so that the second house gets one document. If a bill has been amended in the second house, it is returned to the first house with the amendments attached so that the first house can decide whether or not it wishes to agree with the changes the second house made.

**Third Reading:** Third reading is where the roll call vote on final passage is taken. If the bill finally passes, it continues in the process. If the bill fails on final passage, it goes no further. Under certain circumstances, the chamber may decide to reconsider the vote that was taken. In that case, the chamber has twenty-four hours to make a motion to reconsider the bill.

If the bill passes third reading in the second house and the second house did not amend the bill, the bill has passed the Legislature.

At the start of the session, both houses agree on "cut-off" dates by which bills have to be finally passed out of the first house and finally passed out of the second house.

**Concurrence, Dispute, and Conference Committees:** If the bill has been amended by the second house, the first house has to decide whether it will concur in the amendments or not. Leadership decides which bills returned from the second house will be discussed and places those bills on the concurrence calendar (House) or concurring calendar (Senate). If the first house concurs in the amendments, the bill has passed the Legislature.

If the first house disagrees with the second house, it can ask the second house to recede from the amendments. If the second house recedes, the bill has passed the Legislature.

If the two houses cannot resolve their differences, one of them can ask for a conference committee. Members from each house meet to discuss the differences. If they agree on what is to be done, the conference committee makes a report. Both houses must adopt the conference committee report for the bill to pass the Legislature. If one house does not adopt the conference committee report (whether by vote or inaction), the bill has not passed. The House Floor Activity Report and the Senate Floor Activity Report list the bills on the concurrence, dispute, and conference calendars.

**Enrollings:** Once a bill has finally passed the Legislature, it is enrolled. A certificate proclaiming that it has passed is attached and, if necessary, the amendments from the second house or conference committee are incorporated into the body of the bill. The bill is signed by the Speaker of the House, the Chief Clerk of the House, the President of the Senate, and the Secretary of the Senate and is sent to the Governor for his or her action.

**Governor's actions:** The Governor reviews the bill. The Governor may decide to sign it, veto part of it, or veto all of it. If the Governor vetoes part or all of it, the Legislature may vote to override the veto. (That happens rarely.) If the governor does not act on a bill after the allotted number of days, it is as if it was signed. From the Governor's desk, bills go to the Secretary of State who assigns a session law chapter number. The Chapter to Bill Table (available on the [Bill/Law Cross Reference](#) page) lists the bills that have passed the Legislature, the chapter numbers assigned by the Secretary of State, vetoes, short descriptions, and the effective dates.

**Carryovers:** The Legislature works within the framework of a two-year cycle. For instance, the 2005-06 Session is the 59th Session of the Legislature. There will be at least two regular sessions, a "long" session in 2005 (105 days) and a "short" session in 2006 (80 days). There could also be any number of special sessions, none of which can last longer than 30 days.

Therefore, just because a bill did not make it all the way through during the regular session in the odd-numbered year (for example, 2005) does not mean it is "dead." At the end of the session, all bills in the second house are returned to the first house, so a House bill in committee in the Senate when session ends is returned to the House. At the start of the next session, be it a special session or the next regular session, bills from the previous session are reintroduced and retained in their present position.

"Carryover" bills can be taken up again in subsequent sessions during the biennium. The Legislature has a lot of latitude with these bills. The first house can place the bill on the calendar for third reading and send it right back to the second house, or it can make the bill go to committee and through the whole process again.

This is in addition to the new bills introduced during the current session. This procedure can make it difficult to keep track of bills during a special session or the second regular session. If a bill does not make it through the process by the end of the two-year cycle, it is "dead."

### 2019 Pre-Meetings, Site Visits, Conferences and Legislative Visits

[illegible]



## **NORTH SOUND BEHAVIORAL HEALTH ORGANIZATION ADVISORY BOARD**

### **2019-2020 Work Plan**

## **Focus Areas**

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### ➔ **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?
- Actively monitoring Behavioral Health (BH) impact through indicators
  - Working with leadership to develop metrics
    - Ratings scorecard
- Stoplight – Early Warning Signs

### ➔ **Communication**

- Members feedback to counties
- County relationships
- County communication to members regarding issues within the community
  - Community based public education issues
- Lack of communication between systems. How will communication take place with the five MCOs?

### ➔ **Crisis System – Supporting System Delivery**

- Continuity of care
- Care coordination
- Funding to serve everyone/regional
- Unified street level care
  - Connecting with individuals that are in crisis in the community before they end up in the criminal system or in the hospitals
  - Advocate for these individuals with the MCOs to make sure they get the care they need
- Look at cross county needs advocate – support
- Working with justice system, law enforcement, correctional agencies to advocate behavioral healthcare services for incarcerated individuals

## **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**

# Save *the* Date

18th Annual 2019 North Sound  
Tribal Behavioral Health Conference *and* Opioid Symposium

## THE POWER TO HEAL: CULTURAL TRADITION IN WELLNESS

**April 3rd & 4th, 2019**  
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Presented by the North Sound Behavioral Health Organization, North Sound Tribes, and Washington State Health Care Authority





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## 2019 WASHINGTON BEHAVIORAL HEALTHCARE CONFERENCE

June 13-14, 2019

Vancouver, WA

### *Cultivating Community Solutions*

We invite you to join us at the 30th annual Washington Behavioral Healthcare Conference!

We're working hard to bring you an exciting and diverse lineup of inspiring speakers to share information about therapeutic interventions, recovery supports, promising programs, and policies that advance best practices. Registration, session and hotel information will be available here when registration opens on April 1!

We're excited to announce our 2019 WBHC keynote speakers:

- **Merrill Rotter, MD**, an expert on helping providers work with previously incarcerated people with mental illness
- **Jason DeShaw**, a national award-winning speaker and singer/songwriter whose struggles with mental illness and addiction are living proof that hope is worth believing in
- **Sam Quinones**, author of the best-selling *Dreamland: The True Tale of America's Opiate Epidemic*, who will provide valuable insight into how the opioid epidemic has gotten to this point, and ways that communities around the country are working to combat this devastating problem.

Interested in being an exhibitor or booster? Click [HERE](#) for more info!



## North Sound Behavioral Health Organization, LLC

301 Valley Mall Way, Suite 110, Mount Vernon, WA 98173

<http://northsoundbh.org> • 360.416.7013 • 800.684.3555 • F 360.416.7017

Questions and concerns for Maryanne Lindeblad, Health Care Authority Director, from the County Authorities Executive Committee Members during the December 13<sup>th</sup>, 2018 meeting.  
Questions were emailed to Maryanne on 1.3.2019.

### Concern #1: Network Adequacy:

- Can our Board of Directors obtain the names and locations of the providers in the provider networks for each MCO? They are interested in getting an idea of network adequacy in all parts of the region.
- Does HCA assess whether the MCOs have contracts with Providers who will actually "see" Medicaid Individuals? This is currently a lack of primary care providers in some areas who are willing to actually take on Medicaid patients.
- If there is a currently a shortage of primary care providers willing to provide medical care for those who are on Medicaid, what steps will HCA take and/or require MCOs to take?
- Will MCOs be held to the same "time" and "distance" standards for behavioral health care as the BHOs? Is it true that for physical health care they only need to be able to provide access to 80% of the Medicaid population within a region?

### Concern #2: Level of Care:

- Does HCA assess whether the providers in the MCO provider networks are able to provide the necessary level of service?

Since MCOs are able to take a higher admin rate than BHOs and retain a portion for their profit margin, will HCA assess whether this results in a lower level of care.

Joanie Williams  
Clerk of the Board  
North Sound BHO County Authorities Executive Committee

**1/10/2019 Notes from North Sound BHO CAEC Meeting  
Question and Answer Session with MaryAnne Lindeblad,  
Health Care Authority Medicaid Director**

*Yellow highlights are follow-up items for MaryAnne*  
JWL

**Comments from MaryAnne:**

- Appreciation to Joe Valentine and Team, especially during the Readiness Review period
- The Readiness Review start date was delayed for the North Sound BHO to allow more preparation time

**Comments from Rashi Gupta:**

- The Governor's Office greatly appreciates Joe and the partnership of the Counties
- An Integration Bill is being worked on which will include:
  - In-statute quarterly meetings to include the Governor's Office, Health Care Authority, DSHS, Department of Health and a representative from the Counties and one from each of the BH-ASOs

**Network Adequacy Questions**

**Anne Deacon, Whatcom County:**

**Question:** Peace Health Medical Group, Whatcom County Urgent Care Clinic; 3 out of the 5 medical plans are not accepted. Network adequacy is a concern.

What is being done to ensure that those on the list are truly in the network?

**Answer from MaryAnne:**

We have very vigorous network adequacy requirements that are spelled in our contracts based on Federal requirements and additional requirements besides what CMS would require, such as time and distance standards.

- They must have Providers that cover the whole service area
- All 5 plans in this region must have enough providers to cover 80% of the full Medicaid population. Not one plan has every member.
- There are problems in the state with the specialty area in both Medicaid, Medicare and Commercial
- There is a list in the contract stating MCOs must provide some specialty services
- There is a Managed Care Mail-box for access issues
- Plans can be put on corrective action to broaden their network
- All individuals can pick their own primary care provider. If they don't pick, one will be assigned
- There are Community Advocates available as well, to help individuals get connected with a plan
- Additional resources will be looked at by HCA to assist individuals to identify a Primary Care Physician
- MaryAnne is double checking travel distance standards; the required proximity to the primary care physician in the individual's county (both rural and urban distances are being researched)
- Members also have a non-emergent transportation benefit. There is a Transportation Broker they can contact who may give a bus pass, pay for a taxi or bus ride or possibly provide a gas card



**Question #2 from Anne Deacon:** Whatcom County conducted a comprehensive behavioral health facilities plan, in addition to a need-assessment of types of beds needed in the facilities. The facilities need to be funded every day of the year. How will 5 different insurance companies (MCOs) come to an agreement on capacity/cost reimbursement?

**Answers from MaryAnne:**

- Conversations need facilitated between the Plans and the ASO
- The Plans need the facilities, it is wise investments for them to make
- We are looking at opportunities to create a Community Table/Forum
- If a Region wants a forum, the state is willing to help facilitate and participate in the conversations. ASOs can play a strong role in convening the Plans
- The Plans recognize there are a lot of capacity issues in the state regarding E&T beds and Crisis Services. When you look at the kind of investments the Government has in his budget around behavioral health, a lot of it is to build out capacity, capacity around community-based care
- It would surprise me if we got resistance. We will be holding them accountable and responsible
- You can meet with the Plans to look at other types of reimbursement other than fee for service. HCA can help encourage too
- By the beginning of 2022, the Plans must have 90% of the funds they are expending to *not be* fee for service (big incentive for them to not do fee for service)
- We can help facilitate those conversations too

**Ken Dahlstedt, Skagit County**

**Question:** Can our Board of Directors obtain a list of the names and locations of MCO's Provider Networks, so there is a way to track?

**Answer from MaryAnne:**

- It is posted on-line and posted on our site
- We will send it to you
- The Plans must notify of us of the loss of a significant provider (seeing over 100 Medicaid clients)
  - They must tell us how they are reassigning folks (and getting them covered)
  - We review their network and have checks and balances in place
  - It is hard to keep the list at 100%
  - HCA needs to hear if folks are having difficulty and we will make the Plans aware
  - If they don't have an adequate network, they are *not* going to be in the region
  - We have standards around how long people wait
    - Not every provider in every community can meet the standard, not just for Medicaid
- How do we build more capacity and not just for Medicaid?
  - There are issues in the State employee ranks ensuring there is enough Providers
  - It's an issue we all need to work together on
  - How can we use Providers differently?
    - 👉 How can we use tele-medicine differently?
    - 👉 How do we license people?
    - 👉 Is there something a nurse can do to relieve the burden off doctors?
  - In the Governor's Budget they have funding to increase primary care rates. Hopefully this will make it through the legislative session and pass



- We tend to pay less than several states in terms of the Medicaid Program. Some of the reasons are:
  - There is no state income tax in WA
  - Social Services receives cuts in a recession
  - Other states receive a higher Medicaid match than WA. Many of our Medicaid clients are funded 50% by the feds and 50% by the state. Newly eligible is funded at 94% by federal and 6% by the state, by the year 2020 the percentage will be 90%. The formula is determined by how wealthy the state is.

**Jamie Stephens, San Juan County**

**Question:**

Providers can easily serve 80% of the Medicaid patients without ever getting into Anacortes, Island County or San Juan County.

**Answer from MaryAnne:**

In addition to the 80% there are time and distance standards that are in place as well, and I will get you those numbers, there are some new changes the Federal Government made. There are people who live in the communities and the travel distance would be too far away for them to get services.

**Jamie's question continues:**

Regarding transportation, under the current system for our Medicaid, we only have one provider for Mental Health (Compass). We must supplement to keep them there and supplement transportation, which is a huge issue. How is that going to be improved or even stay the same?

**Answer from MaryAnne:**

The network should not change, the plans need to reach and get contracts signed with them. Regarding transportation that is not emergent, there are ways to help people. The level of provider access for behavioral health services, should not go down, but should in fact, improve.

So, if you have a community where there is no Providers, we will work with the plans to ensure they get a provider in that community, you must have those services provided.

**Jill Johnson, Island County**

**Question:**

The economic off set (where the BHO is putting up more money in those areas to ensure those areas can provide that service), the plans have to negotiate with the Providers to have them there, is this right?

**Answer from MaryAnne:**

They have to be there.

**Joe Valentine, North Sound Executive Director North Sound BHO**

**Question:**

One of the challenges we face serving the non-Medicaid people in this region was the IMD problem we've talked to you about. It is significant for us. We've had to pull back state general dollars for out-patient for non-Medicaid. We are hoping that gets fixed in the legislature, otherwise the ASO will not have resources to serve that low-income population.

**Answer from MaryAnne:**

That is something we need to continue to dialogue about.

**Rud Browne, Whatcom County**

**Question:**

Half of the homeless kids on the streets here, that are US Citizens, have insufficient identification to qualify for Medicaid. How do we address that?

**Answer from MaryAnne:**

This is the first time anyone has said anything to me about kids and the ID issues. I will work with our eligibility folks to see what sorts of mechanisms can be used to facilitate the issue.

**Rud continues:** Whatcom county has people coming from the East to the West to get jobs and receive services.

**Answer from MaryAnne:** It goes back to the business model, if this is the work they want to do, they need get providers in communities.

How do we help with workforce issue? This is another huge piece. How do we use providers differently to help with these some of these issues?

### Level of Care Questions

**Jill Johnson, Island County:**

Regarding staff consistency: what is the mechanism for ensuring the providers are not just contracting out, but giving the level of care the individuals need?

**Answer from MaryAnne:**

I don't have an easy answer for you. How do we work to keep people in the profession?

If we pay them more, they are going to stay. How do we incent? How do we look at different models of care?

Peers will help too, they can provide supports that aren't therapy and treatment. We are looking at the possibility of paying their student loans. This is not a new problem. We are working on putting other strategies in place.

**Jill continues:**

Admin rates are higher for the MCOs, how do ensure service levels?

**Answer from MaryAnne:**

The way the admin rate is set for a BHO is very different than the way it is set for the MCOs.

There are things that we don't count on the administrative side to the BHOs as we do the MCOs

They have requirements beyond what a BHO has.

We could have a tutorial on this topic if you would like, a possible webinar [all are agreeing].

**Cammy Hart-Anderson, Snohomish County and Jill Johnson Island County:**

**Question:**

Health Care Authority is being affected with high staff turn-over, how is the BHO going to be supported?

The historical folks and with the knowledge needed, tempered reality... these folks are continuing to leave.

**Answer from MaryAnne:**

We have more staff now because we hired DBHR staff. We have the capacity to support the BHO and we are also looking at ways to continue to recruit employees, looking at salaries to retain people, moving people around. We are continuing to learn.

**Jackie Mitchell, Whatcom County:** Contract reviews and audits of MCOs, are they complaint based, or is there a regularity, what is the frequency, and does it include clinical reviews?

**Answer from MaryAnne:**

We have a rigorous plan, we have a Team Monitor on site review of each plan, at least annually.

The Team Monitor Plan is linked with the contract requirements.

- How do they manage complaints?
- How do they manage denials?
- What does their Utilization Review System look like?
- What are they are doing about care management?
- We also have an independent organization, EQRO
- All of our Plans need to be accredited nationally through NCQA
- There are checks and balances in balances in place
- We have a complaint mail box that we check everyday
  - We have a very routinized approach to how we handle the complaints

**Jill Johnson, Island County (Chair)**

How is the funding for the ASO going to stand up if we don't receive the legislation allocation, or if the managed care rates don't come in adequate, or if there is a slow pay process?

**Answer from MaryAnne:**

The reserves will get swept and then the money comes back, re-allocated to the ASO. There is some funding to help fill the hole on the IMD piece. The ASOs will have a funding stream from the MCOs to pay for crisis services. There is also state only money the ASOs will get on a regular basis to help fund the services we asked the ASO to provide. This hasn't been an issue in Southwest or North Central, in terms of cash flow.

There is language that helps support reserves. Because of the state only dollar issue, we are going to look at how this is going to be handled here. I am going to have to get back with you on that.

End