



North Sound Behavioral Health Administrative Services Organization

Advisory Board Retreat

July 9, 2019

8:30 a.m. – 4:45 p.m.

Agenda

Morning

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

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

Afternoon

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

North Sound Behavioral Health Administrative Services Organization

Purpose and Vision

Prepared for the North Sound
Behavioral Health Advisory Board

July 9, 2019



Introduction

- On July 1, 2019, the North Sound Behavioral Health Organization will be phased out and replaced by the North Sound Behavioral Health Administrative Services Organization [BH ASO].
- The BH ASO structure was developed by the state to take over the current functions of BHOs that are not being transferred to the Apple Health Managed Care Organizations [MCOs] BH ASOs will contract with the Washington State Health Care Authority [HCA] to provide “Crisis Services” and other non-Medicaid Services.
- BH ASOs will also contract with the MCOs serving their region to reimburse them for Crisis Services to their Medicaid members.
- North Sound BH ASO is considered a “mid-adopter” of Integrated Managed Care

Apple Health Regional

January 2019

Service Areas

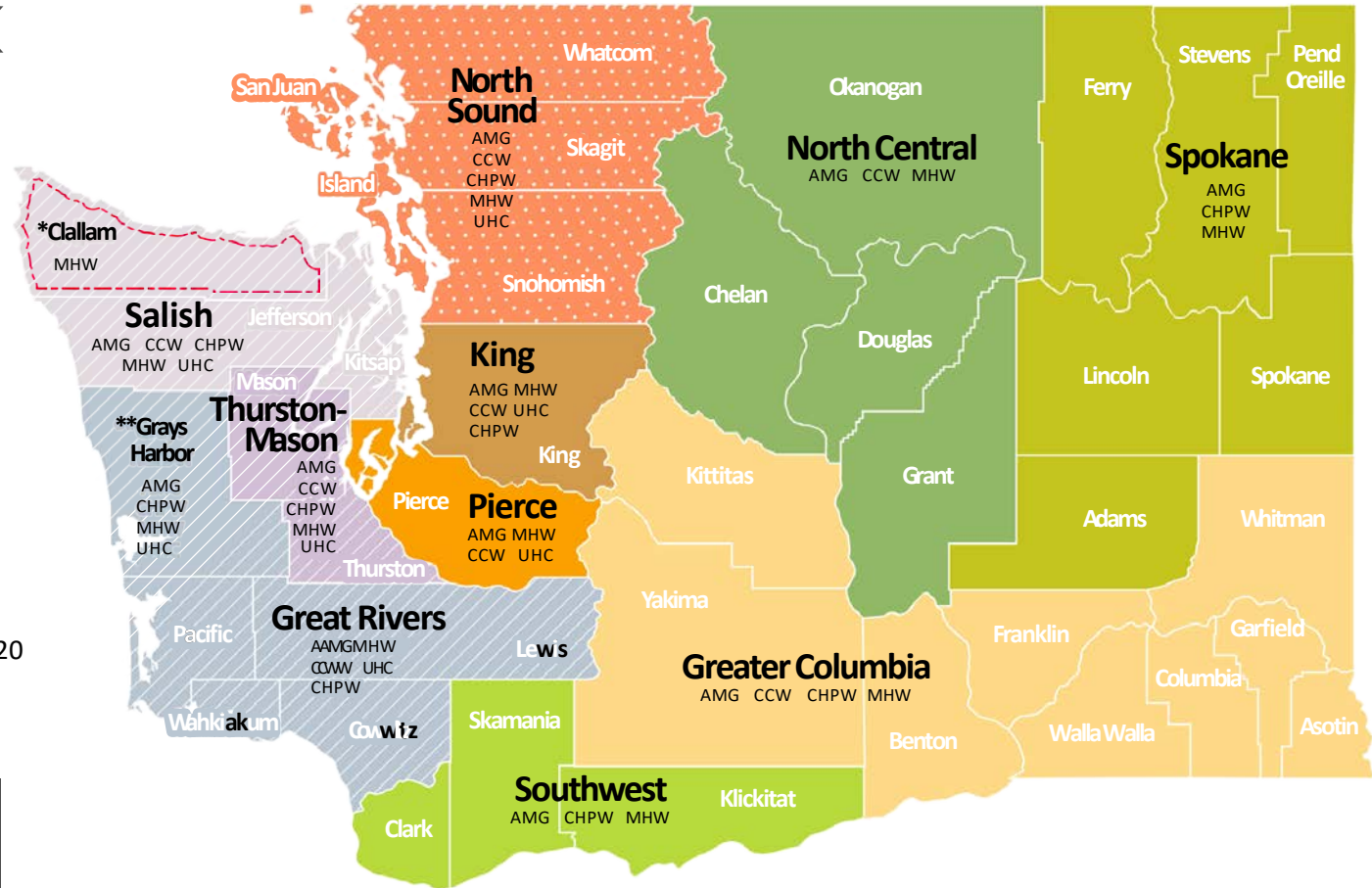
Integrated managed care regions

- Greater Columbia
- King
- North Sound
(integrating July 2019)
- Pierce
- Spokane
- Southwest Washington
- North Central
- Thurston-Mason
(integrating January 2020)
- Salish
(integrating January 2020)
- Great Rivers
(integrating January 2020)

- Voluntary county
- Moving to integrated managed care July 2019
- Moving to integrated managed care January 2020

Apple Health Foster Care (statewide)[†]

AMG – Amerigroup Washington
 CCW – Coordinated Care of Washington
 CHPW – Community Health Plan of Washington
 MHW – Molina Healthcare of Washington
 UHC – UnitedHealthcare Community Plan



[†] Apple Health Foster Care is a statewide program. Integrated managed care is provided through Apple Health Core Connections (Coordinated Care of Washington).
^{*} Clallam County is a voluntary county, served only by MHW until January 2020, at which time it will be served by the plans in the Salish managed care region.
^{**} Grays Harbor County is served by AMG, CHPW, MHW, and UHC until January 2020, at which time it will be served by the plans in the Great Rivers managed care region.



What will we be contracted to do?



CRISIS SERVICES



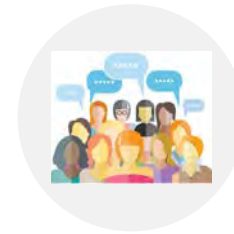
CARE
COORDINATION



NON-MEDICAID
SERVICES

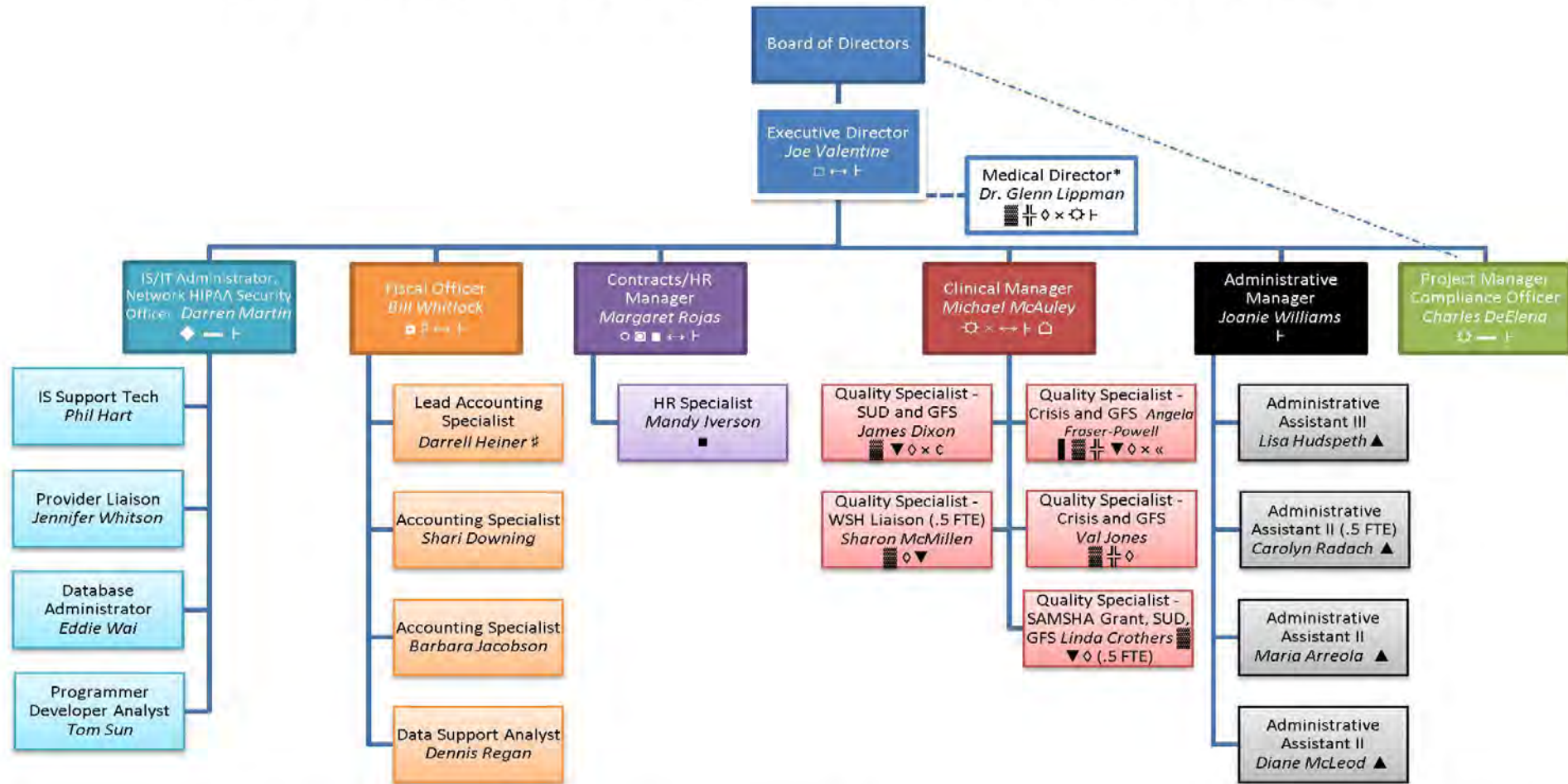


OMBUDS



BEHAVIORAL HEALTH
ADVISORY BOARD

North Sound Behavioral Health Administrative Services Organization Org Chart



Legend					
▲	Customer services/information and referral: General information and referral and overall customer service	☐	Provider Relations	×	Grievance and Appeal
▼	Customer services/information and referral: Specific information and referral and customer service on BH clinical services	☼	Quality Management	△	Clinical Director
⚡	Crisis response system, including oversight of delegation to VOA	◆	Information Technology	▮	Child Specialist
▮	Utilization Management	#	Claims Administration	↔	ASO Executive Team
◇	Care Management/Care Coordination	■	Staff and Provider Training	ϕ	Addiction Specialist
○	Network Development and Contracting: Contracts	□	Government/Community/Tribal Liaison	◀	Crisis Triage Administration
◻	Network Development and Contracting: Fiscal	—	Program Integrity, Fraud and Abuse	┆	Leadership Team

*Independent Contractor



STRATEGIES TO REDUCE
UNNECESSARY CRISIS
SYSTEM UTILIZATION



CARE TRANSITION FROM
JAILS, HOSPITALS, CRISIS
FACILITIES, DETOX
CENTERS, ETC.



COORDINATION WITH
SERVICES FUNDED BY
FEDERAL BLOCK GRANT



CLIP COMMITTEES



COORDINATING
PLANNING FOR NON-
MEDICAID PERSONS BEING
DISCHARGED FROM
WESTERN STATE HOSPITAL



MONITORING SERVICES
TO PERSON DISCHARGED
ON A "LESS RESTRICTIVE
ALTERNATIVE"

Care Coordination

Care Coordination



The BH ASO will develop reports on crisis system utilization and develop joint care coordination protocols with MCOs to reduce unnecessary utilization



The BH ASO Western State Hospital Liaison will work cooperatively with the assigned MCO WSH Liaisons to provide assistance and consultation



The BH ASO will continue to “convene” the CLIP committee and work collaboratively with the assigned MCO CLIP coordinators

Non-Medicaid Funded Services

- Federal Mental Health Block Grant
- Federal Substance Abuse Block Grant
- Opiate Outreach
- State funded “PACT” services for high-risk non-Medicaid persons *
- “HARPS” – housing vouchers *
- Funds for Jail Transition Services *
- CJTA [for Snohomish and San Juan Counties] *

* Subject to annual legislative appropriation

Crisis Services



**24 HOUR MOBILE CRISIS OUTREACH
TEAMS**



**TRAINED BEHAVIORAL HEALTH CRISIS
PROFESSIONALS CAN BE DISPATCHED
TO A HOSPITAL OR OTHER COMMUNITY
SETTING**



**THEY EVALUATE WHETHER THE PERSON
IS SAFE, DE-ESCALATE A CRISIS, AND
PROVIDE INFORMATION AND REFERRAL
TO OTHER COMMUNITY TREATMENT
RESOURCES**

Crisis Services – Involuntary Treatment Services

The Mobile Outreach Teams include
“Designated Crisis Responders” [DCRs]

DCR’s evaluate whether a person is at serious
risk to themselves or others and need short
term involuntary detention.

They can authorize a 72 hour involuntary
detention in an Evaluation and Treatment
Facility or Hospital qualified to provide
psychiatric care

Crisis Services – Involuntary Treatment Services

The Mobile Outreach Teams also include certified “Chemical Dependency Professionals [CDPs]

CDPs can assist with crisis response to persons experiencing a crisis due to substance abuse

DCRs can also authorize a 72 hour involuntary detention to a “Secure Detoxification Facility” for persons who are at serious risk due to a crisis related to substance abuse.

Crisis Services Budget

Estimated: July 1, 2019 – December 31, 2019

Service	Cost	GF-S	Block Grant	Medicaid	Total
Crisis Line	\$650,562	\$440,430	n/a	\$210,132	\$650,562
Crisis Outreach Snohomish (DCR)	\$1,558,832	\$1,169,124	n/a	\$389,708	\$1,558,832
Crisis Outreach – Snohomish (Voluntary)	\$610,210	n/a	\$457,658	\$152,552	\$610,210
Crisis Outreach Compass (DCR)	\$1,566,352	\$1,174,764	n/a	\$391,588	\$1,566,352
Crisis Outreach – Compass (Voluntary)	\$610,210	n/a	\$457,658	\$152,552	\$610,210
TOTAL	\$4,996,166	\$2,784,318	\$915,316	\$1,296,532	\$4,999,166

Service	Funding Adjustment
Crisis Line	Eliminate Funding for the non-crisis “Access Line”
Designated Crisis Responders	DCRs will be funded at the current level
Other Crisis Mobile Outreach	<p>Other voluntary outreach services, i.e., CPIT, will be reduced, and integrated with DCR teams.</p> <p>Some voluntary outreach can continue to be funded with Federal Block Grant and the state general fund portion of “6032” dollars.</p>

Crisis Services Funding Adjustments

Transition Issues – Early Warning Metrics

INDICATOR CATEGORY	INDICATOR SUB-CATEGORY	SPECIFIC INDICATOR TRACKED
Crisis Services	1. Crisis Hotline Calls	# of incoming calls # of calls answered within 30 seconds Abandonment rate Speed of answer
	2. ITA Investigations and outcomes	# mental health and SUD investigations # persons detained # voluntary admissions # discharged with referral
	3. Designated Crisis Responders	DCR response time [2 hours for emergent crisis]
	4. Bed Availability	# of “no bed” reports [no hospital bed available] # of single bed certifications

Transition Issues – Early Warning Metrics

INDICATOR CATEGORY	INDICATOR SUB-CATEGORY	SPECIFIC INDICATOR TRACKED
Emergency Department Utilization	5. Emergency Department Utilization	# of recorded visits for Medicaid clients # of recorded ED events per thousand member months # of recorded ED utilization for seriously mentally ill persons # of recorded utilization for persons with a history of behavioral health needs
Law Enforcement Contacts [North Sound addition]	6. Increase in referrals from Law Enforcement for Crisis Services	Increase in referrals to the crisis line for crisis team dispatch from law enforcement

Transition Issues – Early Warning Metrics

INDICATOR CATEGORY	INDICATOR SUB-CATEGORY	SPECIFIC INDICATOR TRACKED
Provider Payments and Capacity	7. Behavioral Health Claims Status	% of BH claims/encounters rejected by MCOs % of BH claims/encounters denied by MCOs
	8. Behavioral Health Provider Survey	Narrative reports
	9. Civil Occupancy	# of patients in residence with a civil legal authority status located in designated civil state hospital wards
Interpreter Services	10. Speed of appointment requests being filled for behavioral health provider agencies	Average # of days between the date the request was submitted and the date the request was filled
	11. Number of appointment requests filled vs. the number of requests made	% of interpreter service requests that were filled

Crisis Services Performance Measures

CRISIS CALL CENTER

90% of calls answered in 30 seconds

Call abandonment rate of less than 3%

Callers provided direct access to mobile crisis outreach team within 30 seconds

Crisis Services Performance Measures

CRISIS CENTER REPORTS

Caller demographics

Analysis of calls, callers, dispositions, origin of calls, referral sources, etc

Recommendations for improving crisis response system

Crisis Services Performance Measures

MOBILE CRISIS TEAMS

Number and percent of persons referred for mobile outreach

Number and percent of persons diverted from Emergency Room and/or ITA commitment

Mobile Crisis Outreach dispatch and time of arrival

Disposition of response

Crisis Services Performance Measures

PERSONS SERVED

Total number of persons served in the crisis system by fund source and service type

Number of persons who are repeat utilizers reported by frequency of utilization

Crisis Services Flow Chart

Refer to Handout A

Crisis Services Frequent Utilizers

North Sound Interlocal Leadership Structure “Model of Care” workgroup:

- Develop a common MCO and BH-ASO definition of “frequent utilizer”
- Develop case coordination protocols
- Develop plan for how additional case management for frequent utilizers will be funded and authorized

Crisis Services Process Improvement



Monitoring of monthly crisis services performance reports



Crisis Services Leadership Group



Streamlining and integration of DCRs and CPIT



VOA Placement Coordination Team



Stakeholder meetings in late 2019

Ombuds Services



The BH ASO will continue to contract for Ombuds services to all persons receiving Medicaid and state funded behavioral health services



The BH ASO contracted Ombuds will continue to provide all of the services they do now, e.g., advocating and assisting individuals through the Grievance and Fair Hearing process, coordinating with other systems, preparing reports and providing recommendations to the Behavioral Health Advisory Board.

Behavioral Health Advisory Board

- The BH ASO will continue to maintain and support a Behavioral Health Advisory Board [BHAB]
- The required demographic representation will remain the same as the current requirements, e.g., 51% of persons with lived experience, and parents or legal guardians.
- Section 23.1.2 of the HCA-BH ASO contract spells out the functions



Behavioral Health Advisory Board

23.1.2.1	Solicit and use the input of individuals with mental health and/or SUD to improve behavioral health services
23.1.2.2	Provide quality improvement feedback to key stakeholders and other interested parties defined by HCA. <i>The Contractor shall document the activities and provide to HCA upon request</i>
23.1.2.3	Approved and submit the annual SABG and MHBG expenditure plan

Interlocal Leadership Structure



The North Sound BH ASO will continue to support county chairing of the “North Sound Interlocal Leadership Structure” [ILS]



The North Sound ILS provides a structure for the Counties, MCOs, North Sound ACH, Behavioral Health Agencies, and Tribes to coordinate the design and implementation of the Integrated Managed Care Model



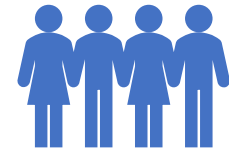
The ILS creates workgroups as necessary to support this work.



This includes: Joint Operating Committee, Early Warning System, Model of Care [Crisis Services]

Interlocal Leadership Structure Committee and Workgroups

- **Joint Operating Committee:** coordinates the development of technical systems and protocols
- **Early Warning System:** develops “early warning” and performance indicators to monitor the implementation of Integrated Managed Care
- **Model of Care [Crisis Services]:** develops joint protocols to support care coordination
- **Capacity Building:** identify current system gaps and develop joint MCO/BH ASO/ County strategies to address them. In the North Sound this would include planned enhancements to crisis and treatment facilities
- **Communications:** develop communication materials and strategies that target different audiences explaining what will change with the transition to Integrated Managed Care.



Future Role of the BH ASO From SB 5432

Coordinate	Coordinate with local governments, Tribes, local systems, the Behavioral Health Advisory Board, and Ombuds to improve access to services or improve behavioral health services.
Collaborate	Collaborate with HCA, MCOs, Tribes and Providers to coordinate services to persons who are frequent utilizer of crisis services
Collaborate	Collaborate with local government to ensure that policies to not result in an adverse shift of persons into correctional facilities
Work	Work with HCA to expedite the enrollment of persons leaving correctional facilities or hospital IMDs.

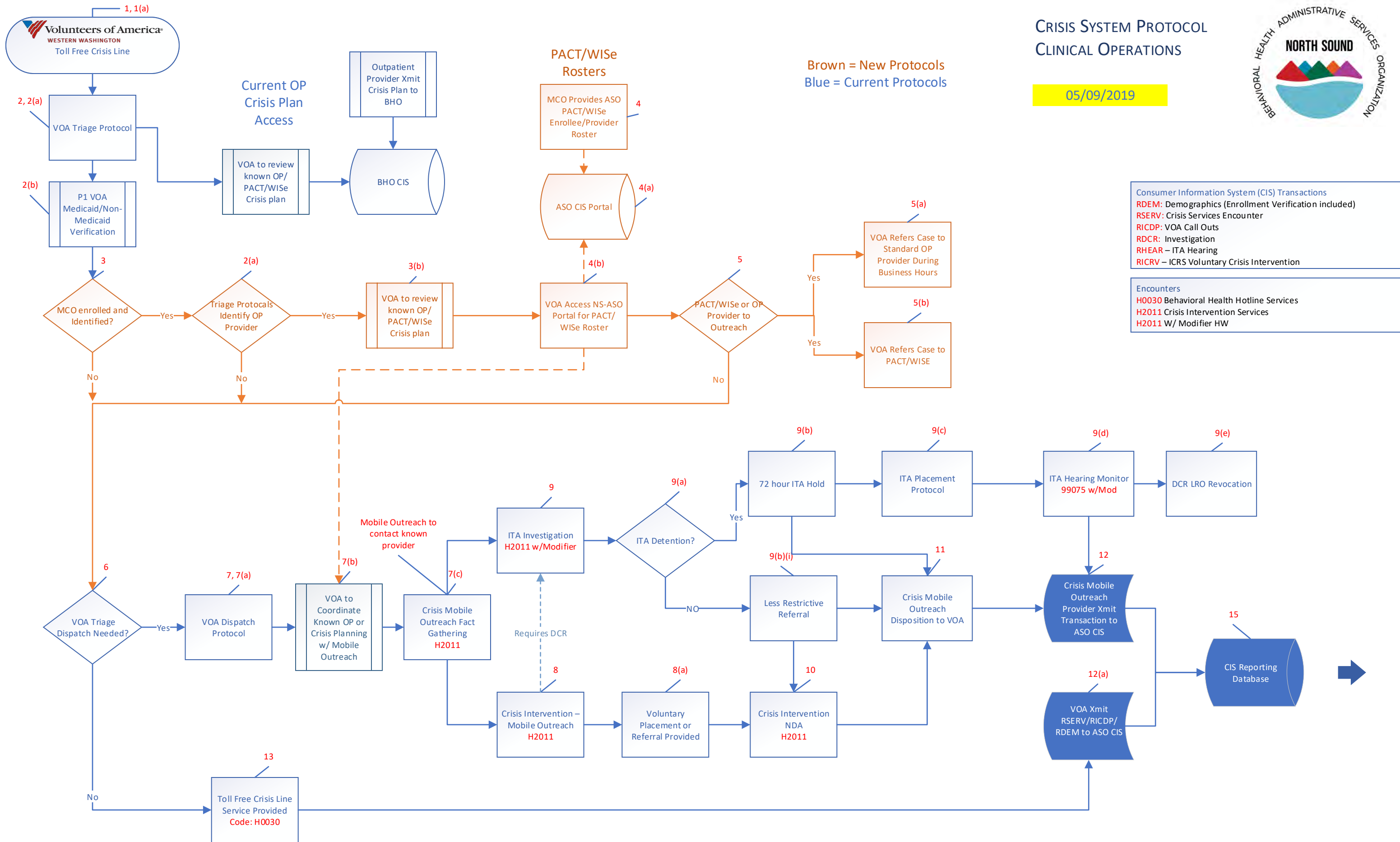
Future Role of the BH ASO

Continue to act as voice for county officials and community members regarding how to improve access to behavioral health service for persons in need of treatment and recovery



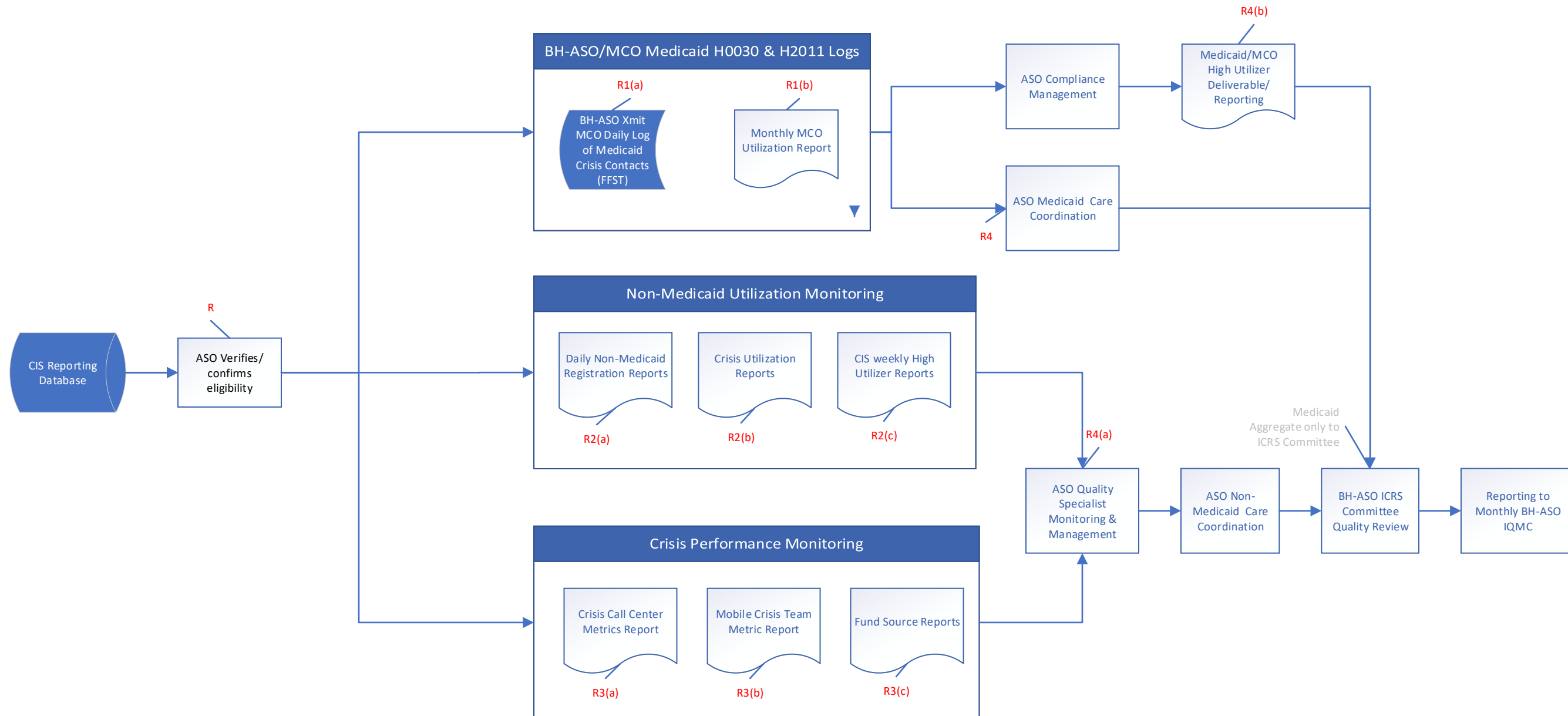
**CRISIS SYSTEM PROTOCOL
CLINICAL OPERATIONS**

05/09/2019



Brown = New Protocols
Blue = Current Protocols

- Consumer Information System (CIS) Transactions**
RDEM: Demographics (Enrollment Verification included)
RSERV: Crisis Services Encounter
RICDP: VOA Call Outs
RDCR: Investigation
RHEAR: ITA Hearing
RICRV: ICRS Voluntary Crisis Intervention
- Encounters**
H0030: Behavioral Health Hotline Services
H2011: Crisis Intervention Services
H2011 W/ Modifier HW



North Sound Behavioral Health Advisory Board

July 9, 2019 Annual Retreat

Questions for Managed Care Organization Panel

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

North Sound Behavioral Health Advisory Board

Purpose

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

History

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

Membership

The 26-member North Sound Behavioral Health Advisory Board consists of delegates from each county as follows:

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

Duties

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

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

MEMORANDUM

July 9th, 2019

TO: North Sound Behavioral Health Advisory Board

FROM: Joe Valentine, Executive Director

RE: July 11th, 2019 Board of Directors Agenda

Please find for your review the following that will go before the North Sound Behavioral Health Administrative Services Organization Board of Directors Meeting at the June 11th, 2019 meeting:

For Executive Committee Approval

Authorized Signatories

Summary:

Some of the previous signatories are no longer employed, we need to identify new signatories to ensure we have a sufficient number.

Motion #19-XX

- To approve adding Darren Martin, IS/IT Manager, as a signing authority (replacing Sharon Toquinto) and Michael McAuley, Clinical Manager, (replacing Elizabeth Kruse), on North Sound BH-ASO's accounts at Skagit County Auditor's Office, Skagit County Treasurer's Office and the bank accounts at Skagit State Bank for: Petty Cash, Advanced Travel and the employee Flexible Spending Account.

The designated North Sound BH-ASO signatories shall have the authorization privileges for disbursements over Petty Cash, Advanced Travel and Flexible Spending accounts, vouchers, payroll and investing. Other authorized signors remain the same: Joe Valentine, Executive Director and Margaret Rojas, HR/Contracts Manager.

Crisis Services

Summary:

To provide funding to Compass Health and Snohomish County Human Services for Mobile Outreach Crisis Services. They will earn the Mental Health and Substance Abuse Block Grant funds by submitting eligibility criteria and earn Medicaid funds by submitting Medicaid encounters. The Medicaid estimate is based on a baseline of 25% of outreaches being Medicaid reimbursable.

Motion #19-XX

- To approve a six (6) month budget for Compass Health Crisis Services in the amount of \$1,792,799 State Funds, \$119,820 in Mental Health Block Grant Funds, \$228,000 in Substance Abuse Block Grants Funds and \$709,727.50 in Medicaid Funds.

Motion # 19-XX

- To approve a six (6) month budget for Snohomish County Crisis Services in the amount of \$951,002 State Funds, \$195,495 in Mental Health Block Grant Funds, \$372,000 in Substance Abuse Block Grants Funds and \$494,479 in Medicaid Funds.

Snohomish County

Summary:

To provide funding for Volunteers of America for the toll-free crisis hotline and the crisis outreach dispatch.

Motion #19-XX

- To approve a six (6) month budget for Volunteer of America 24-hour Crisis Hotline in the amount of \$582,864.50 in State Funds and \$278,087.50 in Medicaid Funds.

Volunteers of America (VOA)

- Toll Free Crisis Hotline
- Crisis Outreach Dispatch

For Executive Committee Ratification

Summary:

The North Sound BHO/CAEC approved the North Sound BHO's Mission, Vision and Values Statement on 11/10/2016, via motion #16-96.

The 2016 approved version incorporated the input of the committee members.

North Sound Behavioral Health Administrative Services Organization's name was added on 7/1/2019, with no revisions.

Motion #19-XX

To approve the North Sound ASO Mission, Vision and Values Statement as written.

SABG and County Contracts

Summary:

Ratify previously approved contracts approved during the April 11th meeting.

Motion #19-XX

To ratify the previously approved county and SABG contracts approved during the April 11th, 2019 CAEC meeting.

Effective Date: 7/11/2019

Review Date: **6/11/2020**

Revised Date: [Click or tap to enter a date.](#)

North Sound Behavioral Health Administrative Services Organization, LLC

Section [Select Section #](#) : **BH ASO Mission, Vision, and Values**

Authorizing Source: **North Sound BH ASO Board of Directors**

Approved by: Executive Director Date: [Click or tap to enter a date.](#) Signature:

POLICY #1101

SUBJECT: NORTH SOUND BH ASO MISSION VISION AND VALUES

PURPOSE

To establish the Mission, Vision and Values for the North Sound BH ASO as its guiding principles.

MISSION:

The Mission of the North Sound Behavioral Health Administrative Services Organization is “Empowering Individuals and Families to Improve their Health and Well-Being”.

VISION:

A system of care that is shaped by the voices of our communities, and people using behavioral health services. The people who work in this system are competent, compassionate, and empowering and supportive of personal health and wellness.

VALUES:

Integrity: We nurture an environment of transparency, trust and accountability

Collaboration: We believe every voice matters

Respect: We accept and appreciate everyone we encounter

Excellence: We strive to be the best in everything we do

Innovation: We endeavor to try new things, be forward thinking, learn from mistakes and be adaptable

Culture: We endeavor to be culturally educated and responsive

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

	Total	All Conferences	Board Development	Advisory Board Expenses	Stakeholder Transportation	Legislative Session
		Project # 1	Project # 2	Project # 3	Project # 4	Project # 5
Budget	\$ 22,000.00	\$ 10,200.00	\$ 575.00	\$ 10,200.00	\$ 75.00	\$ 950.00
Expense	(9,775.25)	(5,385.40)		(3,240.17)		(1,149.68)
Under / (Over) Budget	\$ 12,224.75	\$ 4,814.60	\$ 575.00	\$ 6,959.83	\$ 75.00	\$ (199.68)

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

Type	Date	Name	Memo	Amount
Advisory Board		Supplies		
Bill	06/04/2019	Costco Lunch	Batch # 128540	77.54
Total · Supplies				<u>77.54</u>
		Travel		
Bill	04/23/2019	Tulalip Resort Hotel	Batch # 128036	353.70
Bill	06/12/2019	AA Dispatch	Batch # 128654	306.00
Bill	06/12/2019	BHC Meal Adv	Batch # 128654	314.00
Bill	06/19/2019	Hilton Vancouver	Batch # 128731	2,908.04
Bill	06/19/2019	Amtrak Vancouver	Batch # 128731	137.00
Bill	06/26/2019	McDonald, Mark	Batch # 128838	156.57
Bill	06/26/2019	McDonald, Mark	Batch # 128838	32.48
Bill	06/26/2019	Yuen, Jennifer	Batch # 128838	47.56
Bill	06/28/2019	Plappert, Fred	Batch # 128858	16.09
Total · Travel				<u>4,271.44</u>
Total				<u><u>4,348.98</u></u>

1. TRANSITION TO INTEGRATED MANAGED CARE

a) BH ASO Contract

- We have received and signed our new BH ASO contract with Health Care Authority [HCA] which became effective July 1.

b) Institution for Mental Diseases [IMD] Fiscal Audit

- The State Auditor's office review of our IMD reporting has been scheduled for July 22 in conjunction with their regular annual fiscal audit.

c) Integrated Care Planning

- The 3 Workgroups that have been formed to support the planning for the transition to Integrated Managed Care *Early Warning Metrics*, *Model of Care*, and *Capacity Building*, continue to meet.
- The *Early Warning Metrics Workgroup* has finalized its recommendation to HCA. These recommendations include 2 additional measures being proposed by the North Sound:
 - i) Number of referrals to the Crisis Line from Law Enforcement [data to be supplied by the ASO], and
 - ii) Increase in Medicaid enrollees switching between plans [HCA has tentatively agreed to provide this data and add it to the monthly dashboard].
- HCA will produce the monthly Early Warning Metrics dashboard for the first 6 months after the "go-live" date. The first report would be released in August.
- The *Model of Care* workgroup has finalized the initial design on how calls to the Crisis Line and dispatch of crisis teams will be coordinated with the MCOs.
- MCOs have agreed to send us the list of persons being served by Wraparound with Intensive Services [WISE] and Program of Assertive Community Treatment [PACT] teams so that the Crisis Line can direct calls to them.
- HCA has also directed the MCOs to allow their contracted providers to continue to send to the ASO individual crisis plans. This would allow the Crisis Line to continue to access our data base to determine whether an individual is currently being treated by one of our provider agencies. It would also allow the Designated Crisis Responders [DCRs] to access this information as well.
- We need to continue to work with the Model of Care Workgroup on how provider agencies will be notified if one of their enrollees contacts the Crisis Line and does not currently have a crisis plan.
- The MCO's posted their provider networks on their websites on June 19. BHO staff have done a preliminary review of them. For some MCO's it's not possible to determine their complete network. You need to type in your zip code and service being requested.

d) BH ASO Budget Model

- We have received our new Fiscal Year 19-20 allocations from the state. These turned out to be close to our assumptions and we have been able to finalize our budget.
- Our next step is to amend our downstream contracts, including the county contracts, in order to add the actual budget amounts.
- A key goal of the budget model is to fund the Crisis Line and Designated Crisis Responders [DCRs] to meet minimum requirements for 24/7 coverage.
- We are also providing federal block grant funds to the DCR agencies [Snohomish County Human Services and Compass Health] to provide “voluntary outreach” to persons in crisis who do not need involuntary commitment.
- DCRs will be segregating the reporting of their time to code to Medicaid and/or federal block grant activities not related to an Involuntary Treatment Act investigation.
- We are using our current contract with Health Management Associates [HMA] to conduct a *fiscal risk analysis* of our BH ASO budget model. They have developed a fiscal risk analysis tool that will allow us to monitor trends in revenues and expenditures against our projected budget.

e) Provider Readiness

- We held an ASO “Provider Readiness Symposium” on June 17 providing an overview of the new BH ASO structure and providing detailed guidelines on policies and reporting requirements for BH ASO contracted services.
- The MCO’s have agreed to our hosting monthly “IMC Provider Forums” on the 2nd Wednesday of each month to provide an ongoing forum to address provider questions and concerns. This will take the place of the existing monthly BHO “Quality Oversight Committee”.

f) Communications

- We have sent notices to all community stakeholders summarizing the changes in the Crisis Services System [attached].
- We have also sent notices to all community hospitals regarding the changes in both Crisis Services and to the process for requesting authorization for psychiatric hospitalization [attached].

2. BEHAVIORAL HEALTH FACILITIES UPDATE

- The Department of Commerce has issued formal award letters for the 3 projects that received additional funding in the Fiscal Year 2019-2020 Capital Budget: Snohomish County DJJC, Skagit E & T, and the Tri-County Crisis Center in Oak Harbor.

- A letter has been sent to Tribal Leaders and Tribal Behavioral Health Directors inviting them to participate in the design and/or funding of beds at the proposed new Skagit E&T.

3. NORTH SOUND BH ASO FACILITY CHANGES

- With the transition of our departing staff, we are offering the possibility of sub-leasing another portion of our space in the “cube” area. This would include 7 modules and 4 offices.
- Beginning July 1, we will charge outside organizations for the use of our conference room except for counties.



NOTICE TO COMMUNITY STAKEHOLDERS

CHANGES IN THE NORTH SOUND BEHAVIORAL HEALTH CRISIS SERVICES SYSTEM

Effective July 1, 2019, the North Sound Behavioral Health Organization [BHO] will transition to a new organization: The *North Sound Behavioral Health Administrative Services Organization [BH ASO]*.

This change is part of the transition to Medicaid Integrated Managed Care in the North Sound region.

As the BH-ASO we will continue to fund and coordinate Crisis Services.

The BH-ASO will have limited funds available for other behavioral health services for low-income non-Medicaid persons, primarily Substance Use Disorder Services for priority populations.

What Will Remain the Same
<p>24-Hour Toll- Free Crisis Line 1-800-584-3578</p>

What Will Change
<p>There will be a single Mobile Outreach Team in each county providing both Involuntary Treatment Investigation Services and other Mobile Crisis Outreach Services. The Mobile Outreach Team services are provided by: <i>In Snohomish County: Snohomish County Human Services</i> <i>In Island, San Juan, Skagit and Whatcom Counties: Compass Health</i></p>
<p>Contact the 24-Hour Toll-Free Crisis Line to request Crisis Outreach Services</p>

For More Information on these changes, contact the North Sound BHO [after July 1, the BH ASO] at 360.416.7013 or 800.684.3555

www.nsbhaso.org



**NOTICE TO NORTH SOUND REGION COMMUNITY HOSPITALS
CHANGES IN THE NORTH SOUND BEHAVIORAL HEALTH CRISIS SERVICES SYSTEM
AND REQUEST FOR AUTHORIZATION OF PSYCHIATRIC HOSPITALIZATION**

Effective July 1, 2019, the North Sound Behavioral Health Organization [BHO] is transitioning to a new organization: The *North Sound Behavioral Health Administrative Services Organization [BH ASO]*. This change is part of the transition to Medicaid Integrated Managed Care in the North Sound region.

1. Changes to Crisis Services

As the BH-ASO we will continue to be responsible to fund and coordinate Crisis Services.

Hospitals should continue to call the Crisis Line to request assistance from a Mobile Crisis Outreach Team to assess (a person) or persons who are experiencing a serious crisis due to a mental health or substance use condition.

24-Hour Toll-Free Crisis Line
1-800-584-3578

Mobile Crisis Outreach Teams
There will be a single Mobile Crisis Outreach Team in each county providing both Involuntary Treatment Investigation Services and other Mobile Crisis Outreach Services. The Mobile Outreach Team services are provided by: <i>In Snohomish County: Snohomish County Human Services</i> <i>In Island, San Juan, Skagit and Whatcom Counties: Compass Health</i>
Contact the 24-Hour Toll-Free Crisis Line to request Crisis Outreach Services