



North Sound Behavioral Health Advisory Board

Agenda

March 2, 2021

1:00 p.m. – 3:00 p.m.

Call to Order and Introductions

Revisions to the Agenda

Approval of February Minutes

Announcements

— **Whatcom County Candidate Vote**

Brief Comments or Questions from the Public

Executive/Finance Committee Report

— **Approval of February Expenditures**

Executive Director's Report

Executive Director's Action Items

Old Business

— **Advisory Board Crisis Services Metrics Update**

New Business

— **OMBUDS Semi-Annual Report**

— **Advisory Board Brochures**

Report from Advisory Board Members

Reminder of Next Meeting

Adjourn



North Sound Behavioral Health Advisory Board

February 2, 2021

1:00 – 3:00

Meeting Minutes

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

Members Present on Phone GoToMeeting Platform:

- **Island County:** Candy Trautman, Chris Garden
- **San Juan:**
- **Skagit County:** Duncan West, Patti Bannister, Jere LaFollete, Ron Coakley
- **Snohomish County:** Marie Jubie, Fred Plappert, Pat O'Maley-Lanphear, Jack Eckrem, Joan Bethel, Jennifer Yuen
- **Whatcom County:** Arlene Feld, Kara Mitchell, Michael Massanari, Mark McDonald

Members Excused:

- **Island County:**
- **San Juan County:** Diana Porter
- **Skagit County:**
- **Snohomish County:**
- **Whatcom County:**

Members Absent:

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

North Sound BH-ASO Staff: Joe Valentine, Linda Crothers, Val Jones, James Dixon, Dennis Regan, Maria Arreola (Recording).

Managed Care Organization Representation:

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

Guests: Alan Friedlob; Community Guest

Pre-Meeting Training

No pre-meeting held this month.

Call to order and Introductions

The meeting was called to order by Chair West at 1:02 p.m.

Revisions to the Agenda

No revisions mentioned.

Approval of December Minutes

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

Announcements

- Linda spoke on the Medication Assisted Treatment. The grant is now in the third and final year. A primary contractor Lifeline Connections is now serving Bellingham, Mount Vernon and in Oak Harbor. The grant wraps up in September of 2021. It has been a successful grant bringing these services to the region.

Positive developments in response to COVID was the ease of restrictions to providing MAT based services via Telemedicine. This eliminated the in-person restriction. The elimination of this barrier has created more access of services to more individuals in rural areas.

A barrier was eliminated to have physicians prescribe Buprenorphine. Work will have to be done to have physicians feel comfortable working with the Substance Use Disorder population. Physicians can complete the waiver to begin prescribing Substance Use Disorder medications.

Meth is a huge issue that is on the rise again. There has been no strong medication impact on this drug usage. There has been a contingency therapy which is of a reward program that had a small impact. Skagit County has been working with contingency management that has been working well.

- Val Jones spoke on the North Sound Youth and Family Coalition (NSYFC). In 2020 the NSYFC is launching a 14 week equity and inclusion project launching on February 8th. This is youth centered data driven project. Youth will be given all the tools and support to develop a data driven project to help improve the youth behavioral health system. The youth will advise YFC to improve behavioral health services in our region. The research project will make recommendations to NSYFC goals and Charter. Val extended an invitation to the Board to participate in the project. Those who are interested are to contact Maria or Val.

Brief Comments from the Public

Alan expressed his interest in serving on the Board. Alan has lived in Whatcom county for 17 years. Alan has been involved in a Whatcom county coalition focused on behavioral health at a local level. This coalition has taken an approach on care coordination services for persons with serious mental illness in Whatcom county. During this time of learning collaborative, Alan learned of the North Sound BH-ASO and the Advisory Board vacancy. Alan has a background working as a commissioned officer in the US Public Health Service. A strength he can bring is to strengthen a system change dealing with a complex system that services the most vulnerable individuals in our communities.

Executive Directors Report

Joe reported on

- Legislation and Budget
- Crisis Services
- Crisis Services Annual Assessment

James Dixon spoke on the Trueblood program that diverts individuals from the criminal justice system in the North Sound region. James spoke of the overview of the success of the program data. A total of 715 individuals have been diverted from the criminal justice system to date. The program is off to a good start so far facing the barriers of COVID and staff not being able to directly contact individuals face to face.

Executive/Finance Committee Report

The December and January Expenditures were reviewed and discussed. Chair West proposed to move the December and January budgets to the Board of Directors for approval. Motion seconded. All in Favor. Motion Carried.

Old Business

Advisory Board Legislative Priorities

Joe and Chair West collaboratively worked on the drafted priorities. Members reviewed the document. A motion was made to approve the 2021 Legislative priorities. Motion seconded. All in Favor. Motion Carried.

Pre-Meeting Schedule

Chair West proposed to have Pre-Meeting trainings be held on alternating months beginning in March. The time will remain the same from 12:10 – 12:50 prior to the Full Board meetings. Members discussed various topics of interest. Maria will begin scheduling with agencies. Maria will send the Outlook invitations for the months of pre-meeting trainings.

New Business

North Sound BH-ASO Internal Quality Management Oversight Committee – Advisory Board Metrics

Dennis gave an overview of the Crisis Services Metrics report to help determine metrics of interest. Chair West proposed Members respond to Maria with the top 3 metrics of interest. The submitted metrics will be reviewed during the Executive Finance Committee and recommendations will be brought forth during the March meeting.

Report from Advisory Board Members

None

Reminder of Next Meeting

Tuesday, March 2, 2021 via GoToMeeting Platform

Adjourn

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

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

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



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

- There are still a number of legislative bills alive that affect behavioral health [see attachment 1]
- 1477 would implement the new “988” phone line and create new “crisis call center hubs” which would handle the 988 calls and be able to dispatch mobile crisis teams. The ASOs and many other groups have raised concerns about creating a duplicate system that would operate parallel to our existing system of regional behavioral health crisis lines. However, we have expressed support for the goal of using the “988” number to simplify access to crisis services.
- The bill calls for the establishment of several implementation and design committees. A “Crisis Response Improvement Strategy Committee” would include BH-ASOs and Crisis Agency providers among other stakeholders. [Attachment 2]

2. CRISIS SERVICES

- **Weekly Crisis Capacity Indicator Report** – through February 20 [attachment #3]
 - Calls to the Crisis Line remain at historically high levels but have leveled out over the last few months
 - The number of dispatches of mobile crisis outreach teams continue to climb
 - The number of Involuntary Treatment Act [ITA] investigations have remained stable at historical levels
 - Crisis Services for youth continue to climb
- **North Sound Crisis Metrics Report Excerpt for January 2021**
 - All key metrics for crisis line calls and crisis team dispatches were met
 - The call abandonment rate is now below 4% [attachment #4]

3. CRISIS SERVICES ANNUAL ASSESSMENT

- We have been briefing different stakeholder groups on the results of the assessment and the 7 opportunity areas for improvement
- A follow up survey was sent to the Counties asking them to indicate their priorities for areas of improvement
- The full report can be found on our website at:

<https://nsbhaso.org/news-and-events/north-sound-bh-aso-annual-crisis-assessment-now-available>

4. UPDATE ON FEDERAL EMERGENCY FUNDS

- HCA is expecting to receive two different sources of federal funds responding to the COVID pandemic.
- One of these is a 2nd round of “**Emergency COVID funds**”. They expect to be distributing these to BH-ASOs shortly. We had already distributed our allocation of the first round of funds to Lake Whatcom Residential & Treatment Center, Therapeutic Health Services, and Sunrise Services.
- The 2nd source would be a significant one-time increase in Mental Health and Substance Abuse Block Grant funds. This would include both **Mental Health and Substance Abuse Block Grant** funds.
- A portion of each is to be allocated to treatment and a portion for recovery support services. Health Care Authority [HCA] is still waiting for the Award letter and details on what the money can be spent on. Because the award is retroactive to October 2020, Substance Abuse and Mental Health Services Administration [SAMHSA] has indicated it would be flexible in extending the award period.

5. PATH GRANT

- Compass has decided it can no longer provide services under the “PATH” grant which provides homeless outreach services.
- Growing workforce shortages seem to be affecting many of our agencies.
- We’ll be seeking to contract with a new provider.

6. TRIBAL-HCA PROTOCOLS FOR CRISIS COORDINATION

- We participated in the 2nd meeting hosted by HCA with the Tulalip Tribe to develop a new “Protocol for Crisis Coordination”.
- This agreement, which will now be between the State and Tribes, replaces the former Crisis Coordination Agreement which we had negotiated with the Upper Skagit Tribe and had also begun negotiations with 4 other Tribes.
- Like the former agreement, the Protocol will identify the protocols for Designated Crisis Responders [DCRs] when responding to Tribal members who need crisis services. It is to include agreements for when and under what conditions DCRs can enter Tribal lands.
- Snohomish County Human Services and Volunteers of America participated in the 2nd meeting and much of the coordination processes that have already been put in place between these two agencies and the Tulalip Tribe can be incorporated into this new Protocol.

7. CRISIS CARE COORDINATION DATA EXCHANGE PLATFORM

- The ASO and MCOs have been working with “Collective Medical Technologies” to design a software portal that will allow agencies to upload Crisis Plans and eventually allow the same agencies to be notified when one of their clients has received crisis services.

- This new platform would help bridge the information gap that was created when Medicaid client information was split off from the BH-ASO in the transition to Integrated Managed Care.

Behavioral Health Bill List
As of February 26, 2021

Bill	Key Provisions	Status
1477/5209	<ul style="list-style-type: none"> • Modeled after Georgia’s program. • Creates a state designated crisis hotline center(s) with broad responsibilities to coordinate with other crisis services including dispatching mobile crisis teams. Expands funding for other crisis services including demographically specific crisis teams. • Creates an implementation coalition to make recommendations for implementation by July 2022. • Creates a cabinet level 988 crisis hotline system director to provide oversight of the system. 	House Rules Committee
1086	<ul style="list-style-type: none"> • Eliminates regional behavioral health Ombuds services and creates a state office of behavioral health consumer advocacy 	Referred for House Floor Calendar
1296	<ul style="list-style-type: none"> • Restores the B&O tax deduction for BH-ASOs and other health or social welfare organizations on government funded behavioral health services 	House Rules Committee
1348 5304	<ul style="list-style-type: none"> • Directs HCA to seek federal waivers to suspend rather than terminate persons in jail for less than 30 days 	Passed House – Senate W&M- Public Hearing
5073	<ul style="list-style-type: none"> • Makes a number of technical changes to the ITA act, including allowing DCRs to use video for ITA investigations and expands minimum requirements for Less Restrictive Orders 	Passed Senate, referred to House Civil Rights & Judiciary- First reading on February 8
5074	<ul style="list-style-type: none"> • Establishes a “safe station pilot program” in fire stations. • Allows them to employ SUD Peer specialists and make referrals to E&Ts and Withdrawal management facilities. 	Passed the Senate. First Reading in House Health Care and Wellness on February 26
5328	<ul style="list-style-type: none"> • Directs HCA to seek a state plan amendment to incorporate the clubhouse modality and requires clubhouses to be accredited by Clubhouse International 	Passed House Rules committee for 2 nd reading on February 22
1499	<ul style="list-style-type: none"> • Expansion of SUD services, creates a substance abuse advisory committee, eliminates some criminal penalties for possession 	House Appropriation Committee

5157	<ul style="list-style-type: none"> Requires the establishment of performance measures for Medicaid plans related to rates of criminal justice system involvement 	Passed Senate First Reading-House Health Care & Wellness
<ul style="list-style-type: none"> 1504 1311 1007 	<ul style="list-style-type: none"> Establishes a behavioral health workforce pilot program and provides training support grants to providers Allows for persons participating in authorized apprenticeship programs to qualify for substance use disorder professional certification Removes limitation on number of supervised experience hours that a person pursuing a license as a social worker may complete through distance supervision 	<ul style="list-style-type: none"> House Rules Passed House-referred to Senate Health & Long Term Care Passed House-referred to Senate Health & Long Term Care

Crisis Response Improvement Strategy Committee

1 NEW SECTION. **Sec. 104.** (1) The crisis response improvement
2 strategy committee is established for the purpose of developing an
3 integrated behavioral health crisis response system containing the
4 elements described in subsection (4) of this section.

5 (2) The office of financial management shall select a private
6 entity to facilitate the proceedings and the development of findings
7 and recommendations of the strategy committee. In addition, the
8 entity shall serve as a liaison between agencies with
9 responsibilities in the enhancement and expansion of behavioral
10 health and suicide prevention crisis services as well as between the
11 crisis response improvement strategy committee and the blue ribbon
12 commission on the intersection of the criminal justice and behavioral
13 health crisis systems established in the governor's executive order
20 21-02.

21 (3) The crisis response improvement strategy committee shall
22 consist of the following members appointed by the health care
23 authority, unless otherwise noted:

24 (a) A representative of the health care authority, who shall
25 serve as the chair of the crisis response improvement strategy
26 committee;

27 (b) A representative of the department of health;

28 (c) A representative of the state enhanced 911 coordination
29 office;

30 (d) A representative from each call center in Washington that is
31 contracted with the national suicide prevention lifeline;

32 (e) A member with expertise in behavioral health crisis
33 responses;

34 (f) A member who is a person with lived experience with mental
35 health conditions and interaction with the behavioral health crisis
36 response system;

37 (g) A member who is a person with lived experience with substance
38 use disorder and interaction with the behavioral health crisis
39 response system;

1 (h) A representative from the behavioral health crisis delivery
2 system;

3 (i) One member and one alternate member from each of the two
4 largest caucuses of the senate, as appointed by the president of the
5 senate;

6 (j) One member and one alternate member from each of the two
7 largest caucuses of the house of representatives, as appointed by the
8 speaker of the house of representatives;

9 (k) A representative of the American Indian health commission for
10 Washington state;

11 (l) A representative of behavioral health administrative services
12 organizations; and

13 (m) A representative of medicaid managed care organizations.

14 (4) The crisis response improvement strategy committee shall
15 identify barriers and make recommendations to implement and monitor
16 the progress of the 988 crisis hotline in Washington and make
17 recommendations on statewide improvement of behavioral health crisis
18 response services. The implementation coalition must develop, review,
19 and report on the following:

20 (a) A comprehensive assessment of the behavioral health crisis
21 services system, including an inventory of existing statewide and
22 regional behavioral health crisis services and resources, the
23 identification of statewide and regional insufficiencies in necessary
24 behavioral health crisis services and resources to meet population
25 needs, goals for the provision of statewide and regional behavioral
26 health crisis services and resources, and potential funding sources
27 for each element of the statewide and regional behavioral health
28 crisis services and resources;

29 (b) A recommended vision for an integrated crisis network in
30 Washington that includes, but is not limited to: An integrated 988
31 crisis hotline and crisis call center hubs; mobile crisis response
32 units for youth, adult, and geriatric populations; crisis
33 stabilization facilities; an integrated involuntary treatment system;
34 peer and respite services; and data resources;

35 (c) Recommendations for ensuring equity in services for
36 individuals of diverse cultures and in tribal, urban, and rural
37 communities;

38 (d) A work plan with timelines to implement local responses to
39 calls to the 988 crisis hotline within Washington in accordance with

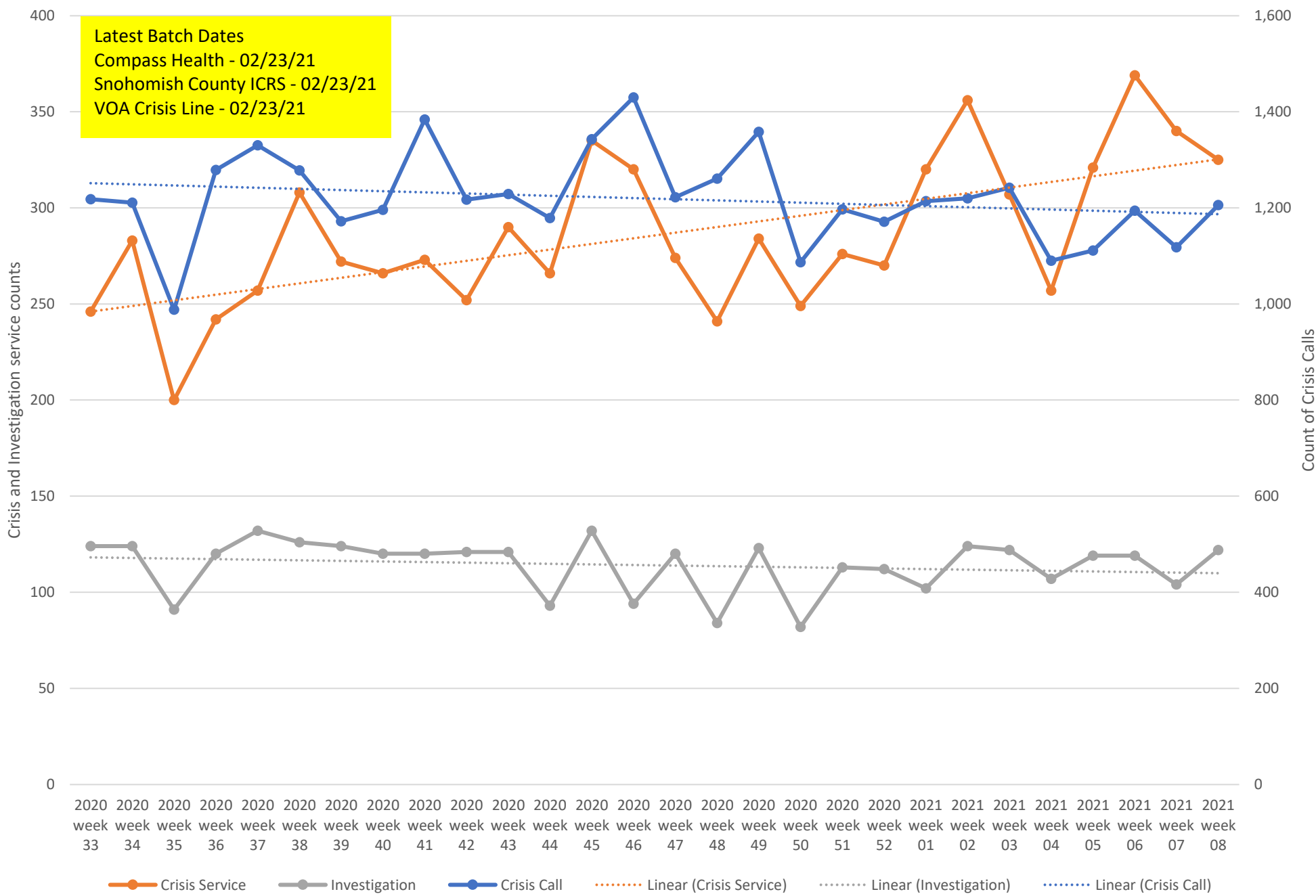
1 the time frames required by the national suicide hotline
designation 2act of 2020;



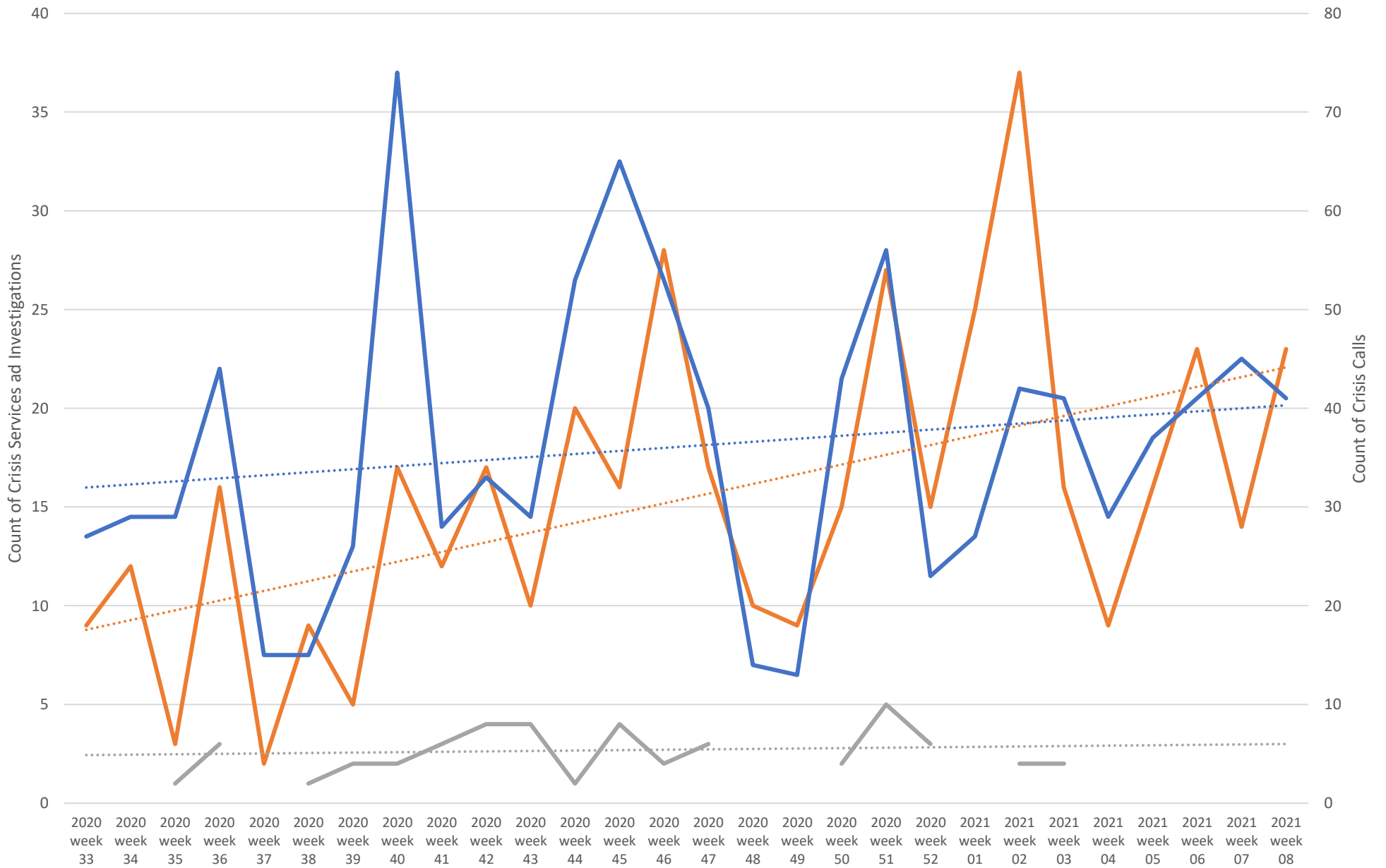
Weekly Crisis Capacity Indicator Snapshot

Page 2	Crisis Data - dates 08/09/20 to 02/20/21
Page 3	Crisis Data: Ages 0-17 - dates 08/09/20 to 02/20/21
Page 4	All DCR Dispatches - dates 08/09/20 to 02/20/21
Page 5	Weekly Staff Count - Staff providing Crisis or Investigation services 08/09/20 to 02/20/21
Page 6	Average dispatch time for investigations from 08/09/20 to 02/20/21
Page 7	Hospital placement locations (Invol and Vol) - No adjustment has been made for timely data - recent weeks likely low
Page 8	Telehealth only, crisis and investigation services from 08/09/20 to 02/20/21
Page 9	Crisis Service Unit Percent - Crisis Service units divided by Crisis units + Investigation units
Page 10	New COVID-19 Cases Reported Weekly per 100,000 population - 05/19/20 to 02/24/21
Page 11	Washington State Indicators of Anxiety or Depression Based on Reported Frequency of Symptoms During Last 7 Days
Page 12	Place of Service -Crisis Services, percent of total by week
Page 13	Place of Service -Investigations, percent of total by week

Crisis Data - dates 08/09/20 to 02/20/21

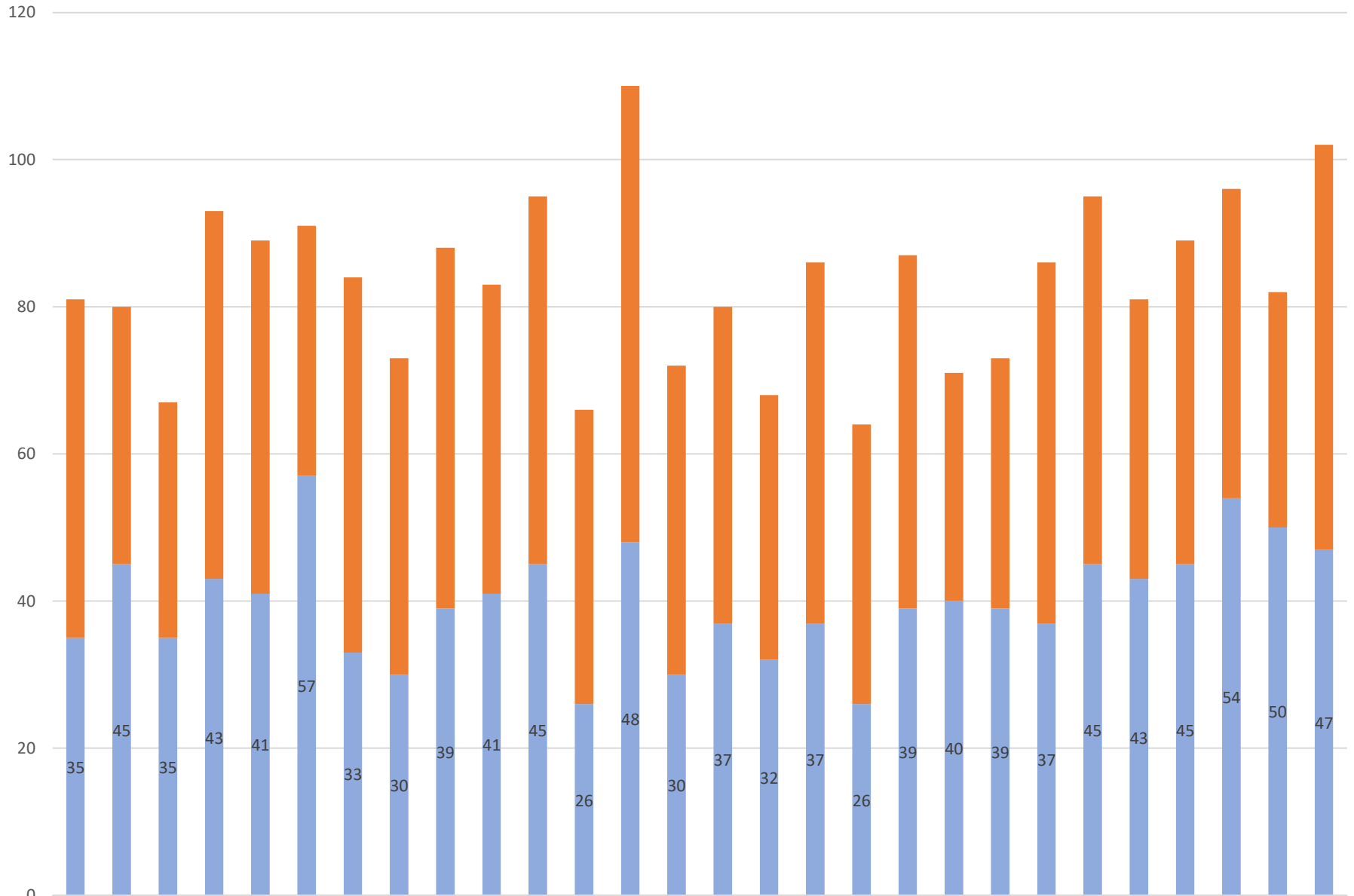


Crisis Data: Ages 0-17 - dates 08/09/20 to 02/20/21



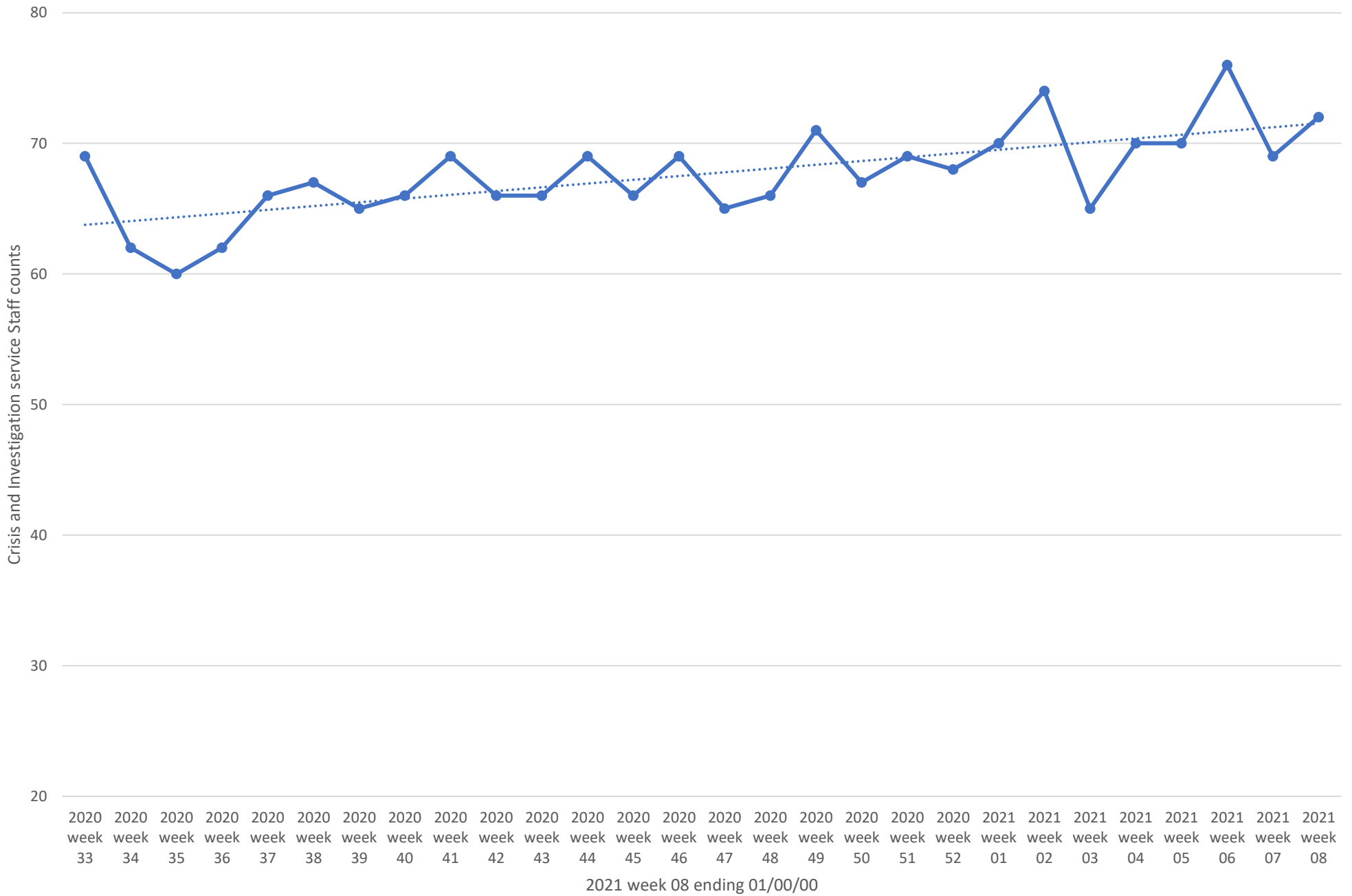
— Crisis Service
 — Investigation
 — Crisis Call
 ⋯ Linear (Crisis Service)
 ⋯ Linear (Investigation)
 ⋯ Linear (Crisis Call)

All DCR Dispatches - dates 08/09/20 to 02/20/21

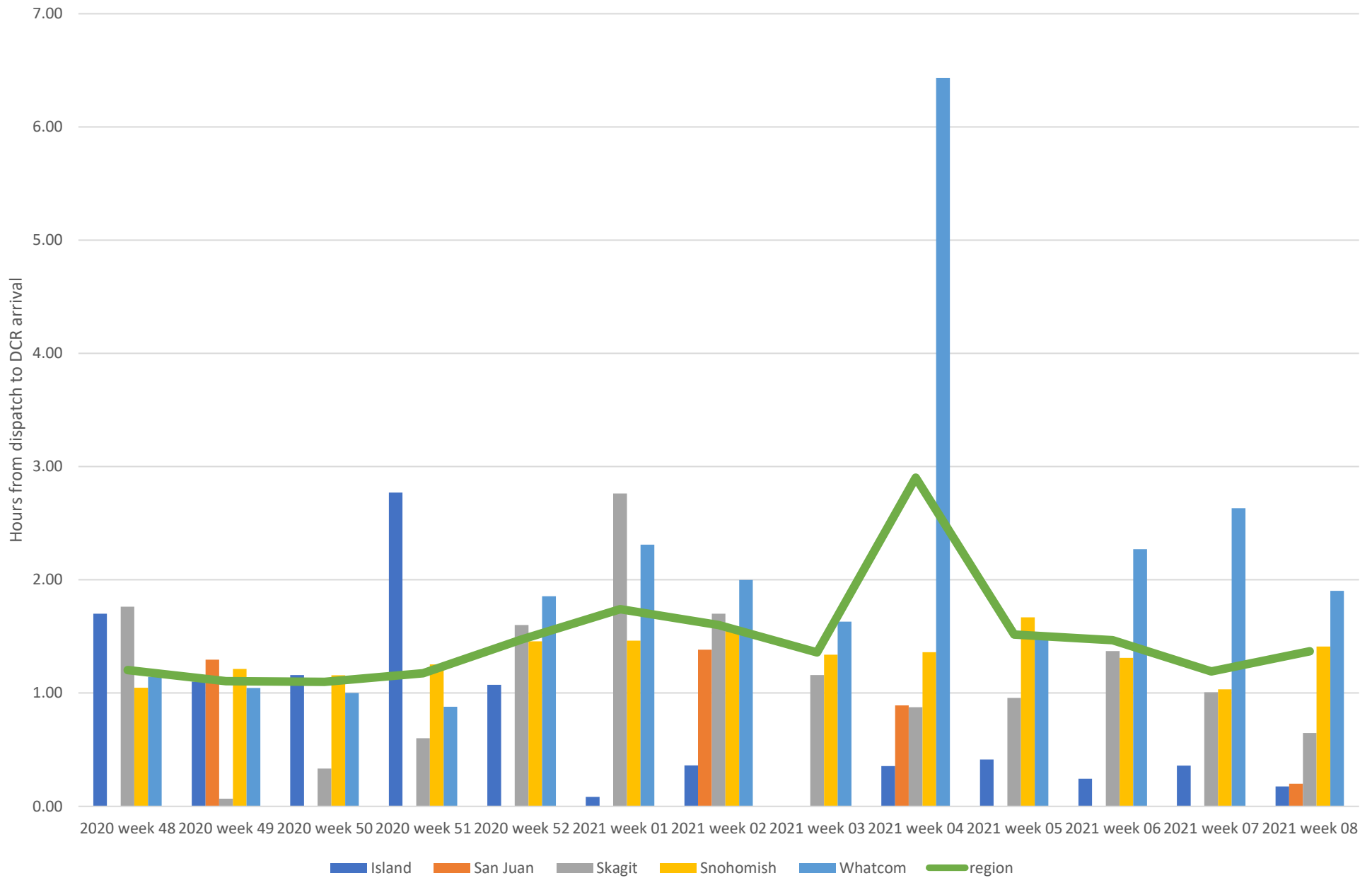


	2020 week 33	2020 week 34	2020 week 35	2020 week 36	2020 week 37	2020 week 38	2020 week 39	2020 week 40	2020 week 41	2020 week 42	2020 week 43	2020 week 44	2020 week 45	2020 week 46	2020 week 47	2020 week 48	2020 week 49	2020 week 50	2020 week 51	2020 week 52	2021 week 01	2021 week 02	2021 week 03	2021 week 04	2021 week 05	2021 week 06	2021 week 07	2021 week 08
dispatch resulting in other outcome	46	35	32	50	48	34	51	43	49	42	50	40	62	42	43	36	49	38	48	31	34	49	50	38	44	42	32	55
dispatch resulting in detention	35	45	35	43	41	57	33	30	39	41	45	26	48	30	37	32	37	26	39	40	39	37	45	43	45	54	50	47

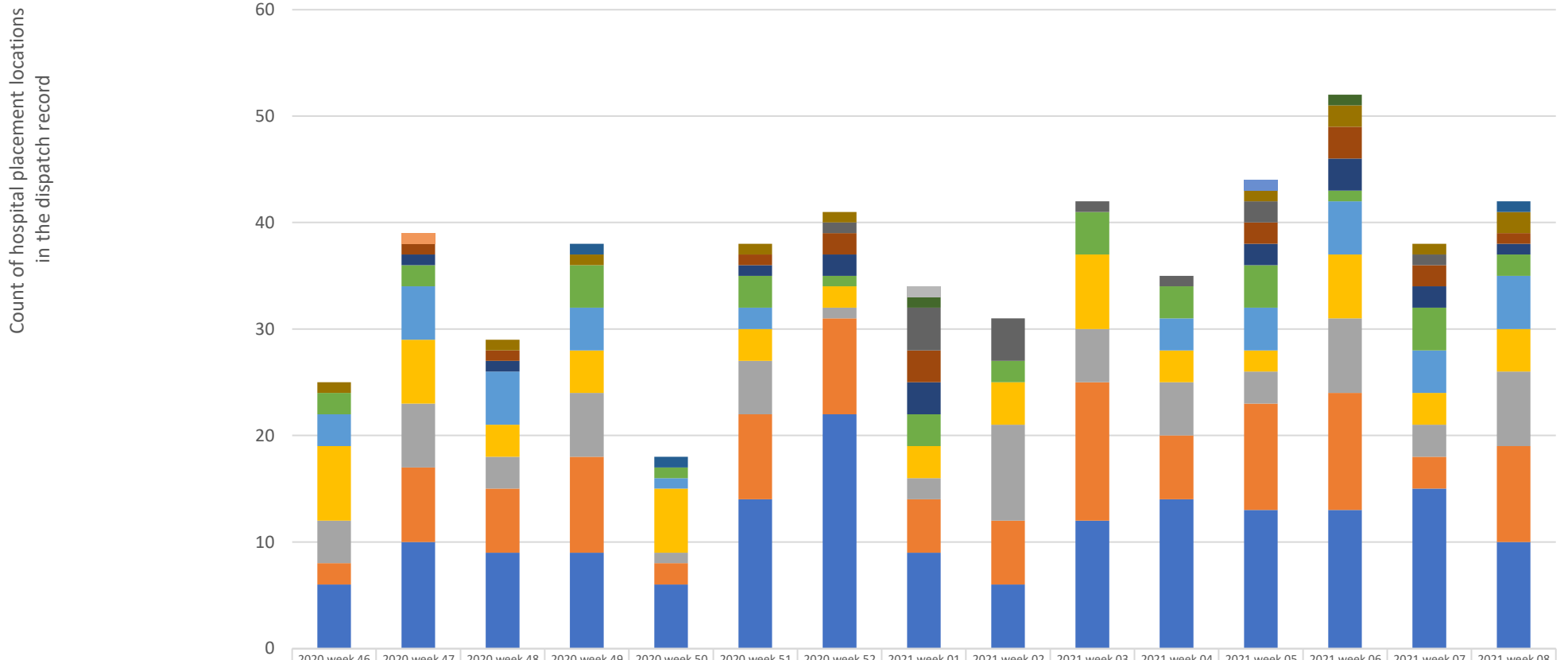
Weekly Staff Count - Staff providing Crisis or Investigation services 08/09/20 to 02/20/21



Average dispatch time for investigations from 08/09/20 to 02/20/21

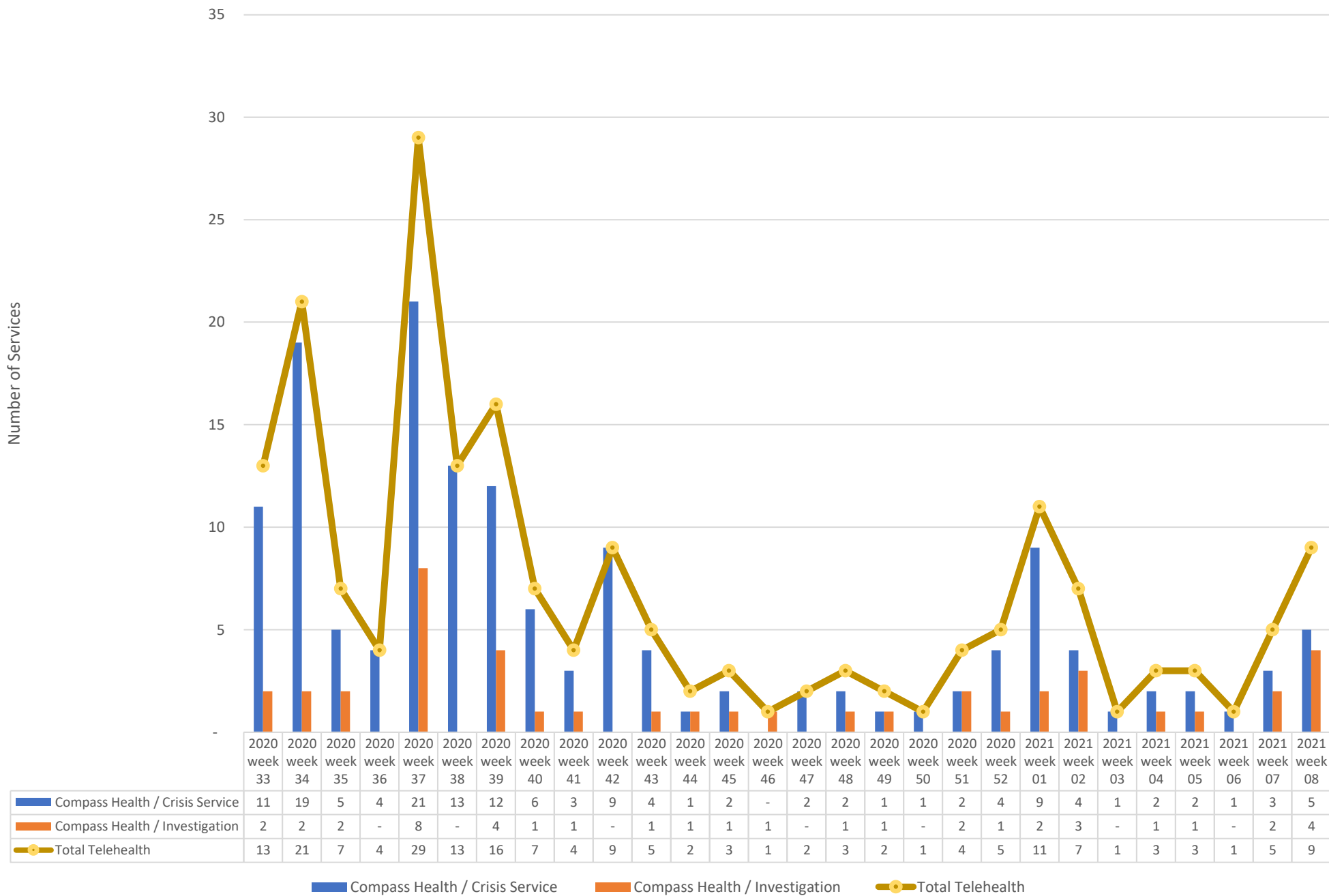


Hospital placement locations (Invol and Vol) - No adjustment has been made for timely data - recent weeks likely low

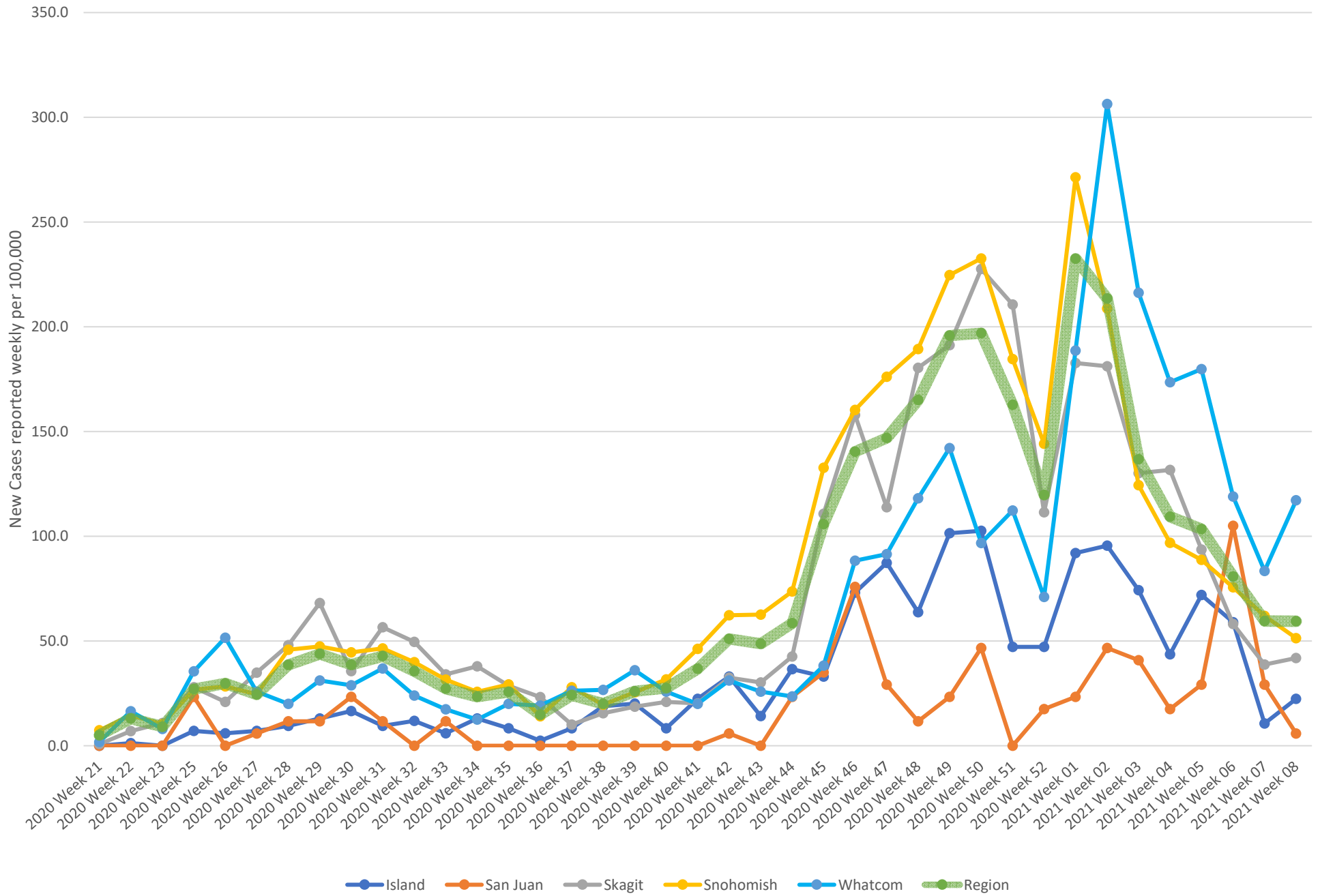


	2020 week 46	2020 week 47	2020 week 48	2020 week 49	2020 week 50	2020 week 51	2020 week 52	2021 week 01	2021 week 02	2021 week 03	2021 week 04	2021 week 05	2021 week 06	2021 week 07	2021 week 08
Swedish - Seattle								1							
ABHS Spokane		1													
Thurston/Mason E&T Facility												1			
Swedish - Mill Creek								1					1		
Cascade Behavioral Hospital LLC				1	1										1
VALLEY CITIES COUNSELING AND CONSULTATION	1		1	1		1	1					1	2	1	2
ABHS Chehalis							1	4	4	1	1	2		1	
Compass - Mukilteo E&T		1	1			1	2	3				2	3	2	1
Mukilteo		1	1			1	2	3				2	3	2	1
Telecare NS E&T	2	2		4	1	3	1	3	2	4	3	4	1	4	2
BHC Fairfax Monroe	3	5	5	4	1	2					3	4	5	4	5
Smokey Point Behavioral Hospital	7	6	3	4	6	3	2	3	4	7	3	2	6	3	4
Skagit Regional Psychiatry	4	6	3	6	1	5	1	2	9	5	5	3	7	3	7
Swedish - Edmonds	2	7	6	9	2	8	9	5	6	13	6	10	11	3	9
Providence - Everett	6	10	9	9	6	14	22	9	6	12	14	13	13	15	10

Telehealth only, crisis and investigation services from 08/09/20 to 02/20/21



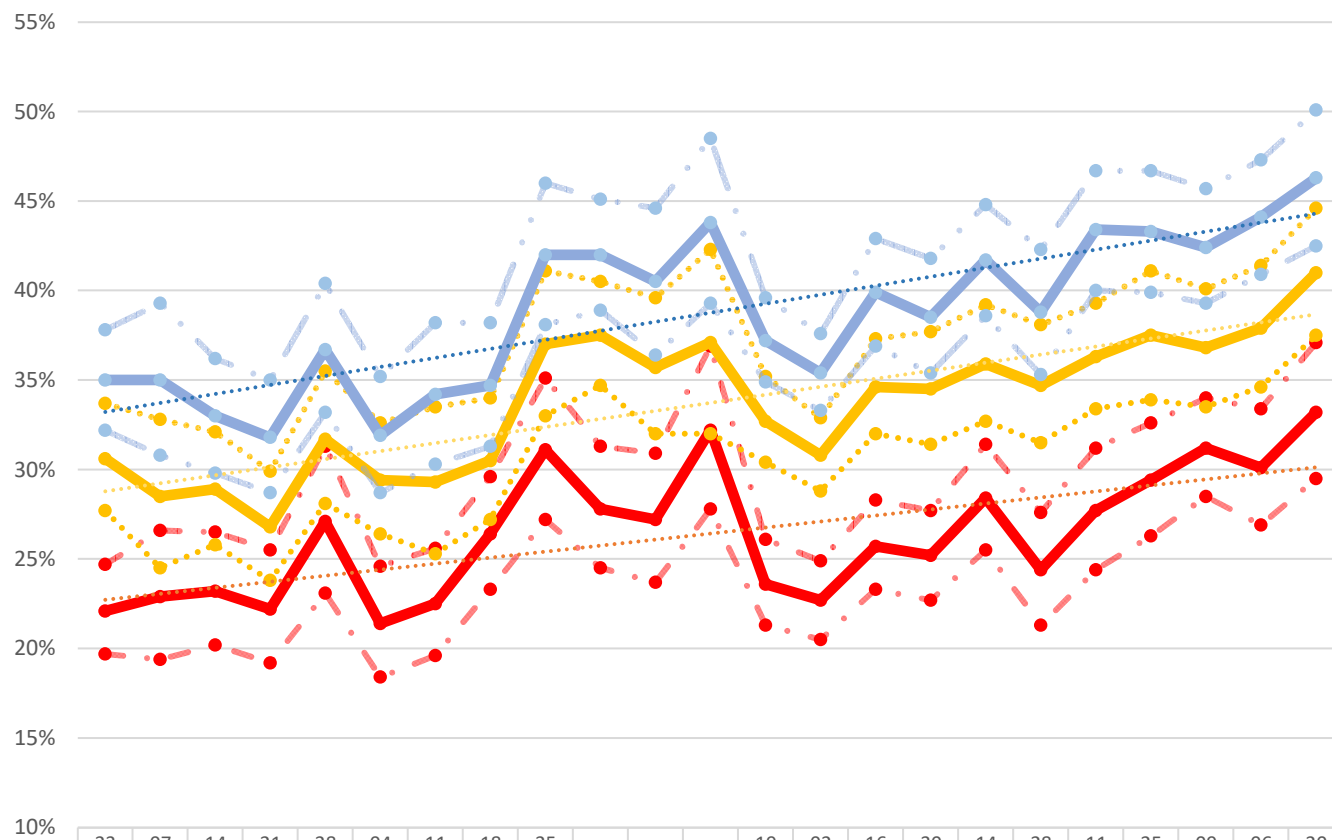
New COVID-19 Cases Reported Weekly per 100,000 population - 05/19/20 to 02/24/21



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

The U.S. Census Bureau, in collaboration with five federal agencies, launched the Household Pulse Survey to produce data on the social and economic impacts of Covid-19 on American households. The Household Pulse Survey was designed to gauge the impact of the pandemic on employment status, consumer spending, food security, housing, education disruptions, and dimensions of physical and mental wellness.

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



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



North Sound Crisis Metric and Reporting

Call Center, DCR dispatch and Crisis Services

Crisis Calls, Triage Calls, Dispatches, Investigations and Crisis Services

Prepared By Dennis Regan 2/12/2021

NORTH SOUND BEHAVIORAL HEALTH
ADMINISTRATIVE SERVICES ORGANIZATION

2021 East College Way, Suite 101 Mount Vernon, WA 98273

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www.nsbhaso.org

North Sound Crisis Metric and Reporting

Call Center, DCR dispatch and Crisis Services

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North Sound Crisis Metric and Reporting

Call Center, DCR dispatch and Crisis Services

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North Sound Crisis Metric and Reporting

Call Center, DCR dispatch and Crisis Services

Executive Summary

Crisis System Metric Dashboards

North Sound Crisis Calls

Period From Feb-20 To Jan-21

	crisis calls	Calls Answered	Calls LT 30 sec	Average answer	Calls
Prior 12 mo. Avg	3,067	2,878	2,621	0:00:23	189
Min	2,159	2,066	1,963	0:00:09	93
Max	4,582	4,312	3,913	0:00:33	322
St dev	768	721	719	0:00:06	74
Jan-21	3,560	3,421	3,321	0:00:18	139
Current Month	✔	✔	✔	✔	✔

North Sound Investigations

Period From Feb-20 To Jan-21

	invest.	detentions	MH invest.	SUD invest.	MH and SUD invest.	Referred from Law Enforcement	avg dispatch response time hrs.
Prior 12 mo. Avg.	371	178	219	18	133	41	1.53
Min	326	146	191	12	107	24	1.20
Max	428	201	249	29	154	60	2.39
Standard dev.	30	19	17	5	14	11	0.32
Jan-21	385	195	225	29	130	24	1.78
Current Month	✔	✔	✔	✔	✔	✔	✔

	Detentions and Commitments	Less Restrictive Options MH	No Detention Due to Issues	Voluntary MH Treatment	Other
Prior 12 mo. Avg.	192	3	4	108	65
Min	158	0	1	81	46
Max	221	8	7	122	87
Standard dev.	20	2	2	12	12
Jan-21	207	4	4	113	57
Current Month	✔	✔	✔	✔	✔

- ✔ Inside 2 stdev
- ⚠ at 2 stdev
- ✘ outside 2 stdev

Areas outside limits

Crisis Calls metrics outside limits

All measures inside the 2 std dev limit.

Investigation metrics outside limits

All measures inside the 2 std dev limit.

North Sound Crisis Metric and Reporting

Call Center, DCR dispatch and Crisis Services

Crisis Call Center

Volunteers of America is the contractor for crisis calls and triage calls.

The Crisis Call Center is not meeting the 90% goal for calls answered in less than 30 seconds for a one year average (85.3%). The current month is 92.4% - up from 85.4% last month.

The Crisis Call Center one year average is not meeting the contract required 5.0% Call Abandonment rate, the one year average is (6.2%) . The current month is meeting the goal (5.0%) continuing a 5 month trend of improvement.

Crisis Calls

Period From Feb-20 To Jan-21

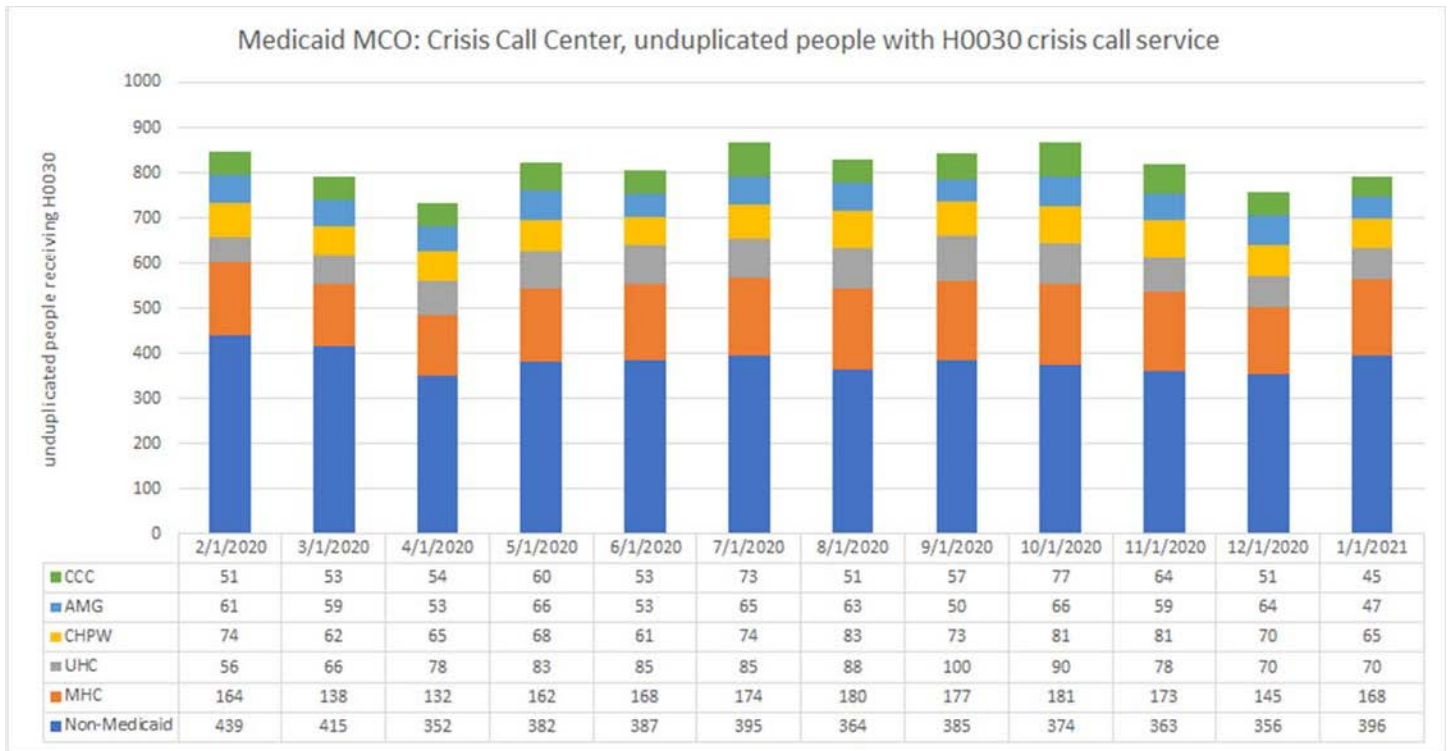
	Avg Monthly calls	Avg % answered < 30	Avg % abandoned
Jan-21	3,560	93.3%	3.9%
Average	3,067	85.2%	6.1%
Min	2,159	74.8%	3.9%
Max	4,582	93.3%	9.1%

Monthly Crisis Call metrics

Month	crisis calls	answered <30 seconds	% Abandoned
Feb-20	2,159	90.9%	4.30%
Mar-20	2,566	91.7%	4.10%
Apr-20	2,326	89.4%	4.30%
May-20	2,414	84.2%	4.90%
Jun-20	2,666	76.5%	7.90%
Jul-20	2,664	74.8%	9.10%
Aug-20	2,676	77.2%	8.60%
Sep-20	3,109	81.3%	8.10%
Oct-20	4,291	85.3%	7.50%
Nov-20	4,582	85.4%	5.90%
Dec-20	3,789	92.4%	5.00%
Jan-21	3,560	93.3%	3.90%

North Sound Crisis Metric and Reporting

Call Center, DCR dispatch and Crisis Services



North Sound Crisis Metric and Reporting

Call Center, DCR dispatch and Crisis Services

North Sound Crisis Dispatch Metrics

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

Current Investigation Data Used

Total Investigations/detentions/response and LE referral

month	invest.	detentions	avg dispatch response time hrs.	Referred from Law Enforcement	detention percent
Feb-20	400	166	2.4	60	42%
Mar-20	326	146	1.5	47	45%
Apr-20	343	201	1.5	41	59%
May-20	398	200	1.3	43	50%
Jun-20	397	199	1.6	38	50%
Jul-20	428	196	1.6	56	46%
Aug-20	350	173	1.3	41	49%
Sep-20	381	183	1.7	44	48%
Oct-20	359	160	1.2	41	45%
Nov-20	347	153	1.2	25	44%
Dec-20	342	161	1.3	27	47%
Jan-21	385	195	1.8	24	51%
prior 12 mo. avg.	371	178	1.5	41	48%
min	326	146	1.2	24	42%
max	428	201	2.4	60	59%

Investigation Reasons

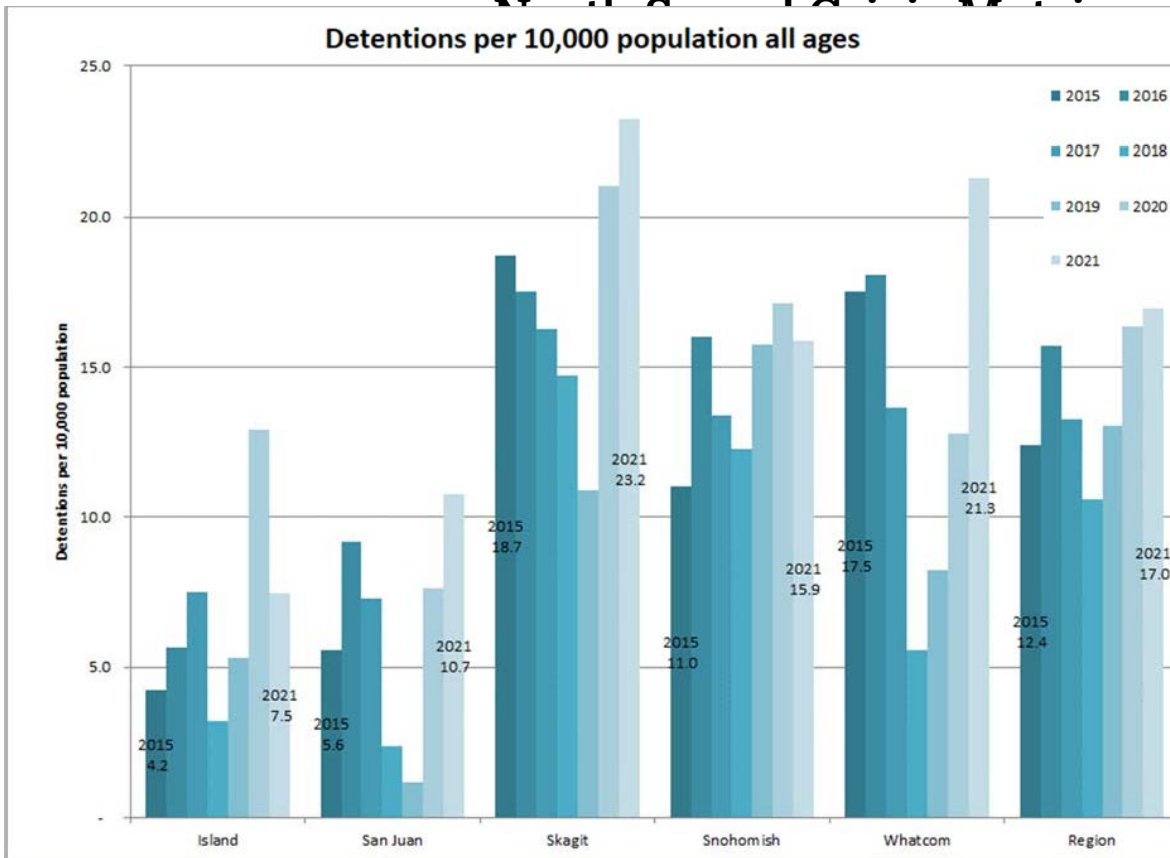
month	MH invest.	SUD invest.	MH and SUD invest.	Percent SUD related
Feb-20	243	16	141	39%
Mar-20	191	12	123	41%
Apr-20	224	12	107	35%
May-20	222	24	152	44%
Jun-20	226	23	148	43%
Jul-20	249	25	154	42%

North Sound Crisis Metrics and Reporting Crisis Services

month	MH invest.	SUD invest.	MH and SUD invest.	Percent SUD related
Aug-20	201	14	135	43%
Sep-20	227	16	138	40%
Oct-20	204	19	131	42%
Nov-20	210	12	124	39%
Dec-20	205	19	116	40%
Jan-21	225	29	130	41%
prior 12 mo. avg.	219	18	133	41%
min	191	12	107	35%
max	249	29	154	44%

Investigation Outcomes

month	Detentions and Commitments	Voluntary MH Treatment	Less Restrictive Options MH	No Detention Due to Issues	Other
Feb-20	183	116	8	6	87
Mar-20	158	96	3	1	68
Apr-20	211	81	3	2	46
May-20	211	105	3	7	72
Jun-20	213	111	1	5	67
Jul-20	221	122	0	3	82
Aug-20	186	91	2	3	68
Sep-20	200	110	2	6	63
Oct-20	172	115	1	5	66
Nov-20	165	120	2	6	54
Dec-20	175	111	3	3	50
Jan-21	207	113	4	4	57
prior 12 mo. avg.	192	108	3	4	65
min	158	81	0	1	46
max	221	122	8	7	87





NORTH SOUND BEHAVIORAL HEALTH ADVISORY BOARD

2021 LEGISLATIVE PRIORITIES

The North Sound Behavioral Health Advisory Board has solicited the input of persons in the North Sound region regarding behavioral health priorities to be addressed in the current legislative session. We appreciate the responsiveness of the Legislature to our input in previous years, as well as the additional investments the legislature has made in Crisis Services and Behavioral Health Facilities.

These investments have enabled the North Sound Behavioral Health Administrative Services Organization [BH-ASO] to expand funding for mobile crisis outreach and new Behavioral Health Facilities. For 2021, we urge continued investment in these services as well as other critical supports to stabilize the recovery of persons with behavioral health treatment needs.

1. PROVIDE SUPPORT FOR SERVICES THAT SUPPORT THE SUCCESSFUL TRANSITION FROM CRISIS SERVICES AND INPATIENT TREATMENT.

- Provide flexible funding to support persons ready for discharge from the state hospitals or psychiatric inpatient facilities to pay for essential community-based services that would support their successful transition back to the community. These services would include additional supports for Adult Family Homes or Residential Treatment facilities, PACT or other intensive outpatient services, and transitional “step-down” facilities.
- Continue to support and expand “HARPS” housing vouchers and housing support services for low-income non-Medicaid persons and link these to new affordable housing projects providing behavioral health supportive services.

2. CONTINUE TO PROVIDE OPERATING SUPPORT FOR NORTH SOUND REGION’S NEW BEHAVIORAL HEALTH FACILITIES

- Continue to provide operating support for the new behavioral health treatment facilities that the legislature funded in previous years.
- In 2021, the North Sound region will be bringing online new Triage, Withdrawal Management, SUD Residential Treatment, and Evaluation and Treatment facilities that were funded with a combination of legislative capital and local dollars. A total of 90 beds will soon be available. The new beds will both help fill the gap that will be created by the closure of Pioneer Center North as well as respond to the growing population and increased need for mental health treatment and substance use treatment – needs that have been exacerbated by the Opioid and COVID pandemics.

- In addition to providing operating support, state funding also allows these facilities to serve low-income persons not eligible for Medicaid. Historically, these persons represented about a third of the persons served.

3. ITA HEARING COURT COSTS

- Provide a separate legislative appropriation for Involuntary Treatment Act [ITA] Court Hearing costs and related expenses: this would include clear criteria for what the courts could charge for these services. Reimbursements to courts would be limited to the level of the legislative appropriation.
- This funding comes from the same state general fund appropriation that is used to pay for crisis services, Evaluation and Treatment services, inpatient hospitalization and other treatment services for low-income non-Medicaid persons. As the costs to courts, and the ASOs, for ITA court hearings have increased there has been proportionately less money to pay for treatment services.

4. RESIDENTIAL TREATMENT “TRANSITION” SERVICES

- Expand the availability of short-term “step-down” residential treatment services to facilitate the discharge of persons from the state hospitals or psychiatric inpatient facilities for both Medicaid and low-income non-Medicaid persons.
- Persons who are ready for discharge from psychiatric inpatient facilities often need a temporary placement back on the community while longer term placement options are being explored.

For Board of Director Discussion:

Pioneer Human Services

- PHS is requesting startup funding for the Snohomish County Denny Facility in the amount of **\$143,790.32** for IT equipment and a vehicle for program use. 32 beds are being transferred from Pioneer Center North to the Everett facility, 16 withdrawal management and 16 co-occurring. PHS is also applying for a grant to cover smaller capital costs. This would be a cost reimbursement contract.
 - Vehicle **\$31,995.32**
 - IT Equipment **\$111,795**

Behavioral Health Enhancement Funds (BHEF)

- This funding is a legislative proviso to help providers recruit and retain staff. After surveying providers, we requested proposals on the usage of the funds. We are currently evaluating the costs of the proposals. We receive **\$992,088.00** per year in BHEF. The asks below are higher than our allocation, however, we do have GF-S we can use and/or negotiate with the individual providers.

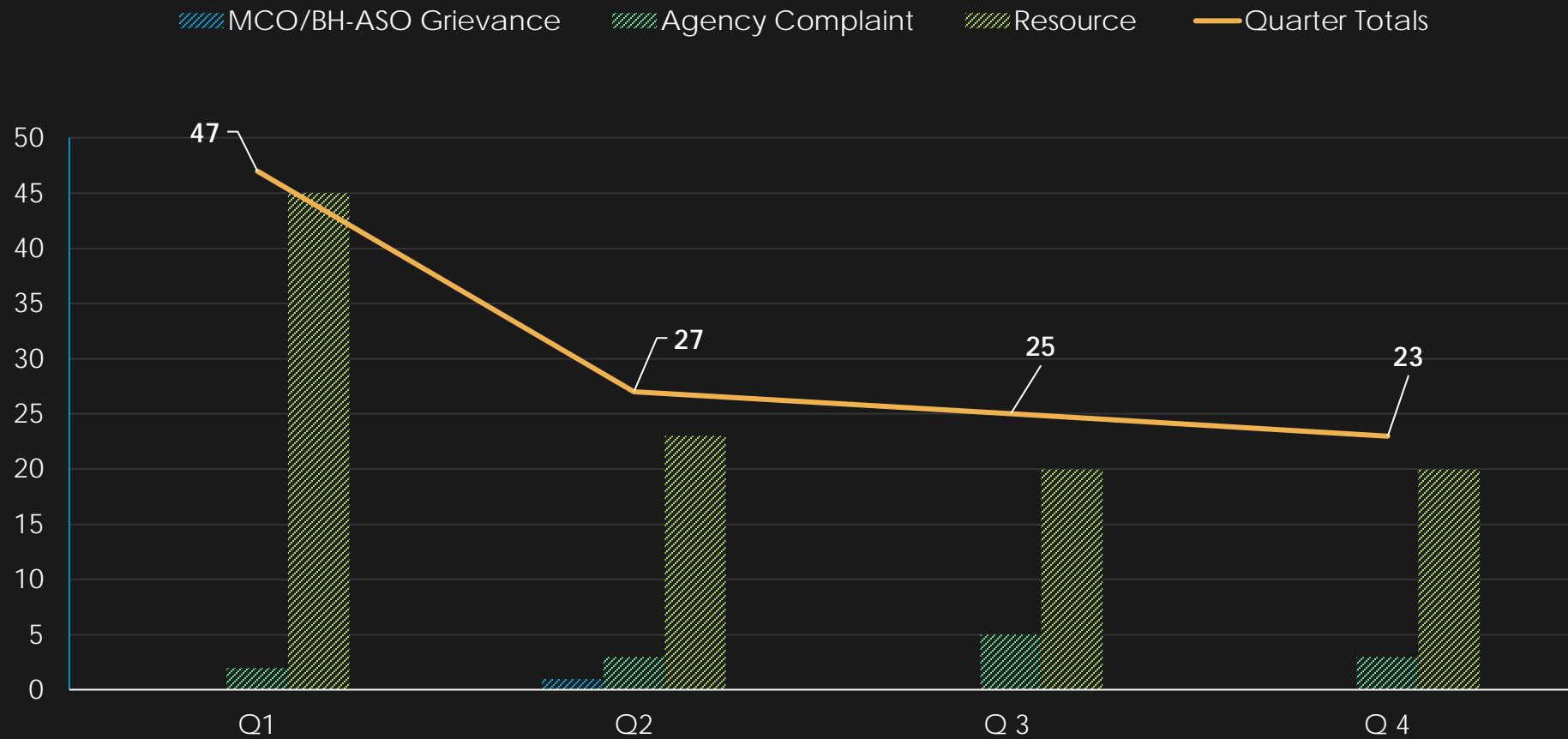
Here are the providers and the funding request.

- Lake Whatcom Center
 - **\$664,440**
- Sunrise
 - **\$6,000**
- Compass Health
 - **\$700,000**
- Lifeline
 - **\$196,000**
- Sea Mar
 - **\$320,422**

North Sound Behavioral Health Ombuds

2020 Annual Report

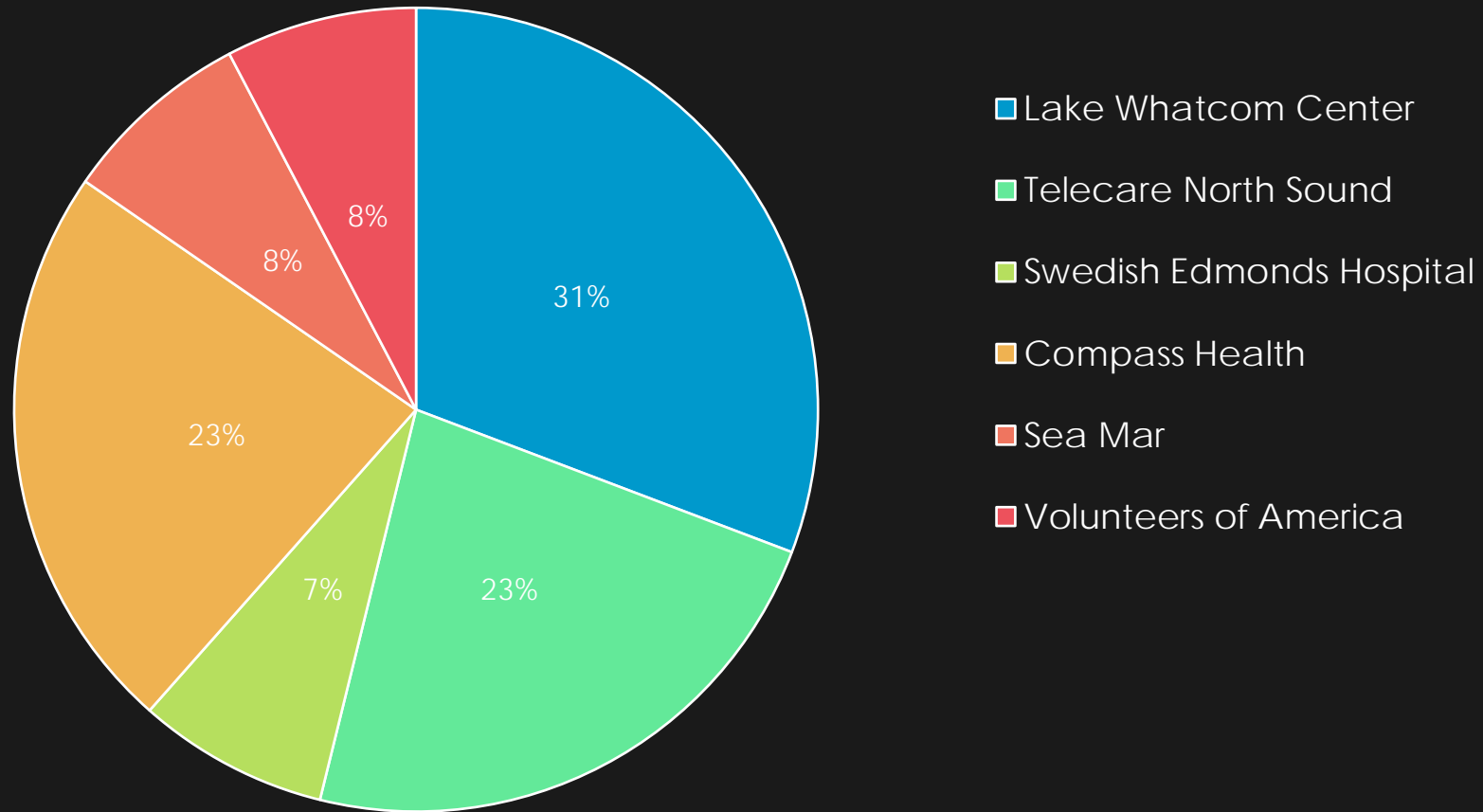
2020 Overview



Complaint Breakdown

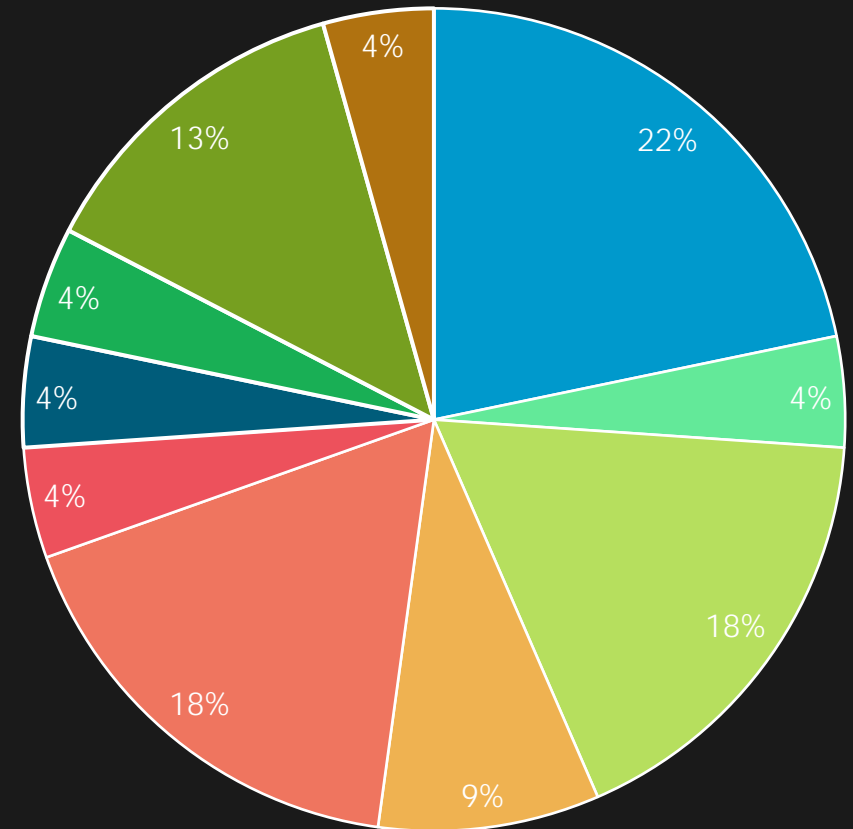
- Agency Complaints
- Complaint Categories
- Service Type
- Insurance Type
- Payer for Service

Agency Complaints



Complaint Categories

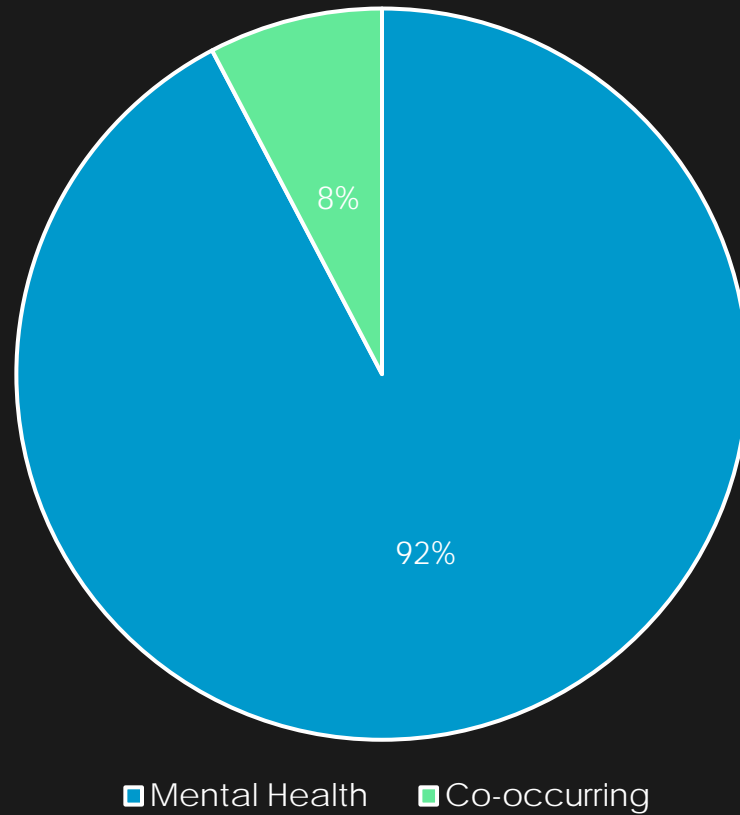
- Access
- Dignity & Respect
- Quality / Appropriateness
- Phone Calls Not Returned
- Service Intensity, Not Available or Coordination of Services
- Physicians, ARNPs & Medications
- Financial & Administrative Services
- Housing
- Emergency Services
- Other Rights Violations



Unreported Complaints

- Participation in Treatment
- Residential
- Transportation
- Violation of Confidentiality
- Other

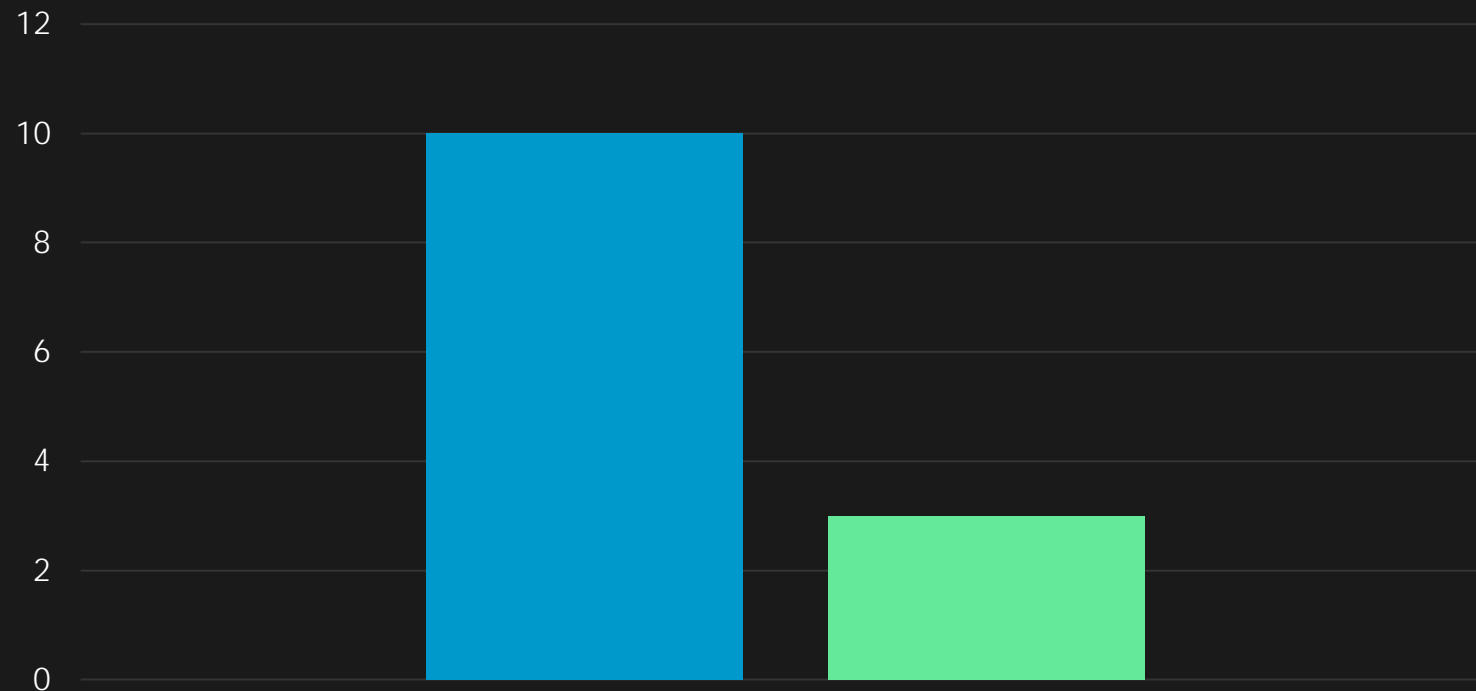
Behavioral Health Service Type





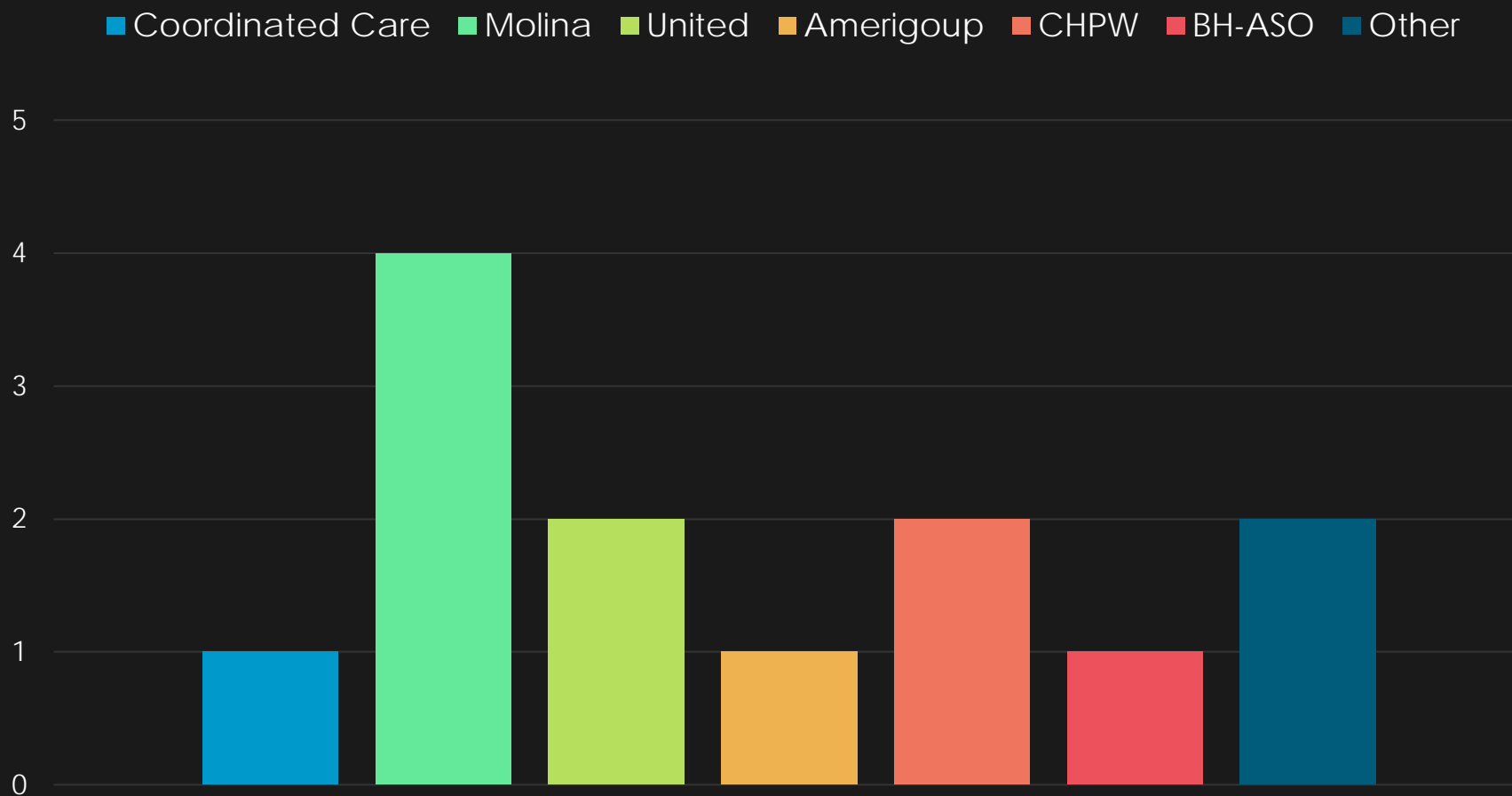
Insurance

■ Medicaid ■ Non-Medicaid





Payer of Service



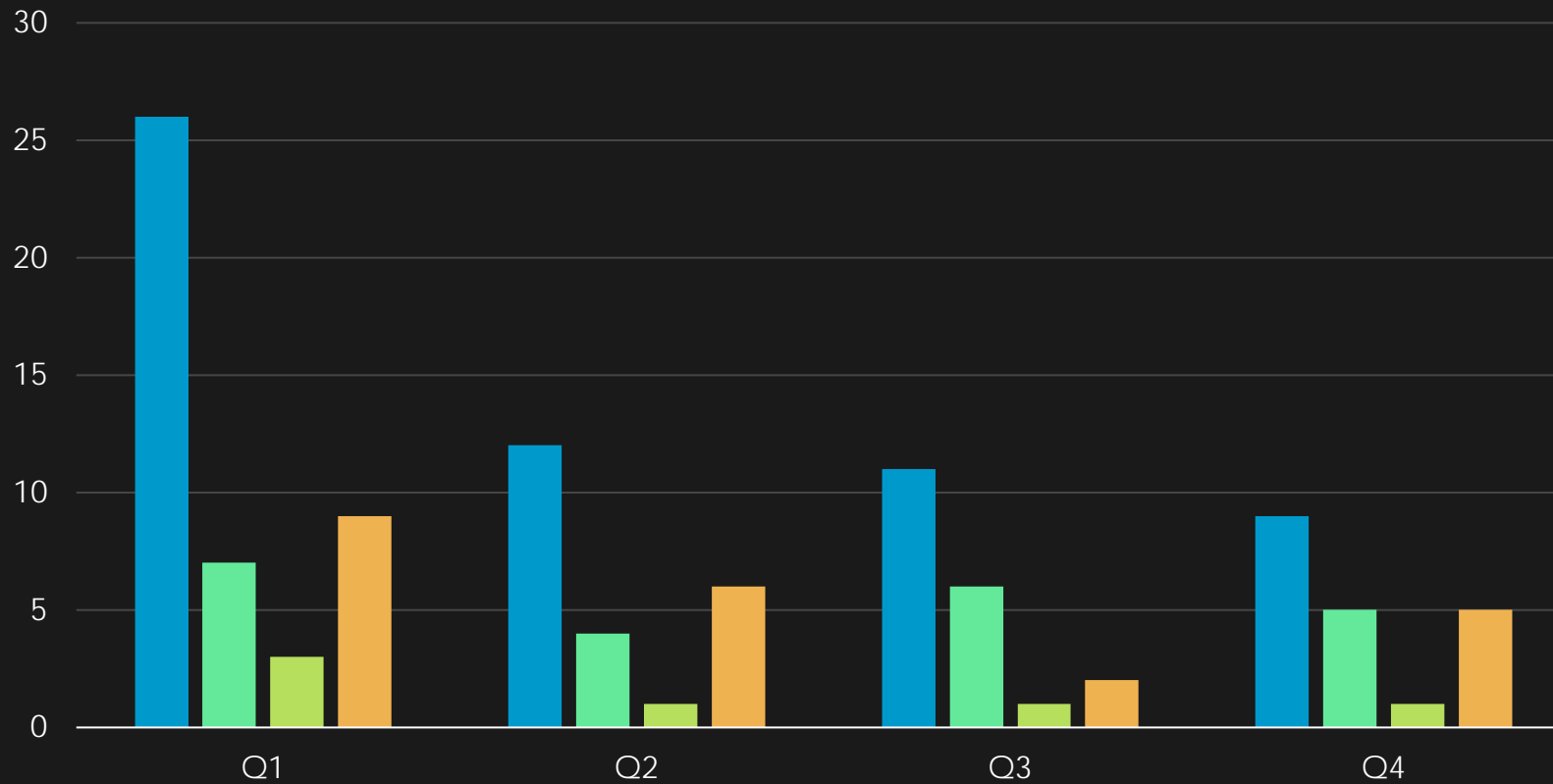
Resource Definitions

- ❑ **Consumer:** an individual who is currently receiving services
- ❑ **Advocate:** a family member, friend, or authorized representative of an individual
- ❑ **Provider:** an agency or professional providing direct service to an individual
- ❑ **Information & Referral:** a non-behavioral health related concern



Resource Breakdown

■ Consumer Education ■ Advocate Education
■ Provider Consultation ■ Information&Referral



Annual Overview

- Two Year Comparison
- Four Year Trend

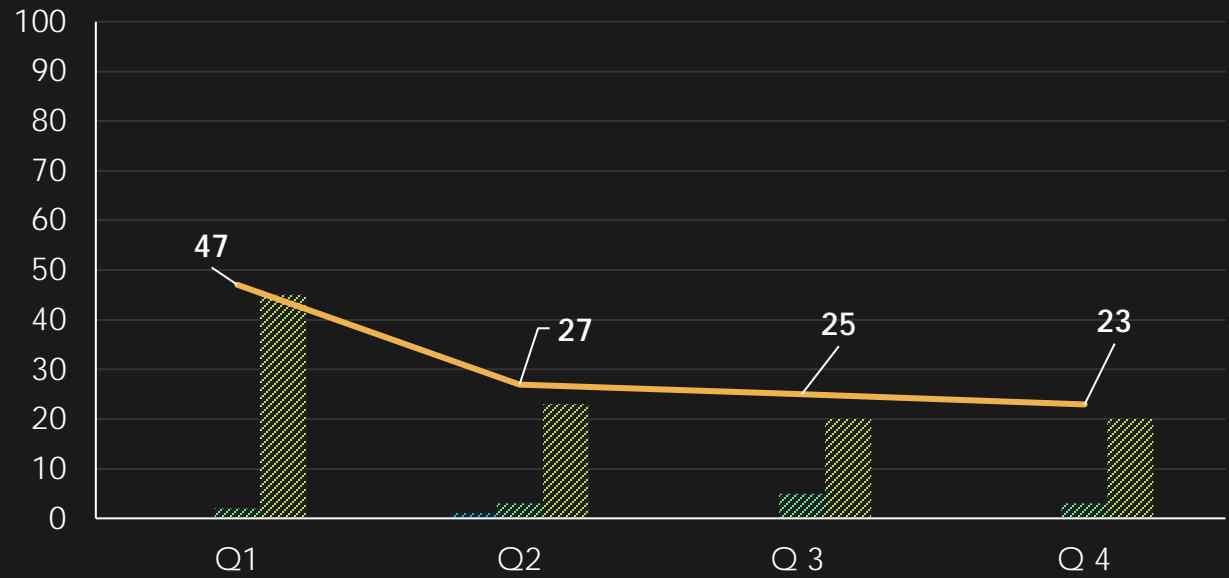
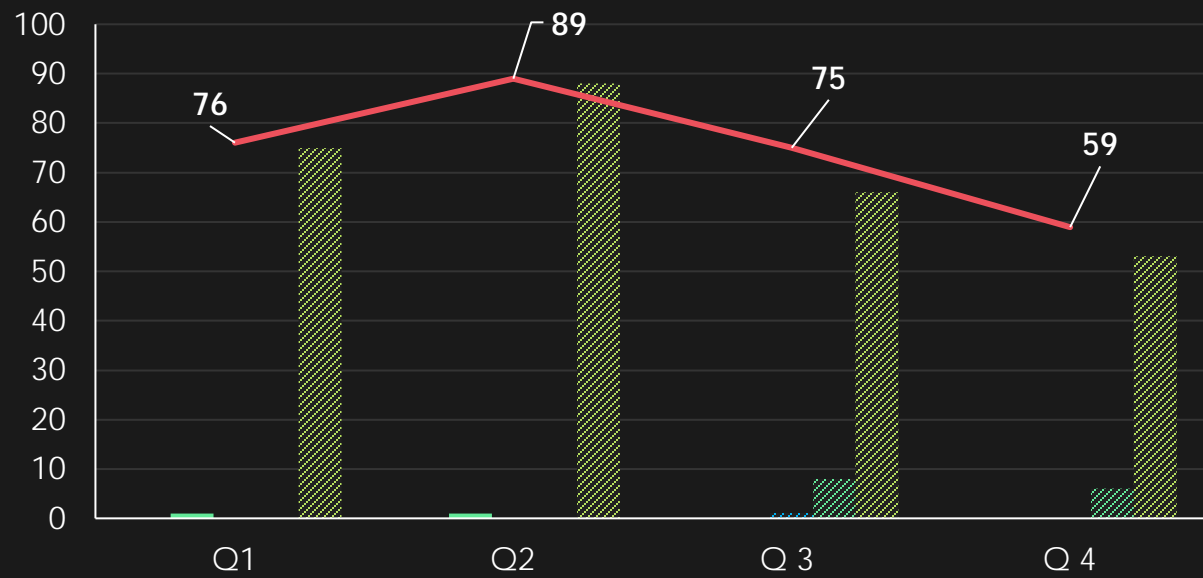
Two Year Comparison

2019

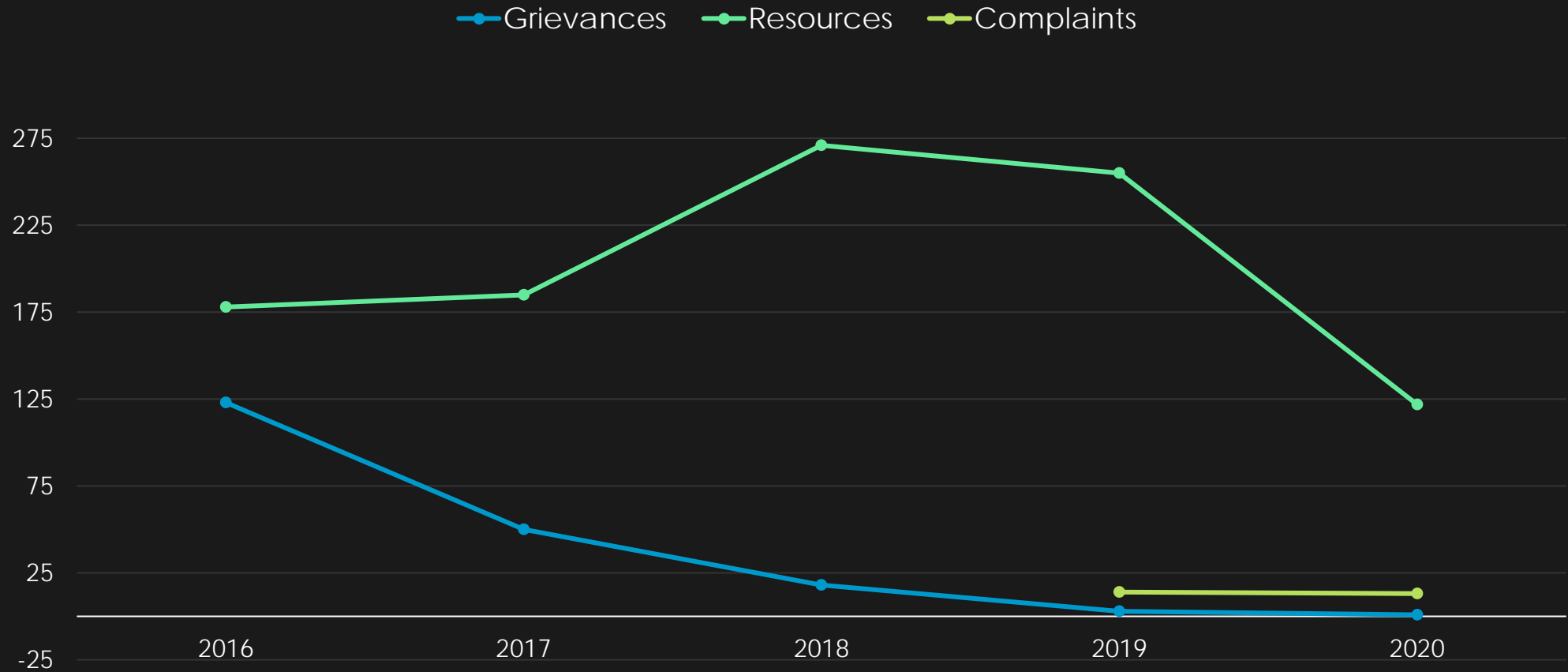
2020

■ BHA Grievance ■ BHO Grievance
■ MCO/BH-ASO Grievance ■ Agency Complaint
■ Resource — Quarter Totals

■ MCO Level Grievance/BH-ASO ■ Agency Level Complaint
■ Resource — Quarter Totals



Four Year Trend



Questions

North Sound Behavioral Health Ombuds

Presented By: Katelyn Morgan and Kala Buchanan

330 Pacific Place Mount Vernon, WA 98273

(Phone) 360-416-7004 (Toll Free) 1-888-336-6164 (Fax) 360-416-7550



Behavioral Health Advisory Board



The North Sound Behavioral Health Administrative Services Organization (North Sound BH-ASO) seeks Advisory Board members to speak as the voices of their communities about the needs for behavioral health services.

We are looking for persons who can help administer and design programs to better meet the needs of persons struggling with mental illness or substance use addictions.

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

- Manages the regional Crisis Line and follow up services for over 3,500 persons in crisis a month
- Pays for and manages care for 300 to 400 uninsured persons a year
- Monitors care delivery to the Medicaid population
- Advocates for care needs at the state level

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

Purpose

The purpose of the North Sound Behavioral Health Advisory Board is advocacy for a system of behavioral health care shaped by the voices of our communities and people using behavioral health services. Advisory Board members:

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

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

Meetings

North Sound Behavioral Health Advisory Board meetings are open to the public and are held the first Tuesday of every month from 1:00pm – 3:00pm.

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

Remote meeting attendance is supported by North Sound BH-ASO staff. When in-person meetings are held again, travel mileage reimbursement and taxi transportation are provided in compliance with yearly budget and in compliance with North Sound BH-ASO policies.

Appointment terms are three years. If you are interested in serving on the North Sound Behavioral Health Advisory Board please contact your County Coordinator (contact info below) or the North Sound BH-ASO at (360) 416-7013.

North Sound County Coordinators

Island County: Betsy Griffith (360) 678-8294

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

Skagit County: Sarah Hinman (360) 416-1500

Snohomish County: Jonathan Waters (425) 388-6291

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



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to improve their health and well-being.*

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Mt. Vernon, WA 98273

(360) 416-7013

www.nsbhaso.org

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to visit our website



Washington State
Health Care Authority

Behavioral Health Advisory Board

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For all North Sound counties the North Sound BH-ASO:

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