



# Board of Directors

## Hybrid Meeting Agenda

September 8<sup>th</sup>, 2022

### Board of Directors Members Present:

**North Sound Behavioral Health  
Administrative Services Organization  
(North Sound BH-ASO) Staff Present:**

### Guests Present:

1. **Call to Order and Introductions** – Chair
2. **Revisions to the Agenda** – Chair
3. **Approval of the August 11th, 2022, Minutes, Motion #22-45** – Chair.... Attachment
4. **Comments & Announcements from the Chair**
5. **Reports from Members**
6. **Comments from the Public**
7. **DREI Update**.....Attachment
8. **Report from the Advisory Board** ..... Attachment
9. **Report from the Finance Officer** ..... Attachment
  - **Conflict of Interest /Auditor Requirement**..... Attachment
10. **Report from the Governance Operations Committee**

*All matters listed with the Consent Agenda have been distributed to each Member for reading and study, are considered to be routine, and will be enacted by one action of the Board of Directors with no separate discussion. If separate discussion is desired, the item may be removed from the Consent Agenda and placed on the Regular Agenda by request of a Member.*

**Motion #22-46**

- To review and approve the North Sound Behavioral Health Administrative Services Organization claims paid from August 1st, through August 31<sup>st</sup>, 2022, in the amount of \$1,944,743.26.
- Payroll for the month of August in the amount of \$169,731.86 and associated employer benefits in the amount of \$72,694.76.

**11. Action Items**

**For Board Approval**

**Personnel**

**Summary:**

**Assisted Outpatient Treatment (AOT) Coordinator**

Health Care Authority has funded a Full Time Equivalent (FTE) to coordinate the AOT program in the North Sound region. Assisted Outpatient Treatment is an order for Less Restrictive Alternative Treatment, this position will coordinate with local courts, behavioral health providers and Health Care Authority. The HCA funding available for this position is \$140,000 annually.

▪ **Motion #22-47**

To approve 1.0 FTE for an AOT Coordinator position.

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**Summary:**

**Accountant**

During our succession planning process, we decided it would be prudent to add an accounting position to the 2023 ASO budget. With increases in funding, the complexity of the funding and frequent reporting it is a high priority for the organization.

We are requesting authorization to post the position during the fourth quarter of 2022. Our current administrative budget has enough reserve to engage in recruitment and if necessary, up to two months of a wages and benefits.

▪ **Motion #22-48**

To approve 1.0 FTE for an Accountant position.

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**Summary:**

**Compensation**

Compensation Works has recommended a 3.1% increase to current pay grid bringing it in line with the present labor market. The pay grid was last updated in 2016.

▪ **Motion #22-49**

To approve the 3.1% labor market adjustment to the current pay grid for implementation on January 1, 2023.

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**Summary:**

**PEBB Resolution**

Health Care Authority requires a Resolution of the Board of Directors authorizing the North Sound BH-ASO to apply for PEBB benefits.

▪ **Motion #22-50**.....Attachment

To approve Resolution 22-002 authorizing the North Sound BH-ASO to apply to the PEBB for medical benefits for year 2023.

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**Summary:**

**Child/Youth Mobile Crisis Team**

The Child/Youth Mobile Crisis Team RFQ evaluation team met on August 4<sup>th</sup> and is recommending the Compass Health as the successful bidder for serving Skagit, Snohomish, and Whatcom counties. The funding in the amendment provides start-up funds allocated by HCA for the two 11-person teams.

▪ **Motion #22-51**

North Sound BH-ASO-Compass Health-ICCN-Amendment 10 for the provision of a Child/Youth Mobile Crisis Team in Snohomish, Skagit and Whatcom counties. The six (6)-month allocation on this contract is \$1,094,299.25. The contract term is July 1, 2019, through June 30, 2023, with an automatic one-year renewal on July 1, 2023, based on continued compliance with the terms of the contract

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**12. Discussion Items**

- Strategic Plan..... Attachment

**13. Report from the Executive Director ..... Attachments**

**14. Adjourn**

*Next Meeting:* October 13<sup>th</sup>, 2022





# Board of Directors

## Hybrid Meeting Agenda

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August 11<sup>th</sup>, 2022

### Board of Directors Members Present:

- **Peter Browning Chair**, Commissioner, Skagit County; Chair
- **Jackie Mitchell**, Behavioral Health Program Specialist, Whatcom County, designated alternate for Satpal Sidhu
- **Cindy Wolf**, Council Member, San Juan County; Vice Chair
- **Cammy Hart-Anderson**, Snohomish County Human Services; designated alternate for Dave Somers, Snohomish County Executive
- **Nicole Gorle**, Legislative Analyst, Snohomish County; designated alternate for Nate Nehring, Snohomish County Council
- **Pat O'Maley Lanphear**, North Sound BH-ASO Advisory Board, Vice Chair
- **Jill Johnson**, Commissioner, Island County
- **Barbara LaBrash**, Human Services Manager, San Juan County; designated alternate for Cindy Wolf, County Council Member
- **Heidi Beazizo**, Sr. Legislative Analyst, Snohomish County; designated alternate for Jared Mead, County Council

### North Sound Behavioral Health Administrative Services Organization (North Sound BH-ASO) Staff Present:

- **Joe Valentine**, Executive Director, North Sound BH-ASO
- **Margaret Rojas**, Assistant Director, North Sound BH-ASO
- **Darrell Heiner**, Senior Accountant, North Sound BH-ASO
- **Charles DeElena, Business Improvement Manager, Compliance Officer**, North Sound BH-ASO
- **Joanie Wenzl**, Clerk of the Board, North Sound BH-ASO

**Guests Present:**

Cyndi Wyrick, Angela Ewert, Carol Greer  
Compensation Works

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**Call to Order and Introductions – Chair**

The Chair called the hybrid meeting to order and initiated introductions

**Revisions to the Agenda – Chair**

Chair Browning asked if there were any revisions to the agenda, there were none

**Approval of the June 9th, 2022, Minutes, Motion #22-38 – Chair..... Attachment**

- *Note: There was no meeting in July, so no minutes are available*

Jill Johnson moved the motion for approval, Cammy Hart-Anderson seconded, all in favor, motion #22-38 carried

**Comments & Announcements from the Chair**

Chair Browning commented that COVID has not yet left and that many more cases are being reported

**Reports from Members**

Updates given from each of the counties regarding the behavioral health programs and respective happenings; (Island, Snohomish, Skagit, Whatcom, and San Juan)

**Comments from the Public**

There were no comments from the public

**Compensation Works Assessment Presentation**

A presentation was given from the Compensation Works guests regarding the results from the analysis performed on ASO staff compensation (Cyndi Wyrick and Angela Ewert). Carol Greer spoke about the analysis she performed regarding the ASO’s staff benefits.

A question-and-answer session followed

**Report from the Advisory Board**

The Report from the Advisory Board was given by Pat O’Maley Lanphear, Advisory Board Chair

**Report from the Finance Officer**

Joe Valentine gave the Report from the Finance Officer

**Report from the Governance Operations Committee**

*All matters listed with the Consent Agenda have been distributed to each Member for reading and study, are considered to be routine, and will be enacted by one action of the Board of Directors with no separate discussion. If separate discussion is desired, the item may be removed from the Consent Agenda and placed on the Regular Agenda by request of a member.*

- To review and approve the North Sound Behavioral Health Administrative Services Organization claims paid from June 1<sup>st</sup>, 2022, through June 30<sup>th</sup>, 2022, in the amount of \$2,445,222.15.
- Payroll for the month of June in the amount of \$168,666.30 and associated employer benefits in the amount of \$72,846.21.
- To review and approve the North Sound Behavioral Health Administrative Services Organization claims paid from July 1<sup>st</sup>, 2022, through July 31<sup>st</sup>, 2022, in the amount of \$3,948,649.08.
- Payroll for the month of July in the amount of \$168,150.42 and associated employer benefits in the amount of \$91,024.19.

Jill Johnson moved the motion for approval, Cammy Hart-Anderson seconded, all in favor, motion # 22-39 carried

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## Action Items

### For Board Approval

#### Summary:

#### **Department of Commerce-Community Behavioral Health Rental Assistance**

The funding for rental assistance is provided by the Department of Commerce. All five counties have received CBRA funds for individuals discharging from inpatient/residential/corrections facilities. The rental assistance is intended to stabilize the individual in permanent supportive housing; however, short term housing can be accessed with these funds until a long-term housing solution is found. Three providers requested additional funds for case management funded through our federal block grant. The CBRA and FBG funding is renewable and is provided in six-month allocations. The providers and funding for each county are listed below.

- Island County-Pioneer Human Services \$140,182
- San Juan County-Compass Health \$68,227
- Skagit County-Lifeline Connections (HARPS provider) \$88,523
- Snohomish County-Compass Health \$674,685 and Bridgeways \$122,187
- Whatcom County-Lifeline Connections (HARPS provider) \$188,249 and Lake Whatcom Center \$209,724

#### **Motion #22-40**

- North Sound BH-ASO-PHS-CBRA-22-23 to provide the CBRA rental assistance and case management services in Island County in the amount of \$140,182.00. The contract term is March 1, 2022, through February 28, 2023, with an automatic one-year renewal on March 1, 2023, based on continued compliance with the terms of the contract.
- NS BH-ASO-Bridgeways-CBRA ICN-21-23 to provide the CBRA rental assistance and case management services in Snohomish County in the amount of \$122,187.00. The contract term is November 1, 2021, through June 30, 2023, with an automatic one-year renewal on July 1, 2023, based on continued compliance with the terms of the contract.
- NS BH-ASO-Lifeline Connections-MHBG-21-23 Amendment 4 to provide the CBRA rental assistance in Skagit County and Whatcom County in the amount of \$88,523.00 and \$188,249.00, respectively. The contract term is November 1, 2021, through June 30, 2023, with an automatic one-year renewal on July 1, 2023, based on continued compliance with the terms of the contract.
- NS BH-ASO-Compass Health-CBRA ICN-21-23 to provide the CBRA rental assistance in San Juan and Snohomish Counties and case management services in San Juan County in the amount of

\$674,685.00 and \$68,227.00, respectively. The contract term is November 1, 2021, through June 30, 2023, with an automatic one-year renewal on July 1, 2023, based on continued compliance with the terms of the contract.

- NS BH-ASO-Lake Whatcom-CBRA ICN-21-23 to provide the CBRA rental assistance in Whatcom County in the amount of \$209,724.00. The contract term is November 1, 2021, through June 30, 2023, with an automatic one-year renewal on July 1, 2023, based on continued compliance with the terms of the contract.

Jill Johnson moved the motion for approval, Cindy Wolfe seconded, all in favor, Motion #22-40 carried

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### **Summary:**

#### **Lake Whatcom Center (LWC)**

Lake Whatcom is the provider for the COVID behavioral health services, serving Whatcom County. This funding is from Health Care Authority contract K7455.

### **Motion #22-41**

- North Sound BH-ASO-LWC-COVID PSC-20-23 to provide behavioral health services to individuals experiencing behavioral health challenges due to the pandemic. The maximum consideration on this amendment is \$94,000. The contract term is December 1, 2020, through June 30, 2023, based on continued compliance with the terms of the contract

Jill Johnson moved the motion for approval, Sam Low seconded, all were in favor, motion #22-41 carried

<b>For Board of Directors Ratification</b>
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### **Summary:**

#### **Health Care Authority**

HCA is renewing the COVID mental health and substance use grant for individuals affected by COVID-19 and struggling with their mental health wellness and/or experiencing problematic substance use.

### **Motion #22-42**

Health Care Authority-North Sound BH-ASO-K7455 Amendment 2 for the provision of behavioral health services. The term of this amendment is July 1, 2022, through June 30, 2023. The maximum amount on this amendment is \$94,000.

Sam Low moved the motion for approval, Jackie Mitchell seconded, all were in favor, motion # 22-42 carried

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### **Summary:**

#### **Tulalip Tribes-Family Haven**

Family Haven receives Federal Block Grants funds for an at-risk youth program focusing on reengaging the youth in behavioral health services, school, and family connections. (\$74,850)

### **Motion #22-43**

- North Sound BH-ASO-Family Haven-MHBG-19-23 Amendment 4 to provide intervention and support to at-risk youth. The contract term is September 12, 2019, through June 30, 2023, with an automatic one-year renewal on July 1, 2023, based on continued compliance with the terms of the contract.

Cindy Wolfe moved the motion for approval, Sam Low seconded, all were in favor, motion #22-43 carried

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### **Summary:**

#### **Recovery Navigator Program (RNP)**

Recovery Navigator Program is a legislative proviso delineated in the Blake Bill (ESB 5476), the funding is to establish a RNP in all five counties. The RNP is an outreach and engagement service to individuals with substance use disorders, co-occurring disorders who are risk of arrest and/or have frequent contact with



law enforcement. Services include, but are not limited to, facilitation and coordination of community resources, coordination and communication with law enforcement, prosecutors, program staff and other partners. Intensive case management and care coordination are the cornerstones of the services.

- Snohomish County's contract has been approved previously with the full annual funding.

#### **Motion #22-44**

- North Sound BH-ASO-Island County-RNP-22-23 for the provision of RNP services in Island County. The annual funding for this contract is \$528,855. The contract term is March 1, 2022, through February 28, 2023, with an automatic one-year renewal on March 1, 2023, based on continued compliance with the terms of the contract.
- North Sound BH-ASO-Community Action of Skagit County-RNP-22-23 for the provision of RNP services in Skagit County. The annual funding for this contract is \$528,855. The contract term is March 1, 2022, through February 28, 2023, with an automatic one-year renewal on March 1, 2023, based on continued compliance with the terms of the contract.
- North Sound BH-ASO-Compass Health-RNP-22-23 for the provision of RNP services in San Juan County. The annual funding for this contract is \$528,855. The contract term is March 1, 2022, through February 28, 2023, with an automatic one-year renewal on March 1, 2023, based on continued compliance with the terms of the contract.
- North Sound BH-ASO-Whatcom County-RNP-22-23 for the provision of RNP services in Whatcom County. The annual funding for this contract is \$512,455. The contract term is March 1, 2022, through February 28, 2023, with an automatic one-year renewal on March 1, 2023, based on continued compliance with the terms of the contract.

Jackie Mitchell moved the motion for approval, Cindy Wolfe seconded, all in favor, motion 22-44 carried

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## **Introduction Items**

### **Personnel**

#### **Assisted Outpatient Treatment (AOT) Coordinator**

- Health Care Authority has funded a Full Time Equivalent (FTE) to coordinate the AOT program in the North Sound region. Assisted Outpatient Treatment is an order for Less Restrictive Alternative Treatment, this position will coordinate with local courts, behavioral health providers and Health Care Authority. The funding available for this position is \$140,000 annually.

#### **Accountant**

- During our succession planning process, we decided it would be prudent to add an accounting position to the 2023 ASO budget. With increases in funding, the complexity of the funding and frequent reporting it is a high priority for the organization. We anticipate recruitment will begin in early 2023.

This positions above were reviewed and discussed with the Board members. It was noted they will be brought back to the Board in September for action.

#### **Child/Youth Mobile Crisis Team**

- We have concluded the Child/Youth Mobile Crisis Team Request for Qualifications. The evaluation team met on August 4<sup>th</sup> and is recommending the Compass Health as the successful bidder for serving Skagit, Snohomish, and Whatcom counties.

There was a brief discussion regarding the Child/Youth Mobile Crisis Team; questions were answered

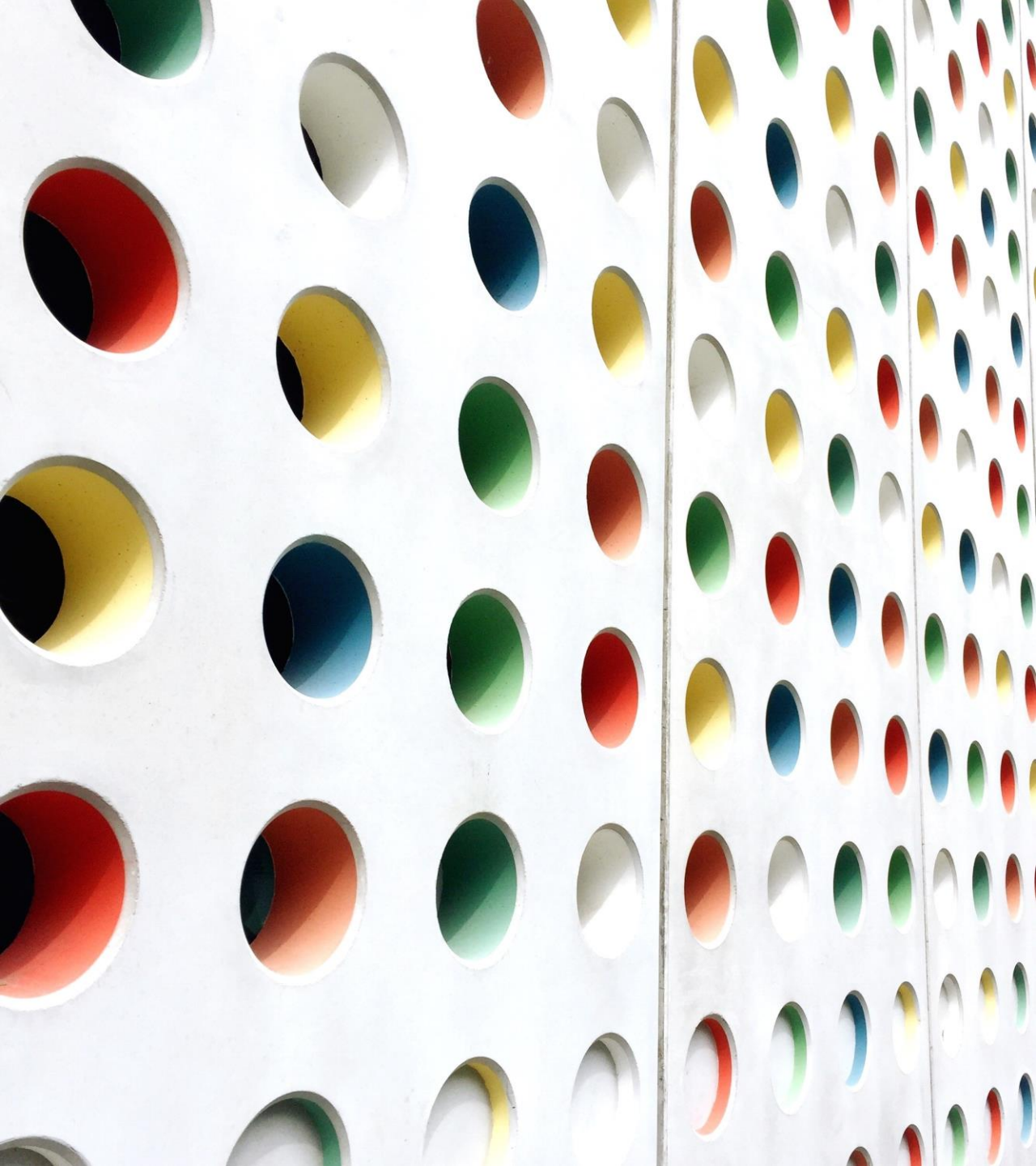
## **Report from the Executive Director**

Joe Valentine gave a brief overview of the items listed on the Executive Director's Report which included the following topics:

- ACTIVATION OF STATE-WIDE 988 LINE
- ASO/COUNTY BEHAVIORAL HEALTH LEGISLATIVE PRIORITIES FOR 2023
- CRISIS SERVICES UPDATE
- TRANSITION OF THE OMBUDS SERVICES CONTRACT
- SUCCESSION PLANNING
- FACILITY NEEDS ASSESSMENT
- UPDATE ON RFP FOR CHILDREN AND YOUTH MOBILE CRISIS TEAMS
- UPDATE ON RECOVERY NAVIGATOR PROGRAM [RNP]
- MENTAL HEALTH AND SUBSTANCE ABUSE BLOCK GRANT PLANS
- TEAMonitor Review

**Adjourn:** The meeting adjourned at 2:57 p.m.

*Next Meeting:* September 8<sup>th</sup>, 2022



# The Journey So Far

## North Sound Midway DREI Project Report Out to the Board

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September 2022

Michelle M. Osborne, J.D. & Associates, LLC

# Making Space for Antiracism

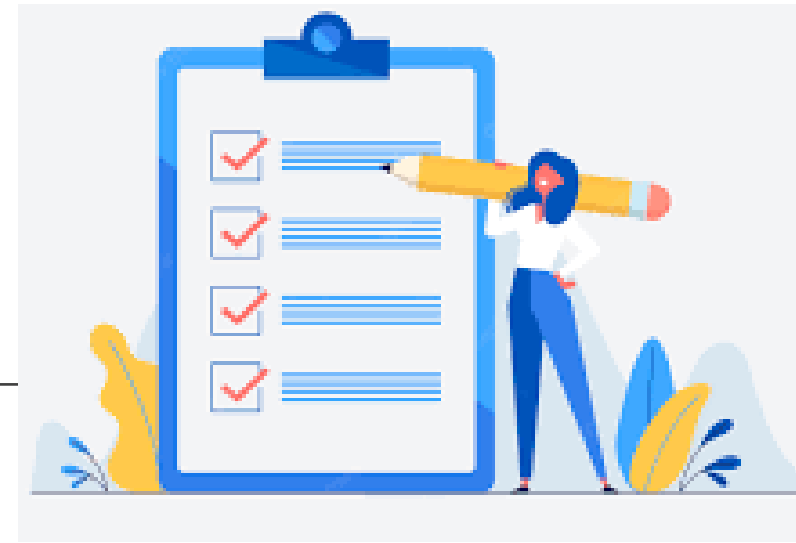
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- Be brave
- Get curious
- Lean into discomfort
- Practice self-care
- Open-up to empathy
- Allow silence, especially the awkward kind
- Resist assumptions
- Let go of closure



# Today's Agenda

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- The Journey So Far: Recap of Where We've Been
- Where We Are Now
- Next Steps

# Kendi Offers an Intentional, Constructive and Productive Approach - *Action!*

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“Racism is the marriage of racist **policies** and racist **ideas** that produce and normalize racial inequity.”

- A racist policy produces or sustains inequity between racial groups.
- A racist idea suggests one racial group is inferior or superior to another

**Focus on bad policies and ideas, not bad people.**



Professor Ibram X. Kendi, PhD  
Center for Antiracist Research  
Boston University  
MacArthur Fellow



# The DREI Journey Requires More than Awareness

## Journey Toward Antiracism



**Advocacy and Action**  
Being the vocal champion of racial equity and the importance of an antiracist stance, racial equity best practices and addressing the 8 Ps of structural racism. Plus, driving intentional and planful projects that positively affect the 8 Ps of structural racism and impact decision that affect how the organization functions and delivers services.

**Accountability**  
Setting and holding individuals, teams, and leaders to a common expectation by clearly defining a stance on racism and what it means to be antiracist in their roles and responsibilities.

**Awareness**  
Ongoing intentional “learning journey” to understand racial inequity including the reality of racism and the meaning of antiracism as an individual, team, and leader.

- 8 P's**
- People
  - Perception
  - Philosophy
  - Politics
  - Policy
  - Procedures
  - Process
  - Priority

Kaleidoscope Leadership Institute™

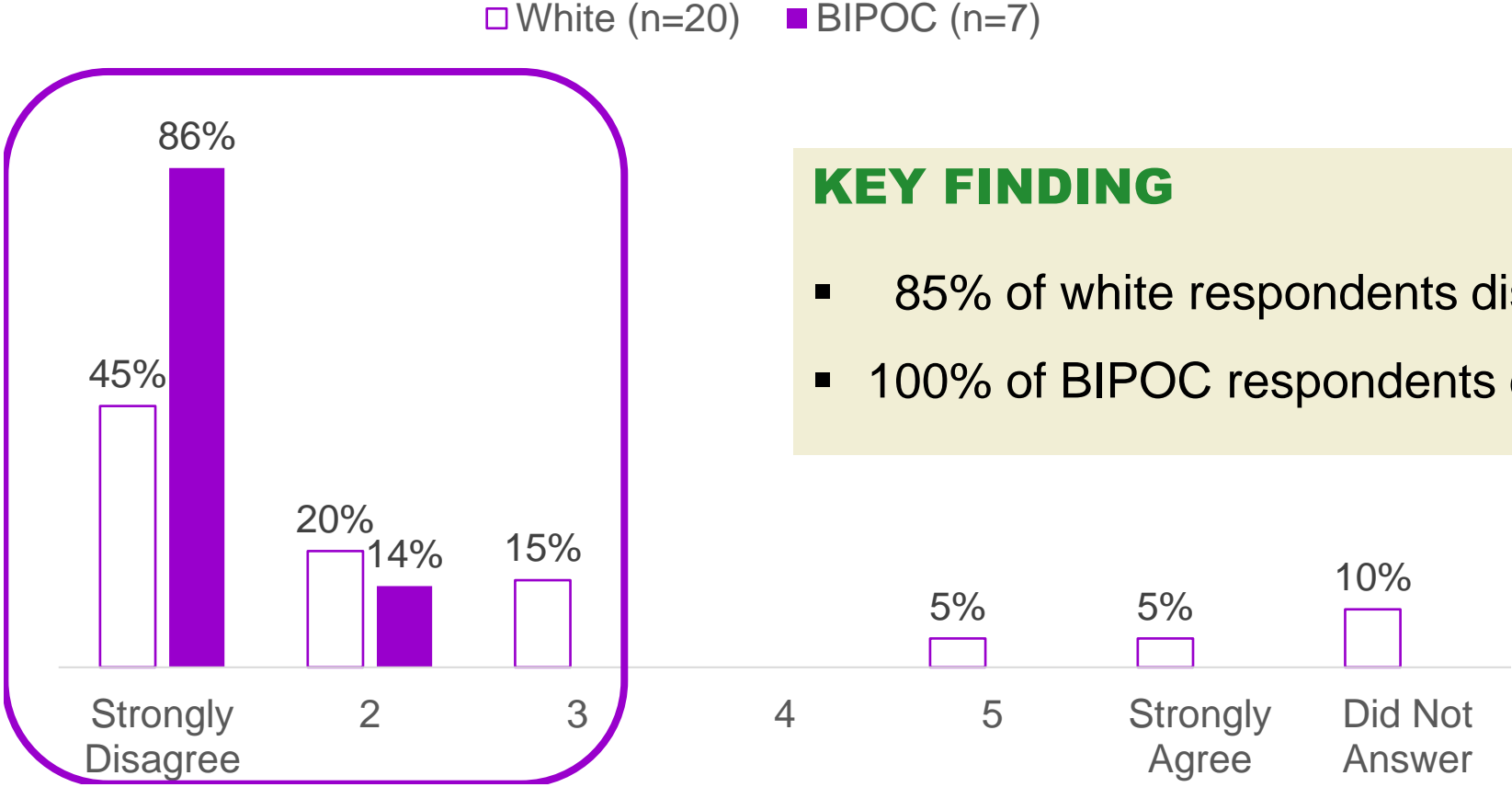
# DREI Journey to Create a Strategic Plan

	2021			2022						2023									
	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	
Waypoint 1: Recognizing Racism						<ul style="list-style-type: none"> <li>DREI Maturity Survey developed deployed <b>DONE</b></li> <li>DREI Maturity Survey analyzed and cascaded to leaders, staff, boards <b>DONE</b></li> <li>DREI Foundational Training Session 1 <b>DONE</b></li> </ul>													
Waypoint 2: Critical Reflection									<ul style="list-style-type: none"> <li>DREI Foundational Training Session 2 <b>DONE</b></li> <li>DREI Foundational Training Session 3 <b>DONE</b></li> <li>DREI Foundational Training Sessions 4 – 6 <b>DONE</b></li> </ul>										
Waypoint 3: Choose Antiracism												<ul style="list-style-type: none"> <li>Functional interviews <b>IN PROCESS</b></li> <li>DREI Lunch N Learns <b>IN PROCESS</b></li> </ul>							
Waypoint 4: Advocate for Antiracist Policies and Ideas						<ul style="list-style-type: none"> <li>Establish a Strategic Planning Workgroup (3 – 5) <b>UPCOMING</b></li> <li>Brainstorm, refine, and curate DREI ideas</li> <li>Evaluate ideas, prioritize, and turn into goals, strategies and tactics</li> <li>Develop, refine, and finalize DREI Strategic Plan</li> <li>Cascade and socialize DREI Strategic Plan</li> </ul>													





Q: Racism has been and is a problem at this organization/agency.



**KEY FINDING**

- 85% of white respondents disagree
- 100% of BIPOC respondents disagree

# 6 Sessions of DREI Foundational Training

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## **AWARENESS**

- Session 1 Racism: A Definition that Works! February 24, 2022 **Completed**
- Session 2 Develop Your Antiracist Understanding March 22, 2022 **Completed**



## **ACCOUNTABILITY**

- Session 3 Nurture Your Antiracist Relationships April 11, 2022 **Completed**
- Session 4 Locate Your Antiracist Power April 19, 2022 **Completed**

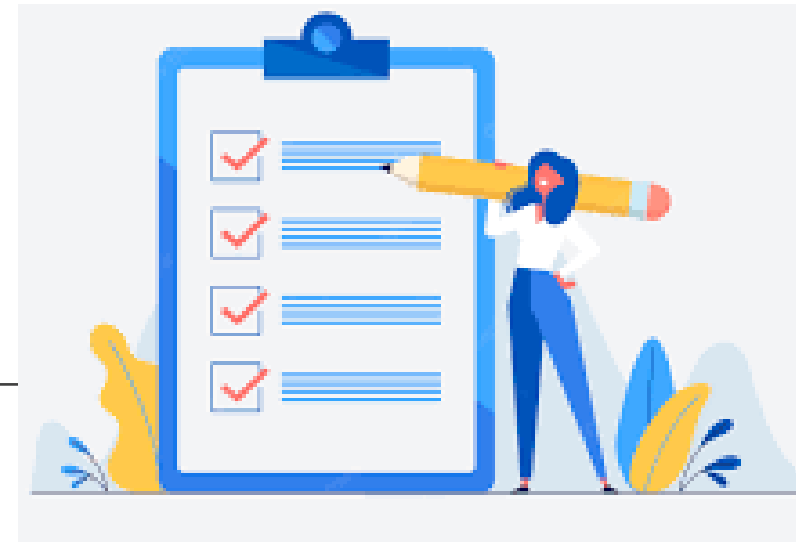


## **ACTION & ADVOCACY**

- Session 5 DREI Centered Strategic Planning April 28, 2022 **Completed**
- Session 6 DREI Centered Personal Action Planning May 19, 2022 **Completed**

# Today's Agenda

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## ■ Where We Are Now



# Project Activities and Deliverables

**1**

Analyze organizational practices and DREI competency and develop baseline report

**2**

Provide training and information about DREI best practices with focus on behavioral health

**3**

Develop shared language and framework that enhances the organization's ability to execute its mission, operations and strategic direction

**4**

Develop recommendations for initial DREI strategies to drive the DREI strategic plan

**5**

Inspire and support the development of organizational commitment and framework to sustain the DREI strategic plan

**6**

Increase staff DREI competencies and capacities as the foundation for continuous improvement

**7**

Integrate all activities to deliver DREI strategic plan that increases awareness, accountability, action, and advocacy to drive **better behavioral health care in the North Sound Region**



# North Sound: Enhanced Understanding of Policies, Ideas and Outcomes

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## **Antiracist Policies, Ideas and Outcomes**

- **Increasing critical thinking and reflection**
- **Increasing use of common language related to DREI**
- **Increasing awareness**
- **Increasing accountability**
- **Increasing buy-in of DREI concepts**
- **Increasing understanding of antiracist power**



Race Is Not Real June 15, 2022 **Completed**

A Brief History of Racism in Washington State July 20, 2022 **Completed**

Tokenism August 17, 2022 **Completed**

Housing: A Centuries-Old History September 21, 2022

Housing: Redlining and Its Continuing Legacy October 19, 2022

Housing: Zoning, Infrastructure, and Environmental Racism November 16, 2022

Experimentation and Exploitation: Historic Health Disparities December 21, 2022

“Never Meant for Them:” Health Care and Non-white People January 18, 2022

Mental and Behavioral Health Care in Non-white Communities February 15, 2022

Affirmative Action for White People March 15, 2022



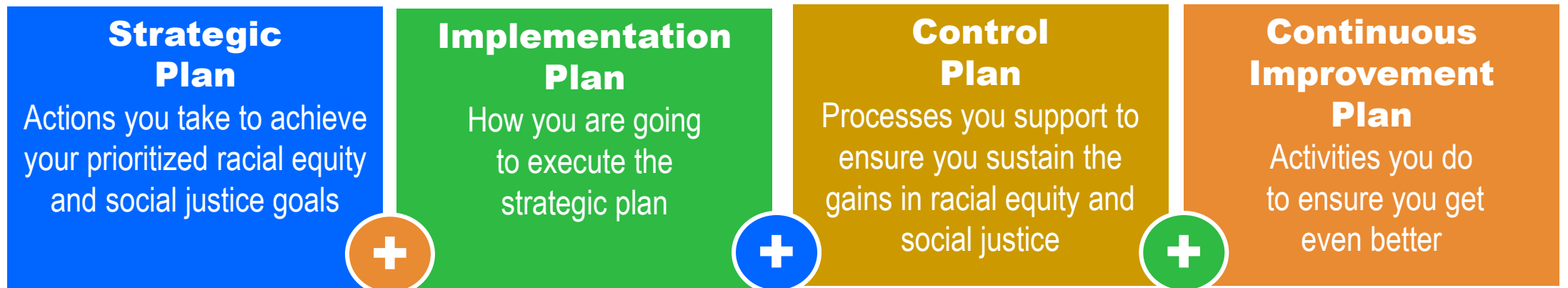
DIVERSITY, RACIAL EQUITY, AND INCLUSION TOPICS

10 Sessions . Wednesdays . 12:15 p.m. – 1:00 p.m.

# What We Plan to Do

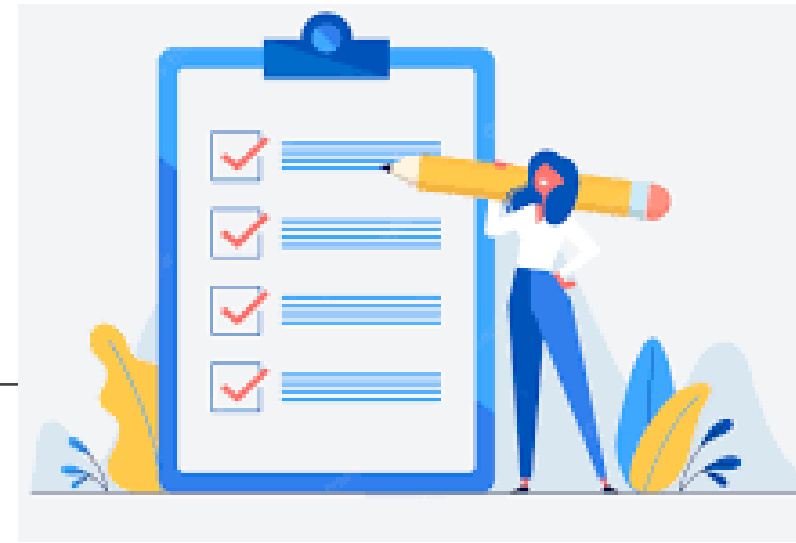
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## Racial Equity and Social Justice Priorities Plan



# Today's Agenda

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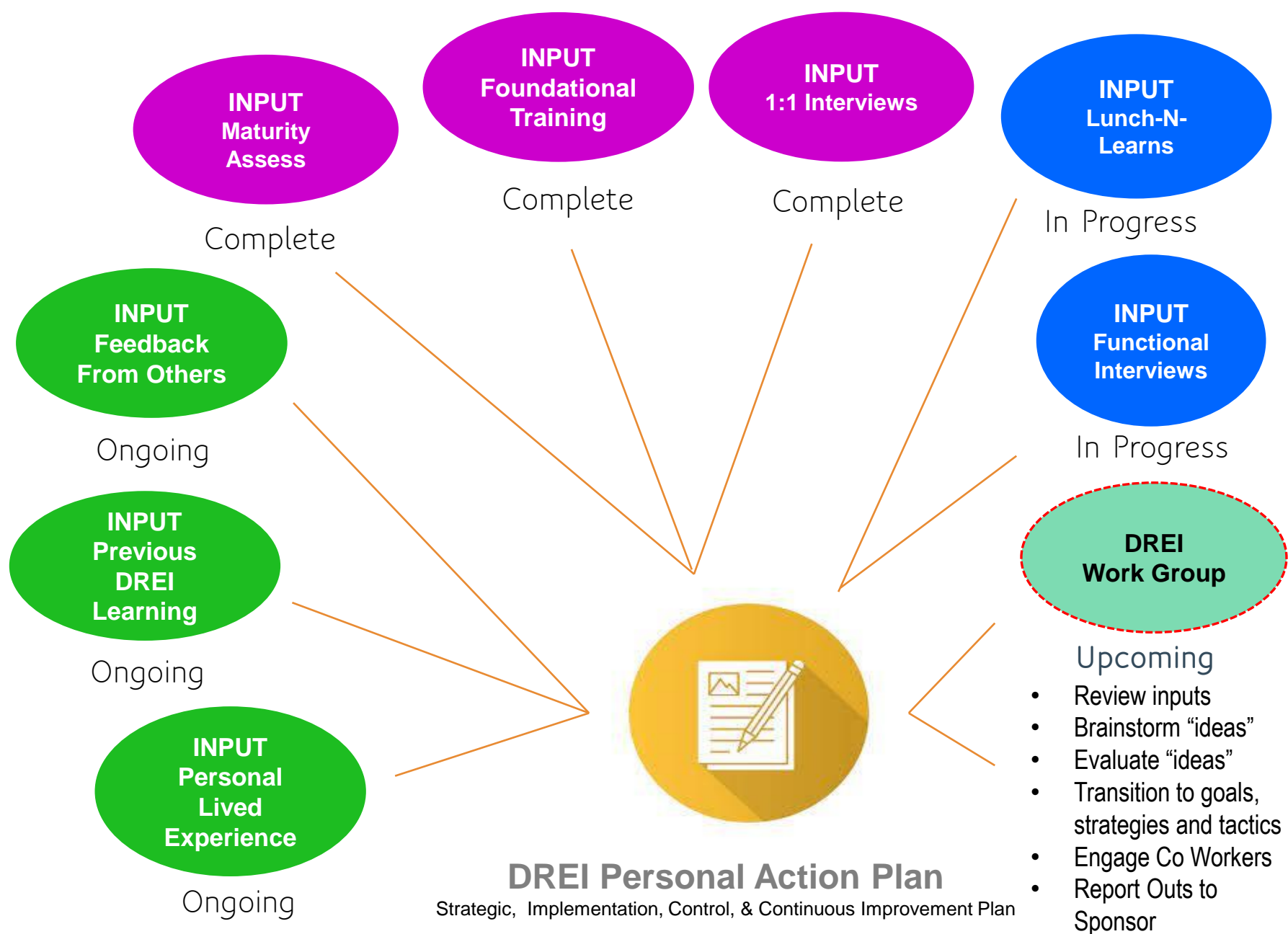
## ■ Next Steps





# DREI Action Plan

## INPUTS TURN AWARENESS INTO ACTION



# Next Steps

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- Continue Lunch & Learns
- Continue Functional interviews
- Select Racial Equity Strategic Work Group participants
- Begin Racial Equity Strategic Work Group
- Draft DREI Strategic Plan
- Support 1<sup>st</sup> Qtr Implementation of DREI Strategic Plan

# What you can do right now!

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- Remind yourself you are doing DREI work now!
- Acknowledge accomplishments to date
- Let others know about the DREI work you are doing
- Trust the process
- Continue to find your antiracist power
  - Discuss DREI opportunities with each other
  - Nurture and support DREI activities
  - Explore DREI resources provided by consultants





# Midway Report Out Schedule

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- Leadership Team      Tuesday      **July 12**      9:00 a.m. - 11:30 a.m.      **Completed**
- All Staff      Monday      **July 18**      3:00 p.m. - 05:00 p.m.      **Completed**
- Advisory Board      Tuesday      **August 2**      1:00 p.m. - 03:00 p.m.      **Completed**
- The Board      Thursday      **September 8**      1:30 p.m. - 03:00 p.m.      **Today**

Questions?





## Advisory Board Brief

August 3, 2022

The Advisory Board met on August 2, and the following items were discussed:

### — Advisory Board

- Vote occurred to accept Cathie Murphy's appointment to the Board. All were in favor. Cathie will be is a new member of the Board for Whatcom County.
- The Substance Use and Mental Health Block Grants were presented and discussed. A Motion was made to forward the block grants to Health Care Authority was passed.
- James Dixon, North Sound BH-ASO; Regional Recovery Navigator Coordinator, gave an update to the Board on the Recovery Navigator Program.
- It was determined to create an Ad Hoc Committee. This committee will begin creating a strategic plan. What was discussed to begin focusing on are
  - Peer support in the workforce development
  - Network Adequacy
- Washington Co-Occurring Disorders and Treatment Conference will be on October 10-11. Members were encouraged to attend.

### — Executive Director

Joe reported on the following

- Activation of State-Wide 988 Line
- ASO/County Behavioral Health Legislative Priorities for 2023
- Crisis Service Update
- Transition of the OMBUDS Services Contract
- 2022 Strategic Plan Dashboard
- Succession Planning
- Facility Needs Assessment
- Update on RFP for Children and Youth Mobile Crisis Teams

— **Finance/Executive Committee**

- The May and June Expenditures were passed and recommended to the Board of Directors for approval.





**NORTH SOUND BEHAVIORAL HEALTH  
ADMINISTRATIVE SERVICES  
ORGANIZATION**

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

**This document is to be completed by all North Sound Behavioral Health Administrative Services Organization Board of Directors Members *and* their Designated Alternates and returned to the Clerk of the Board.**

**RCW 43.160.040**

**Conflicts of interest—Code of ethics.**

In addition to other applicable provisions of law pertaining to conflicts of interest of public officials, no board member, appointive or otherwise, may participate in any decision on any board contract in which the board member has any interests, direct or indirect, with any firm, partnership, corporation, or association which would be the recipient of any aid under this chapter. In any instance where the participation occurs, the board shall void the transaction, and the involved member shall be subject to whatever further sanctions may be provided by law. The board shall frame and adopt a code of ethics for its members, which shall be designed to protect the state and its citizens from any unethical conduct by the board.

[ [1982 1st ex.s. c 40 § 4.](#) ]

<ul style="list-style-type: none"> <li>• Your Name:</li> </ul>	
<ul style="list-style-type: none"> <li>• Your Outside Occupation(s) Non-Elected, if any:</li> </ul>	
<ul style="list-style-type: none"> <li>• Spouse’s Name:</li> </ul>	
<ul style="list-style-type: none"> <li>• Spouse’s Employment:</li> </ul>	
<ul style="list-style-type: none"> <li>• Business Interest of You and Your Spouse:</li> </ul>	

**Please email or mail the completed document to:**

Joanie Wenzl  
Administrative Manager  
Clerk of the Board  
North Sound Behavioral Health Administrative Services Organization  
2021 East College Way, Suite 101  
Mount Vernon, WA 98273  
Phone: 360.416.7013  
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# North Sound Behavioral Health Administrative Services Organization September 8th, 2022 Board of Directors Financial Notes

## HIGHLIGHTS

1. The Budget to Actuals Looks pretty good. Our state funds are still showing a large positive variance. Inpatient Treatment is still over budget, ITA Judicial is over budget, Mental Health crisis stabilization is currently showing a large variance, and Withdrawal Management is continuing to increase, also of note E&T services are increasing lately as is Mental Health Outpatient Services. HARPS and DOC housing is showing a large variance, I believe this is due to underestimating the expense and revenue when I built the budget, it may require a budget amendment later in the year, since this is an expense reimbursement program there won't be any financial impact. Most of the large positive expense variances are due to programs not running yet. Other SUD services has a large positive variance due mainly to the Recovery Navigator programs getting a late start.
2. The Revenue and Expense statement is still showing a large income which is mainly due to the payment of the November amendment amounts in January and additional annual Proviso payments received in July. I finished the 6/30/22 R&E report for the State, that analysis shows that most of our State fund balance is tied to Proviso dollars, our available fund balance decreased from \$4,512,613.80 to \$3,458,081.11 mostly due to covering the MCO shortfall. Our Minimum Reserve requirement is \$3,090,242.00.
3. The one thing to note is the Medicaid fund balance, it has all been drawn down and the negative fund balance of \$768,979.00 had to be covered with State General Fund dollars, which we had enough of to cover but it has decreased our reserve to a very low level. The good news is that we have had meetings with all five MCOs and they have all agreed to increase their PMPM payments.
4. We have included a January to December projection of our revenues and expenditures to try and forecast possible areas of concern. There are some large projected variances including Inpatient, ITA Judicial, and Harps and DOC. Withdrawal Management and Crisis Stabilization are continuing to run higher than budgeted. The bottom line shows us as still running \$992,271 under budget for the year.

## NOTES

1. We are presenting the financial statements for August 2022 for the Behavioral Health Administrative Services Organization (ASO).

2. These monthly statements are prepared for the Board's use only. They provide a snapshot of expenses and revenue for a single calendar month compared with a hypothetical "year to date" projection. However, neither revenues nor expenditures occur on an equal 1/12 amount each month.
  
3. The North Sound BH-ASO adopts "calendar year" budgets, but the allocations from the state are done on a state fiscal year basis [with adjustments every 6 months]. The exceptions are Federal Block Grant Funds which are allocated for the entire fiscal year.
  
4. Revenues and expenses are managed independently within each of the major fund categories: Medicaid, State General Fund, Mental Health Block Grant, Substance Abuse Block Grant, and SAMHSA [a direct grant we receive from the federal government for our rural Medication Assistance Treatment program].
  
5. Within 'State General Funds', allocations are further subdivided between general state funds, and the multiple "Proviso" funds allocated for specific services.
  
6. We have added two new lines at the bottom of the "Revenue and Expense" tab which shows the beginning and ending fund balance within each fund category for the state fiscal year. I also added some additional lines at the bottom to show the Net Income from Operations before the transfer of funds to the BHO.
  
7. The Budget to Actuals statement includes notes on areas where there is a variance between the hypothetical year to date budget and actual revenues and expenditures. I also added additional lines at the bottom to show the transfer of funds separate from the normal operations.

**NORTH SOUND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICE ORGANIZATION  
PRELIMINARY REVENUE and EXPENSE STATEMENT for AUGUST 2022\*  
BUDGET TO ACTUALS**

<u>REVENUES</u>	<b>2022</b>	<b>YTD</b>	<b>YTD</b>	<b>Variance</b>	
	<b>Budget</b>	<b>2022</b>	<b>2022</b>	<b>Favorable</b>	
		<b>Budget</b>	<b>Actual</b>	<b>(Unfavorable)</b>	
Intergovernmental Revenues					
HRSA	\$ 333,333	222,222	192,027	(30,195)	
MHBG	3,088,440	2,058,960	1,453,867	(605,093)	
SABG	5,339,865	3,559,910	3,580,397	20,487	
State Funds	25,083,404	16,722,269	24,546,126	7,823,857	Got Novemb
Medicaid (MCO)	5,102,632	3,401,755	3,839,985	438,230	
Total Intergovernmental Revenues	38,947,674	25,965,116	33,612,401	7,647,285	
Misc. Revenue **	0	0	227,771	227,771	Transfer for
Interest Revenue	3,500	2,333	10,554	8,221	
<b>TOTAL REVENUES</b>	<b>\$ 38,951,174</b>	<b>\$ 25,967,449</b>	<b>\$ 33,850,726</b>	<b>\$ 7,883,277</b>	
<u>EXPENDITURES</u>					
Inpatient Treatment	\$ 1,150,000	766,667	\$ 1,105,972	(339,305)	Received an
ITA Judicial	2,300,000	1,533,333	1,811,451	(278,118)	Running a bi
Crisis Services	14,639,597	9,759,731	8,520,988	1,238,743	
MH Crisis Stabilization	1,500,000	1,000,000	1,297,266	(297,266)	Appears to k
E&T Services	1,100,000	733,333	894,073	(160,740)	Have been ir
E&T Discharge Planner	107,294	71,529	87,158	(15,629)	
Jail Services	367,536	245,024	205,025	39,999	
PACT Services	511,716	341,144	310,858	30,286	
MHBG Expenditures ***	1,371,893	914,595	414,995	499,601	
HARPS & DOC Housing	1,197,343	798,229	1,826,920	(1,028,691)	Budgeted to
DMA County Contracts	581,292	387,528	267,606	119,922	
SABG Expenditures ****	3,920,240	2,613,493	2,388,080	225,413	
Withdrawal Management	900,000	600,000	878,487	(278,487)	Running a bi
HRSA	304,921	203,281	267,850	(64,570)	
Juvenile Drug Court	139,800	93,200	92,602	598	
Other MH Services *****	1,244,501	829,667	1,133,825	(304,158)	Increase in C
Other SUD Services	3,046,419	2,030,946	516,175	1,514,771	Recovery Na
Ombuds	216,000	144,000	102,391	41,609	
Advisory Board	19,998	13,332	4,679	8,653	
Subtotal - Services	34,618,550	23,079,033	22,126,400	952,633	
Administration	4,332,624	2,888,416	2,553,830	334,586	
<b>TOTAL EXPENDITURES</b>	<b>\$ 38,951,174</b>	<b>\$ 25,967,449</b>	<b>\$ 24,680,230</b>	<b>\$ 1,287,219</b>	

Excess of Revenues Over (Under) Expenditure. \$ 9,170,496

\* THIS IS AN UNAUDITED STATEMENT

\* Medicaid and State revenue are paid in advance. MHBG, SABG and SAMHSA revenue are paid on an expense reimbursement method. Expenses are recognized when the bill is received.

**NORTH SOUND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICE ORGANIZATION  
PRELIMINARY REVENUE and EXPENSE STATEMENT for AUGUST 2022\***

<b>REVENUES</b>	<b>YTD 2022 Totals</b>	<b>YTD 2022 Medicaid</b>	<b>YTD 2022 State</b>	<b>YTD 2022 MHBG</b>	<b>YTD 2022 SABG</b>	<b>YTD 2022 HRSA</b>
Intergovernmental Revenues						
HRSA	192,027					192,027
MHBG	1,453,867			1,453,867		
SABG	3,580,397				3,580,397	
State Funds	24,546,126		24,546,126			
Medicaid (MCO)	3,839,985	3,839,985				
Total Intergovernmental Revenues	33,612,401	3,839,985	24,546,126	1,453,867	3,580,397	192,027
Misc. Revenue **	227,771		227,771			
Interest Revenue	10,554		10,554			
<b>TOTAL REVENUES</b>	<b>\$ 33,850,726</b>	<b>\$ 3,839,985</b>	<b>\$ 24,784,451</b>	<b>\$ 1,453,867</b>	<b>\$ 3,580,397</b>	<b>\$ 192,027</b>

**EXPENDITURES**

Inpatient Treatment	\$ 1,105,972		\$ 1,105,972			
ITA Judicial	1,811,451		1,811,451			
Crisis Services	8,520,988	4,532,039	3,155,416	307,398	526,135	
MH Crisis Stabilization	1,297,266		835,309	461,957		
E&T Services	894,073		894,073			
E&T Discharge Planner	87,158		87,158			
Jail Services	205,025		205,025			
PACT Services	310,858		310,858			
MHBG Expenditures ***	414,995			414,995		
HARPS & DOC Housing	1,826,920		1,826,920			
DMA County Contracts	267,606		267,606			
SABG Expenditures ****	2,388,080				2,388,080	
Withdrawal Management	878,487		626,996		251,490	
HRSA	267,850					267,850
Juvenile Drug Court	92,602		92,602			
Other MH Services *****	1,133,825		1,133,825			
Other SUD Services	516,175		516,175			
Ombuds	102,391	76,216	26,175			
Advisory Board	4,679		4,679			
Subtotal - Services	22,126,400	4,608,256	12,900,238	1,184,350	3,165,706	267,850
Administration	2,553,830	531,885	1,991,030			30,915
<b>TOTAL EXPENDITURES</b>	<b>\$ 24,680,230</b>	<b>\$ 5,140,141</b>	<b>\$ 14,891,268</b>	<b>\$ 1,184,350</b>	<b>\$ 3,165,706</b>	<b>\$ 298,766</b>
Net Income	\$ 9,170,496	\$ (1,300,156)	\$ 9,893,183	\$ 269,517	\$ 414,691	\$ (106,739)

Beginning Fund Balance 12/31/21	5,704,731	531,177	6,219,280	(96,902)	(942,437)	(6,387)
<b>Ending Fund Balance</b>	<b>14,875,227</b>	<b>(768,979)</b>	<b>16,112,463</b>	<b>172,615</b>	<b>(527,746)</b>	<b>(113,126)</b>

Note: State Fund Balance also includes Proviso Fund Balances which are designated for specific expenditures

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**NORTH SOUND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICE ORG  
PROJECTED REVENUE and EXPENSE STATEMENT for JANUARY to DECE  
BUDGET TO ACTUALS**

<u>REVENUES</u>	<b>2022</b>	<b>2022</b>	<b>Variance</b>
	<b>Budget</b>	<b>Projected Actual</b>	<b>Favorable</b>
			<b>(Unfavorable)</b>
Intergovernmental Revenues			
HRSA	\$ 333,333	384,054	50,721
MHBG	3,088,440	2,314,294	(774,146)
SABG	5,339,865	5,268,870	(70,995)
State Funds	25,083,404	30,384,729	5,301,325
Medicaid (MCO)	5,102,632	6,091,518	988,886
Total Intergovernmental Revenues	38,947,674	44,443,465	5,495,791
Misc. Revenue **	0	227,771	227,771
Interest Revenue	3,500	7,906	4,406
<b>TOTAL REVENUES</b>	<b>\$ 38,951,174</b>	<b>\$ 44,679,141</b>	<b>\$ 5,727,967</b>

**EXPENDITURES**

Inpatient Treatment	\$ 1,150,000	\$ 2,017,958	(867,958)
ITA Judicial	2,300,000	2,691,891	(391,891)
Crisis Services	14,639,597	13,148,578	1,491,019
MH Crisis Stabilization	1,500,000	1,949,409	(449,409)
E&T Services	1,100,000	1,282,208	(182,208)
E&T Discharge Planner	107,294	109,359	(2,065)
Jail Services	367,536	324,624	42,912
PACT Services	511,716	437,057	74,659
MHBG Expenditures ***	1,371,893	990,382	381,511
HARPS & DOC Housing	1,197,343	2,468,491	(1,271,148)
DMA County Contracts	581,292	391,179	190,113
SABG Expenditures ****	3,920,240	3,555,731	364,509
Withdrawal Management	900,000	1,301,874	(401,874)
HRSA	304,921	405,212	(100,291)
Juvenile Drug Court	139,800	87,663	52,137
Other MH Services *****	1,244,501	1,187,062	57,439
Other SUD Services	3,046,419	1,675,634	1,370,785
Ombuds	216,000	98,393	117,607
Advisory Board	19,998	5,060	14,938
Subtotal - Services	34,618,550	34,127,764	490,786
Administration	4,332,624	3,831,140	501,484
<b>TOTAL EXPENDITURES</b>	<b>\$ 38,951,174</b>	<b>\$ 37,958,903</b>	<b>\$ 992,271</b>

Excess of Revenues Over (Under) Expenditure. \$ 6,720,238

\* THIS IS AN UNAUDITED STATEMENT

\* Medicaid and State revenue are paid in advance. MHBG, SABG and SAMHSA revenue reimbursement method. Expenses are recognized when the bill is received.

\*\* Room Rental Fees, Tribal Conference, Salish Contract

\*\*\* Includes Peer Bridger, PATH and COVID. Does not include Crisis or E&T

\*\*\*\* Includes Opiate Outreach, PPW Housing Supports and Per Pathfinder. Does not in

\*\*\*\*\* Includes CORS, AOT, Trueblood, FYSPRT, Outpatient Services

**FINANZATION**  
**NOVEMBER 2022\***

Slow billing on Covid grants

Got November's off cycle amendment in January. Extra CBRA funds.  
Increased rates for second half

Transfer from Skagit for E&T

Two large bills for \$348,156 in the first half of the year  
Continuing to increase

Continuing to increase

Budgeted to low for CBRA housing funds

Running a bit high

Recovery Navigator Program had a late start

Still under budget overall

**NORTH SOUND BH-ASO****Warrants Paid****August 2022**

Type	Date	Num	Name
Bill Pmt -Check	08/05/2022	549753	American Behavioral Health Systems, In
Bill Pmt -Check	08/05/2022	549788	Commercial Alarm and Detection Inc
Bill Pmt -Check	08/05/2022	549812	Evergreen Recovery
Bill Pmt -Check	08/05/2022	549818	Frontline Cleaning Services LLC
Bill Pmt -Check	08/05/2022	549821	Great Rivers BH
Bill Pmt -Check	08/05/2022	549826	Harborview Medical Center
Bill Pmt -Check	08/05/2022	549835	Island County Human Services
Bill Pmt -Check	08/05/2022	549864	Lake Whatcom Center
Bill Pmt -Check	08/05/2022	549842	Lifeline Connections
Bill Pmt -Check	08/05/2022	549930	Save on Storage
Bill Pmt -Check	08/05/2022	549934	Sea Mar
Bill Pmt -Check	08/05/2022	549974	US Bank
Bill Pmt -Check	08/05/2022	549986	WA State Dept of L & I
Bill Pmt -Check	08/05/2022	549751	Wellfound Behavioral Health Hospital
Bill Pmt -Check	08/10/2022	550045	AA Dispatch-Yellow Cab
Bill Pmt -Check	08/10/2022	550046	Access
Bill Pmt -Check	08/10/2022	550059	American Psychiatric Association (APA)
Bill Pmt -Check	08/10/2022	550080	Brigid Collins
Bill Pmt -Check	08/10/2022	550084	Carasoft Technology Corp
Bill Pmt -Check	08/10/2022	550386	Colibri Facilitation
Bill Pmt -Check	08/10/2022	550106	Comcast
Bill Pmt -Check	08/10/2022	550109	Compensation Works
Bill Pmt -Check	08/10/2022	550112	Consejo Counseling
Bill Pmt -Check	08/10/2022	550114	Copy & Print Store
Bill Pmt -Check	08/10/2022	550240	Crothers, Linda-Reim
Bill Pmt -Check	08/10/2022	550145	Enduris WA
Bill Pmt -Check	08/10/2022	550147	Evergreen Recovery
Bill Pmt -Check	08/10/2022	550153	Firstline Communications (All Phase)
Bill Pmt -Check	08/10/2022	550212	Foster, Katherine
Bill Pmt -Check	08/10/2022	550226	Lake Whatcom Center
Bill Pmt -Check	08/10/2022	550238	Lifeline Connections
Bill Pmt -Check	08/10/2022	550162	Lippman, Glenn
Bill Pmt -Check	08/10/2022	550363	Maharaj-Lewis, Starleen
Bill Pmt -Check	08/10/2022	550127	Martin, Darren-reimbursement
Bill Pmt -Check	08/10/2022	550270	Mount Baker Presbyterian Church
Bill Pmt -Check	08/10/2022	550283	Office Depot
Bill Pmt -Check	08/10/2022	550263	Osborne, Michelle, JD Associates LLC
Bill Pmt -Check	08/10/2022	550296	Pioneer Center
Bill Pmt -Check	08/10/2022	550303	Prosperity Counseling & Treatment
Bill Pmt -Check	08/10/2022	550304	Providence-Everett
Bill Pmt -Check	08/10/2022	550340	SHI
Bill Pmt -Check	08/10/2022	550399	Smokey Point Behavioral Hospital
Bill Pmt -Check	08/10/2022	550357	Snohomish Co Human Services



**NORTH SOUND BH-ASO****Warrants Paid****August 2022**

Bill Pmt -Check	08/10/2022	550358	Snohomish Co Juvenile
Bill Pmt -Check	08/10/2022	550362	SRS Property Management
Bill Pmt -Check	08/10/2022	550293	St Joseph Medical Center, Peace Health
Bill Pmt -Check	08/10/2022	550375	Telecare Corporation
Bill Pmt -Check	08/10/2022	550380	Therapeutic Health Services
Bill Pmt -Check	08/10/2022	550384	Thurston Mason-BHO
Bill Pmt -Check	08/10/2022	550379	Tulalip Tribes
Bill Pmt -Check	08/10/2022	550405	Walsh Equipment Repair
Bill Pmt -Check	08/10/2022	550414	Whatcom Co Superior Court
Bill Pmt -Check	08/10/2022	550415	Whatcom County Health Department
Bill Pmt -Check	08/26/2022	550734	AT&T
Bill Pmt -Check	08/26/2022	550753	Catholic Community Services
Bill Pmt -Check	08/26/2022	550770	Compass Health
Bill Pmt -Check	08/26/2022	550843	Iverson, Mandy-Reimb
Bill Pmt -Check	08/26/2022	550834	Lake Whatcom Center
Bill Pmt -Check	08/26/2022	550839	Lifeline Connections
Bill Pmt -Check	08/26/2022	550855	NW ESD 189
Bill Pmt -Check	08/26/2022	550860	Office Depot
Bill Pmt -Check	08/26/2022	550881	Richoh USA - 31001
Bill Pmt -Check	08/26/2022	550895	Shred-it
Bill Pmt -Check	08/26/2022	550907	Skagit Valley Publishing
Bill Pmt -Check	08/26/2022	550909	Snohomish Co Human Services
Bill Pmt -Check	08/26/2022	550916	Telecare Corporation
Bill Pmt -Check	08/26/2022	550947	Whatcom County Health Department
Bill Pmt -Check	08/31/2022	IGT	Skagit County Auditor

**NORTH SOUND BH-ASO  
Warrants Paid  
August 2022**

**Amount**

-30,745.00
-134.28
-37,781.77
-839.06
-937.59
-5,502.70
-162,892.58
-164,926.13
-10,268.29
-510.00
-14,377.80
-2,012.31
-52.50
-2,115.72
-305.45
-1,165.72
-4,322.00
-13,137.26
-117.50
-2,587.50
-365.47
-1,000.00
-6,195.89
-87.04
-37.44
-47,986.00
-101,710.76
-1,071.12
-585.00
-15,495.43
-5,428.00
-1,618.75
-300.00
-10.00
-2,180.06
-85.20
-7,000.00
-94,904.47
-1,755.00
-18,146.39
-2,708.41
-7,052.40
-623,882.32

**NORTH SOUND BH-ASO**  
**Warrants Paid**  
**August 2022**

-25,819.83
-10,952.00
-11,924.22
-9,229.76
-1,531.70
-7,804.00
-7,244.06
-289.99
-17,608.00
-51,865.60
-81.48
-32,048.49
-30,740.00
-36.88
-28,132.20
-9,632.13
-7,187.89
-152.44
-138.39
-152.48
-500.00
-199,132.78
-90,153.00
-4,549.63
-3,500.00
-1,944,743.26
-1,944,743.26
<b>-1,944,743.26</b>

## PEBB Application Requirement: Board Resolution

- We are continuing our research into benefits comparisons between PEBB and WCIF however HCA has informed us that they cannot determine the ASO's eligibility for PEBB unless we submit a full application.
- We have been working with PEBB to put together a full application. We've also been consulting with Island County's benefits coordinator since they successfully applied for PEBB coverage last year.
- Part of the application is a Board Resolution. Their exact wording in the requirement: '*A resolution from the group's governing body authorizing the purchase of PEBB insurance coverage.*'
- If the BOD is interested in what the full application is:
  - A letter of application that includes:
    - A reference to the group's authorizing statute;
    - A description of the organizational structure and a description of the employee bargaining unit or group of nonrepresented employees for which the group is applying;
    - The group's employee tax ID (TIN) number; and
    - A statement of whether the group is requesting medical, dental, life and AD&D, and long-term disability insurance or medical/vision only. Note: Educational Service Districts must enroll in medical, dental, life and AD&D, and long-term disability insurance.
  - A resolution from the group's governing body authorizing the purchase of PEBB insurance coverage. (sample resolution at website)
  - A signed governmental function attestation document that attests to the fact that employees for whom the group is applying are governmental employees whose services are substantially all in the performance of essential governmental functions (sample in folder)
  - A member level census file for all employees for whom the group is applying. The file must be provided in the format required and contain the following: demographic data, by member, with each member classified as employee, spouse or state-registered domestic partner, or child. Member Level Census Data
  - Historical claims and cost information that includes:
    - Large claims history for 24 months by quarter that excludes the most recent 3 months,
    - Ongoing large claims management report for the most recent quarter provided in the large claims history, and
    - A summary of historical plan costs.
- Next steps: Mandy will send the application to HCA for review, if they accept we will look in detail at detailed benefit/cost comparisons with WCIF options.



## North Sound BH-ASO

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**A RESOLUTION OF THE BOARD OF DIRECTORS OF NORTH SOUND  
BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION  
REQUESTING REVIEW BY THE HEALTH CARE AUTHORITY TO PARTICIPATE  
IN THE WASHINGTON STATE INSURANCE PLANS**

WHEREAS, the Health Care Authority administers the medical and vision, for the employees of the state of Washington, as set forth in chapter 41.05 RCW; and,

WHEREAS, the Board of Directors representing the North Sound Behavioral Health Administrative Services Organization has reviewed the state insurance plans, chapter 41.05 RCW, RCW 41.04.205, chapter 182-08 WAC, and chapter 182-12 WAC; and,

WHEREAS, we deem the state insurance plans as providing desirable insurance coverage for the North Sound Behavioral Health Administrative Services Organization employees; and,

WHEREAS, we certify that all employees enrolled are eligible to participate in the state insurance plans;

BE IT RESOLVED, that the Board of Directors requests approval by the Health Care Authority to participate in the state insurance plans for the employees of the North Sound Behavioral Health Administrative Services Organization subject to the requirement of RCW 41.04.205 and the rules adopted thereunder.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 2022

\_\_\_\_\_  
(Name and title of Governing Body member)

## 2022 Strategic Plan Dashboard

Strategy	2021 Deliverables/Tasks	2022 Deliverables/Tasks	Accomplishments	Percent
<b>Goal # 1 Remain fully compliant with the HCA-BH ASO Contract</b>				
<b>1.01 Implement any corrective actions arising from the 2021 Annual Review.</b>	Respond to CAP requests from HCA	Respond to CAP requests from HCA		<b>100%</b>
	Follow up at LT regarding CAP action items	Follow up at LT regarding CAP action items		<b>100%</b>
	Respond to CAP approval from HCA	Respond to CAP approval from HCA		<b>100%</b>
<b>1.02 Review and update policies and procedures to align with the 2022 BH-ASO contract.</b>	Send out requests for annual policy review to policy leads	Send out requests for annual policy review to policy leads		<b>50%</b>
	Send out final January 2021 and July 2021 amendments	Send out final January 2022 and July 2022 amendments		<b>50%</b>
	Review policies for approval at LT	Review policies for approval at LT		<b>50%</b>
	Implement policies and train to updated requirements	Implement policies and train to updated requirements		<b>0%</b>
<b>1.03 Design and implement training as needed on the 2022 BH-ASO contract changes.</b>	Develop Training plan based on policy changes in the HCA January & July 2021 Amemdments	Update training plan based on changes to policy		<b>0%</b>
		Develop/update Relias training modules		<b>0%</b>
		Assign training on updated policies		<b>0%</b>
		Provide training compliance report to IQMC		<b>0%</b>
<b>1.04 Prepare for the 2022 Annual Review</b>	Implement corrective actions and submit CAPs to HCA	Implement corrective actions and submit CAPs to HCA		<b>100%</b>
	Develop 2021 tracking sheet with recommendations and CAPs	Develop 2022 tracking sheet with recommendations and CAPs		<b>100%</b>
	Update tracking document and folders to mimic 2021 review	Update tracking document and folders to mimic 2021 review		<b>100%</b>
	Send out document collection information and prepare documents for submission	Send out document collection information and prepare documents for submission		<b>100%</b>
<b>1.05 Implement new programming with HCA Compliance</b>		Ensure new program contracts are executed		<b>100%</b>
		Ensure program deliverables and reports are submitted		<b>50%</b>
		Ensure program deliverables are submitted to HCA		<b>50%</b>

**Goal # 2 Support continuous process improvement of the crisis services system**

<b>2.01 Complete the crisis services annual assessment</b>	Established Project Team and Timeline	Establish Project team and Timeline		<b>25%</b>
	Conduct stakeholder and crisis agency survey (County Crisis Oversight, Tribal Entities and community organizations)	Review 2021 Opportunités and Recommendations, Establish 2022 Priorities		<b>25%</b>
	Draft Assessment Report Template/define report structure per Exhibit E	Conduct a focused community/partner/stakeholder survey, establish scope and targets		<b>0%</b>
	build metrics, draft analysis, recommendations and strategic planning	Introduce 2022 Priorities to BOD, AB, etc.		<b>0%</b>
	Final annual assessment draft review (January 2021) and submission	Draft and review 2022 Annual Crisis Assessment for final submission January 2023.		<b>0%</b>
<b>2.02 Implement recommendations identified in the 2020 annual assessment.</b>	Develop Crisis Annual Assessment recommendations timeline and plan	Implement recommendations identified in the 2021 annual assessment		<b>50%</b>
<b>2.03 Continue to promote care-coordination protocols between crisis services and MCO funded services.</b>	Promote ASO/MCO Care coordination protocols with each MCO	Continue Crisis Service Care Management Log reporting to MCOs ('high utilizers'). Identify and re-assess value add to ASOs daily crisis logs vs service/encountering coupled with high utilizer crisis logs.		<b>50%</b>
	Continue discussions with MCOs at JOC or pilot Care Management strategies with each MCO.	Continue discussions with MCOs to identify care management and care coordination opportunities and strategies. Identify and review value add to ASOs reporting high utilizer crisis logs.		<b>50%</b>
	Pilot Joint Care Management protocols with one MCO; take pilot results to Joint ASO/MCO care coordination meetings	Completed in 2021		<b>100%</b>
<b>2.04 Continue to develop and implement protocols to address the needs of high-risk persons coming into frequent contact with crisis services.</b>	Develop/implement Internal Care Management platform	Completed in 2021		<b>100%</b>
	Develop targeted Care Management interventions for non-medicaid individuals identified in our care manager reports	Develop targeted care coordination activities with our contracted Crisis agencies (Mobile Crisis Outreach/DCRs) for non-medicaid individuals identified in our care manager reports		<b>50%</b>

**Goal # 3 Implement the updated quality management plan**

<b>3.01 Implement the risk mitigation activities recommended by 2021 Annual Risk Assessment.</b>	Conduct 2020 Annual Compliance Risk Assessment	Build 2022 Compliance Risk Assessment		<b>50%</b>
	Integrate Annual Compliance Risk Assessment with IS/IT Risk Assessment and Privacy Risk Assessment	Conduct 2022 Compliance Risk Assessment		<b>0%</b>
	Develop mitigation strategies to mitigate identified risks	Develop mitigation strategies to mitigate identified risks		<b>0%</b>
	Implement mitigation strategies and track progress of mitigation	Implement mitigation strategies and track progress of mitigation		<b>0%</b>
<b>3.02 Implement the recommended activities in the updated QM work plan to address the major oversight categories.</b>	Review QM Workplan to determine cadence for reporting and review	Review QM Workplan to determine cadence for reporting and review		<b>100%</b>
	Conduct reporting and review of QM Workplan	Conduct reporting and review of QM Workplan		<b>50%</b>
	Determine action necessary and implement corrective actions for areas of deficiency	Determine action necessary and implement corrective actions for areas of deficiency		<b>50%</b>

<b>Goal # 4 Support regional and state planning efforts to improve access to care for behavioral health services</b>				
<b>4.01 Continue to provide staff support to the Interlocal Leadership Structure and Joint Operating Committee.</b>	Continue to support the monthly ILS meetings with agenda support	4.01.1 Continue to provide staff support to the Interlocal Leadership Structure and Joint Operating Committee		<b>50%</b>
<b>4.02 Actively support and advocate for the ILS and JOC to address how to improve access to care in the North Sound region including workforce development strategies and assessing the need for additional behavioral health outpatient and inpatient treatment capacity</b>	Actively encourage and support the ILS to develop a regional capacity building plan	4.02.1 Present the findings from the updated Behavioral Health Needs Assessment being conducted by the Cumming corporation to the ILS and JOC. Advocate for MCO investment in supporting the development of some of the additional capacity recommended in the report.		<b>0%</b>
	Provide staff support and recommendations for the Advisory Board's Advocacy plan and ideas for "virtual advocacy"	4.02.2 Continue to provide leadership support to the statewide MCO/ASO Clinical Coordination Workforce Development ad-hoc workgroup.		<b>0%</b>
<b>Goal # 5 Develop and implement a plan to address social inequity and systemic racism</b>				
<b>5.01 Engage Consulting firm</b>	RFQ released; Michelle & Assoc. are successful bidder	Begin implementing strategies of proposal		<b>100%</b>
<b>5.02 Engage North Sound Employees and Boards in DREI learning</b>		Foundation Training and lunch & learns occur in calendar year 2022		<b>50%</b>
<b>5.03 Establish strategic planning workgroup</b>		Identify members and initiate work in September 2022		<b>0%</b>
<b>5.04 Develop and implement a plan to increase social equity in access to services and reduce systemic racism in service delivery systems.</b>		Strategic plan presented to LT and Boards		<b>0%</b>
<b>5.05 Implement DREI Strategic Plan in 2023</b>		Review and determine process to implement DREI Strategic Plan developed by workgroup.		<b>0%</b>
<b>Goal # 6 Advocate for funding to meet the behavioral health needs of all at-risk persons</b>				
<b>6.01 Continue to collect data that identifies gaps in services for crisis services and behavioral health services for low-income non-Medicaid persons.</b>	UM Committee to review metrics monthly, Action items to IQMC	UM Committee to review metrics monthly, Action items to IQMC		<b>50%</b>
<b>6.02 Support the advocacy efforts of counties and the Behavioral Health Advisory Board.</b>	Keep a standing item on monthly county coordinator meetings to identify areas of unmet need for low-income non-Medicaid persons	6.02.1 Continue to work with the counties to coordinate ASO funded programs with county funded programs		<b>50%</b>
	Provide staff support and recommendations for the Advisory Board's Advocacy plan and ideas for "virtual advocacy"	6.02.2 Continue to provide staff support for development of the Advisory Board's Advocacy plan and advocacy activities		<b>50%</b>
<b>6.03 Actively participate in and support ASO and County legislative priorities to improve both the funding and the coordination of behavioral health services as a more integrated system of care.</b>	Support the state-wide effort of BH-ASOs to advocate for a more comprehensive approach to funding crisis services and to address particular funding problems, e.g., ITA court costs and the B&O tax	7.03.1 Continue to actively support and participate in the statewide effort of BH-ASOs and counties to provide dedicated funding for ITA court costs, create more flexibility in the use of proviso funding, and advocate with the state to establish more rigorous measures for network adequacy coupled with better monitoring and transparency.		<b>50%</b>



**1. FACILITY NEEDS ASSESSMENT**

- A survey has been distributed to Counties, providers, and the MCOs to gather information on gaps and need for both inpatient and outpatient services.

**2. BEHAVIORAL HEALTH SERVICES COORDINATING COMMITTEE**

- In 2020, HCA worked with WSAC to form a “Behavioral Health Services Coordinating Committee” [BHSCC]. The committee was to provide an opportunity for Counties and the State to improve communication and problem solving around behavioral health system issues. Both Jill Johnson and myself have represented the North Sound region.
- A recent meeting of the BHSCC identified “network adequacy” as one of the top county concerns. Consequently, a “network adequacy” sub-group was formed to provide input to the state on how to better define, measure and monitor network adequacy.
- At the first meeting of the workgroup, HCA presented a technical overview of how it currently measures MCO network adequacy [attachment 1]
- However, the counties stressed that the real focus should be on “access to care”. Subsequent meetings will include discussion on how to define and measure adequate access to care.

**3. NORTH SOUND E&T RIBBON CUTTING**

- On August 25, a ribbon cutting ceremony was held for the new North Sound Evaluation & Treatment facility in Sedro Wooley.
- Residents are scheduled to be moved in starting September 1.

**4. CHILDREN, YOUTH AND FAMILY MOBILE CRISIS TEAMS**

- Approval of the contract with Compass Health to implement two Children, Youth, and Family Crisis teams is scheduled for the September Board meetings.
- HCA continues to refine its vision for all of the mobile outreach teams. [Attachment 2]
- Although we agree with the goals of the vision, ASOs have expressed concerns about the ability to establish 11 person teams in all counties and reduce response times from 2 hours to one hour without additional funding and addressing the continued workforce challenges.

**5. CRISIS SERVICES UPDATE**

- Weekly Crisis Capacity Indicator snapshot and Dashboard [Attachments 3 and 4].

## **6. MOUNT VERNON CO-RESPONDER PROGRAM**

- The Sunday edition of the Seattle Times included a front page article on the new Mount Vernon co-responder programs which we helped fund.
- You can read the full article here:

[https://www.seattletimes.com/seattle-news/mental-health/a-wa-towns-proactive-approach-to-mental-health-care-starts-on-the-street/?utm\\_source=email&utm\\_medium=email&utm\\_campaign=article\\_inset\\_1.1](https://www.seattletimes.com/seattle-news/mental-health/a-wa-towns-proactive-approach-to-mental-health-care-starts-on-the-street/?utm_source=email&utm_medium=email&utm_campaign=article_inset_1.1)

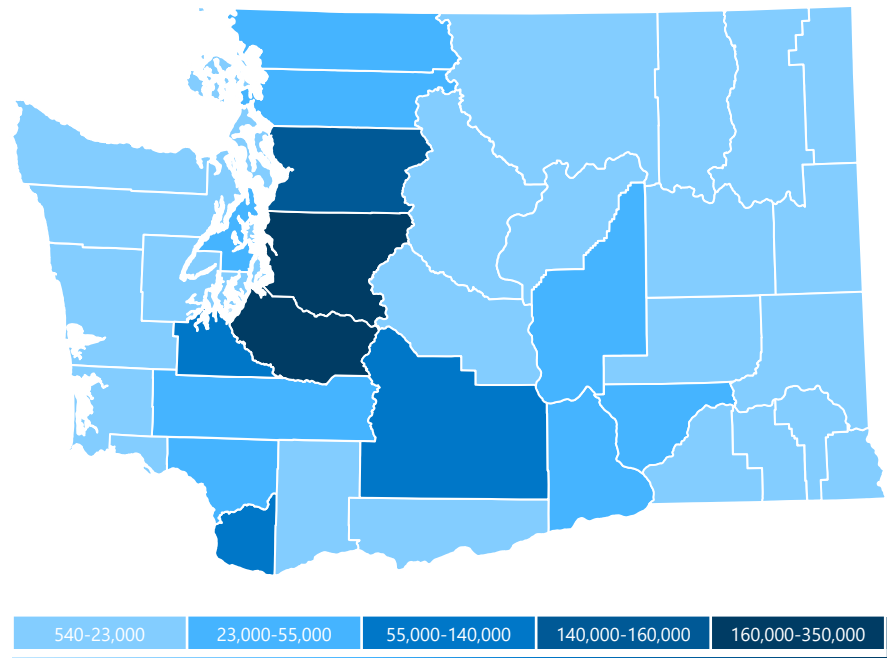
# Medicaid Managed Care Provider Network Adequacy Overview

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# Medicaid Managed Care in Washington

2.2 Million Washingtonians are enrolled in Apple Health. About 85% of them are enrolled in managed care.

Medicaid Managed Care Organizations Serving Washington Medicaid Clients:



# Network Adequacy Federal Requirements

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42 CFR § 438.68 requires states to ensure provider specific network adequacy standards. At minimum, the state must develop time and distances standards for the following provider types:



Primary Care



OB/GYN



Behavioral Health



Specialist, Adult and Pediatric



Hospital



Prescription



Pediatric Dentistry\*



Additional Provider types as determined by CMS

Washington State rules require MCOs to meet high standards of quality, readiness, and insurance against risk to contract with Apple Health. Additionally, the rules grant Apple Health discretion in how and to whom we issue contracts.

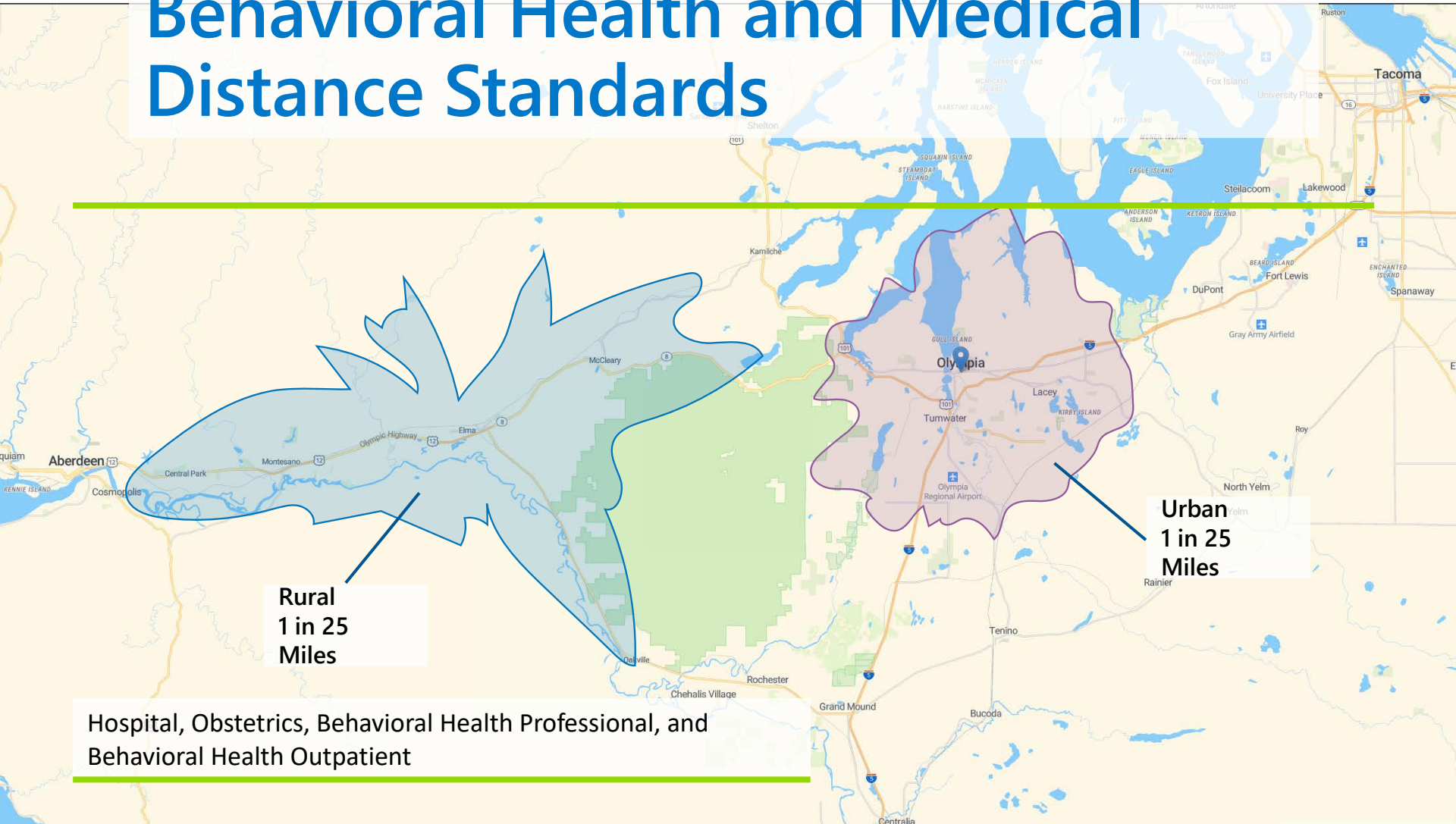
*\* HCA's Managed Care program does not include pediatric dentistry done outside of a PCPs office*

# Provider Network Distance Standards

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- ▶ PCP, Pediatricians, and Pharmacy
  - ▶ Urban: 2 within 10 miles
  - ▶ Non-Urban: 1 within 25 miles
  
- ▶ Hospital, Obstetrics, Behavioral Health Professional, and Behavioral Health Outpatient services
  - ▶ Urban/Non-Urban: 1 within 25 miles

# Behavioral Health and Medical Distance Standards



# How Network Adequacy is Measured

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- ▶ Network submissions include latitude and longitude of the provider location. This is the location where the actual service is being provided.
- ▶ Using QuestAnalytics software, the raw data is overlaid on the proximity file to measure the distance from an enrollees approximate locate to the nearest provider of every type reported.
  - ▶ Includes reviewing provider contracts
- ▶ Each MCO must show an ability to serve 80% of **total** enrollees in each county in a region in seven critical provider types to be considered adequate



# Network Adequacy Determination

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- ▶ Capacity threshold, or the percentage of the county that the MCO can serve, is determined by geo software using the following method:
  - ▶ Individuals within access standards/Total potentially eligible Medicaid population

County	State	Potential Eligible	With access	Without access	Capacity Threshold - Served	Capacity Threshold - Not Served	Providers	Avg. Distance
Clallam	WA	21842	20755	1087	95.02%	4.97%	2	9.1

# MCO networks submissions

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- ▶ MCOs submit provider networks quarterly.
  - ▶ Historically, quarterly network submissions were reported retrospectively for the 3-month period preceding the reporting month. For example, quarterly reports turned in April 15<sup>th</sup> were for the months of January, February, and March.
  - ▶ As of 2020, quarterly network submissions have changed to prospective reporting model. For example, quarterly reports turned in April 15<sup>th</sup> are for the months of April, May, and June of the same year.
  - ▶ Provider network submissions are geocoded and assessed for the individual MCO's ability to meet the capacity threshold for critical provider types based on county.

# Analysis of Behavioral Health, Medical, & Dental Networks

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## Top behavioral health and medical provider categories analyzed:

- ▶ Hospital
- ▶ Primary Care Provider
- ▶ Pharmacy
- ▶ Obstetrics
- ▶ Pediatrics
- ▶ Behavioral Health
- ▶ Behavioral Health Outpatient

## Top specialty provider categories include:

- ▶ Cardiologist
- ▶ Gastroenterology
- ▶ General Surgeon
- ▶ Neurologist
- ▶ Oncologist
- ▶ Ophthalmologist
- ▶ Orthopedics
- ▶ Otolaryngology
- ▶ Physical Medicine Rehab
- ▶ Pulmonologist

# HCA Monitoring of Health Plans Networks

<p>Assignment 80%-100%</p>	<ul style="list-style-type: none"><li>• Demonstrates sufficient provider network to receive all eligible enrollees</li><li>• Plan name appears on enrollment form</li><li>• HCA auto-enrolls</li></ul>
<p>Enrollment only 60%-79%</p>	<ul style="list-style-type: none"><li>• Demonstrates a <i>mostly</i> sufficient provider network to receive all eligible enrollees, but <i>lacks sufficiency in one or more categories</i></li><li>• Plan name appears on enrollment form</li><li>• HCA won't auto-enroll</li></ul>
<p>Inadequate network 0%-59%</p>	<ul style="list-style-type: none"><li>• <i>Does not demonstrate</i> a sufficient provider network to receive eligible enrollees. Plan name <i>will not</i> appear on enrollment form</li></ul>



# Provider Network Presence Standards

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- ▶ Essential behavioral health providers that are not currently held to distance standards use a 'presence of service' determination. This allows MCOs to maintain an adequate network in counties or regions where multiple specialty providers are unlikely to be located.
- ▶ Presence of service means that the MCO has someone in-network within the county or region that can provide the service.
- ▶ Statewide services adhere to the presence of service standard as they are not located in every county.

# Network Adequacy Determination

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- ▶ In general, MCOs that fall below a 60% capacity threshold in any county in a region are given an official notice of our intent to remove them from the region and put on a corrective action plan (CAP). This CAP outlines specific steps the MCO must take to avoid being removed from the region and ensure adequate access to services.
- ▶ MCOs are given 2 quarters (6 months) to show proof that they have an adequate network in the county.

# Network Adequacy Determination

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- ▶ If the low-capacity threshold is the result of a provider gap, HCA can grant an exception to that provider type in that county only.
- ▶ Exceptions are only granted if it is unlikely that the services will be provided in the county in the near future (ex. new facilities built, existing providers carrying specialty certifications, etc.)
- ▶ To date, there are only 6 exception counties in Washington State, and all are for the OB provider type.



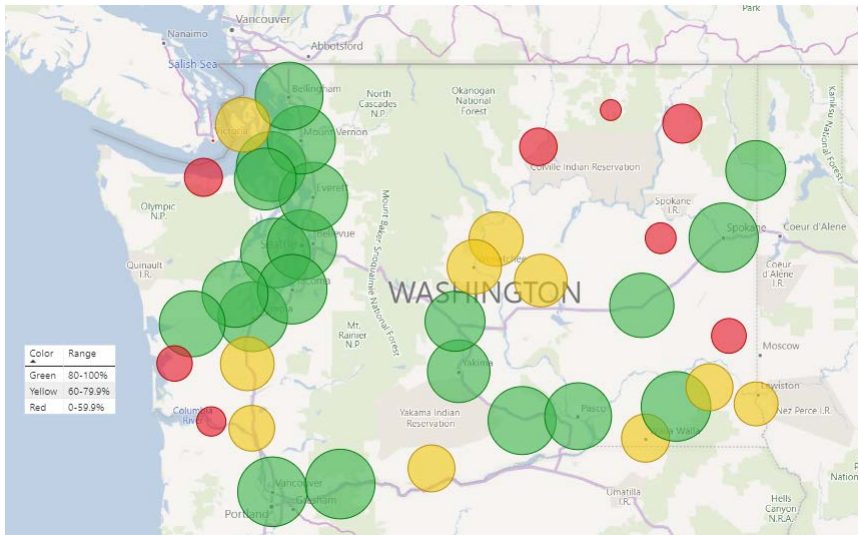
# Future State of Network Monitoring

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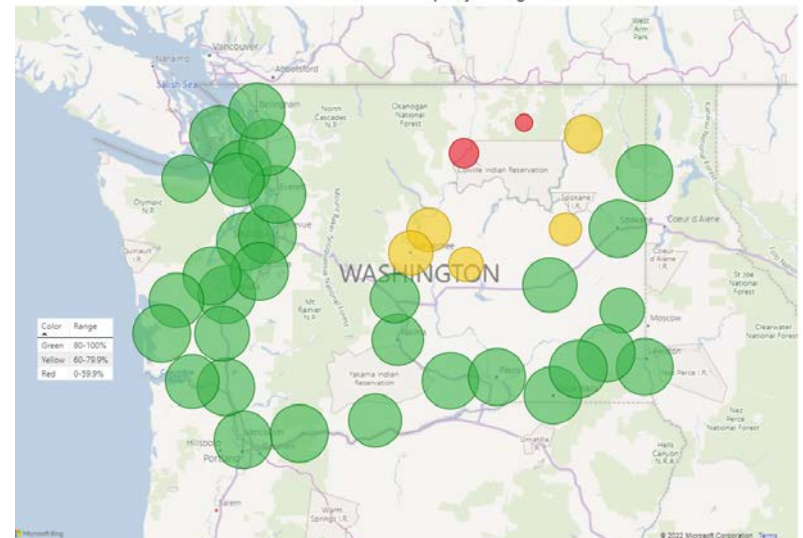
- ▶ Internal Taskforce: Data clean up primarily focused on BH provider types. This includes ensuring accurate NPIs, servicing locations, and contact information.
  - ▶ HCA is currently working on identifying exception counties needed for BH outpatient providers
- ▶ Provider validation to limit “ghost network” entries, or providers that do not exist in Washington state from being included on network submissions.
- ▶ Using the same monitoring methodology to determine adequacy for all provider types
- ▶ Including telehealth as part of the network monitoring activities.
- ▶ Exploring potential decision package to intensify network adequacy monitoring efforts to include additional staff and upgrades to the QuestAnalytics software
- ▶ Determining better mechanisms for determining “timely access”

# Network adequacy – Example behavioral health

Prior Submission: Youth SUD outpatient



Current Submission: Youth SUD Outpatient



# Primary Challenges

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- ▶ Inaccurate network submissions
  - ▶ (comparing to DOH directory, direct provider calling)
- ▶ Establishing source of truth
- ▶ Inaccurate provider directories
- ▶ Manage Care Organization (MCO)/Provider contracting expectations and knowledge of requirements
- ▶ Insufficient provider types (OB/BH Outpatient) and Workforce Shortages
- ▶ Providers contracting with limited numbers of MCOs and/or not negotiating contracts with additional MCOs
- ▶ Identification of BH inpatient/IMD facilities, number of beds and bed type (i.e. detox, residential, youth residential, etc.)

# Questions

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Jesica Mikesell

[Jesica.Mikesell@hca.wa.gov](mailto:Jesica.Mikesell@hca.wa.gov)

Jessica Diaz

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# Crisis System Vision

BHASO meeting

**August 25, 2022**

# HCA's vision for future state Crisis System

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## LONG TERM VISION

- No wrong door
- 24/7 Clinician/Peer response for both adults and youth to crisis situations (prior to DCR when possible) in each county of the state. MCR Teams would be distinct from DCR teams/response.
- A fuller continuum of crisis diversion options, including 23-hour facilities and more Crisis Stabilization Units, which allow clients to receive the right services, at the right time, in the least restrictive setting possible, with the least amount of law enforcement involvement necessary and diversion from emergency department use when possible.
- More availability of in-home stabilization services

# Mobile Crisis Response (MCR) Staffing

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BHASO question: What type of staff (credentials) and how many staff does HCA envision providing mobile crisis outreach services? For example, does HCA envision all mobile crisis outreach services being delivered by a team of 2 (many regions only dispatch 2 staff when there are safety concerns).

- HCA would like there to be the availability of at least a 2-person MCR response that could be used as a less restrictive response to ERs, law enforcement, prior to DCR. (Unless the Crisis line judgement suggests DCR response needed).
- Vision of model is 1 MHP/MHCP and 1 peer responding together.
- Peers may respond with a MHCP instead of a MHP with DOH WAC 246-341-0302 exemption process completed. MHP must be available 24/7 for consultation to the MHCP/peer team.
- As done today, 2 staff can be the case with DCR response when there are safety concerns.
- Fiscal modeling was based on an 11-person team however, the goal for each MCR team is to have the capacity to provide services in the community 24 hours a day, 365 days a year with the 2-person peer/MHP or peer/MHCP team and contract language is being adjusted to allow staffing flexibility in how the region accomplishes this.

# Youth team expansion

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BHASO question: Does HCA envision youth specific crisis teams be available in all counties? Right now, funding has only been provided for 1 youth team per region, which doesn't allow for this service to be available in all parts of an RSA.

- Yes. We would like continue building teams to have them available across the state.



# Mobile Crisis Response times

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BHASO question: What type of response time does HCA envision mobile crisis outreach to be available? Right now, the standard is 2-hours for emergent and 24-hours for urgent.

- At this time, this hasn't been fully considered. SAMHSA model suggests 1 hour response and we would like to work toward phasing into this timeframe. The vision needs to be further discussed, including the possibility of co-responders (Fire/EMT) providing response times even sooner than 1 hour in certain situations.

BHASO question: What other service delivery and timeline changes is HCA considering related to the crisis continuum?

- None currently, other than expansion of stabilization services from 2 weeks to 8 weeks.

# MCR Geographical factors (rural/frontier)

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BHASO question: How is HCA incorporating geographical factors (rural/frontier) into its design for the timeline for service delivery?

- This is an area that HCA hopes to work with the BHASOs to develop in consultation with that allows us to be flexible with staffing while providing a standardized type of response, timeliness of response, and appropriately credentialed staff that is in line with SAMHSA best practices.

# Priorities

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BHASO question: Does HCA envision these changes happening gradually, over time? If so, which changes are prioritized as being implemented first?

Those items identified in HB 1477 will be the priority implementation areas:

- 988 and RCL coordination and roles and responsibilities
- Next day appointment to individual with BH in their scope
  - Could next day appointment requirement be filled by a MCR stabilization appointment the next day, or getting them as a walk-in to a 23-hour facility, etc? – HCA will be working with the ASOs and MCOs to determine the best course of action for meeting this requirement.
- Additional MCR teams and additional 23-hour facilities.

# Questions for BHASOs

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- Timelines for getting to long term vision
  - Setting up MCR teams (2-person, non-DCR)
  - Response times (getting to a 1-hour response by MCR teams)
- Thoughts around the connection between 988 NSPL/RCL-role clarification.
  - What would the BHASOs like to see as the future role of the RCLs?
  - What are the BHASO concerns?
  - What information or history does HCA need to know or consider?
  - What are other states doing? Per Region 10 - 988 call last week:

Oregon – Counties are keeping their local numbers. State is advertising 988 as number to call. They will give it a year to make any changes to see what call volume looks like.

Idaho – Keeping local numbers for now. They do see 988 as single-entry point to call as advantageous. They learned from some issues regarding youth services that they value a single point of entry.

Alaska – has multiple numbers. No plans to consolidate to 988 as a single access number. They don't feel pressure to go in this direction.

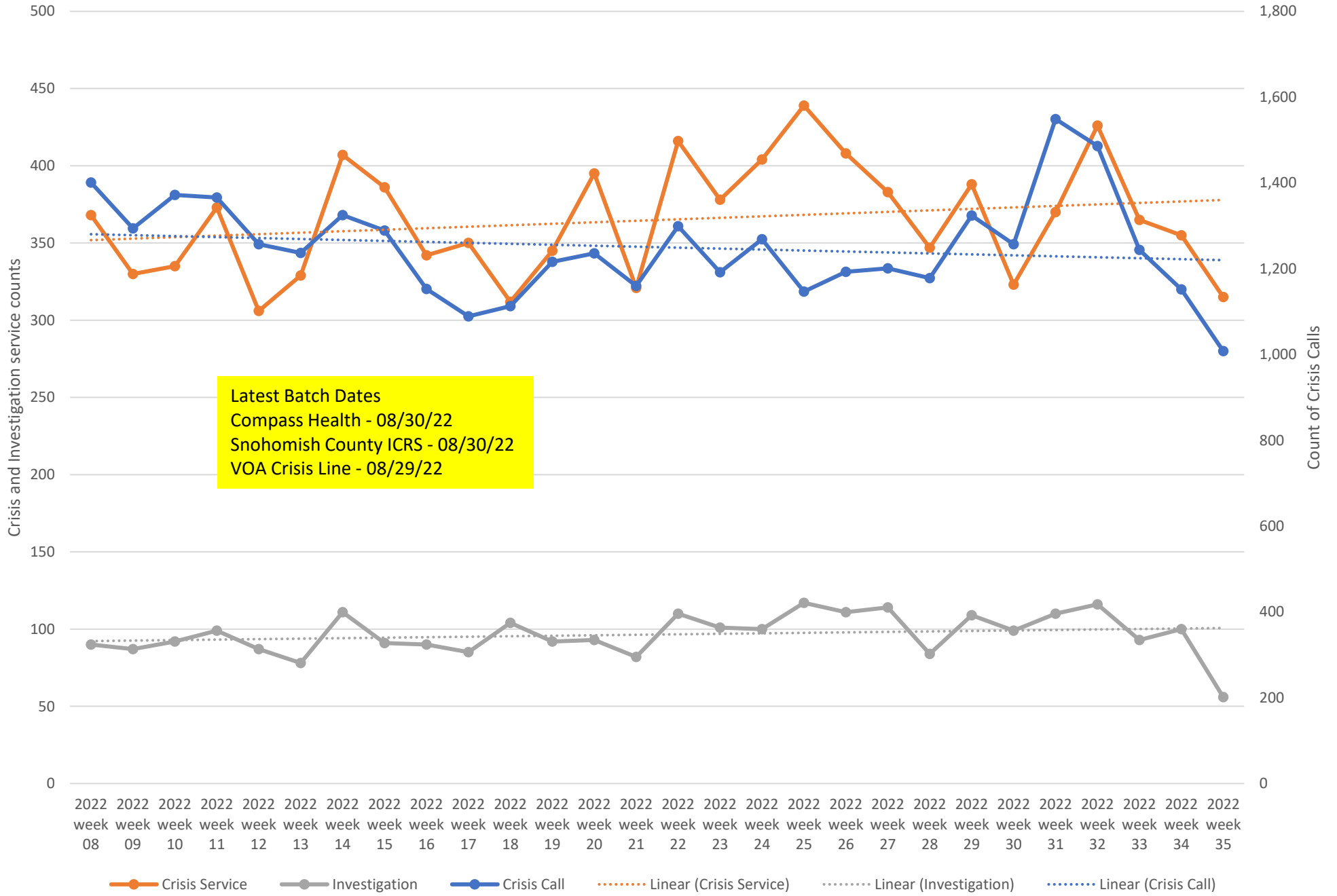
- Barriers to MCR teams providing transport to voluntary and less restrictive options and services?



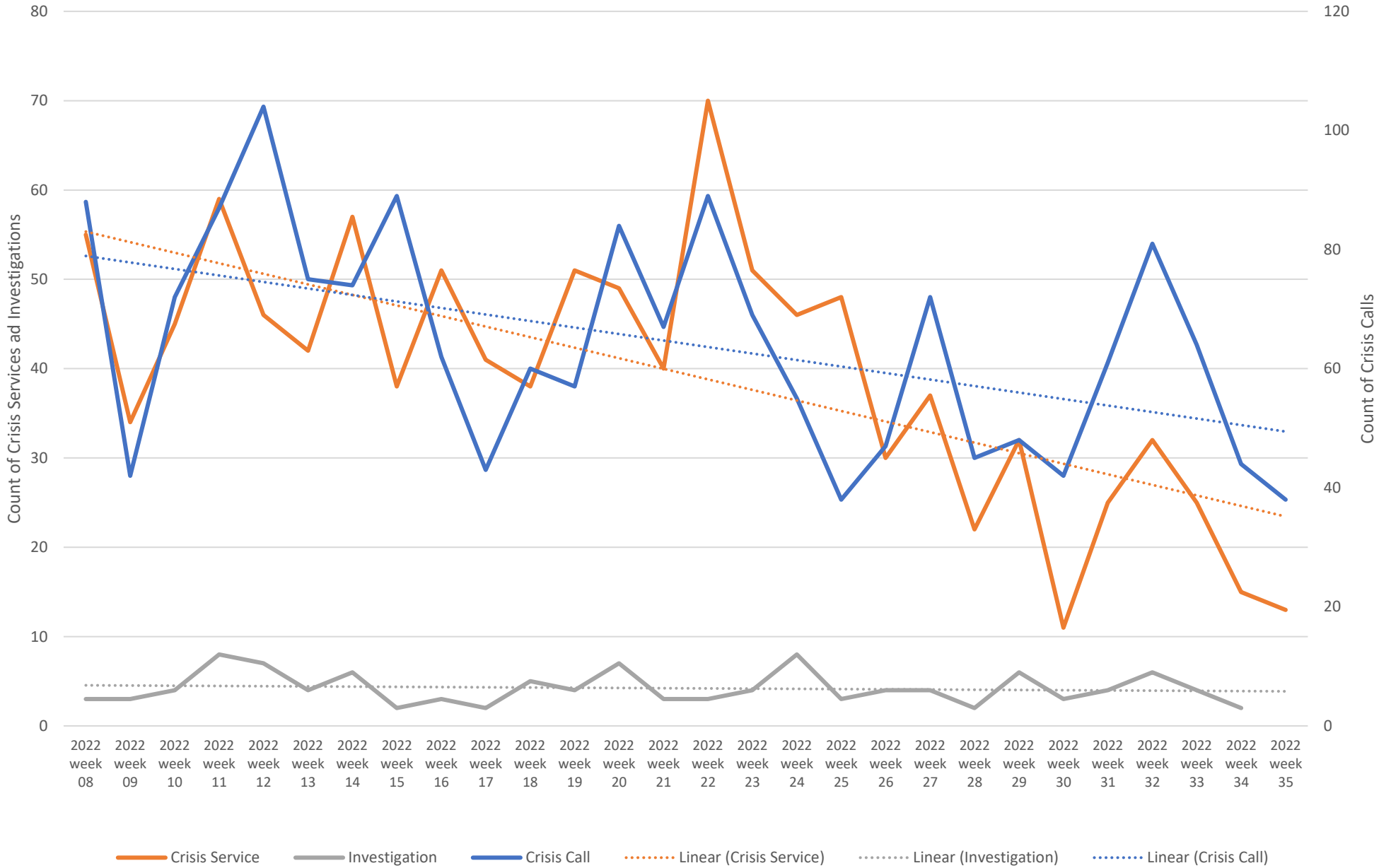
## Weekly Crisis Capacity Indicator Snapshot

Page 2	Crisis Data - dates 02/13/22 to 08/27/22
Page 3	Crisis Data: Ages 0-17 - dates 02/13/22 to 08/27/22
Page 4	All DCR Dispatches - dates 02/13/22 to 08/27/22
Page 5	Weekly Staff Count - Staff providing Crisis or Investigation services 02/13/22 to 08/27/22
Page 6	Hospital placement locations (Invol and Vol) - No adjustment has been made for timely data - recent weeks likely low
Page 7	Telehealth only, crisis and investigation services from 02/13/22 to 08/27/22
Page 8	Crisis Service Unit Percent - Crisis Service units divided by Crisis units + Investigation units
Page 9	Washington State Indicators of Anxiety or Depression Based on Reported Frequency of Symptoms During Last 7 Days
Page 10	Place of Service -Crisis Services, percent of total by week
Page 11	Place of Service -Investigations, percent of total by week
Page 12	New COVID-19 Cases Reported Weekly per 100,000 population - 05/27/21 to 08/31/22
Page 13	Total Hospitalized Adults - COVID-19 (confirmed or suspected) 7 day average
Page 14	North Sound BH ASO Walkaway Chart 02/13/22 to 08/27/22

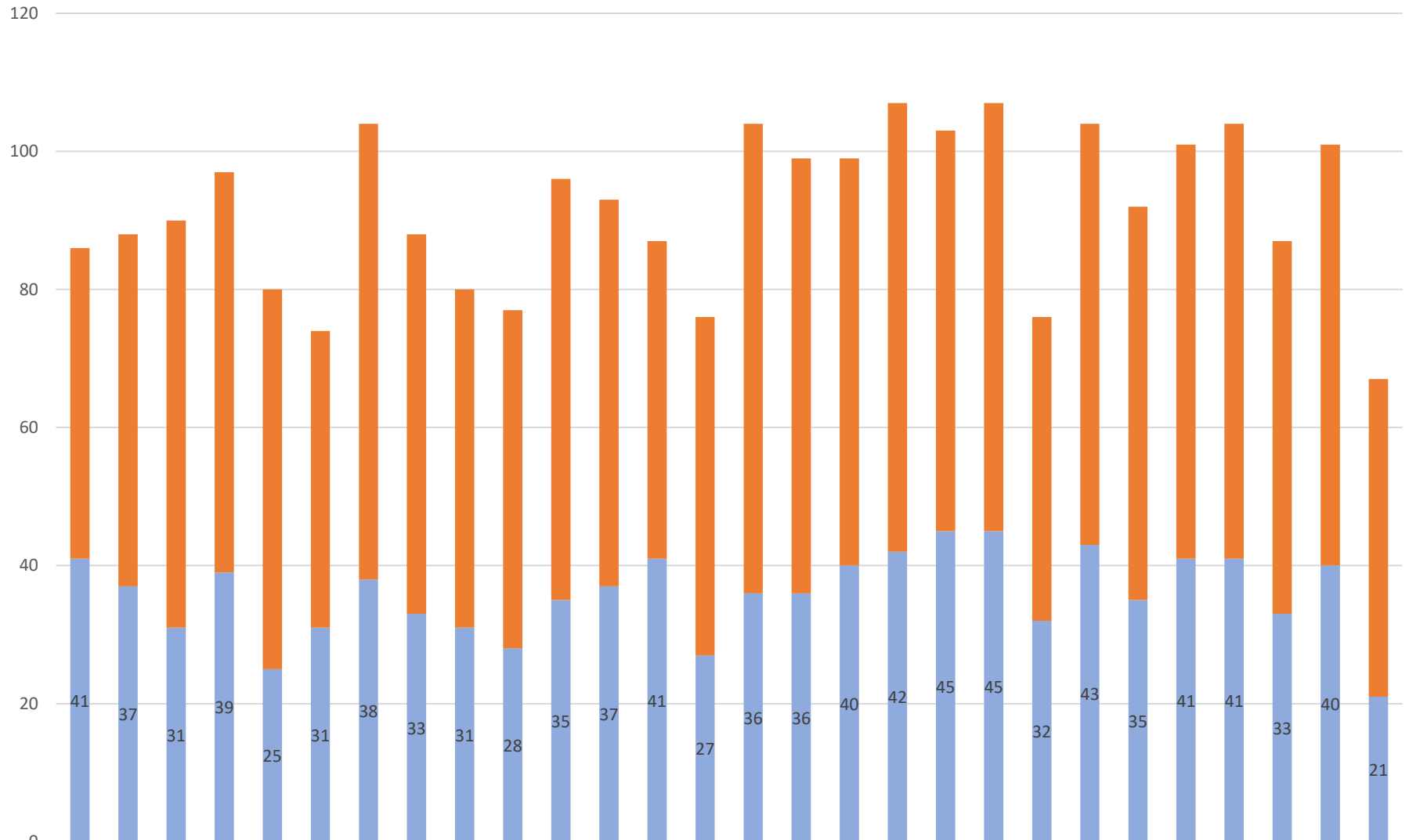
### Crisis Data - dates 02/13/22 to 08/27/22



Crisis Data: Ages 0-17 - dates 02/13/22 to 08/27/22



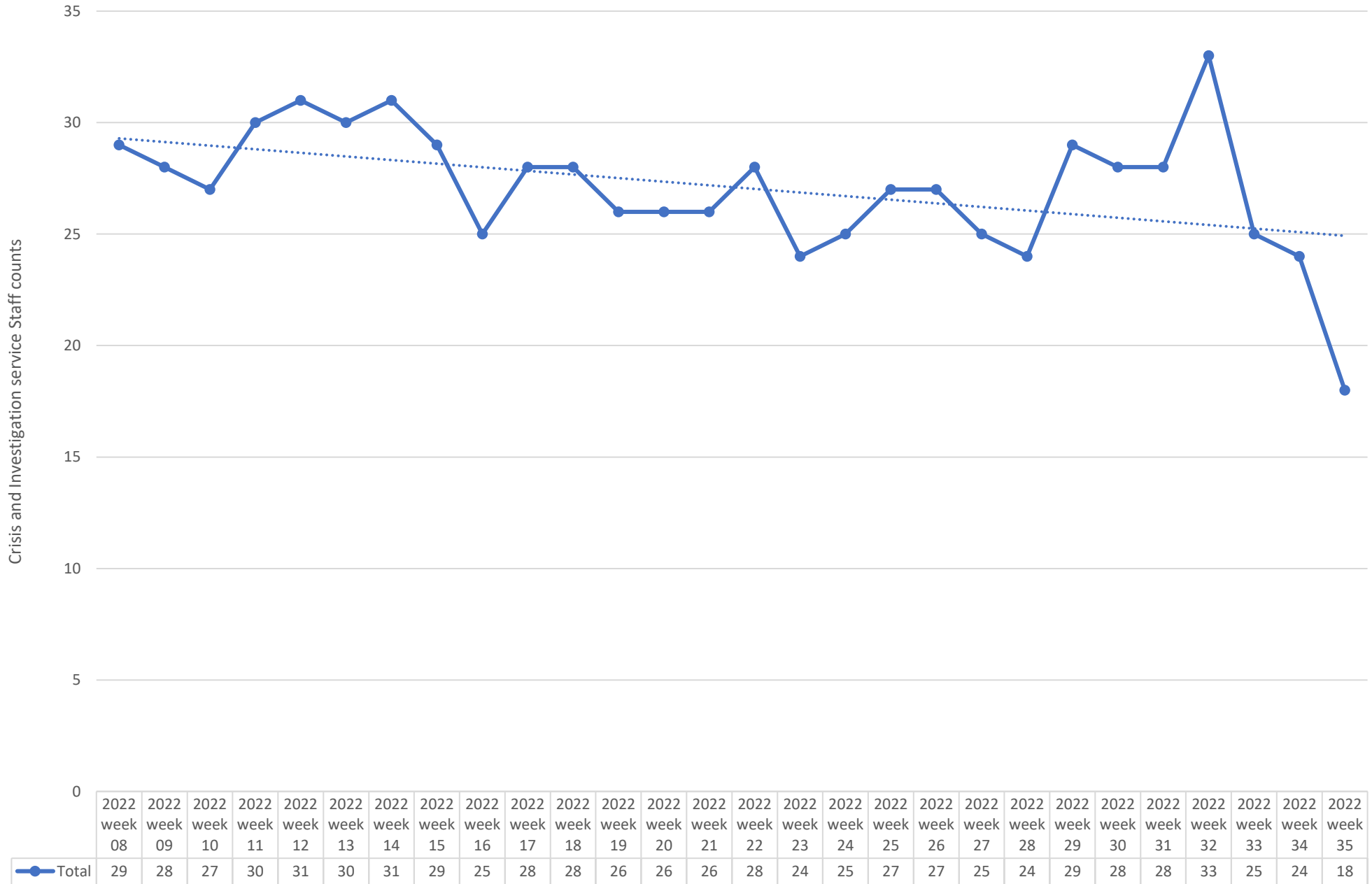
### All DCR Dispatches - dates 02/13/22 to 08/27/22



dispatch resulting in other outcome	45	51	59	58	55	43	66	55	49	49	61	56	46	49	68	63	59	65	58	62	44	61	57	60	63	54	61	46
dispatch resulting in detention	41	37	31	39	25	31	38	33	31	28	35	37	41	27	36	36	40	42	45	45	32	43	35	41	41	33	40	21



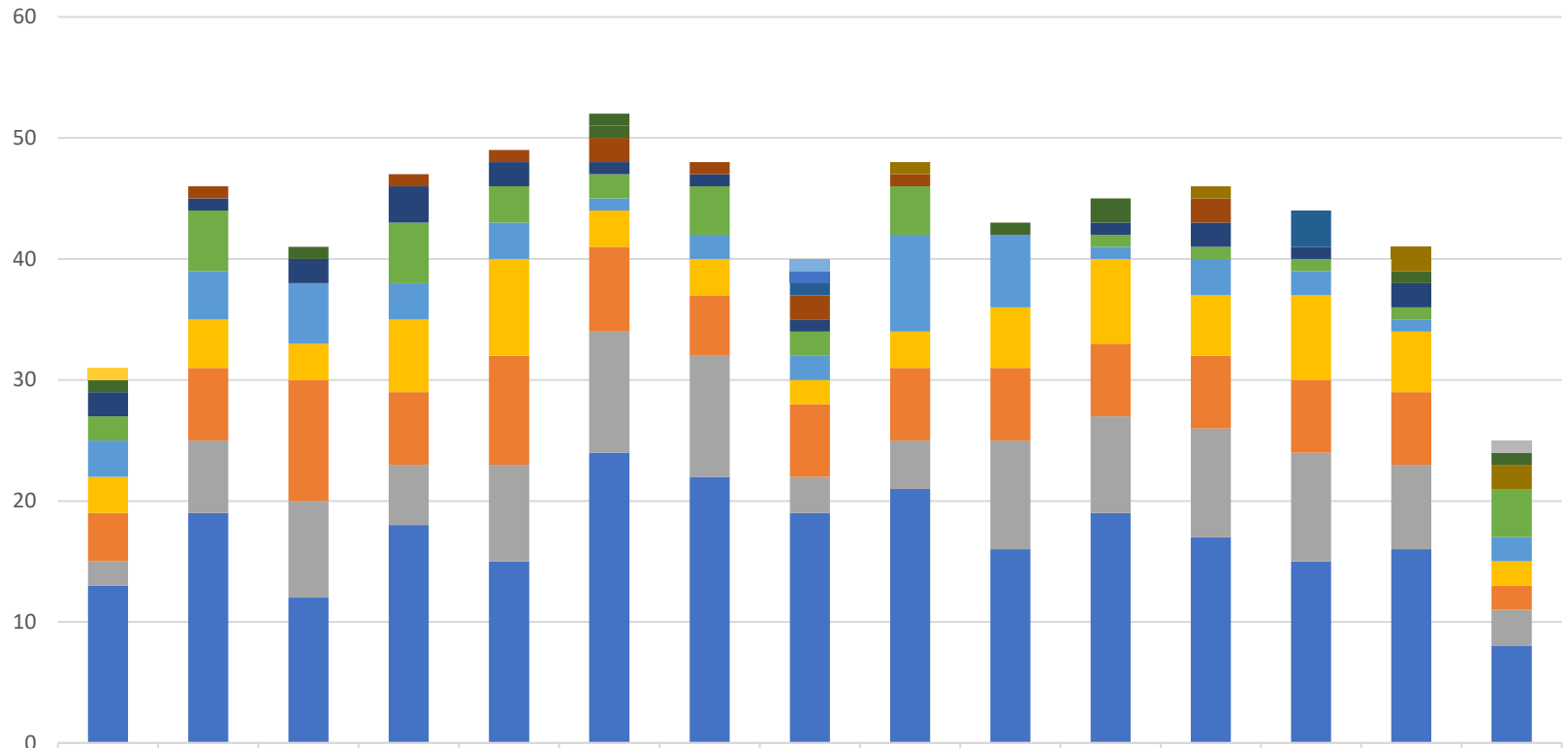
### Weekly Staff Count - Staff providing Crisis or Investigation services 02/13/22 to 08/27/22



2022 week 35 ending 01/00/00

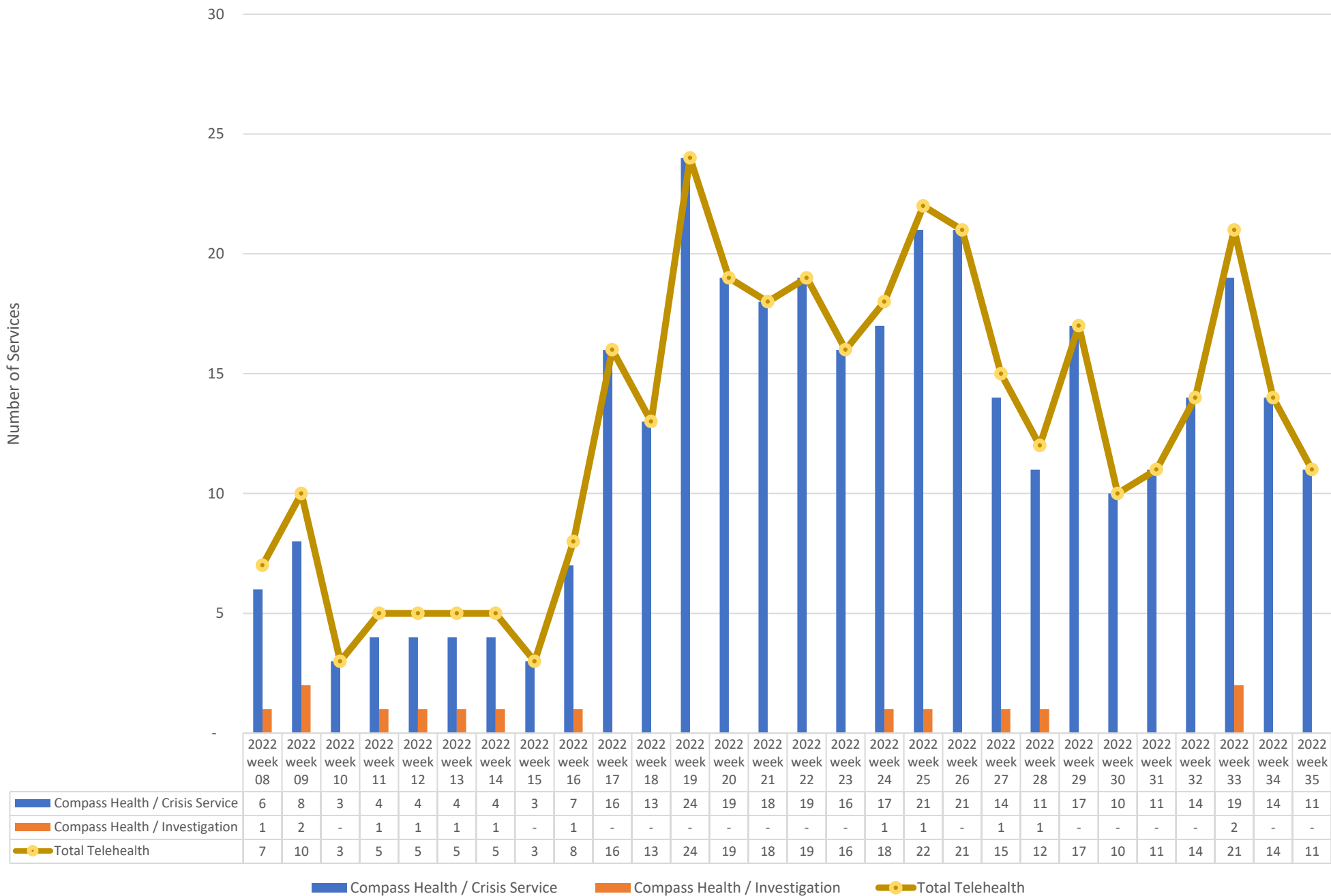
## Hospital placement locations (Invol and Vol) - No adjustment has been made for timely data - recent weeks likely low

Count of hospital placement locations in the dispatch record

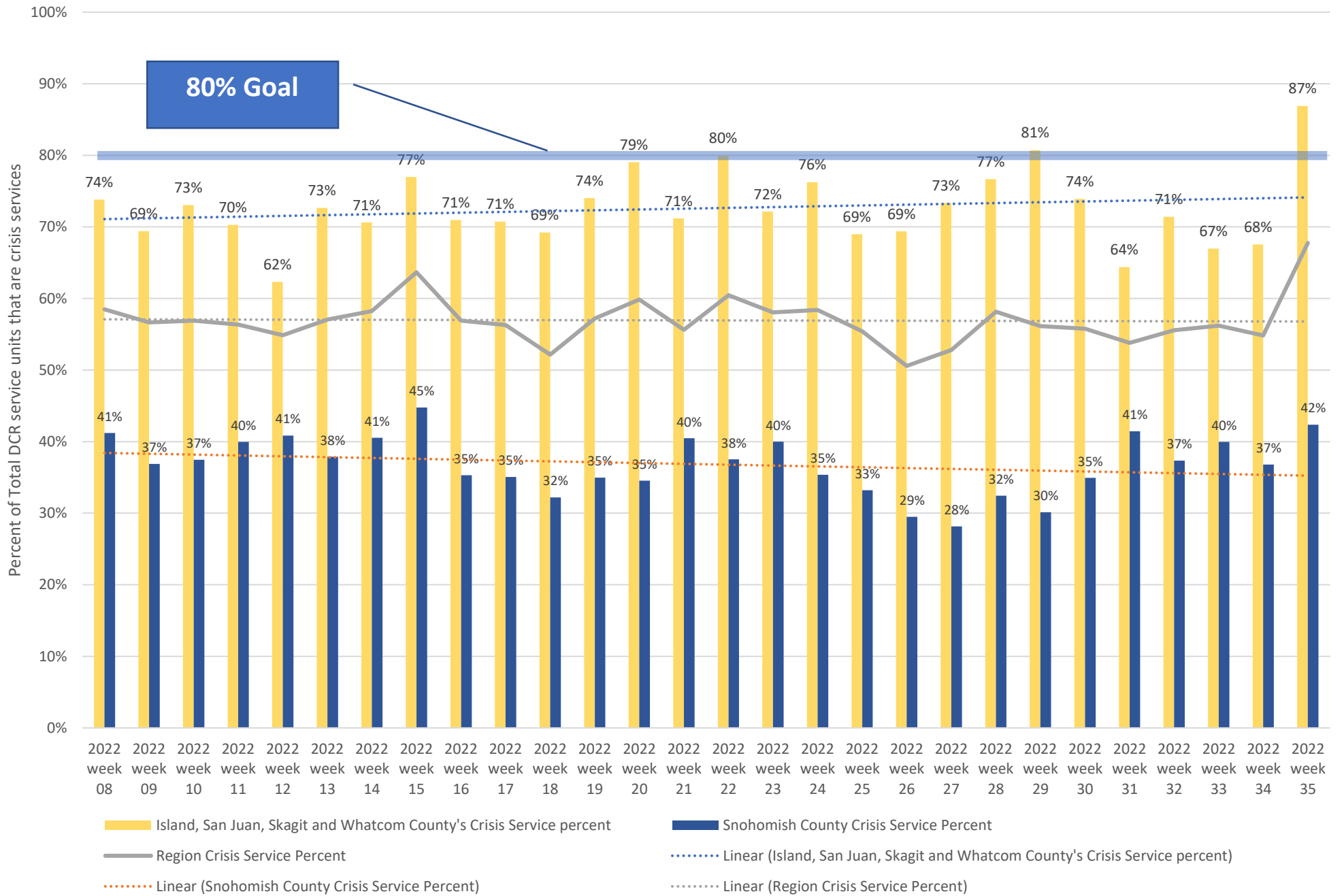


	2022 week 21	2022 week 22	2022 week 23	2022 week 24	2022 week 25	2022 week 26	2022 week 27	2022 week 28	2022 week 29	2022 week 30	2022 week 31	2022 week 32	2022 week 33	2022 week 34	2022 week 35
Pierce EandT TELECARE								1							
Cascade Behavioral Hospital LLC	1														
Multicare Behavioral Health Inpatient Services - Auburn															1
OVERLAKE HOSPITAL MEDICAL CENTER								1							
THURSTON/MASON EandT FACILITY														1	
ABHS Chehalis						1					1				1
American Behavioral Health Systems SSI								1					3		
Swedish Mill Creek									1			1		1	2
VALLEY GENERAL HOSPITAL	1		1			1				1	1			1	
Mukilteo		1		1	1	2	1	2	1			2			
Telecare North Sound Evaluation and Treatment	2	1	2	3	2	1	1	1			1	2	1	2	
BHC Fairfax Hospital INC	2	5		5	3	2	4	2	4		1	1	1	1	4
SMOKEY POINT BEHAVIORAL HOSPITAL	3	4	5	3	3	1	2	2	8	6	1	3	2	1	2
Skagit Valley Hospital	3	4	3	6	8	3	3	2	3	5	7	5	7	5	2
Peacehealth Bellingham	4	6	10	6	9	7	5	6	6	6	6	6	6	6	2
SWEDISH EDMONDS	2	6	8	5	8	10	10	3	4	9	8	9	9	7	3
Providence Everett	13	19	12	18	15	24	22	19	21	16	19	17	15	16	8

Telehealth only, crisis and investigation services from 02/13/22 to 08/27/22



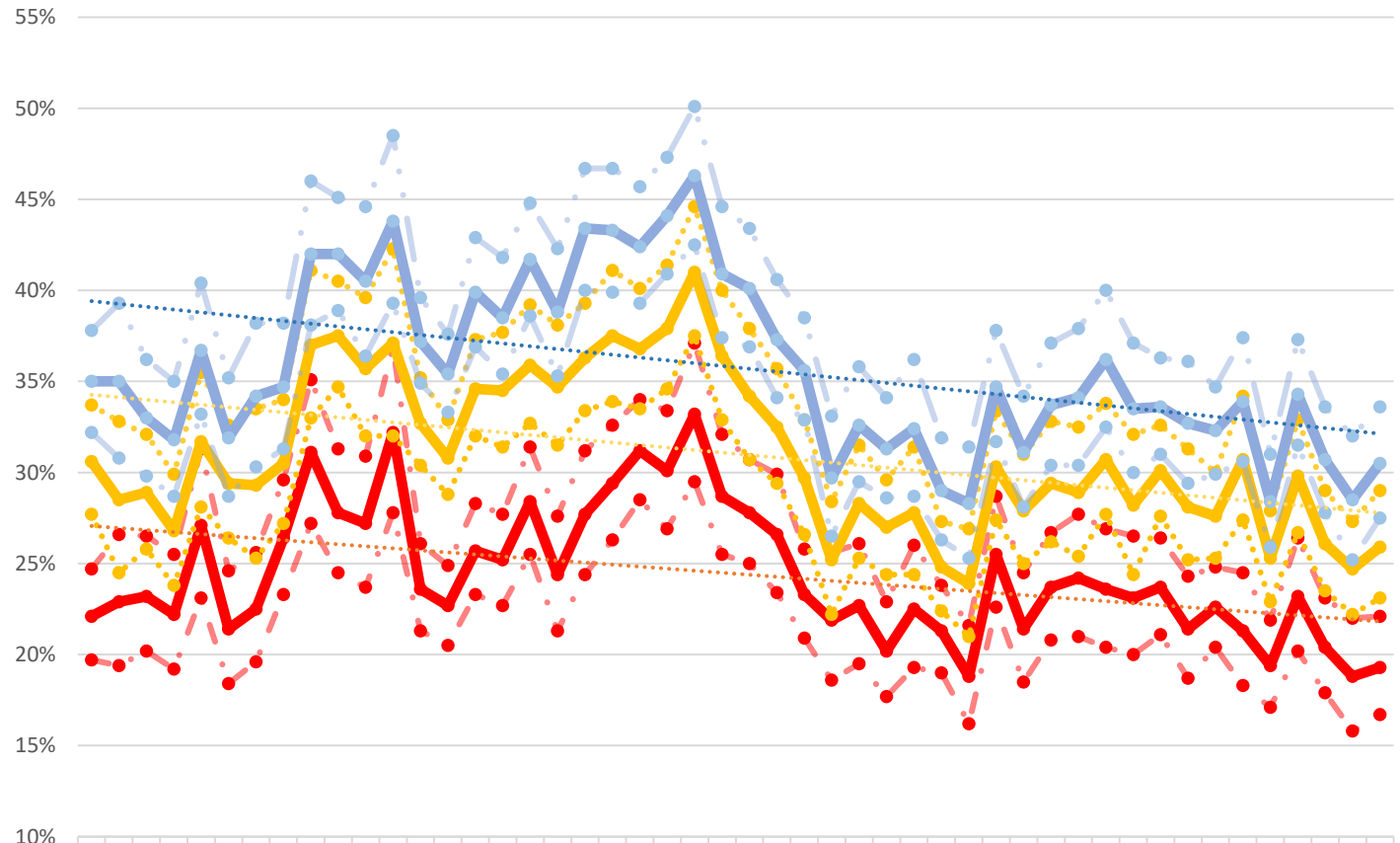
# Crisis Service Unit Percent - Crisis Service units divided by Crisis units + Investigation units



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

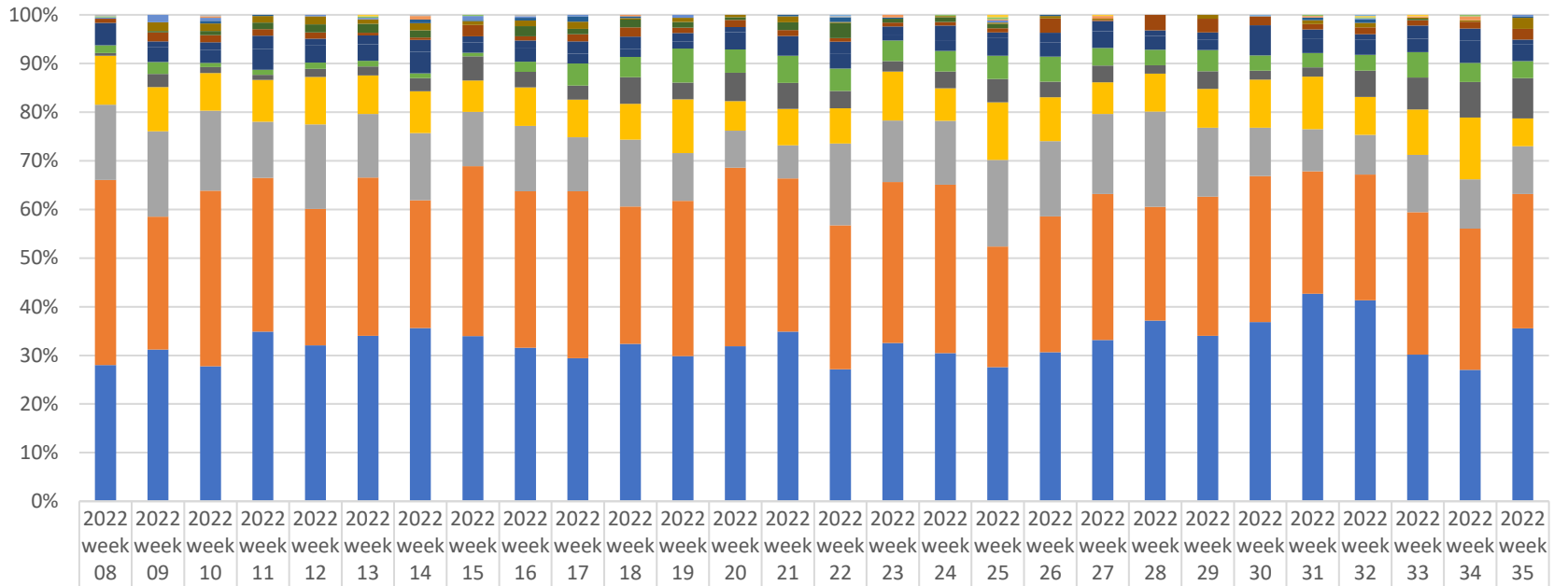
The U.S. Census Bureau, in collaboration with five federal agencies, launched the Household Pulse Survey to produce data on the social and economic impacts of Covid-19 on American households. The Household Pulse Survey was designed to gauge the impact of the pandemic on employment status, consumer spending,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

<https://data.cdc.gov/NCHS/Indicators-of-Anxiety-or-Depression-Based-on-Reported-Frequency-of-Symptoms-During-Last-7-Days>



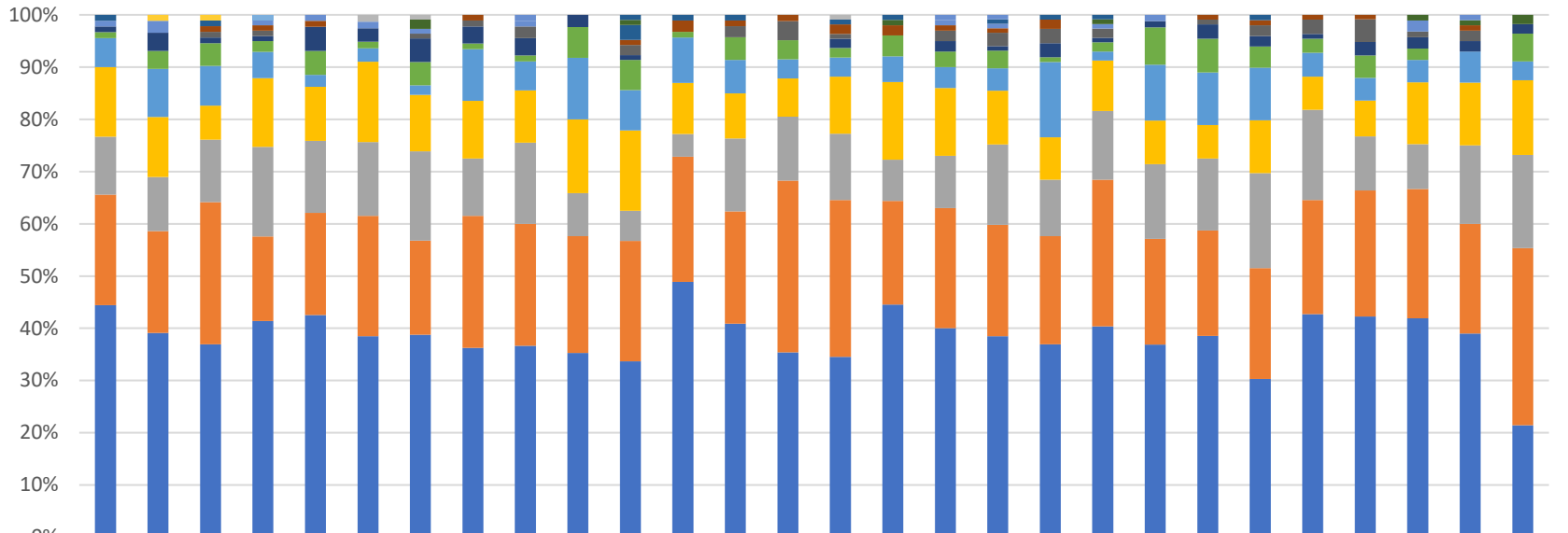
	23 Apr-05	07 May	14 May	21 May	28 May	04 Jun	11 Jun	18 Jun	25 Jun	02 Jul	09 Jul	16 Jul	23 Jul	30 Jul	06 Aug	13 Aug	20 Aug	27 Aug	03 Sep	10 Sep	17 Sep	24 Sep	01 Oct	08 Oct	15 Oct	22 Oct	29 Oct	05 Nov	12 Nov	19 Nov	26 Nov	03 Dec	10 Dec	17 Dec	24 Dec	31 Dec	07 Jan	14 Jan	21 Jan	28 Jan	04 Feb	11 Feb	18 Feb	25 Feb	03 Mar	10 Mar	17 Mar	24 Mar	31 Mar	07 Apr	14 Apr	21 Apr	28 Apr	05 May	12 May	19 May	26 May	02 Jun	09 Jun	16 Jun	23 Jun	30 Jun	07 Jul	14 Jul	21 Jul	28 Jul	04 Aug	11 Aug	18 Aug	25 Aug	01 Sep	08 Sep	15 Sep	22 Sep	29 Sep	06 Oct	13 Oct	20 Oct	27 Oct	03 Nov	10 Nov	17 Nov	24 Nov	01 Dec	08 Dec	15 Dec	22 Dec	29 Dec	05 Jan	12 Jan	19 Jan	26 Jan	02 Feb	09 Feb	16 Feb	23 Feb	01 Mar	08 Mar	15 Mar	22 Mar	29 Mar	05 Apr	12 Apr	19 Apr	26 Apr	03 May	10 May	17 May	24 May	31 May	06 Jun	13 Jun	20 Jun	27 Jun	04 Jul	11 Jul	18 Jul	25 Jul	01 Aug	08 Aug	15 Aug	22 Aug	29 Aug
% with Symptoms of Depressive Disorder low conf. level	20%	21%	22%	23%	24%	25%	26%	27%	28%	29%	30%	31%	32%	33%	34%	35%	36%	37%	38%	39%	40%	41%	42%	43%	44%	45%	46%	47%	48%	49%	50%	51%	52%	53%	54%	55%	56%	57%	58%	59%	60%	61%	62%	63%	64%	65%	66%	67%	68%	69%	70%	71%	72%	73%	74%	75%	76%	77%	78%	79%	80%	81%	82%	83%	84%	85%	86%	87%	88%	89%	90%	91%	92%	93%	94%	95%	96%	97%	98%	99%	100%																																										
% with Symptoms of Depressive Disorder value	22%	23%	24%	25%	26%	27%	28%	29%	30%	31%	32%	33%	34%	35%	36%	37%	38%	39%	40%	41%	42%	43%	44%	45%	46%	47%	48%	49%	50%	51%	52%	53%	54%	55%	56%	57%	58%	59%	60%	61%	62%	63%	64%	65%	66%	67%	68%	69%	70%	71%	72%	73%	74%	75%	76%	77%	78%	79%	80%	81%	82%	83%	84%	85%	86%	87%	88%	89%	90%	91%	92%	93%	94%	95%	96%	97%	98%	99%	100%																																												
% with Symptoms of Depressive Disorder high conf. level	25%	26%	27%	28%	29%	30%	31%	32%	33%	34%	35%	36%	37%	38%	39%	40%	41%	42%	43%	44%	45%	46%	47%	48%	49%	50%	51%	52%	53%	54%	55%	56%	57%	58%	59%	60%	61%	62%	63%	64%	65%	66%	67%	68%	69%	70%	71%	72%	73%	74%	75%	76%	77%	78%	79%	80%	81%	82%	83%	84%	85%	86%	87%	88%	89%	90%	91%	92%	93%	94%	95%	96%	97%	98%	99%	100%																																															
% with Symptoms of Anxiety Disorder low conf. level	28%	29%	30%	31%	32%	33%	34%	35%	36%	37%	38%	39%	40%	41%	42%	43%	44%	45%	46%	47%	48%	49%	50%	51%	52%	53%	54%	55%	56%	57%	58%	59%	60%	61%	62%	63%	64%	65%	66%	67%	68%	69%	70%	71%	72%	73%	74%	75%	76%	77%	78%	79%	80%	81%	82%	83%	84%	85%	86%	87%	88%	89%	90%	91%	92%	93%	94%	95%	96%	97%	98%	99%	100%																																																		
% with Symptoms of Anxiety Disorder value	31%	32%	33%	34%	35%	36%	37%	38%	39%	40%	41%	42%	43%	44%	45%	46%	47%	48%	49%	50%	51%	52%	53%	54%	55%	56%	57%	58%	59%	60%	61%	62%	63%	64%	65%	66%	67%	68%	69%	70%	71%	72%	73%	74%	75%	76%	77%	78%	79%	80%	81%	82%	83%	84%	85%	86%	87%	88%	89%	90%	91%	92%	93%	94%	95%	96%	97%	98%	99%	100%																																																					
% with Symptoms of Anxiety Disorder high conf. level	34%	35%	36%	37%	38%	39%	40%	41%	42%	43%	44%	45%	46%	47%	48%	49%	50%	51%	52%	53%	54%	55%	56%	57%	58%	59%	60%	61%	62%	63%	64%	65%	66%	67%	68%	69%	70%	71%	72%	73%	74%	75%	76%	77%	78%	79%	80%	81%	82%	83%	84%	85%	86%	87%	88%	89%	90%	91%	92%	93%	94%	95%	96%	97%	98%	99%	100%																																																								
% with Symptoms of Anxiety or Depressive Disorder low conf. level	32%	33%	34%	35%	36%	37%	38%	39%	40%	41%	42%	43%	44%	45%	46%	47%	48%	49%	50%	51%	52%	53%	54%	55%	56%	57%	58%	59%	60%	61%	62%	63%	64%	65%	66%	67%	68%	69%	70%	71%	72%	73%	74%	75%	76%	77%	78%	79%	80%	81%	82%	83%	84%	85%	86%	87%	88%	89%	90%	91%	92%	93%	94%	95%	96%	97%	98%	99%	100%																																																						
% with Symptoms of Anxiety or Depressive Disorder value	35%	36%	37%	38%	39%	40%	41%	42%	43%	44%	45%	46%	47%	48%	49%	50%	51%	52%	53%	54%	55%	56%	57%	58%	59%	60%	61%	62%	63%	64%	65%	66%	67%	68%	69%	70%	71%	72%	73%	74%	75%	76%	77%	78%	79%	80%	81%	82%	83%	84%	85%	86%	87%	88%	89%	90%	91%	92%	93%	94%	95%	96%	97%	98%	99%	100%																																																									
% with Symptoms of Anxiety or Depressive Disorder high conf. level	38%	39%	40%	41%	42%	43%	44%	45%	46%	47%	48%	49%	50%	51%	52%	53%	54%	55%	56%	57%	58%	59%	60%	61%	62%	63%	64%	65%	66%	67%	68%	69%	70%	71%	72%	73%	74%	75%	76%	77%	78%	79%	80%	81%	82%	83%	84%	85%	86%	87%	88%	89%	90%	91%	92%	93%	94%	95%	96%	97%	98%	99%	100%																																																												

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



	2022 week 08	2022 week 09	2022 week 10	2022 week 11	2022 week 12	2022 week 13	2022 week 14	2022 week 15	2022 week 16	2022 week 17	2022 week 18	2022 week 19	2022 week 20	2022 week 21	2022 week 22	2022 week 23	2022 week 24	2022 week 25	2022 week 26	2022 week 27	2022 week 28	2022 week 29	2022 week 30	2022 week 31	2022 week 32	2022 week 33	2022 week 34	2022 week 35
Custodial Care Facility															1								1		1			
Community Mental Health Center	1		1				1		1						1								1		1			
Skilled Nursing Facility						1												2		1					1	1		
Nursing Facility	1					1		1								1	2							1	1		1	
Psych. Residential			1				3				1					2		1		2				1		1	3	
On Campus Outpatient Hospital	1	5	2		1	1		3	1	1		2						2							1			1
Group Home			2	1			3	1	2	4	1			1	4	1			1					2	3			1
Homeless Shelter		6	5	5	5	3	6	3	4	5	1	3	2	4	1		1	1	2	1		3		3	4	1	1	7
School		1	3	5	5	6	6		7	4	5	4	2	5	13	3	4	4								1		
Inpatient Hospital	3	6	5	5	4	2	2	9	3	5	6	4	6	4	3	3	3	4	12	1	11	11	6	4	6	4	5	7
Inpatient Psychiatric Facility	9	4	5	10	4	6	10	5	5	9	8	6	4	4	10	7	12	5	8	8	4	6	6	7	5	10	9	3
Prison Correctional Facility	8	10	9	16	11	11	18	8	10	7	5	5	14	9	13	4	9	16	12	13	10	8	14	11	13	10	16	11
Telehealth	6	8	3	4	4	4	4	3	7	16	13	24	19	18	19	16	17	21	21	14	11	17	10	11	14	19	14	11
Assisted Living Facility	2	9	4	4	5	6	11	19	11	10	17	12	23	17	15	8	14	21	13	13	6	14	6	7	23	24	26	26
Emergency Room Hospital	37	30	26	32	30	26	35	25	27	27	23	38	24	24	30	38	27	52	37	25	27	31	32	40	33	34	45	18
Home	57	58	55	43	53	43	56	43	46	39	43	34	30	22	70	48	53	78	63	63	68	55	32	32	35	43	36	31
Other Place of Service	140	90	121	118	86	107	107	135	110	120	88	110	145	101	123	125	140	109	114	115	81	111	97	93	110	107	103	87
Office	103	103	93	130	98	112	145	131	108	103	101	103	126	112	113	123	123	121	125	127	129	132	119	158	176	110	96	112

### Place of Service -Investigations, percent of total by week

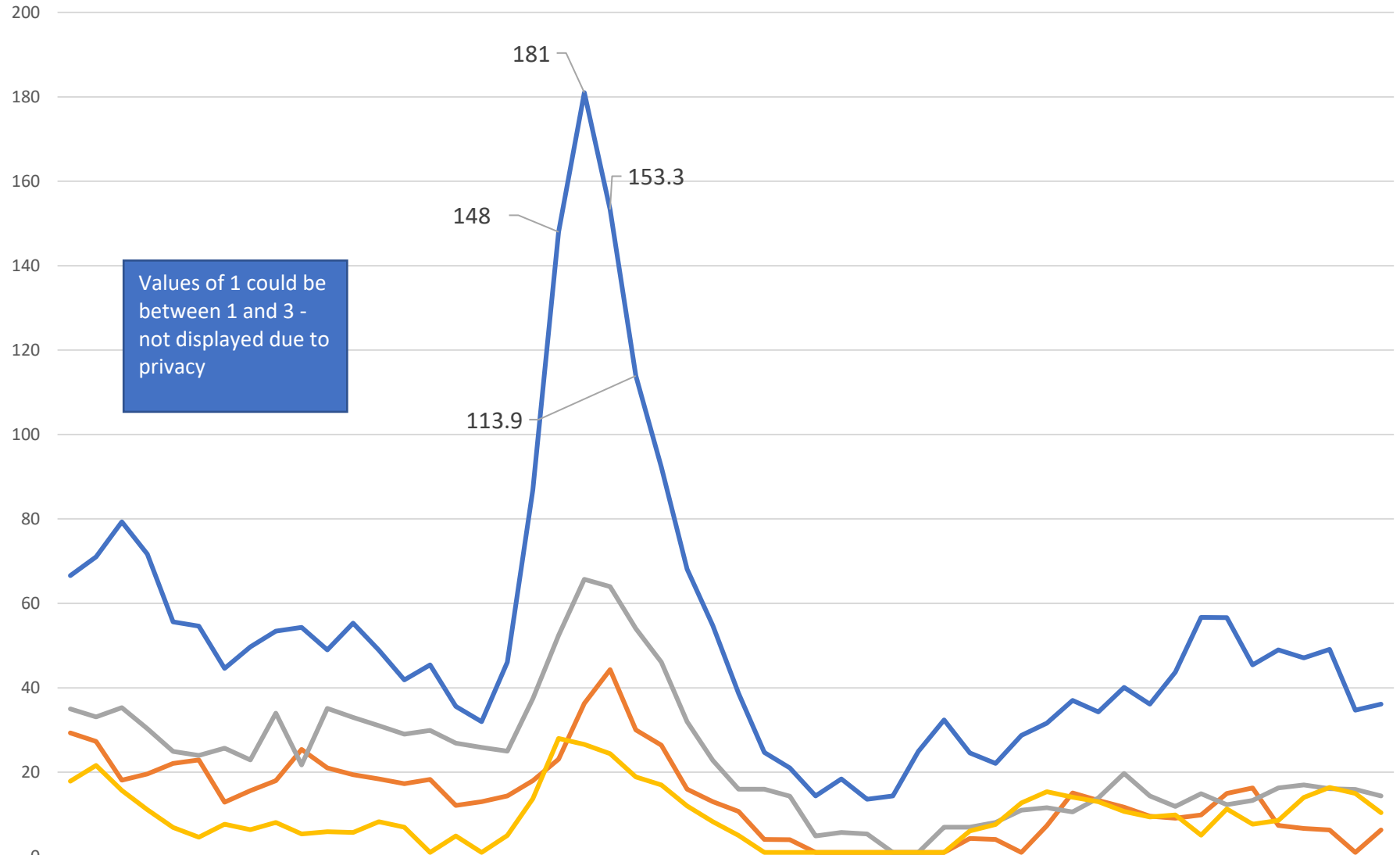


	2022 week 08	2022 week 09	2022 week 10	2022 week 11	2022 week 12	2022 week 13	2022 week 14	2022 week 15	2022 week 16	2022 week 17	2022 week 18	2022 week 19	2022 week 20	2022 week 21	2022 week 22	2022 week 23	2022 week 24	2022 week 25	2022 week 26	2022 week 27	2022 week 28	2022 week 29	2022 week 30	2022 week 31	2022 week 32	2022 week 33	2022 week 34	2022 week 35
Residential SUD				1																								
On Campus Outpatient Hospital		1	1																									
School						1	1								1													
Skilled Nursing Facility											1					1					1							
Homeless Shelter									1								1	1									1	
Psych. Residential											1					1					1					1	1	1
Community Mental Health Center	1		1								3	1	1		1			1	1				1					
Telehealth	1	2		1	1	1	1		1							1	1		1	1						2		
Group Home			1	1	1			1			1	2	1	1	2	2	1	1	2				1	1	1	1		1
Assisted Living Facility			1	1			1	1	2		2		2	3	1		2	3	3	2		1	2	3	5	1	2	
Home	1	3	1	1	4	2	5	3	3	2	1				2		2	1	3	1	1	3	2	1	3	2	2	1
Office	1	3	4	2	4	1	5	1	1	5	6	1	4	3	2	4	3	4	1	2	6	7	4	3	5	2		3
Inpatient Hospital	5	8	7	5	2	2	2	9	5	10	8	8	6	3	4	5	4	5	16	2	9	11	10	5	5	4	6	2
Inpatient Psychiatric Facility	12	10	6	13	9	12	12	10	9	12	16	9	8	6	12	15	13	12	9	11	7	7	10	7	8	11	12	8
Prison Correctional Facility	10	9	11	17	12	11	19	10	14	7	6	4	13	10	14	8	10	18	12	15	12	15	18	19	12	8	15	10
Other Place of Service	19	17	25	16	17	18	20	23	21	19	24	22	20	27	33	20	23	25	23	32	17	22	21	24	28	23	21	19
Emergency Room Hospital	40	34	34	41	37	30	43	33	33	30	35	45	38	29	38	45	40	45	41	46	31	42	30	47	49	39	39	12





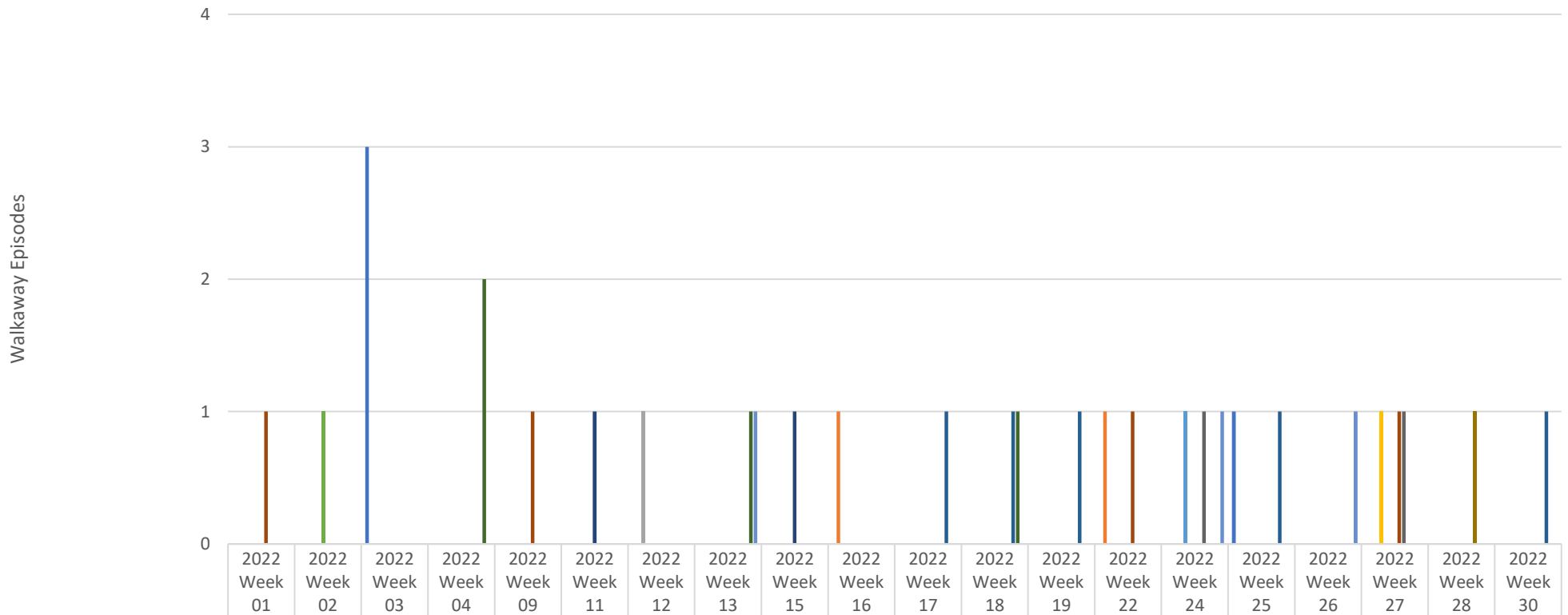
## Total Hospitalized Adults - COVID-19 (confirmed or suspected) 7 day average



Values of 1 could be between 1 and 3 - not displayed due to privacy

	8/27/21	9/3/21	9/10/21	9/17/21	9/24/21	10/1/21	10/8/21	10/15/21	10/22/21	10/29/21	11/5/21	11/12/21	11/19/21	11/26/21	12/3/21	12/10/21	12/17/21	12/24/21	12/31/21	1/7/22	1/14/22	1/21/22	1/28/22	2/4/22	2/11/22	2/18/22	2/25/22	3/4/22	3/11/22	3/18/22	3/25/22	4/1/22	4/8/22	4/15/22	4/22/22	4/29/22	5/6/22	5/13/22	5/20/22	5/27/22	6/3/22	6/10/22	6/17/22	6/24/22	7/1/22	7/8/22	7/15/22	7/22/22	7/29/22	8/5/22	8/12/22	8/19/22	
Prov. Everett	67	71	79	72	56	55	45	50	53	54	49	55	49	42	45	36	32	46	87	148	181	153	114	92	68	55	39	25	21	14	18	14	14	25	32	25	22	29	32	37	34	40	36	44	57	57	45	49	47	49	35	36	
SVH	29	27	18	20	22	23	13	16	18	25	21	19	18	17	18	12	13	14	18	23	36	44	30	26	16	13	11	4.1	4	1	1	1	1	1	1	1	4.3	4.1	1	7.3	15	13	12	9.6	9.1	9.9	15	16	7.4	6.7	6.3	1	6.3
ST Joe	35	33	35	30	25	24	26	23	34	22	35	33	31	29	30	27	26	25	37	52	66	64	54	46	32	23	16	16	14	4.9	5.7	5.4	1	1	1	7	7	8.1	11	12	11	14	20	14	12	15	12	13	16	17	16	16	14
Swedish Edmonds	18	22	16	11	6.9	4.6	7.7	6.4	8.1	5.4	5.9	5.7	8.3	7	1	4.9	1	5	14	28	27	24	19	17	12	8.3	5	1	1	1	1	1	1	1	1	6.1	7.6	13	15	14	13	11	9.4	9.9	5.1	11	7.7	8.6	14	16	15	10	

### North Sound BH ASO Walkaway Chart 02/13/22 to 08/27/22



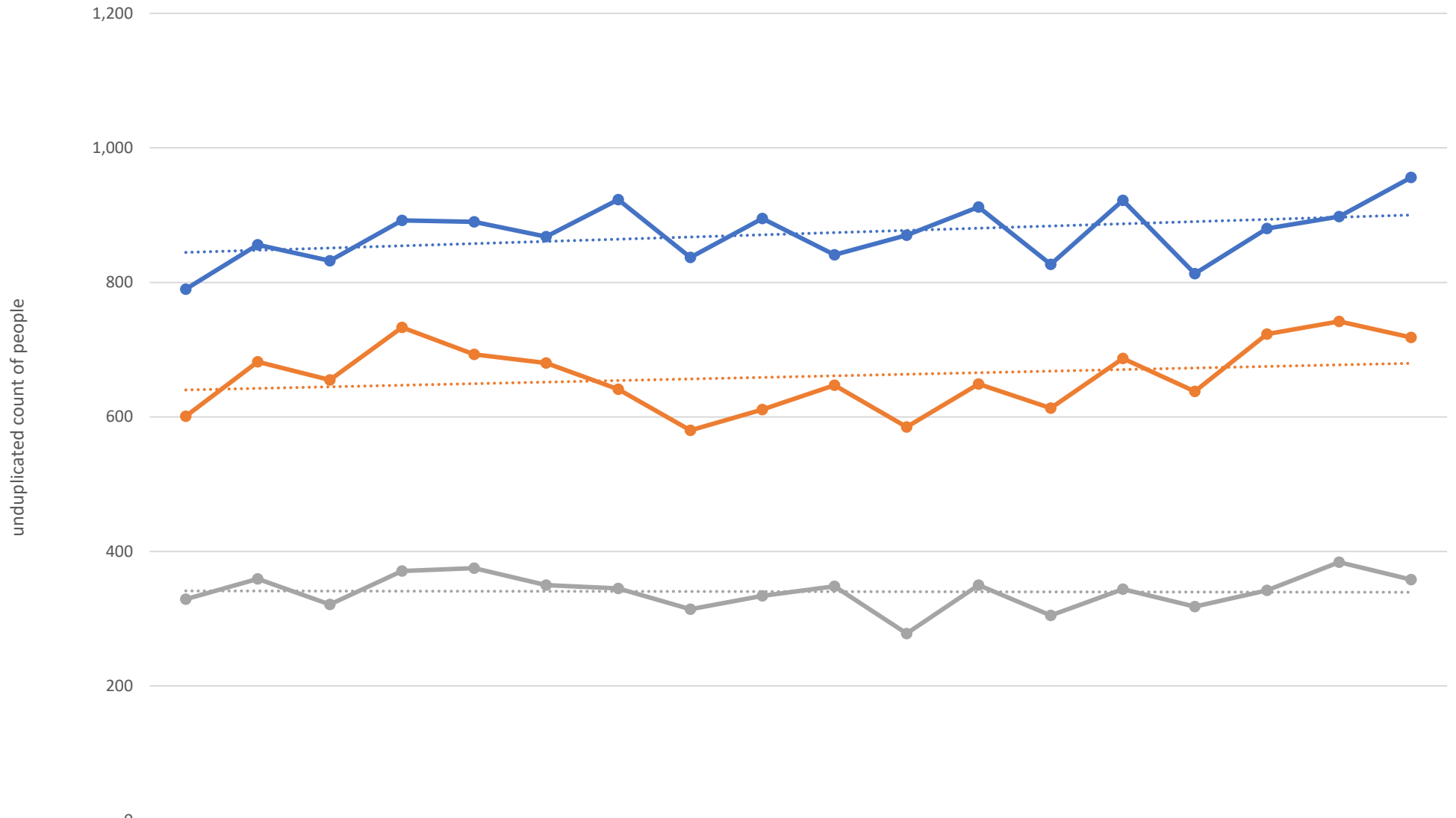
■ Cascade Valley Hospital			3												1				
■ Island Hospital									1					1					
■ Olympic Medical Center							1												
■ Peace Island Health																		1	
■ Providence														1					
■ Providence - Colby		1																	
■ Skagit Valley						1				1									
■ St. Joseph	1						1								1				1
■ Swedish Edmonds															1				1
■ Swedish Mill Creek																		1	
■ United General											1	1	1			1			1
■ Whidbey Health												1							
■ Whidbey Health ED									1							1			1



## North Sound Crisis System Dashboard

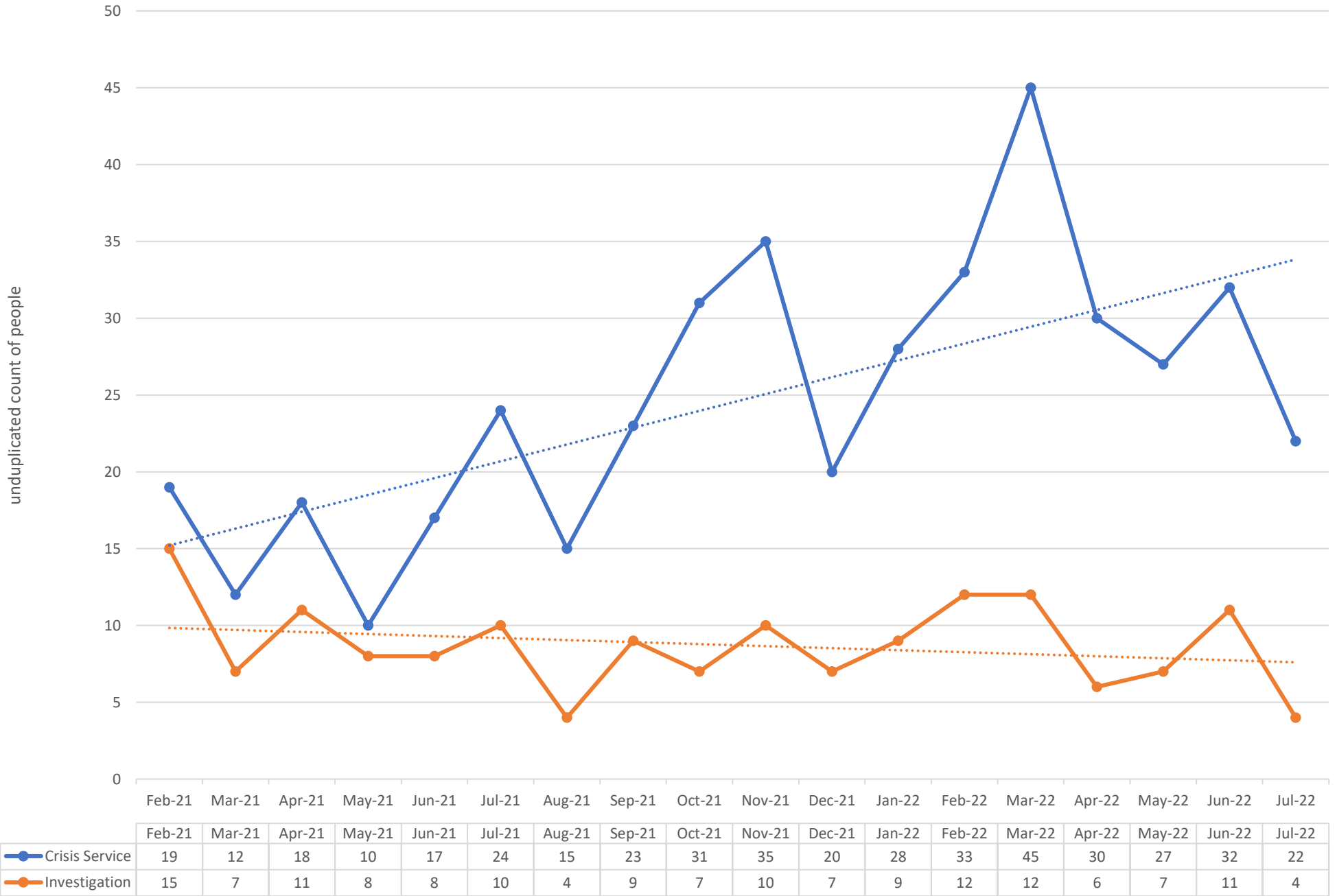
Page 2	Unduplicated People receiving a crisis system service
Page 3	Island - Unduplicated People receiving a crisis system service
Page 4	San Juan - Unduplicated People receiving a crisis system service
Page 5	Skagit - Unduplicated People receiving a crisis system service
Page 6	Snohomish - Unduplicated People receiving a crisis system service
Page 7	Whatcom - Unduplicated People receiving a crisis system service
Page 8	Region Designated Crisis Responder (DCR) Investigations
Page 9	Region DCR Investigation Referral Sources
Page 10	Region DCR Investigation Outcomes

## Unduplicated People receiving a crisis system service

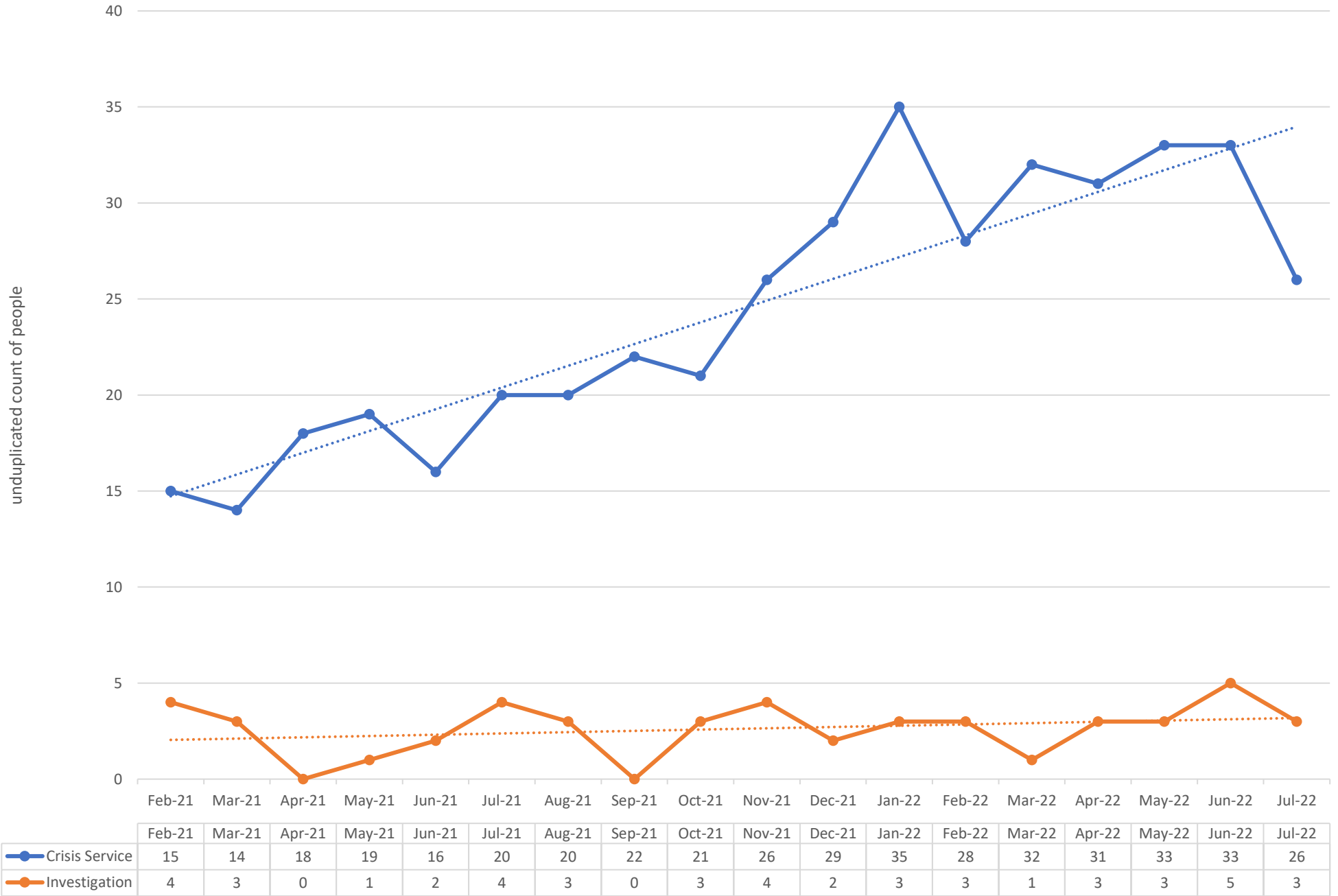


	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
● Crisis Call	790	856	832	892	890	868	923	837	895	841	870	912	827	922	813	880	898	956
● Crisis Service	601	682	655	733	693	680	641	580	611	647	585	649	613	687	638	723	742	718
● Investigation	329	359	321	371	375	350	345	314	334	348	278	350	305	344	318	342	384	358

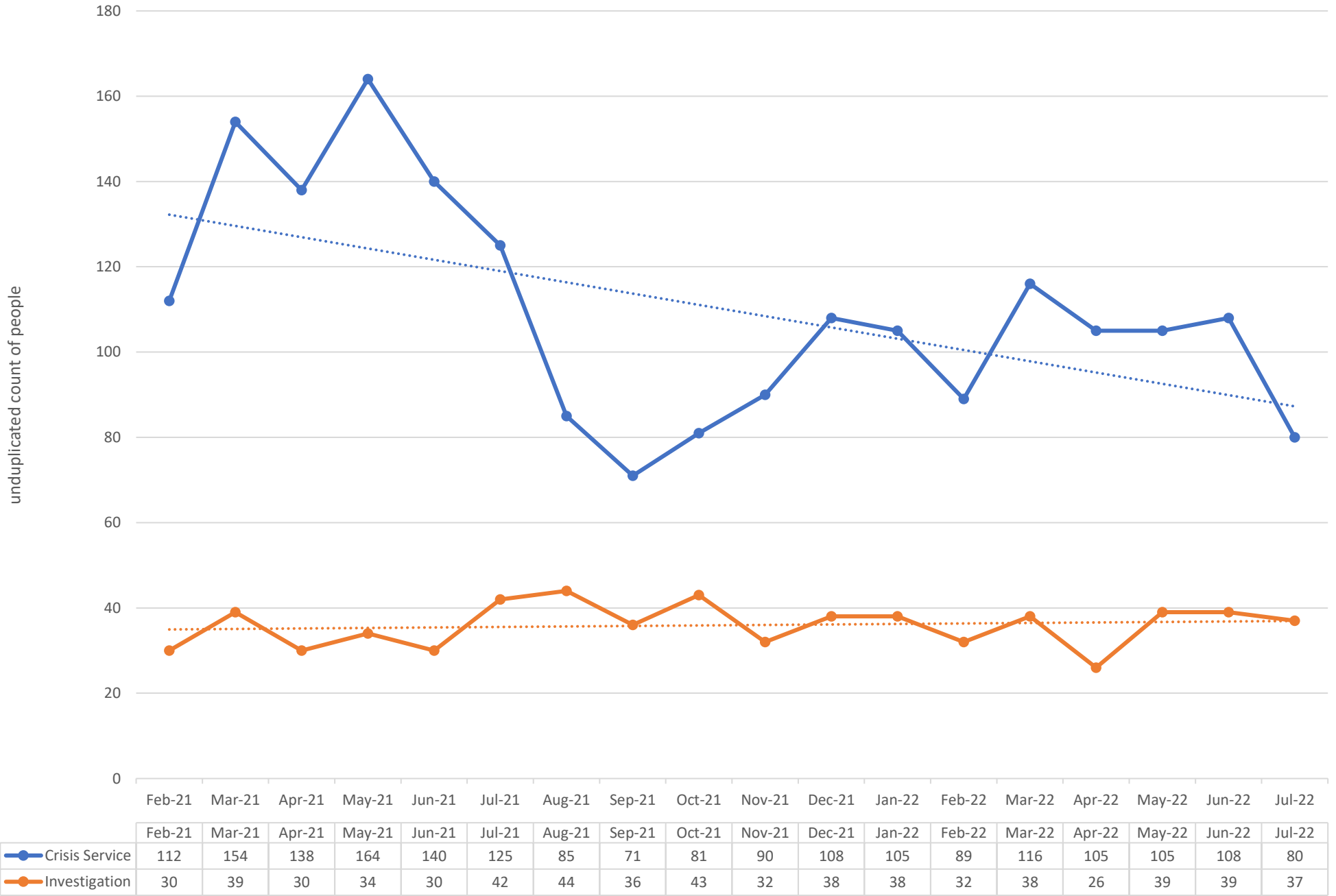
## Island - Unduplicated People receiving a crisis system service



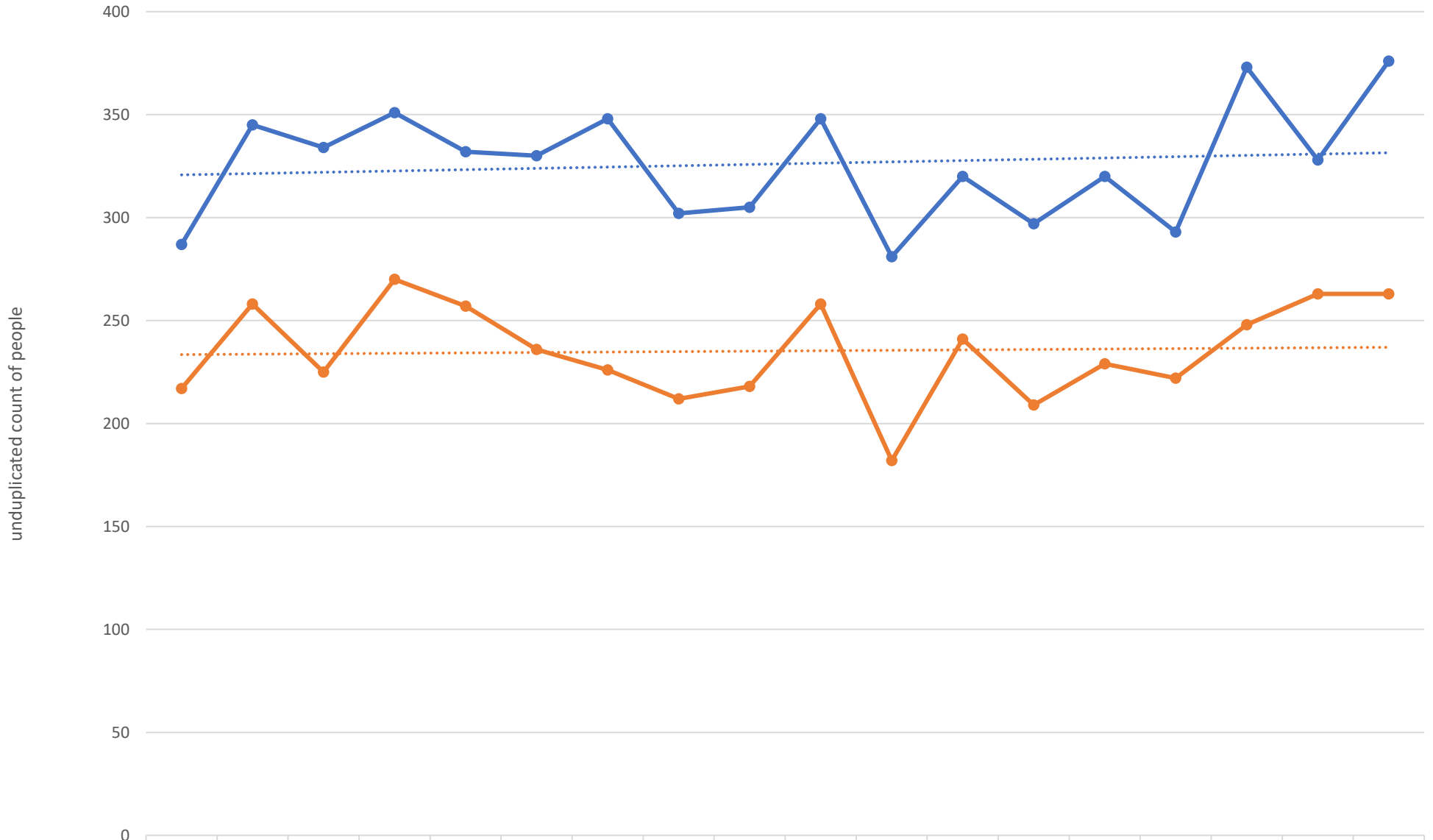
## San Juan - Unduplicated People receiving a crisis system service



### Skagit - Unduplicated People receiving a crisis system service



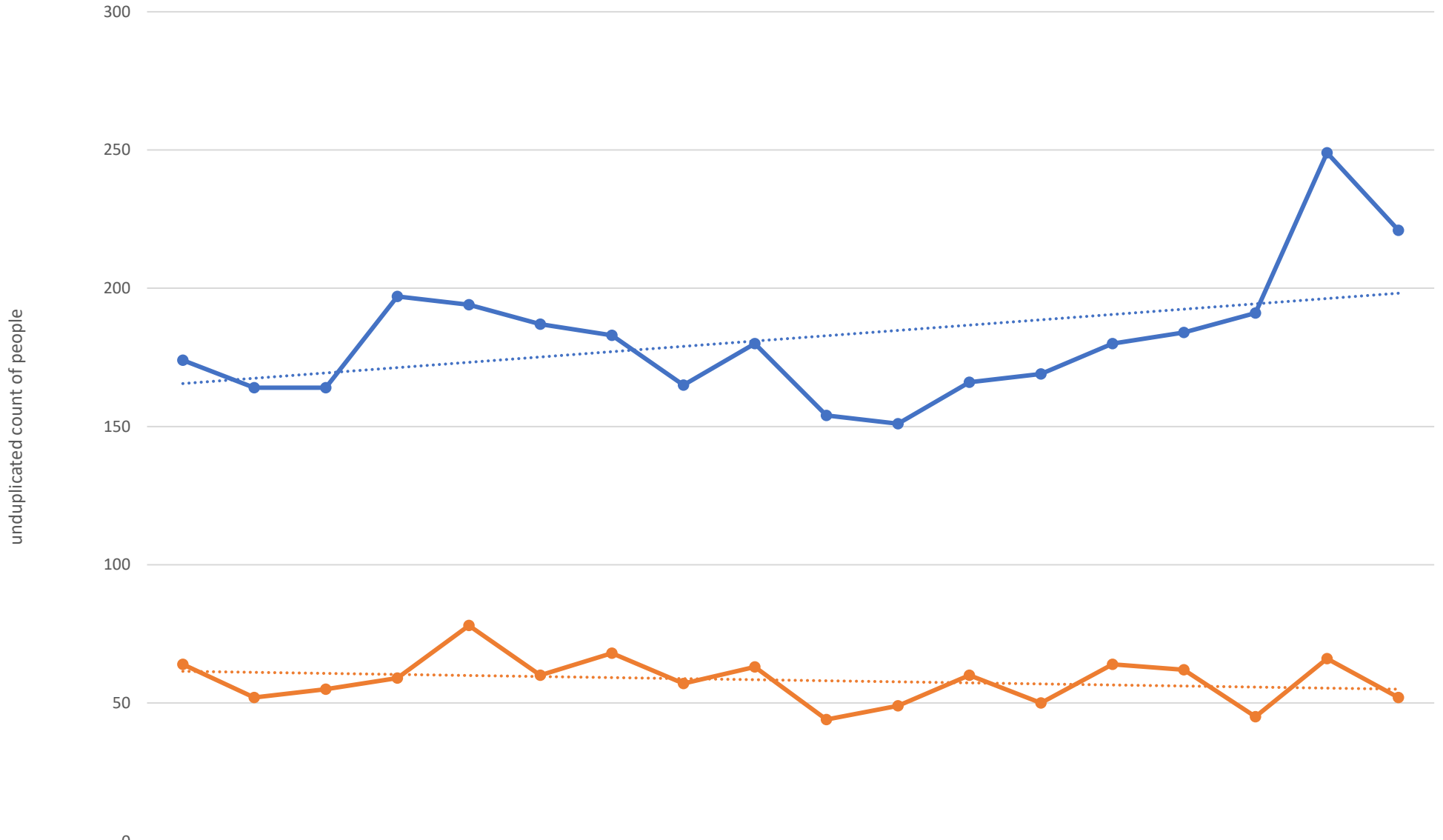
## Snohomish - Unduplicated People receiving a crisis system service



	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
● Crisis Service	287	345	334	351	332	330	348	302	305	348	281	320	297	320	293	373	328	376
● Investigation	217	258	225	270	257	236	226	212	218	258	182	241	209	229	222	248	263	263

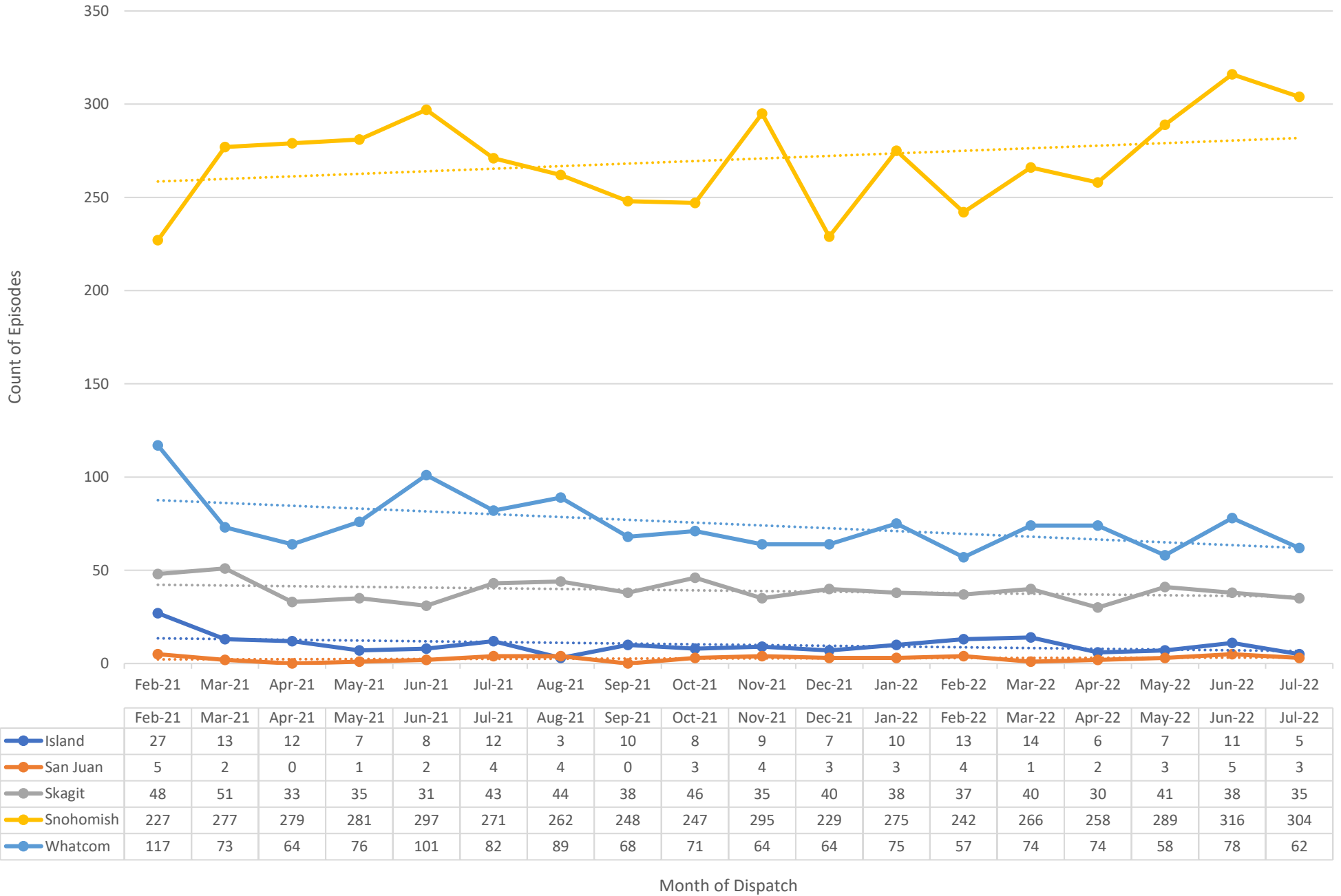


# Whatcom - Unduplicated People receiving a crisis system service

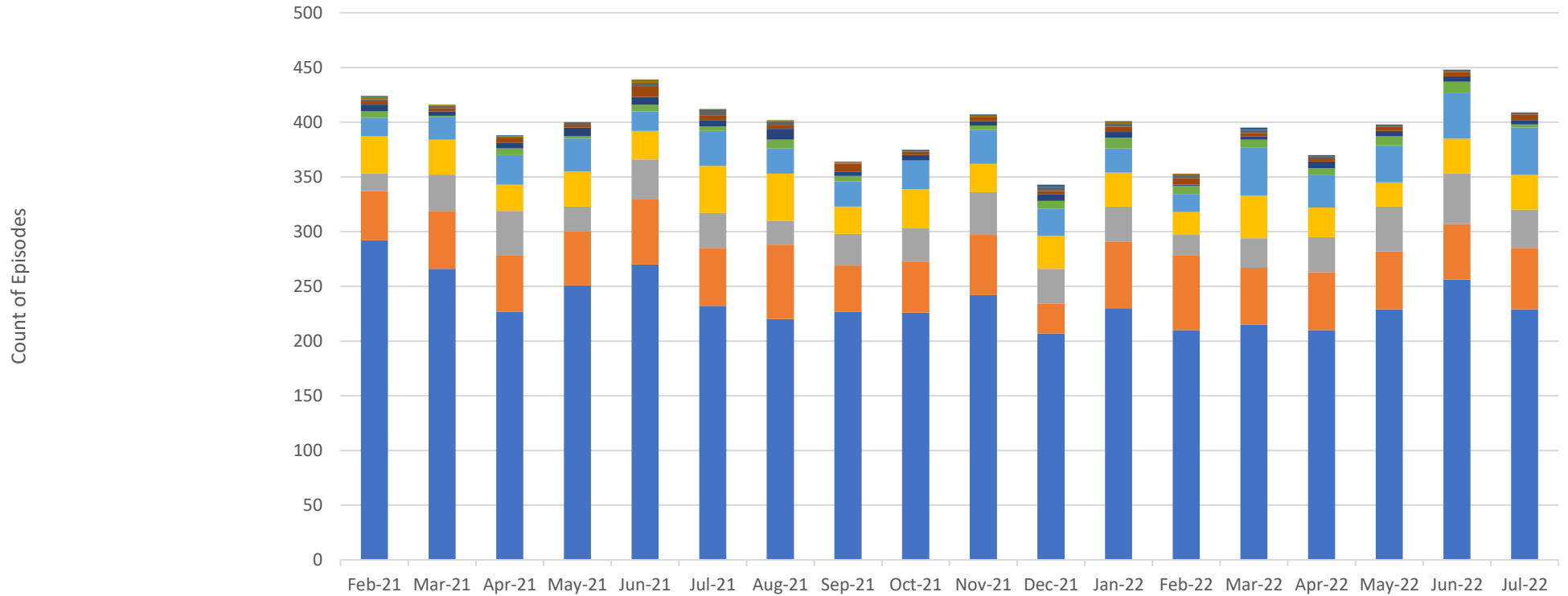


	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
● Crisis Service	174	164	164	197	194	187	183	165	180	154	151	166	169	180	184	191	249	221
● Investigation	64	52	55	59	78	60	68	57	63	44	49	60	50	64	62	45	66	52

## Region Designated Crisis Responder (DCR) Investigations



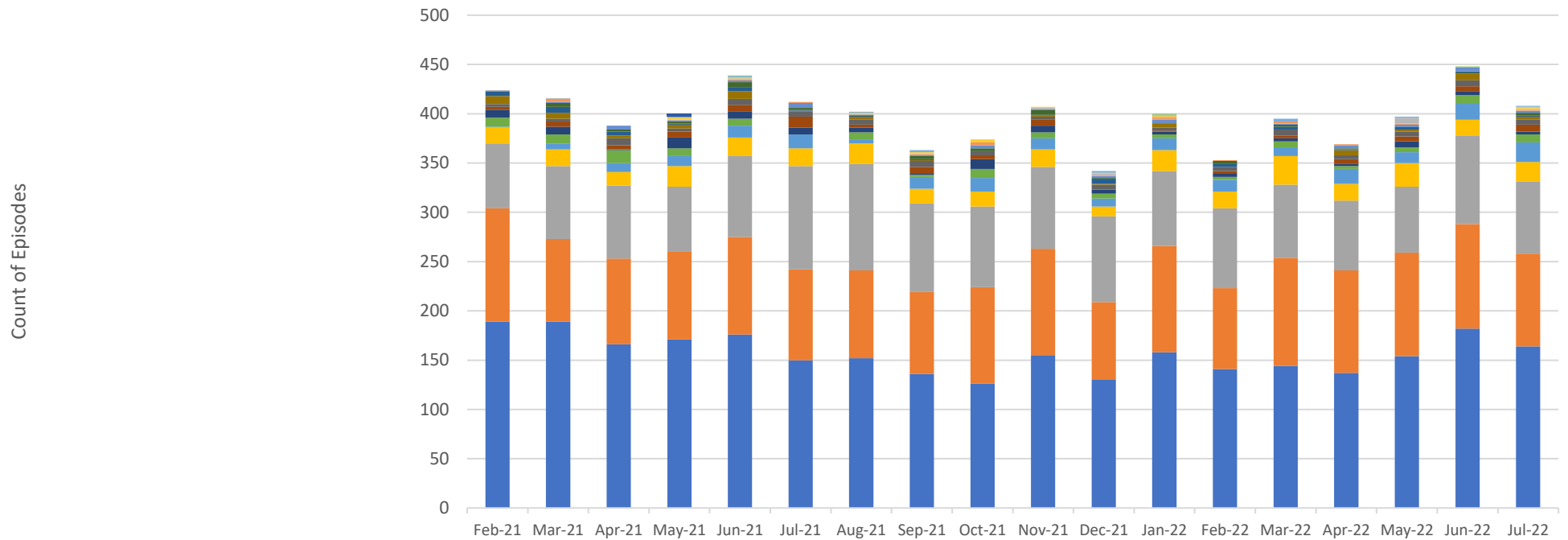
## Region DCR Investigation Referral Sources



	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Impact Team Law Enforcement Referral	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0
School	1	0	1	0	0	0	0	0	0	1	2	0	0	2	1	0	0	0
Referral from MCR to DCR	2	1	1	0	3	0	1	1	0	1	0	1	1	0	0	0	0	0
Community	2	2	0	3	3	5	4	1	2	0	4	3	3	3	2	2	2	2
Social Service Provider	3	3	5	2	10	4	3	7	3	4	3	5	6	3	3	4	4	5
Care Facility	6	4	5	8	7	6	10	4	5	4	6	5	1	3	6	5	5	4
Legal Representative	6	1	6	2	6	4	8	5	0	4	7	10	8	7	6	8	10	3
Professional	17	21	27	30	18	32	23	23	26	31	25	22	16	44	30	34	42	43
Law Enforcement	34	32	24	32	26	43	43	25	36	26	30	31	21	39	27	22	32	32
Other	16	33	41	23	36	32	22	29	31	39	32	32	19	27	32	41	46	35
Family	45	53	51	49	60	53	68	42	46	55	27	61	68	52	53	53	51	56
Hospital	292	266	227	251	270	232	220	227	226	242	207	230	210	215	210	229	256	229

Month of Dispatch

## Region DCR Investigation Outcomes



	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Referred to chemical dependency residential program	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Referred to sobering unit	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	1	0
Referred to chemical dependency intensive outpatient program	0	0	0	1	1	0	1	2	0	0	2	1	0	3	0	1	0	1
Referred to chemical dependency inpatient program	0	0	0	2	1	0	1	1	3	1	1	1	0	0	0	0	0	2
Referred to acute detox	1	1	0	1	1	0	1	1	0	1	1	1	0	0	0	6	0	1
Referred to sub acute detox	0	3	0	0	1	1	0	1	3	0	1	2	1	2	1	1	0	1
Filed petition - recommending LRA extension.	0	1	4	1	2	5	0	1	3	1	2	3	0	1	3	2	4	2
Detention to Secure Detox facility (72 hours as identified under 71.05)	0	4	2	2	5	2	1	3	3	5	1	0	3	2	1	0	1	3
No detention - E&T provisional acceptance did not occur within statutory timeframes	5	6	4	1	4	1	1	1	0	1	5	1	3	3	1	3	1	1
No detention - Unresolved medical issues	8	6	3	4	8	1	3	1	0	1	1	4	0	0	5	2	7	3
Referred to crisis triage	3	3	7	3	6	5	5	6	4	3	5	3	4	6	4	5	6	5
Non-emergent detention petition filed	3	5	4	6	7	11	3	7	4	6	0	1	3	3	5	5	5	7
Referred to non-mental health community resources.	8	8	1	11	7	7	5	1	10	7	4	3	3	3	2	6	4	3
Returned to inpatient facility/filed revocation petition.	9	9	13	8	7	0	7	2	9	6	5	4	3	6	3	5	8	8
Did not require MH or CD services	1	6	9	10	12	14	4	12	14	11	8	12	12	9	15	11	17	20
Referred to voluntary inpatient mental health services.	16	17	14	21	19	18	21	15	15	18	10	21	17	29	17	24	16	20
Other	66	74	74	66	82	105	108	90	82	83	87	76	81	74	71	67	90	73
Referred to voluntary outpatient mental health services.	115	84	87	89	99	92	89	83	98	108	79	108	82	110	104	105	106	94
Detention (72 hours as identified under the Involuntary Treatment Act, RCW 71.05).	189	189	166	171	176	150	152	136	126	155	130	158	141	144	137	154	182	164

Month of Dispatch