



**BOARD OF DIRECTORS
VIRTUAL MEETING AGENDA**

May 13, 2021

Board of Directors Members present: Chair

North Sound Behavioral Health Administrative Services Organization (ASO) staff present: Chair

Guests present: Chair

- 1. **Call to Order and Introductions** – Chair
- 2. **Revisions to the Agenda** – Chair
- 3. **Approval of the April 6th, 2021 Minutes, Motion #21-20** – Chair.....Attachment
- 4. **Comments & Announcements from the Chair**
- 5. **Presentation from the North Sound OMBUDs**.....Attachment
- 6. **Reports from Members:** Chair
- 7. **Comments from the Public:** Chair
- 8. **Report from the Advisory Board:** Chair (Duncan).....Attachment
- 9. **Report from the Executive Director:** JoeAttachments
 - North Sound BH-ASO Compliance Report
- 10. **Report from the Finance Officer:** Joe and DarrellAttachment
- 11. **Report from the Governance Operations Committee:** Chair

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 Executive Committee 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.

Consent Agenda, Chair:Attachment

Motion #21-21

- To review and approve the North Sound Behavioral Health Administrative Services Organization claims paid from April 1st, 2021, through April 30th, 2021 in the amount of **\$2,433,743.74**. Payroll for the month of April in the amount of **\$151,890.76** and associated employer benefits in the amount of **\$72,924.08**.

12. Action Items: Joe

For Board Approval

Summary

Project for Assistance in Transition from Homelessness (PATH)

- North Sound released a Request for Information (RFI) on the PATH Grant and received two responses. Bridgeways is a Behavioral Health Agency (BHA) in Snohomish County and Second Chance Foundation is a Non-Profit in Snohomish County. In discussions with the Health Care Authority (HCA) it was requested the provider be a BHA. The reason stated is a BHA can provide billable BH services. Bridgeways was a North Sound BHO network provider prior to July 2019.
- Additionally, HCA has approved moving the Whatcom County PATH funds to the Snohomish County project and North Sound ASO is paying the Federal Match with General Funds-State (GF-S) in the amount of **\$73,009** annually. The HCA annual Federal Grant award is **\$219,026**.
- The motion below reflects a reduced amount for the period of May 1, 2021 through September 30, 2021.

Motion #21-22

- North Sound BH-ASO-Bridgeways-PATH-21-22 for the provision of outreach and engagement services to individuals with serious mental illness who are homeless or at risk of becoming homeless. The consideration for this contract is **\$47,761** in Federal Grant and **\$15,920** in ASO GF-S for a maximum consideration of **\$63,681**. The contract term is May 1, 2021 through September 30, 2021 with an automatic one-year renewal on October 1, 2021 based on continued compliance with the terms of the contract.

Summary

Collective Medial Technologies (CMT)

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

- **Motion #21-23**

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

- 13. Discussion Item:** JoeAttachment
- Discuss the April 14 Letter from MaryAnne Lindeblad providing the Health Care Authority’s response to our March 21 meeting regarding our proposed resolution of the remaining BHO Close Out liability.

14. Adjourn

Next meeting: June 10th, 2021



BOARD OF DIRECTORS VIRTUAL MEETING MINUTES

April 8, 2021

Board of Directors Members present:

- Jill Johnson, County Commissioner; Island County, Board Chair
- Anne Deacon, Human Services Manager, Whatcom County; designated alternate for Satpal Sidhu
- Darcy Cheesman, Legislative Aid; designated alternate for Sam Low, Snohomish County Council Member
- Cammy Hart-Anderson, Human Services; designated alternate for Dave Somers, Snohomish County Executive
- Cindy Wolf, County Council Member; San Juan County
- Russell Wiita, Legislative Aid, Snohomish County, designated alternate for Nate Nehring, Snohomish County Council
- Sarah Hinman, Skagit County Public Health; designated alternate for Peter Browning
- Barbara LaBrash, Human Services Manager, San Juan County; designated alternate for Cindy Wolf
- Duncan West, Chair; North Sound BH-ASO Advisory Board Chair
- Arlene Feld, Vice-Chair; North Sound BH-ASO Advisory Board
- Rud Browne, County Council Member; Whatcom County
- Jackie Mitchell, Whatcom County Behavioral Health Program Specialist
- Nicole Gorle, Legislative Analyst, Snohomish County; designated alternate for Nate Nehring, Snohomish County Council

North Sound Behavioral Health Administrative Services Organization (ASO) staff present:

- Joe Valentine, Executive Director; North Sound BH-ASO
- Margaret Rojas, Assistant Director; North Sound BH-ASO
- Charles DeElena, Compliance Officer; North Sound BH-ASO
- Darrell Heiner, Accounting Specialist; North Sound BH-ASO
- Joanie Williams, Administrative Manager/Clerk of the Board; North Sound BH-ASO

Guests present:

- Laurel Lee/Molina
- Victoria Evans/Molina
- Caitlin Safford/Amerigroup
- Amanda McLendon/Coordinated Care
- Whitney Howard/Molina
- Bea Dixon/United Health Care

Call to Order and Introductions – Chair Johnson

The Chair had the Clerk of the Board read the names of the attendees that were present via GoToMeeting.

Revisions to the Agenda – Chair

One revision was requested. The date on the agenda needed changed. It said April 9th and should have reflected April 8th. The Clerk noted the change.

Approval of the March 12, 2021, Minutes, **Motion #21-16** – Chair Johnson

Anne moved the motion for approval, Cammy seconded, all in favor, none opposed, no abstentions, motion #21-16 carried.

Comments & Announcements from the Chair

The Chair noted the opening of the Stabilization Center is delayed until June.

Reports from Members

Cammy/Snohomish:

- The 32 Bed SUD Adult In-patient Treatment Program is on target to open in July.
- Snoho Council provided revenue for two new Dedicated Crisis Responders (DCRs) and a Supervisor.

Anne Deacon/Whatcom:

- The Crisis Stabilization Center is up and running.
- The Recovery House is opening.
- Expanding the GRACE Program.

Barbara LaBrash/San Juan:

- Thanked NS BH-ASO and Compass for the expansion of the voluntary part of the Crisis Program.

Round Table Discussion with Managed Care Organizations (MCOs)

There was a round table discussion with the MCOs that included a Question-and-Answer session.

The questions below were asked:

1. Do they feel there are currently gaps in your behavioral health network that need to be addressed?
2. How can the ASO and the Counties assist in addressing these gaps?
3. Do they have any suggestions on how we can work together on addressing the current behavioral health workforce shortages?
4. What challenges do they face in trying to pay for services now coming online in the new behavioral health facilities?

Report from the Advisory Board

Duncan West gave brief overview from the last Advisory Board Meeting and referenced the new brochure.

Report from the Executive Director

- North Sound BH-ASO Compliance Report

Due to time constraints, Joe Valentine said this report will be part of next month's Agenda.

He briefly referenced the Report from the Executive Director (topics below) and the accompanying attachments.

He encouraged members to read the portion of the report that speaks about the Block Grant money.

1. LEGISLATION
2. BUDGET
3. NEW FEDERAL BLOCK GRANT FUNDS
4. CRISIS SERVICES
5. EXPANSION OF MOBILE CRISIS OUTREACH
6. EXPANSION OF MEDICATED ASSISTED TREATMENT TO EAST SKAGIT

7. UPDATE ON PEER PATHFINDER PROGRAM
8. BUSINESS AND OCCUPATION TAX [B&O]
9. BHO CLOSE-OUT LIABILITY DISCUSSIONS

Report from the Finance Officer

Due to time constraints, this report was briefly referenced.

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 Executive Committee 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.

Consent Agenda

Motion #21-17

- To review and approve the North Sound Behavioral Health Administrative Services Organization claims paid from March 1st, 2021, through March 31st, 2021 in the amount of **\$1,951,206.30**. Payroll for the month of March in the amount of **\$151,155.76** and associated employer benefits in the amount of **\$59,925.81**.

Anne Deacon moved the motion for approval, Rud Browne seconded, all in favor, none opposed, no abstentions, motion 21-17 carried.

Action Items

For Board Approval

Pioneer Human Services

PHS is requesting startup funding for the Snohomish County Denny Facility in the amount of **\$143,790.32** for IT equipment and a vehicle for program use. 32 beds being transferred from Pioneer Center North to the Everett facility, 16 beds for SUD residential treatment with a focus on Opioid addiction, and 16 beds for co-occurring mental health/substance abuse treatment. PHS is also applying for a grant to cover smaller capital costs.

This would be a cost reimbursement contract.

- Vehicle **\$31,995.32**
- IT Equipment **\$111,795**

Motion #21-18

North Sound BH-ASO-PHS-ICN-19-21 Amendment 5 for the provision of adding startup costs for the Snohomish County Denny Facility. The maximum amount is **\$143,790.32**. The contract term is July 1, 2019 through June 30, 2021 with an automatic one-year renewal on July 1, 2021 based on continued compliance with the terms of the contract.

Behavioral Health Enhancement Funds (BHEF)

This funding is a legislative proviso to help providers recruit and retain staff. After surveying providers, we requested proposals on the usage of the funds. We receive **\$992,088.00** per year in BHEF. The asks were higher than our allocation, so we have allocated the funds based on the provision of ASO services they are currently providing.

Here are the 6-month allocations.

- Lake Whatcom Center
 - **\$124,000**
- Sunrise

- \$2,000
- Compass Health
 - \$300,000
- Lifeline
 - \$50,000
- Sea Mar
 - \$20,000

Cammy Hart-Anderson moved the motion for approval, Rud Browne seconded, all in favor, none opposed, no abstentions, motion 21-18 carried.

Motion #21-19

- North Sound BH-ASO-LWC-ICN-19-21 Amendment 1 for the provision of adding Behavioral Health Enhancement Funds to the contract for the period of January 1, 2021 through June 30, 2021 in the amount of \$124,000. The contract term is July 1, 2019 through June 30, 2021 with an automatic one-year renewal on July 1, 2021 based on continued compliance with the terms of the contract.
- North Sound BH-ASO-Sunrise Services-ICN-19-21 Amendment 2 for the provision of adding Behavioral Health Enhancement Funds to the contract for the period of January 1, 2021 through June 30, 2021 in the amount of \$2,000. The contract term is July 1, 2019 through June 30, 2021 with an automatic one-year renewal on July 1, 2021 based on continued compliance with the terms of the contract.
- North Sound BH-ASO-Compass Health-ICN-19-21 Amendment 5 for the provision of adding Behavioral Health Enhancement Funds to the contract for the period of January 1, 2021 through June 30, 2021 in the amount of \$300,000. The contract term is July 1, 2019 through June 30, 2021 with an automatic one-year renewal on July 1, 2021 based on continued compliance with the terms of the contract.
- North Sound BH-ASO-Lifeline Connections-ICN-19-21 Amendment 3 for the provision of adding Behavioral Health Enhancement Funds to the contract for the period of January 1, 2021 through June 30, 2021 in the amount of \$50,000. The contract term is July 1, 2019 through June 30, 2021 with an automatic one-year renewal on July 1, 2021 based on continued compliance with the terms of the contract.
- North Sound BH-ASO-Sea Mar-ICN-19-21 Amendment 2 for the provision of adding Behavioral Health Enhancement Funds to the contract for the period of January 1, 2021 through June 30, 2021 in the amount of \$20,000. The contract term is July 1, 2019 through June 30, 2021 with an automatic one-year renewal on July 1, 2021 based on continued compliance with the terms of the contract.
Anne Deacon moved the motion for approval, Rud Browne seconded, all in favor, none opposed, no abstentions, motion 21-19 carried.

Adjourn 3:00 p.m.

Next meeting: May 13th, 2021

The July 8th, 2021 Meeting will be canceled.



Advisory Board Brief, May 5, 2021

The Advisory Board met on May 4, and the following items were discussed:

— **Advisory Board**

- **Pre-Meeting:** Amy Pereira, Director of Crisis Response and Stabilization spoke to the Board regarding the following:
 - Summary of ITA in Washington
 - RCW 71.05 and 71.34
 - Ricky's Law
 - Joel's Law
 - Sheena's Law
 - Non-Emergent Detention
 - COVID-19 Implications
 - Youth Trends

- A Legislative Ad Hoc Committee was formed to plan a 2021-2022 legislative timeline. The timeline will be introduced in August.

- Margaret Rojas, North Sound BH-ASO, Assistant Director provided information on the funding for retention plans for providers in the North Sound region. The Board is in full support for retaining, recruitment and self-care of staff.

- The Revision Flyer Workgroup brought forth a revised document. The informational flyer will help County Coordinators in recruitment to the Board and interested community members to learn more about the Board. A motion was made to approve the Advisory Board flyer with minor suggested revisions. Motion passed. Maria will make the minor revisions to send to County Coordinators and post to the North Sound BH-ASO website.

- Further meetings with Dennis, North Sound BH-ASO Data Analyst will be scheduled with interested members. It was discussed to work with Dennis to provide a new way of presenting data to the Board.
- Contest/community involvement Ad Hoc Committee was formed. Interested members will discuss various ways to create community involvement and possible incentives to families that participate in future focus groups.

- **Executive Director reported on**
 - Final Legislation and Budget
 - Workforce Shortages
 - Crisis Services
 - TEAMonitor Review

The Action Items were passed and recommended to the County Authorities Executive Committee

— **Finance/Executive Committee**

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

Behavioral Health Advisory Board



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

Purpose

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

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

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

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

Scope

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

- Champion BH-ASO coordinated regional approach to behavioral health service delivery to ensure services meet regional care needs through community and legislative advocacy.
- Provide advice to the North Sound BH-ASO Board of Directors, five Apple Health Managed Care Organizations, and to the North Sound BH-ASO staff to improve access to behavioral health services for persons in need of treatment and recovery.

- Maintain close ties with their local communities so they can act as informed voices for persons who need behavioral health services.
- Educate themselves about changes in the behavioral health services, needs, and emerging practices. Each individual member has their own personal advocacy story which helps make the Advisory Board a unique resource for improving and maintaining a vital behavioral health system.

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

Meetings

Advisory Board meetings are open to the public and are held the first Tuesday of every month from 1:00pm – 3:00pm. Remote meeting attendance is supported by North Sound BH-ASO staff. When in-person meetings are permitted, travel mileage reimbursement or taxi transportation are provided to the Mt. Vernon office in compliance with yearly budget and in compliance with North Sound BH-ASO policies. Pre-Meeting Trainings are provided to educate members about the behavioral health programs and services available in the North Sound region. The Pre-Meeting Trainings are held directly before the Full Board meetings.

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

North Sound County Connectors

Island County: Betsy Griffith (360) 678-8294

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

Skagit County: Sarah Hinman (360) 416-1500

Snohomish County: Jonathan Waters (425) 388-6291

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

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



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to visit our website

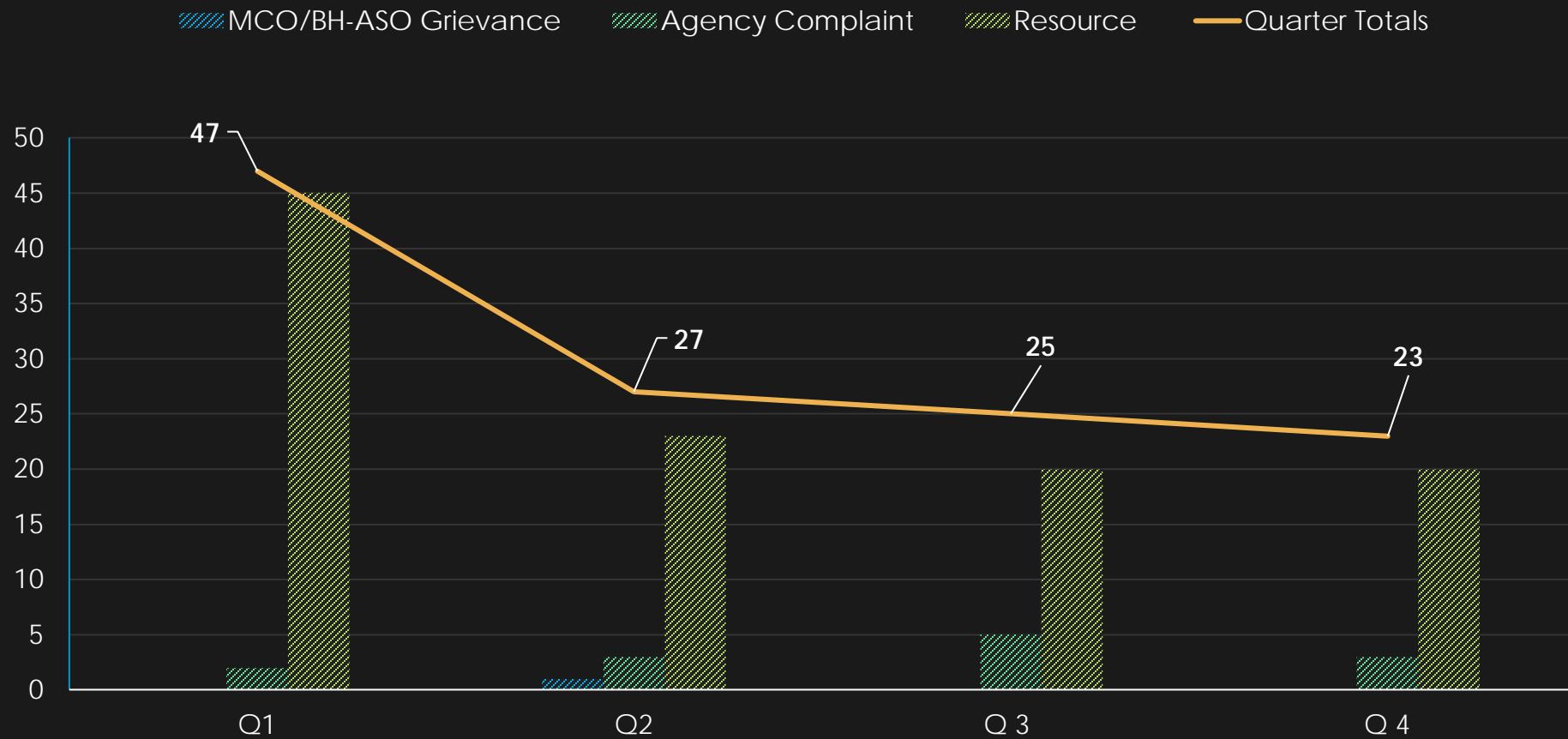


Washington State
Health Care Authority

North Sound Behavioral Health Ombuds

2020 Annual Report

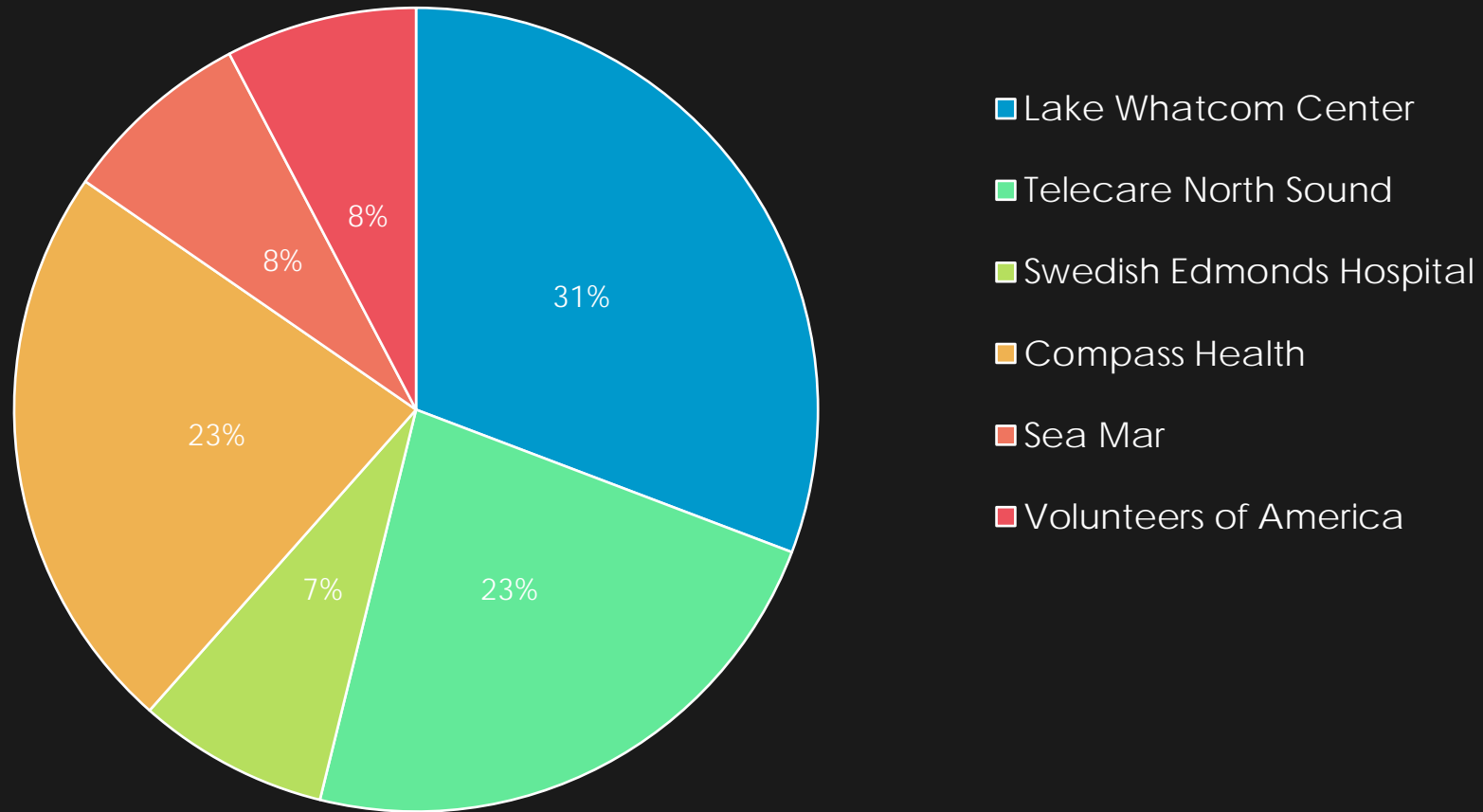
2020 Overview



Complaint Breakdown

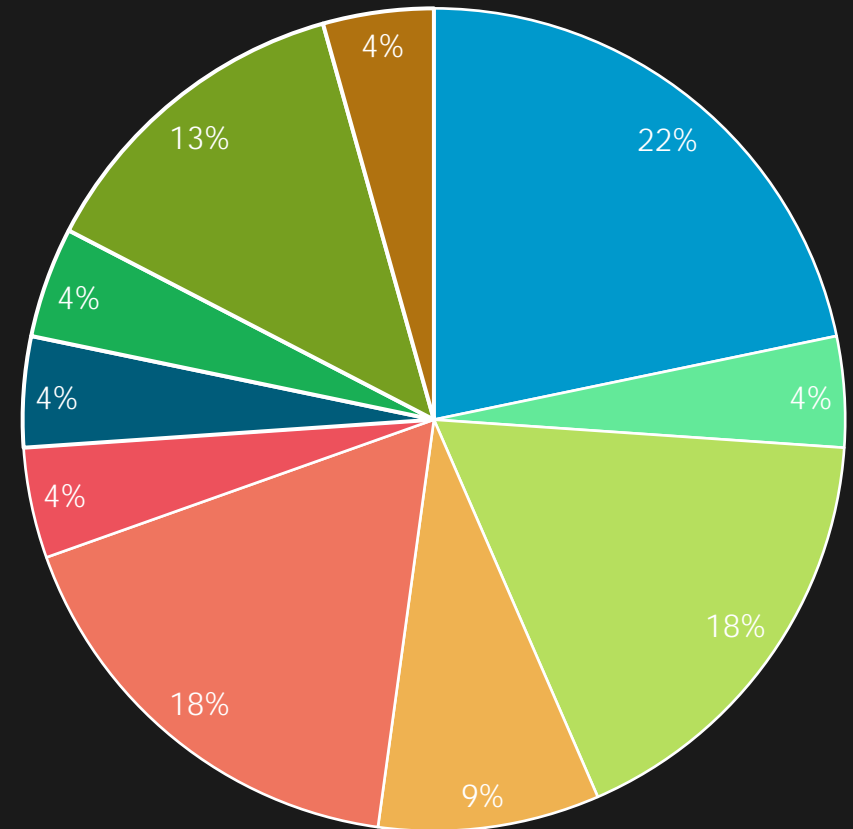
- Agency Complaints
- Complaint Categories
- Service Type
- Insurance Type
- Payer for Service

Agency Complaints



Complaint Categories

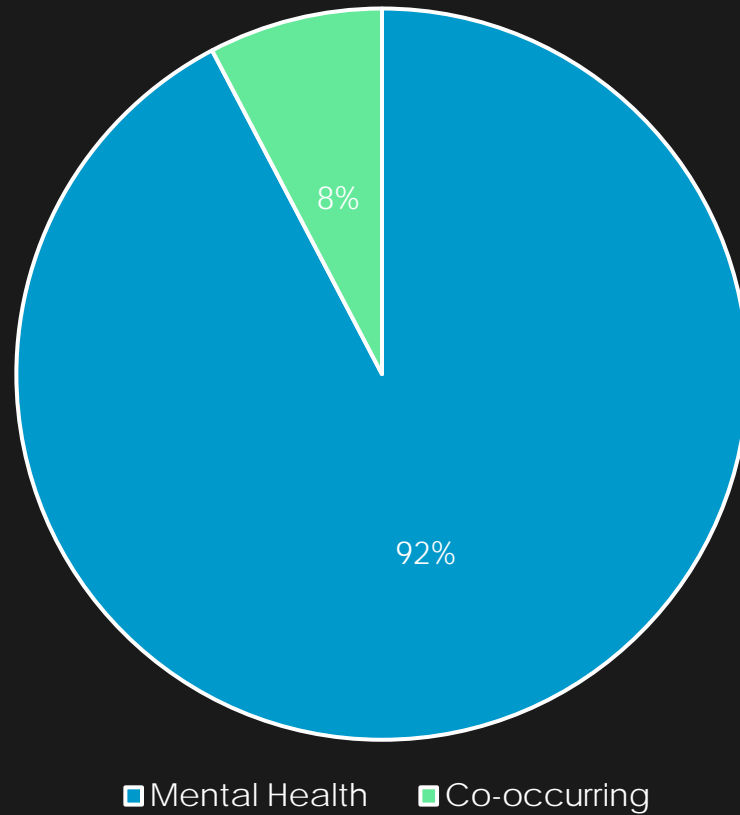
- Access
- Dignity & Respect
- Quality / Appropriateness
- Phone Calls Not Returned
- Service Intensity, Not Available or Coordination of Services
- Physicians, ARNPs & Medications
- Financial & Administrative Services
- Housing
- Emergency Services
- Other Rights Violations



Unreported Complaints

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

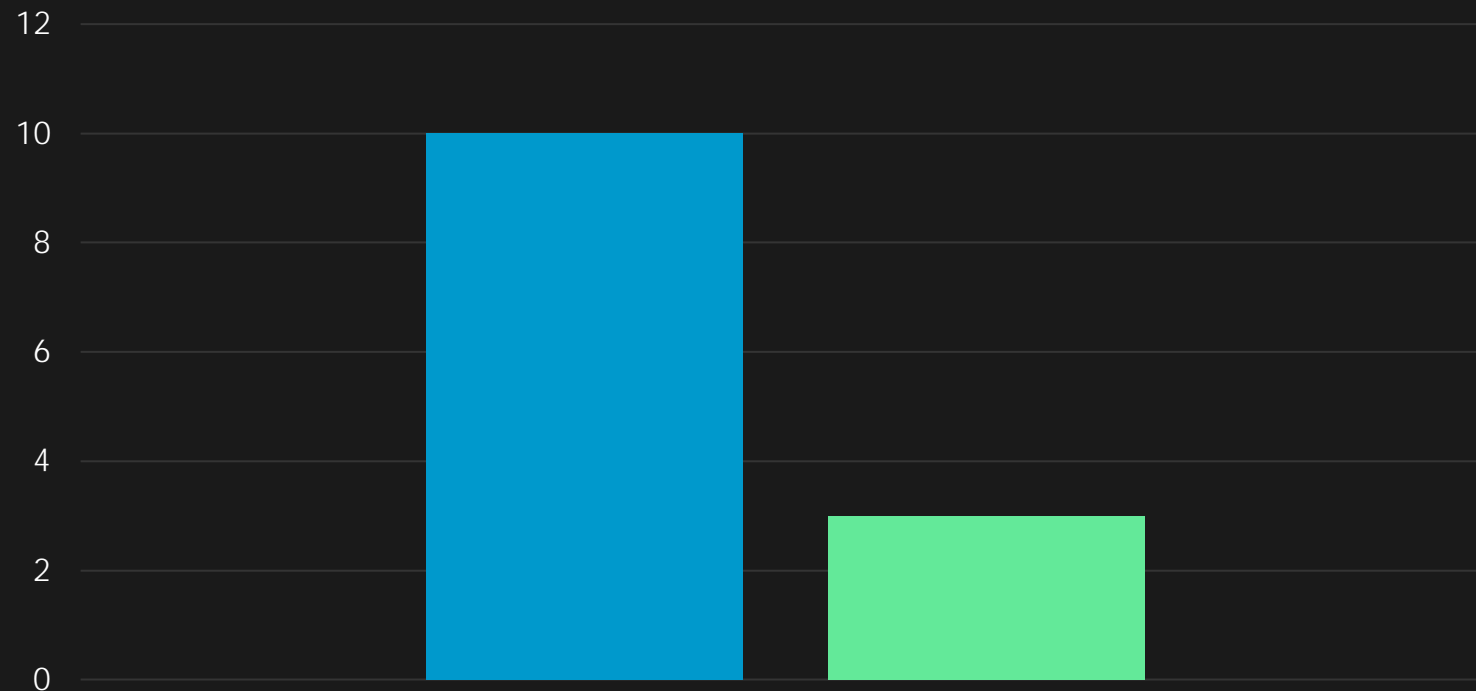
Behavioral Health Service Type





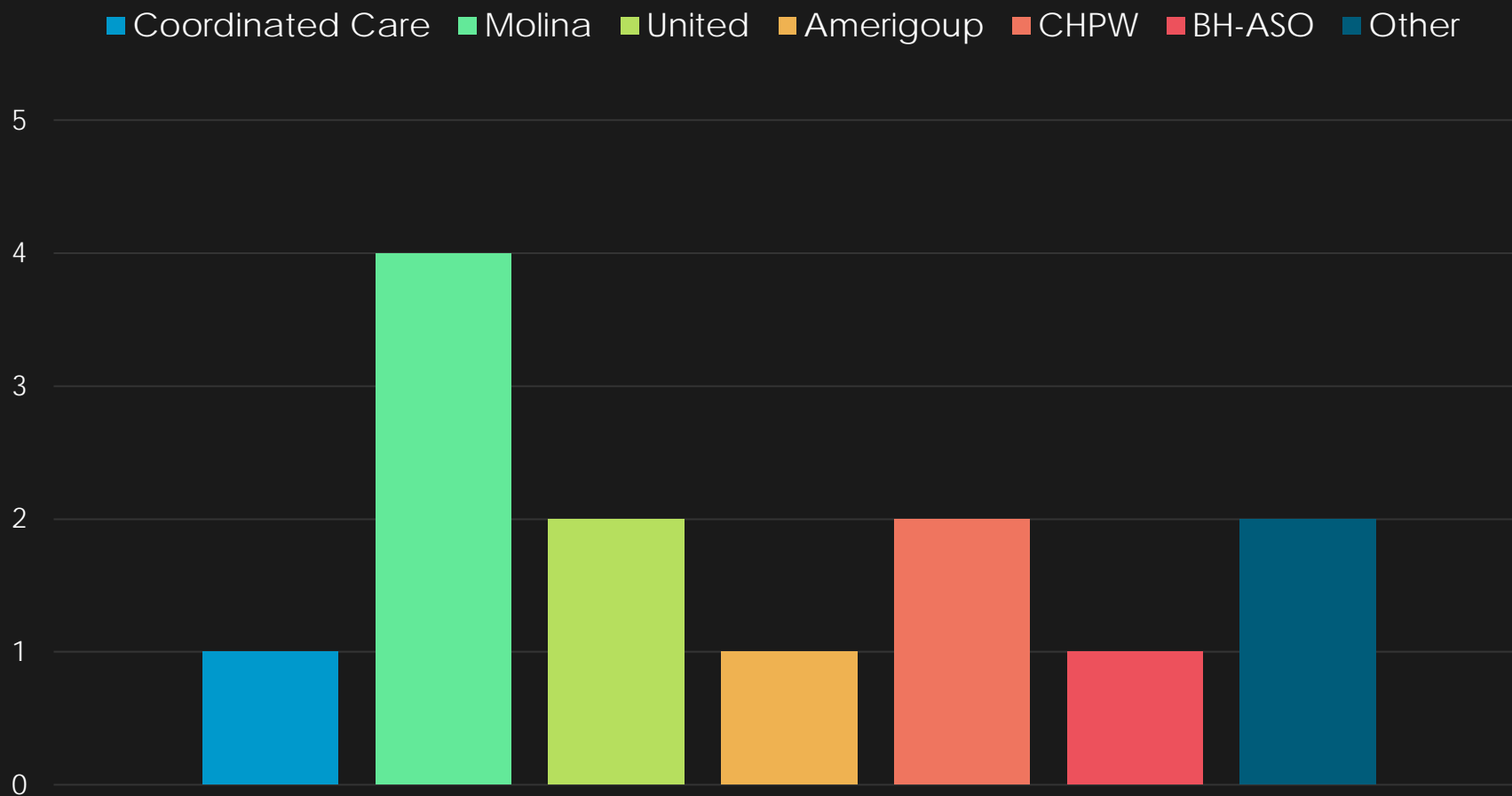
Insurance

■ Medicaid ■ Non-Medicaid





Payer of Service



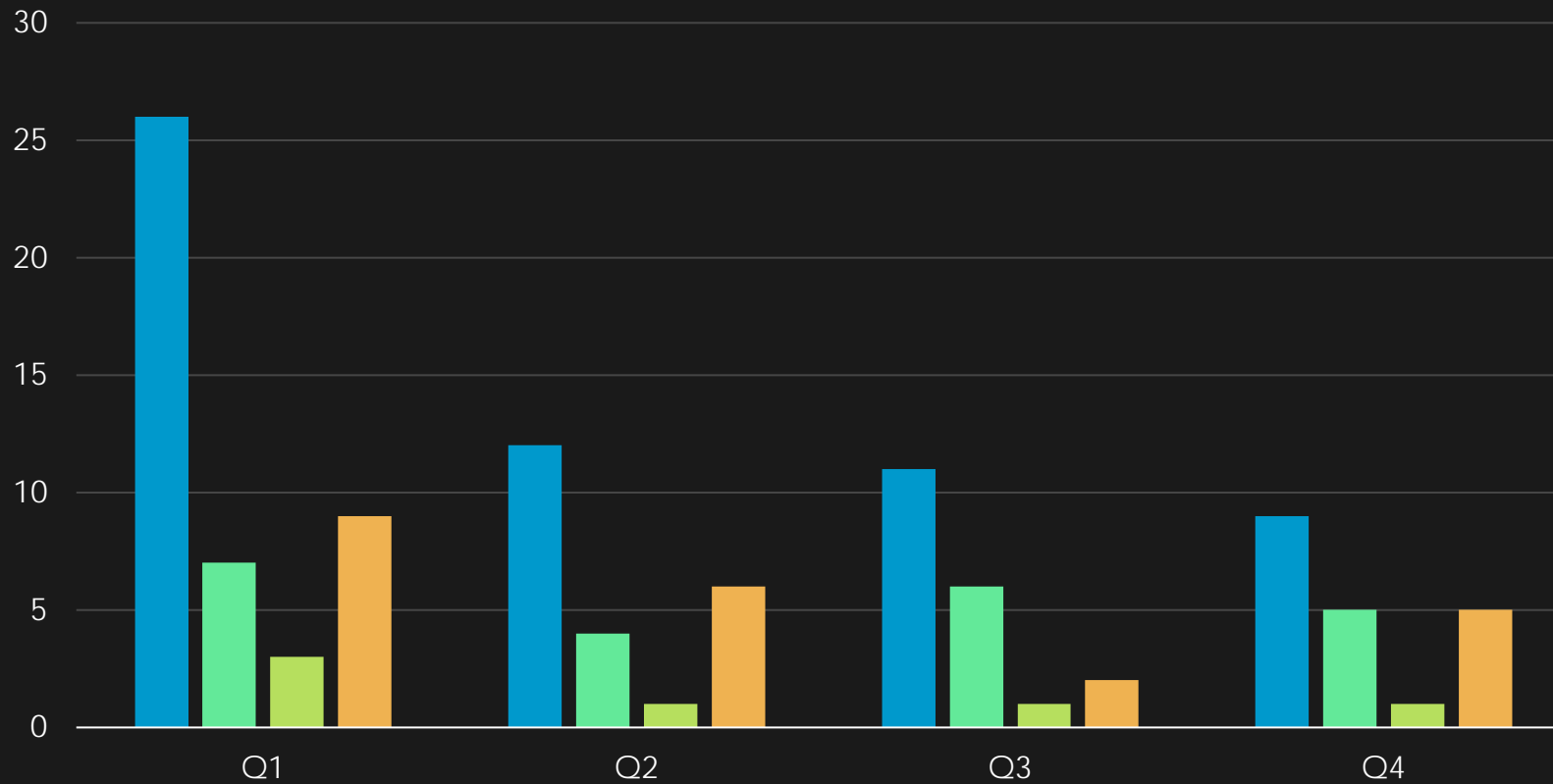
Resource Definitions

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



Resource Breakdown

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



Annual Overview

- Two Year Comparison
- Four Year Trend

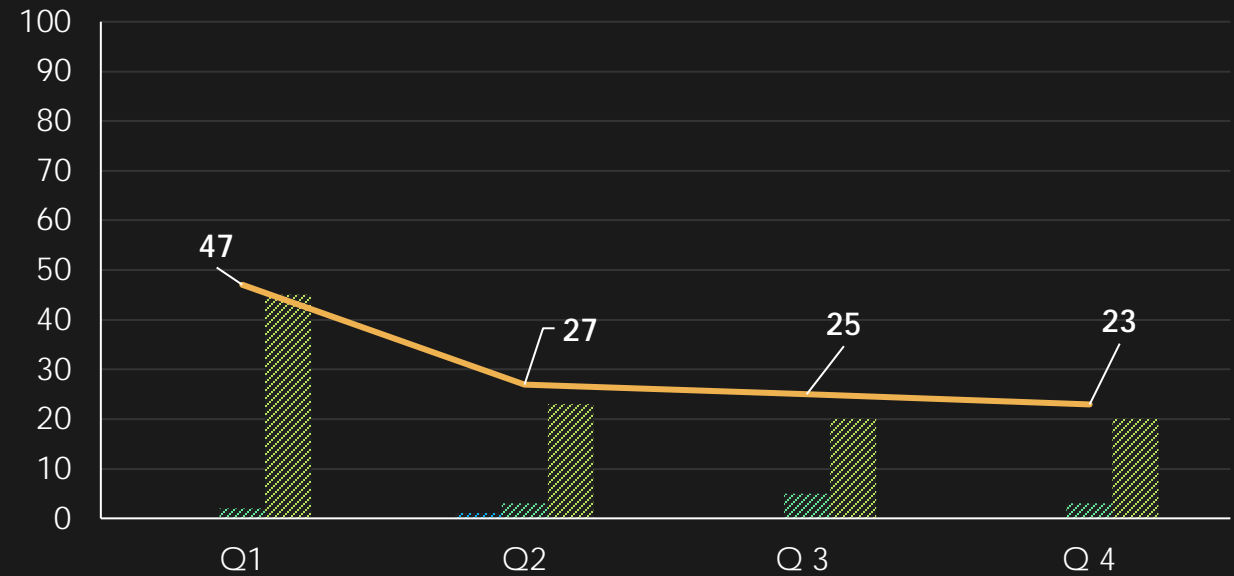
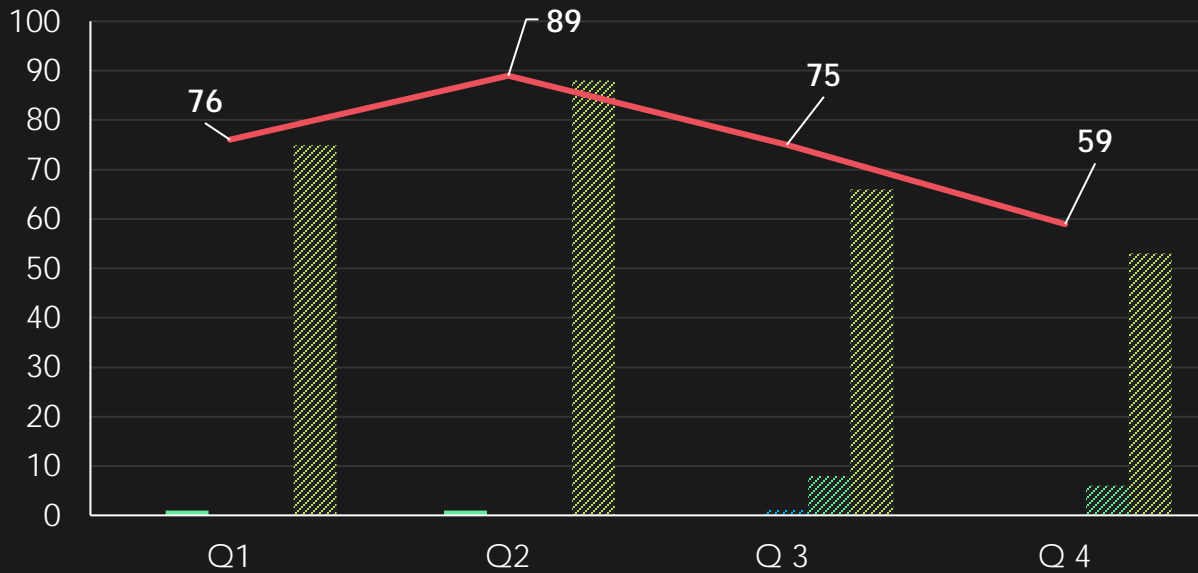
Two Year Comparison

2019

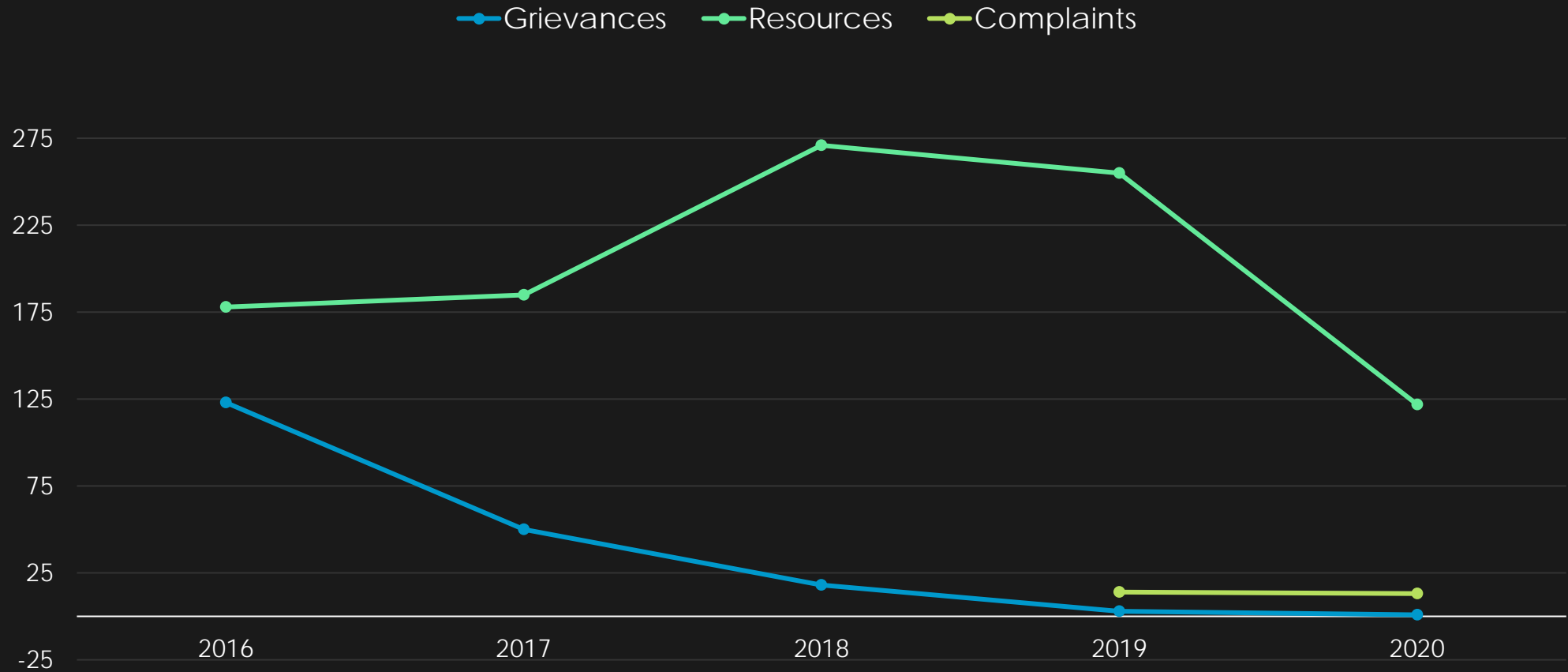
2020

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

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



Four Year Trend



Questions

North Sound Behavioral Health Ombuds

Presented By: Katelyn Morgan and Kala Buchanan

330 Pacific Place Mount Vernon, WA 98273

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



1. FINAL LEGISLATION AND BUDGET

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

2. WORKFORCE SHORTAGES

- There has been an acceleration of workforce shortages among North Sound Behavioral Health Agencies [BHAs] in the last month. There are almost no adult mental health outpatient appointments outside of Snohomish County.
- This was a topic of discussion at the April 21 Integrated Provider meeting where providers were invited to share their specific challenges and ideas for solutions. [Attachment #4 is a consolidated list of ideas from this meeting and 3 other sources].
- A subsequent directive from HCA has required us to come up with a strategy to address the lack of openings for new appointments by May 4.
- There was an emergency meeting of the Joint Operating Committee on April 26 to begin discussing solutions. We reviewed the results of an “access” survey regarding the availability of appointments for both mental health and SUD services that was sent to all providers.
- Additional feedback from providers was obtained at a follow up behavioral health provider meeting on May 4. Their input reinforced the idea that providers are having trouble competing with other organizations such as private practice clinics. They also reported on a dearth of qualified applicants for job openings. Changes in practice models were discussed such as more use of group sessions using virtual platforms and using more bachelor level clinicians who are provided additional training.

- One of the ideas discussed was ways to increase the capacity of the number of providers serving the North Sound region. One BHA – Consejo out of King County – approached us independently about contracting with us to serve San Juan County. Because they can provide both mental health and SUD telehealth services, we are interested in a regional contract that would allow them to serve other parts of the region in the future.

3. **CRISIS SERVICES**

- **Weekly Crisis Capacity Indicator Report** – through May 1 [attachment #5]
 - Calls to the Crisis Line remain at historically high levels and have begun trending up upwards again for the last 4 weeks.
 - The number of mobile crisis outreach team dispatches have also been climbing for the last 3 weeks, along a continued upwards trend line.
 - Both Crisis Service calls and mobile crisis outreaches for youth continue to climb
 - The use of Telehealth for ITA investigations has been high for the last 9 weeks
 - Hospital placements at Providence Everett remain very high – about 16-23 placements a week.

4. **APRIL 14 HCA LETTER REGARDING BHO CLOSE OUT LIABILITY**

- On April 14, MaryAnne Lindeblad sent a letter outlining HCA’s response to the proposal we discussed on a phone call with HCA on March 31 regarding a resolution to the remaining BHO close out liability.
- This letter will be discussed at the May 13 Board of Director’s meeting [attachment #6].
- Here is the revised motion passed by the Board at its March 11 meeting:

(Revised Motion #21-15):

Authorize the Chair of the Board of Directors to send a letter to the Health Care Authority indicating it is the intent of the North Sound BH-ASO, upon written approval from the Health Care Authority, to reimburse the BHO account for a portion of the seed money that the BHO had allocated to Snohomish, Skagit, Whatcom, and Island Counties to develop new behavioral health facilities. The letter from the Board chair should also indicate that the BH-ASO Board of Directors believes it has the authority within its by-laws to transfer funds from the BH-ASO account to the BHO account to reimburse the BHO account for assets that were transferred to the BH-ASO.

5. **TEAMonitor REVIEW**

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



North Sound BH-ASO Annual Compliance Report

2020

Program Integrity

Prepared by Charles DeElena 3/8/2021

NORTH SOUND BEHAVIORAL HEALTH
ADMINISTRATIVE SERVICES ORGANIZATION

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

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North Sound Annual Compliance Report

2020

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North Sound Annual Compliance Report

2020

Executive Summary

The North Sound BH-ASO Program Integrity Plan serves as the guiding document for all compliance and program integrity activities overseen by the North Sound BH-ASO Compliance Officer. The Compliance Officer is responsible for ensuring that each activity outlined in the plan is carried out in an efficient and effective manner. The Program Integrity Plan outlines the seven (7) elements of an effective compliance program and how North Sound BH-ASO operationalizes achieving each element. These seven elements are not only a standard at North Sound BH-ASO but are also required for each North Sound BH-ASO contractor. The seven elements are:

1. The program must implement policies, procedures, and standards of conduct.
2. The program must have a designated compliance officer and compliance committee.
3. The program must provide compliance training and education to staff and subcontractors.
4. The program must provide effective lines of communication for reporting compliance issues.
5. The program must continually monitor risk through an effective monitoring and auditing plan.
6. The program must develop and publicize discipline guidelines.
7. The program must have a process to detect, track, and respond to potential compliance offenses.

North Sound BH-ASO's Program Integrity program prides itself on having a transparent process whereby issues of concern can be brought to the attention of the Compliance Officer and dealt with according to the processes outlined in policy and the Program Integrity Plan.

2020 represented the first full calendar year in which North Sound BH-ASO operated as an administrative services organization. This change has led to a substantial decrease in network oversight for the organization. All concerns regarding Medicaid funded services are to be sent to the Managed Care Organization (MCO) responsible for providing the funding. The responsibilities of North Sound BH-ASO are outlined in contract with the Health Care Authority (HCA) and represent the updated responsibilities of an ASO in an integrated system.

Data and Analysis

Compliance Training

North Sound BH-ASO requires all staff, providers, and Board of Directors members to participate in annual compliance training. This training goes through the basic elements of a compliance program and the laws associated with fraud, waste, and abuse and HIPAA regulations.

2020 Compliance Training

	North Sound BH-ASO Staff	Provider Agencies	North Sound BH-ASO BOD
Number to be Trained	22	14	25
Number Trained	22	12	18
Percentage Trained	100%	86%	72%

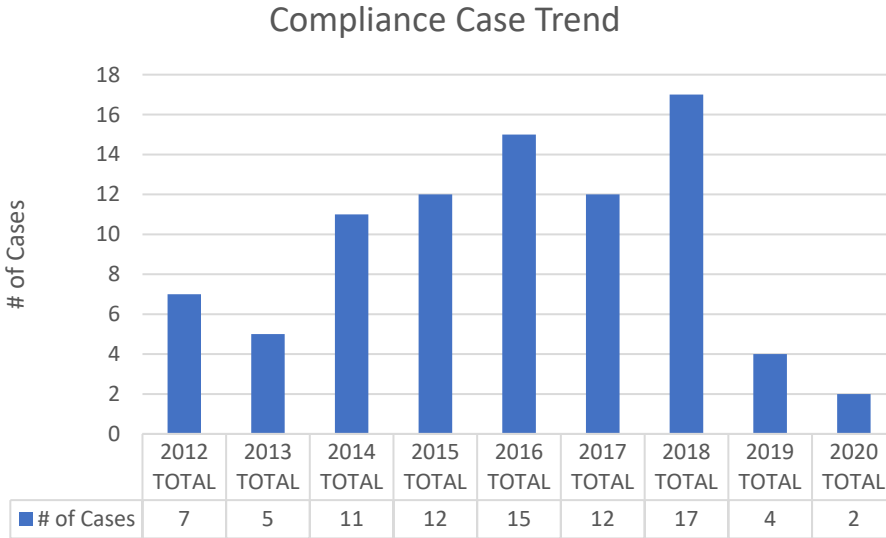
The expectation for conducting compliance training is 100% compliance annually. North Sound BH-ASO staff are at 100% compliance and will therefore need no action to be taken. Since provider agencies are at 86% compliance North Sound BH-ASO will need to implement corrective action with those agencies that did not provide training for 2020 as a condition of their contract. The remaining seven (7) members of the North Sound BH-ASO BOD will need to receive training as soon as possible to ensure compliance.

North Sound Annual Compliance Report 2020

Compliance Cases

North Sound BH-ASO has a database process that has been tracking compliance concerns since 2012. This allows us to track trends and conduct individual case analysis on previous issues if necessary. There are multiple data points that allows the Compliance Officer to identify opportunities for training and steps in the process that may need updating.

Compliance Case Trend

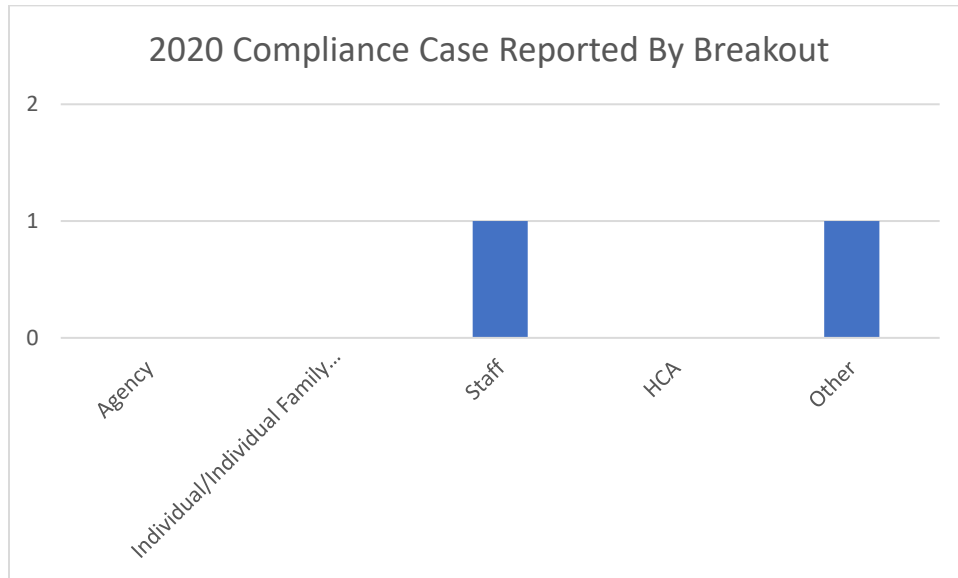


The graph above shows the compliance case trend from 2012 through 2020. In the last two (2) years there has been a significant decrease in the number of cases reported or investigated by the North Sound BH-ASO Compliance Officer. The change in reporting mirrors the shift to integrated managed care in July 2019. When this change occurred the level of oversight for behavioral health services provided in the region shifted to the Managed Care Organizations (MCOs). North Sound BH-ASO does not provide oversight for Medicaid funding and does not receive the number of reports for potential compliance concerns as it had in previous years.

North Sound Annual Compliance Report

2020

Compliance Case Reported By

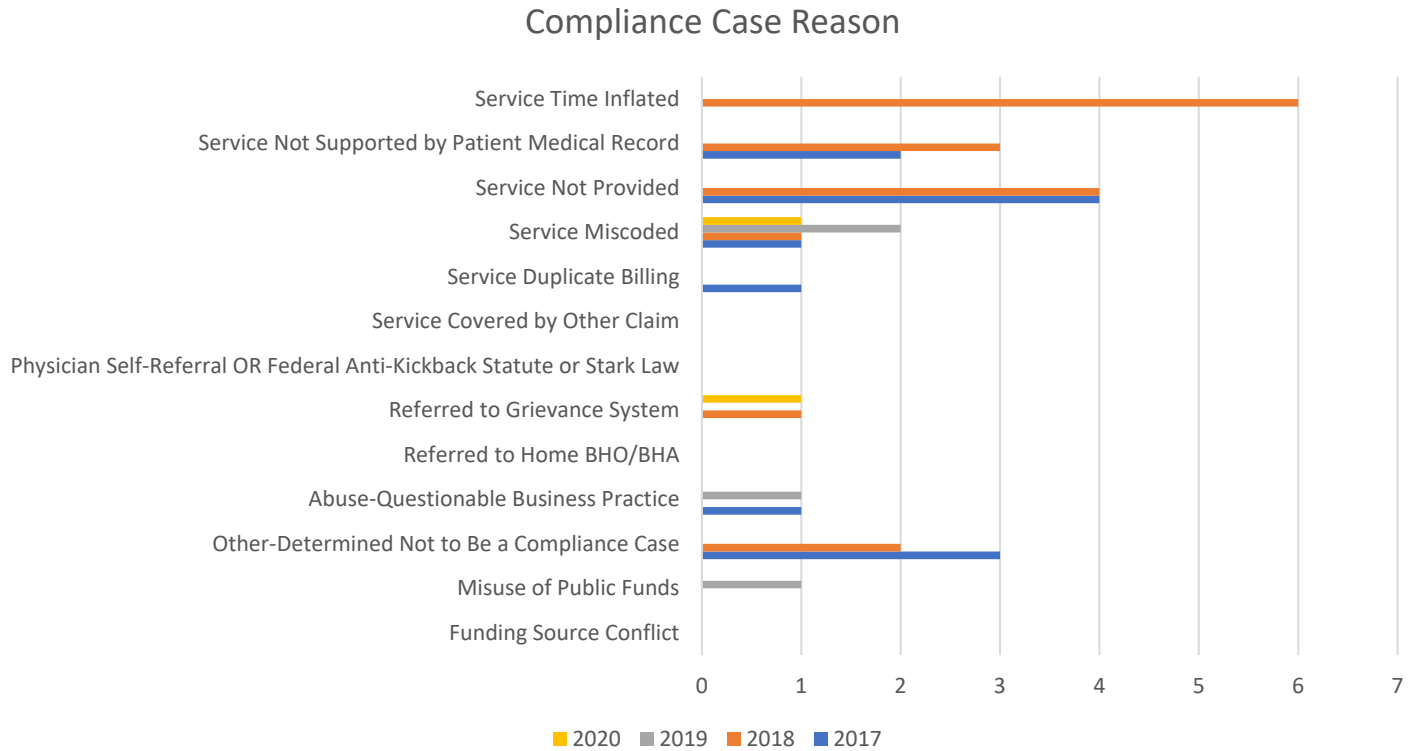


North Sound BH-ASO received two (2) reported compliance concerns in 2020. Of those concerns one (1) was reported by a staff member and one (1) was reported by an ex-employee of one of our provider agencies. Staff reporting has been the primary reporting source for the past four (4) years. As staff conduct reviews and provide oversight monitoring for their programs, they may uncover concerns that are brought to the Compliance Officer.

Due to the low number of case reports by agency staff or Individual/Family Members we have identified a potential opportunity to build further program awareness.

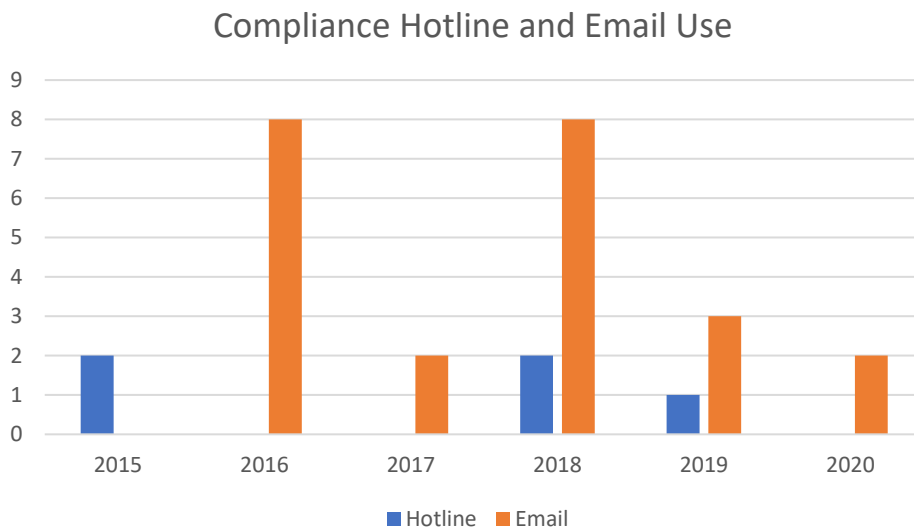
North Sound Annual Compliance Report 2020

Compliance Case Reason



The graph above outlines the compliance case reasons for the past four (4) years. In 2020 there was one (1) case that was reported as services being miscoded and there was one (1) case that was identified as an issue that belonged in the grievance system. Traditionally most cases reported have to do with service intensity and service provision. These were typical reasoning codes during the time of the BHO as Medicaid had strict guidelines on accurate billing and coding.

Compliance Hotline and Email Use



North Sound Annual Compliance Report

2020

The graph above outlines how reports are made to the Compliance Officer. The Compliance Program advertises two (2) main reporting streams for individuals, providers, and staff to use to report compliance concerns. The Compliance Hotline and Compliance Officer Email are the two (2) main avenues for reporting compliance concerns. The Compliance Officer will also receive concerns in person, through fax, or through written mail. Half of the cases reported in 2020 were reported through the Compliance Officer Email. Having the ability to report through multiple mediums allows for an open-door approach to receiving compliance concerns.

2020 Program Updates

Policies, Procedures, and Standards of Conduct

North Sound BH-ASO went through 3 iterations of policy changes during 2020 due to the changes outlined in the North Sound BH-ASO contract with HCA. These changes were made to *Policy 2001.00 Program Integrity* and were reflective of the ever-changing structure and process for reporting potential compliance issues to HCA. North Sound BH-ASO implemented *Policy 2002.00 Non-Retaliation* that describes the process used to ensure no individual is retaliated against should they report any concerns or issues regarding compliance.

North Sound BH-ASO will review and update, as necessary, the North Sound BH-ASO Program Integrity Plan and standards of conduct in 2021.

Compliance Officer and Compliance Committee

In 2020 there was no change to either the North Sound BH-ASO Compliance Officer or Compliance Committee. The North Sound BH-ASO Compliance Officer became Certified in Healthcare Compliance (CHC) certified in 2020 to represent a significant step in ensuring an effective Program Integrity program is in place. The North Sound BH-ASO Internal Quality Management Committee (IQMC) continues to serve as the Ethics and Compliance Committee for the organization.

Compliance Training and Education

North Sound BH-ASO is responsible for conducting annual compliance training to all staff and Board of Directors members to ensure they are up to date as to their role in reporting potential violations and how to identify issues of concern. There is an expectation to have 100% participation in the training annually. During 2020 it was difficult to get 100% participation by Board of Directors members due to competing priorities. North Sound BH-ASO will work with those members that did not complete the training to provide an alternative method in Quarter 1, 2021.

North Sound BH-ASO provider agencies are required to submit an annual attestation stating they conducted compliance training with all of their staff. They are also required to keep records of the training in case an audit was to occur. Those agencies that did not submit the attestation will be placed in corrective action for non-compliance in Quarter 1, 2021.

Effective Lines of Communication

North Sound BH-ASO continues to have an open-door policy when it comes to reporting issues of concern for compliance. The North Sound BH-ASO Compliance Officer is available by phone, email, in person, or anonymous hotline. In 2020 there was one (1) case reported through the Compliance email and one (1) case reported in person. Due to the low number of cases, it is difficult to determine if the multiple mediums for reporting is effective. North Sound BH-ASO continuously promotes the use of the Compliance Hotline and email through the monthly provider bulletin. In 2021 the Compliance Officer will determine if further marketing of reporting methods is necessary.

North Sound Annual Compliance Report

2020

Monitoring and Auditing

During 2020 North Sound BH-ASO conducted a Program Integrity Audit on its three (3) contracted crisis providers. This included a review of their Compliance Program policies and procedures, a review of their monthly conducting of exclusionary checks, a review of their training documents, and a review of adherence to the seven (7) elements of an effective compliance program. These reviews required a submission of documents and a review of personnel files.

All three (3) agencies required remedial action and developed corrective action plans in response to the audit score sheet provided to them. After a review of each agency's corrective action plan, they were all determined to be 100% compliant with the elements listed in the audit. North Sound BH-ASO will continue to monitor the agencies annually.

North Sound BH-ASO also conducts monthly exclusionary checks on all staff members, contractors, and vendors to ensure they are eligible to participate in the receipt of Federal and State funds. Throughout 2020 North Sound BH-ASO identified several potential matches but verified each individual to not be a match using personal identifiable information. North Sound BH-ASO providers are required to conduct monthly exclusionary checks on all of their employees and submit an attestation to the North Sound BH-ASO Compliance Officer. Any provider that does not submit their attestation for three (3) consecutive months is placed in remedial action.

North Sound BH-ASO will be conducting an updated risk assessment in 2021 to ensure we are adapting to newly identified threats. New consideration must be given for the change in funding due to the integration and the risk of working remotely due to the COVID-19 pandemic.

Discipline Guidelines

North Sound BH-ASO has not updated its discipline guidelines regarding Program Integrity. All enforcement and discipline guidelines can be found in the North Sound BH-ASO Program Integrity Plan.

Investigation Process

The investigation process is outlined in the Program Integrity plan and Policy 2001.00. These processes delineate the role of the North Sound BH-ASO Compliance Officer, Ethics and Compliance Committee, and HCA. The process in 2020 has not changed from previous years. The overall process will continue to be reviewed as updates come through North Sound BH-ASO contracts with HCA.

Behavioral Health Bill List

As of May 11, 2021

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

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

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

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

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

Bill Summary:

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

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

Budget Summary:

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

BEHAVIORAL HEALTH

Increases

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

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

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

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

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

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

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

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

Behavioral Health Provider Relief (\$31.0 million Federal)

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

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

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

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

Savings

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

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

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

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

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

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

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

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

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

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

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

Comments:

1. PCAP Expansion

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

2. Peer Support/Recruitment

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

3. MAT Tracking

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

4. SUD Family Navigators

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

**2021-23 Omnibus Operating Budget
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5. Recovery Cafes

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

6. Civil Commitment Transition

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

7. Safe Station Pilot Programs

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

8. Opioid Overdose Medication

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

9. 1115 IMD Waiver Costs

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

10. ARPA HCBS Enhanced FMAP

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

11. Audio-Only Telemedicine

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

12. BHASO Funding

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

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13. Behavioral Health Consumer Advocacy

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

14. Expand MH Services and Supports

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

15. Expand SUD Services and Supports

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

16. Behavioral Health Comparison Rates

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

17. Behavioral Health Institute

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

18. Behavioral Health Personal Care

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

19. Behavioral Health Provider Relief

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

20. MCO Behavioral Health Rate Increase

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

21. Rural Behavioral Health Pilot

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

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22. BH Respite Waiver

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

23. Behavioral Health Workforce

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

24. Align Funding To Expenditures

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

25. Extend MTP Initiative 3

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

26. Trueblood Phase 2 Implementation

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

27. Child Assessment & Diagnosis

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

28. BH Employment Barriers Task Force

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

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29. Co-Responder Grants

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

30. BH Teaching Clinics Enhancement

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

31. COVID FMAP Increase

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

32. Tribal Residential SUD Rates

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

33. CLIP Rate Increase

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

34. Crisis Stabilization Pilot

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

35. Developmental Disability Training

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

36. Trueblood FTEs

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

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37. Community Long-Term Inpatient Beds

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

38. CLIP HMH Facility

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

39. High Potency Cannabis Policy Review

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

40. Short-Term BH Housing Support

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

41. Telehealth Standards

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

42. Adult and Youth Mobile Crisis Teams

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

43. Involuntary Commitment

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

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44. Intensive Outpatient/Partial Hosp.

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

45. Jail MOUD Treatment

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

46. Law Enforcement Assisted Diversions

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

47. MCO Wraparound Services

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

48. Mobile Integrated Health Pilot

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

49. Mental Health Education and Support

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

50. PCAP Rate Increase

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

51. Peer Crisis Response Training

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

52. Peer Emotional Support Network

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

53. Problem Gambling Prevalence Study

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

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54. ARPA UIHP Enhanced FMAP

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

55. DSHS Vancouver RTF Rates

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

56. Trauma Informed Care

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

57. State Employee Benefits

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

58. WFSE General Government

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

59. Rep Employee Health Benefits

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

60. Children's Crisis Outreach Response

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

61. SUD Family Navigators

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

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62. Outreach/Intensive Case Management

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

63. Short-Term SUD Housing Vouchers

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

64. SUD Regional Administration

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

65. SUD Recovery Oversight Committee

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

66. Recovery Residences

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

67. SUD Expansion Admin. Support

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

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68. Clubhouse Expansion

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

69. Homeless Outreach Stabilization

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

70. Jail MOUD Treatment

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

71. Opioid Treatment Network

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

Workforce Recruitment and Retention: Barriers and Recommendations
North Sound BH-ASO Review, Updated May 11, 2021

Sources:

1. North Sound BH-ASO BHEF provider survey
2. “Washington’s Behavioral Health Workforce: Barriers and Solutions”: Phase II Report and Recommendations – December 2020
3. Behavioral Health Council COVID Pandemic Impact plus Chronic Underfunding
4. April 21 North Sound Integrated Provider Meeting
5. May 6 BH Provider/MCO/ASO Meeting

Barriers	Solutions
Lack of qualified applicants – many vacant positions can’t be filled – graduates demanding higher wages	<ul style="list-style-type: none"> • Funding to offer higher starting wages and benefits • Signing bonuses • Apprenticeship programs and/or funding to provide more intensive training and supervision to less qualified applicants, e.g., bachelor level applicants • More intense recruiting of potential graduates from area human services college programs • Implement tuition reimbursement or loan forgiveness programs
Can’t retain qualified staff - Salary and benefits not competitive with other sectors, e.g., private practice	<ul style="list-style-type: none"> • Funding to provide competitive wages and benefits • Competitive wages for senior staff • Quarterly retention bonuses • Other “wellness” supports • Childcare stipends • Allow some tele-commuting
Loss of behavioral health staff to other organizations: hospitals, schools, MCOs, private practice	<ul style="list-style-type: none"> • Train and pay for behavioral staff in primary care settings • Fund an expansion of recruitment, training and supervisions of peer counselors
Length of time to fill vacant positions	<ul style="list-style-type: none"> • License reciprocity • Streamline the provider one registration process
The cost and challenge of providing the required hours of supervision	<ul style="list-style-type: none"> • Reimbursement and incentives for someone to provide supervision • Provide free training to supervisors

	<ul style="list-style-type: none"> • Pilot competency-based training • Expand use of tele-based supervision • Establish a teaching clinic enhancement rate • Create funded practicum sites
Insufficient resources or time to provide adequate training	<ul style="list-style-type: none"> • Provide separate funding for training of clinical staff • Offer group training site for staff from different agencies to receive standardized training and network • Use “training cohorts”
Model of Care – insufficient staff to keep up with current caseloads	<ul style="list-style-type: none"> • Combine individual treatment and assessment with some group treatment sessions
Cost of licensing	<ul style="list-style-type: none"> • Subsidies for license renewal
Barriers to recruiting and training peers	<ul style="list-style-type: none"> • Flexibility to allow peers to start performing some tasks before being fully certified • More opportunities for peer training – especially local training opportunities
<p>COVID Impacts:</p> <ul style="list-style-type: none"> • school and childcare challenges • difficult to onboard staff • staff morale, compassion fatigue • fear of risk from direct outreach • difficulty in keeping up with documentation requirements 	<ul style="list-style-type: none"> • Reduce documentation requirements, e.g., provide longer authorization periods • Provide retention incentives • Flexible work schedules and telecommuting

2021 Legislative Solutions:

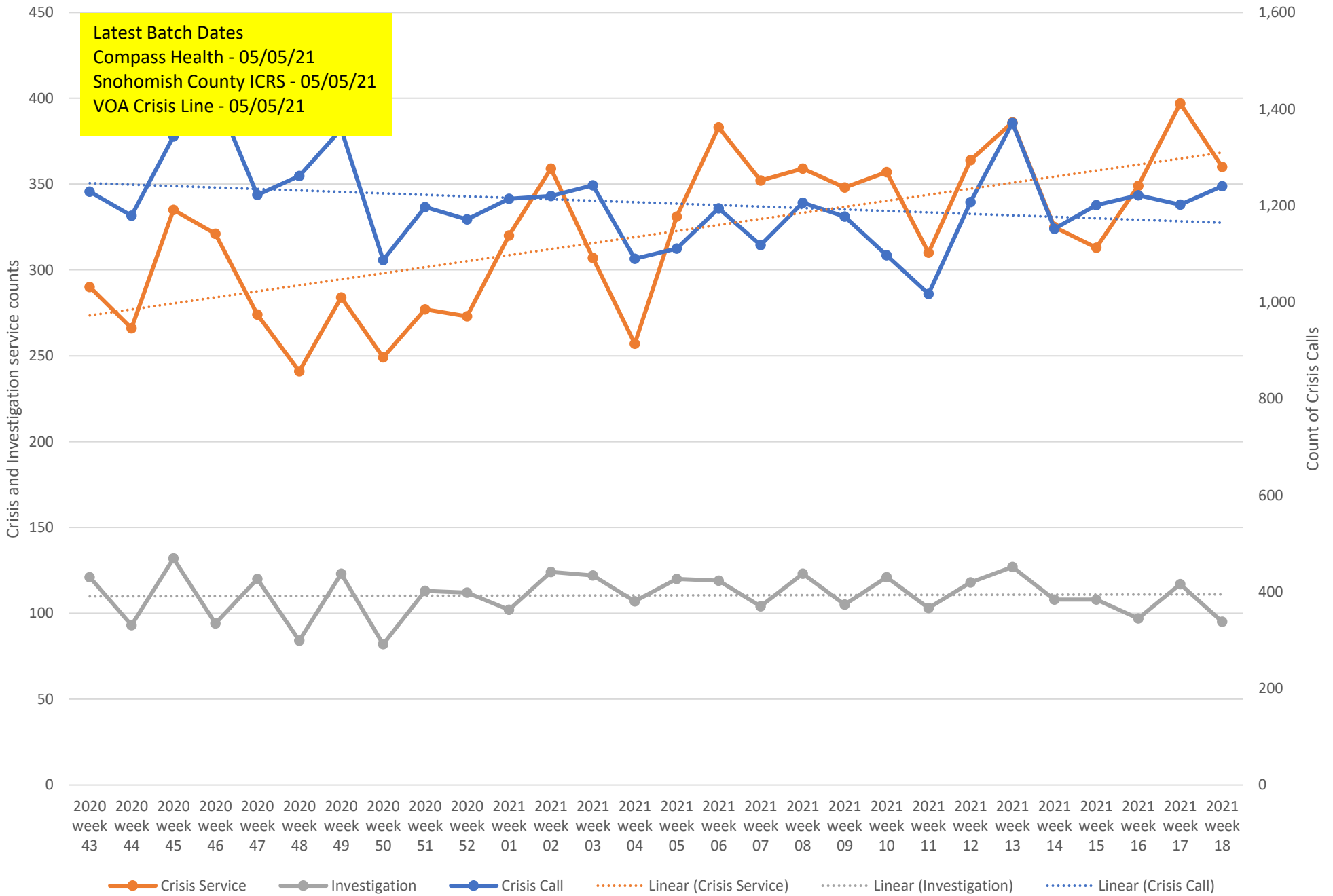
• 1504	Establishes a behavioral health workforce pilot program and provides training support grants to providers
• 1311	Allows for persons participating in authorized apprenticeship programs to qualify for substance use disorder professional certification
• 1007	Removes limitation on number of supervised experience hours that a person pursuing a license as a social worker may complete through distance supervision
Operating Budget	2% provider rate increase



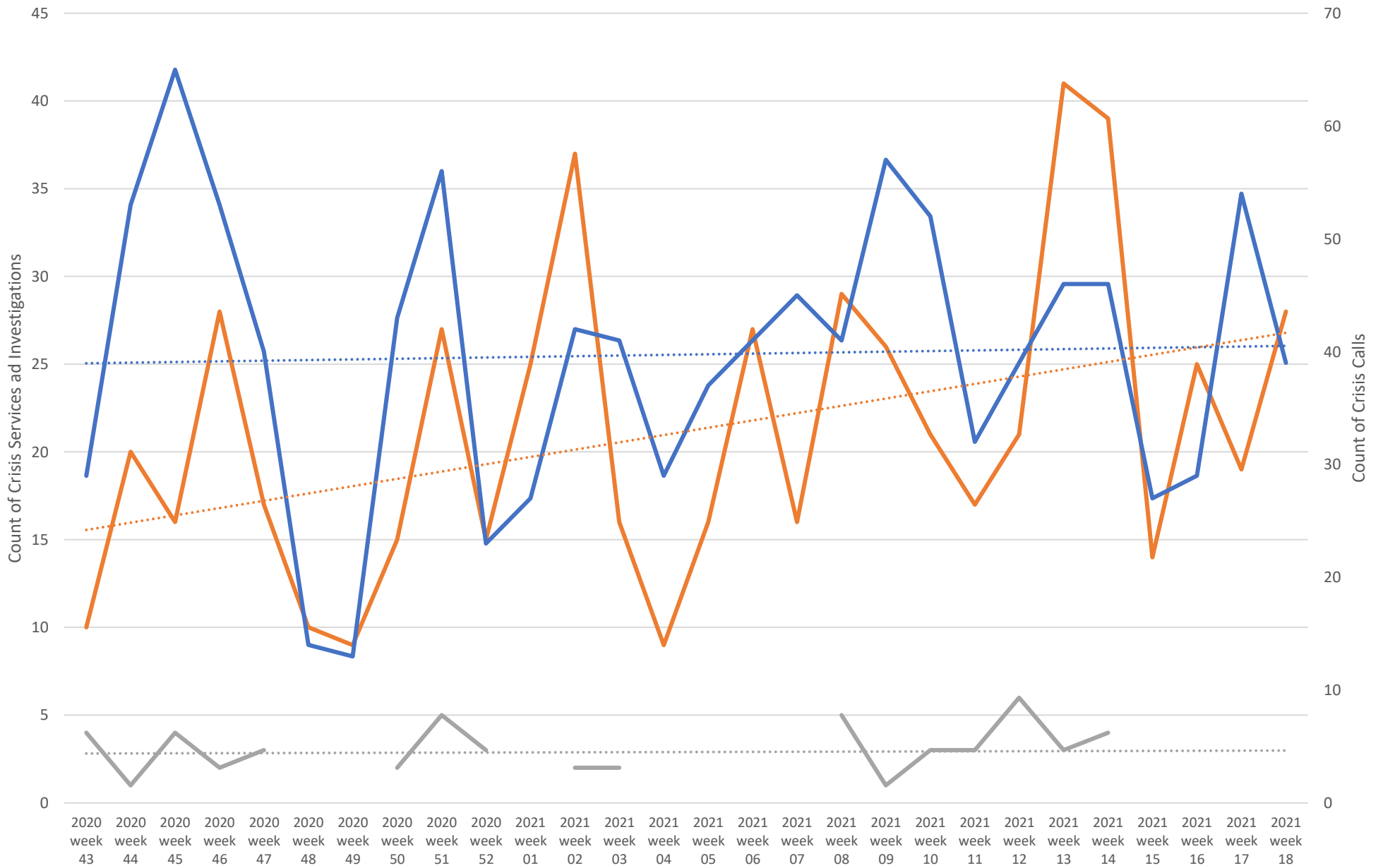
Weekly Crisis Capacity Indicator Snapshot

Page 2	Crisis Data - dates 10/18/20 to 05/01/21
Page 3	Crisis Data: Ages 0-17 - dates 10/18/20 to 05/01/21
Page 4	All DCR Dispatches - dates 10/18/20 to 05/01/21
Page 5	Weekly Staff Count - Staff providing Crisis or Investigation services 10/18/20 to 05/01/21
Page 6	Average dispatch time for investigations from 10/18/20 to 05/01/21
Page 7	Hospital placement locations (Invol and Vol) - No adjustment has been made for timely data - recent weeks likely low
Page 8	Telehealth only, crisis and investigation services from 10/18/20 to 05/01/21
Page 9	Crisis Service Unit Percent - Crisis Service units divided by Crisis units + Investigation units
Page 10	New COVID-19 Cases Reported Weekly per 100,000 population - 08/04/20 to 05/05/21
Page 11	Washington State Indicators of Anxiety or Depression Based on Reported Frequency of Symptoms During Last 7 Days
Page 12	Place of Service -Crisis Services, percent of total by week
Page 13	Place of Service -Investigations, percent of total by week

Crisis Data - dates 10/18/20 to 05/01/21

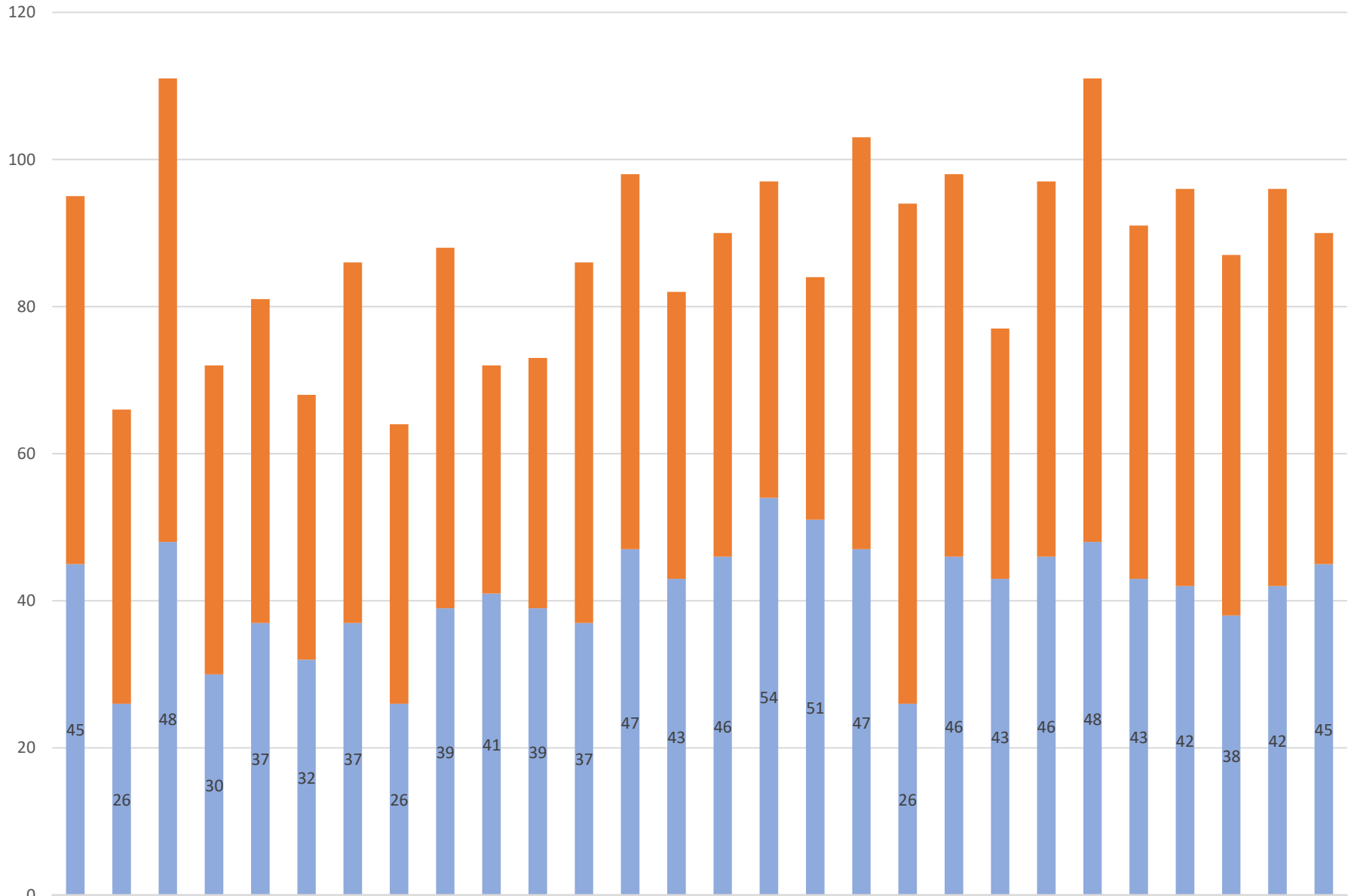


Crisis Data: Ages 0-17 - dates 10/18/20 to 05/01/21



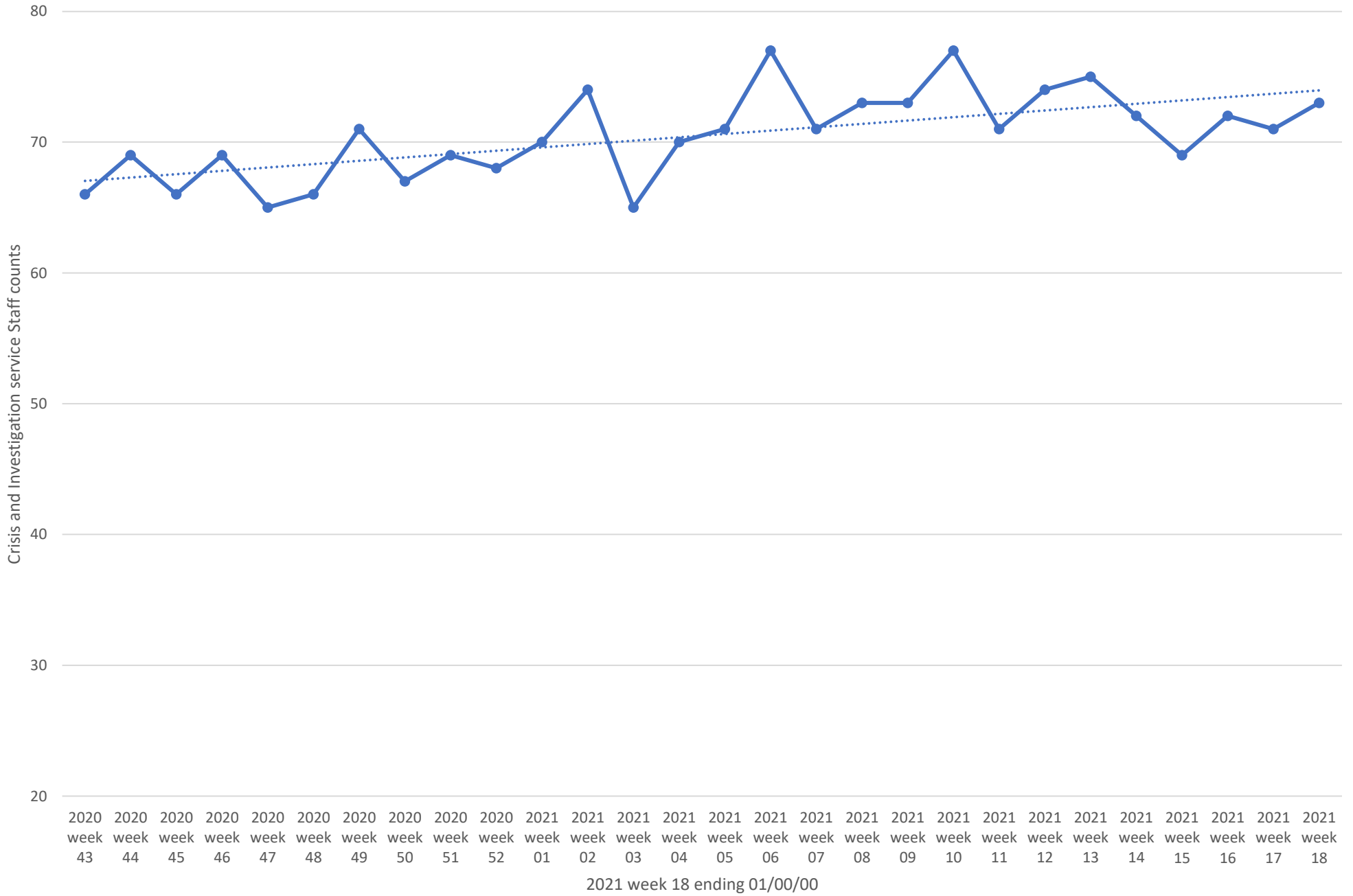
— Crisis Service
 — Investigation
 — Crisis Call
 ⋯ Linear (Crisis Service)
 ⋯ Linear (Investigation)
 ⋯ Linear (Crisis Call)

All DCR Dispatches - dates 10/18/20 to 05/01/21

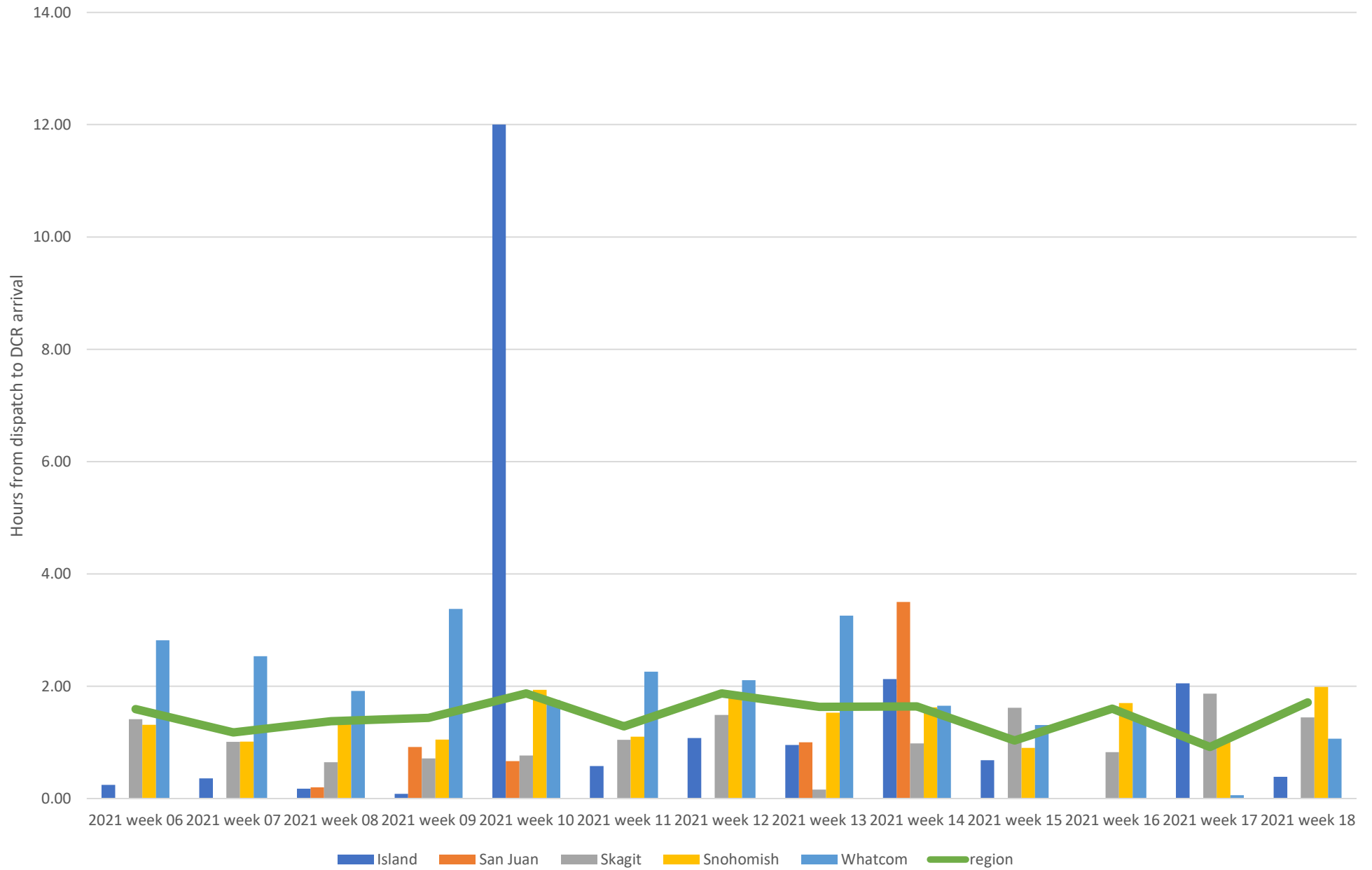


	2020 week 43	2020 week 44	2020 week 45	2020 week 46	2020 week 47	2020 week 48	2020 week 49	2020 week 50	2020 week 51	2020 week 52	2021 week 01	2021 week 02	2021 week 03	2021 week 04	2021 week 05	2021 week 06	2021 week 07	2021 week 08	2021 week 09	2021 week 10	2021 week 11	2021 week 12	2021 week 13	2021 week 14	2021 week 15	2021 week 16	2021 week 17	2021 week 18
dispatch resulting in other outcome	50	40	63	42	44	36	49	38	49	31	34	49	51	39	44	43	33	56	68	52	34	51	63	48	54	49	54	45
dispatch resulting in detention	45	26	48	30	37	32	37	26	39	41	39	37	47	43	46	54	51	47	26	46	43	46	48	43	42	38	42	45

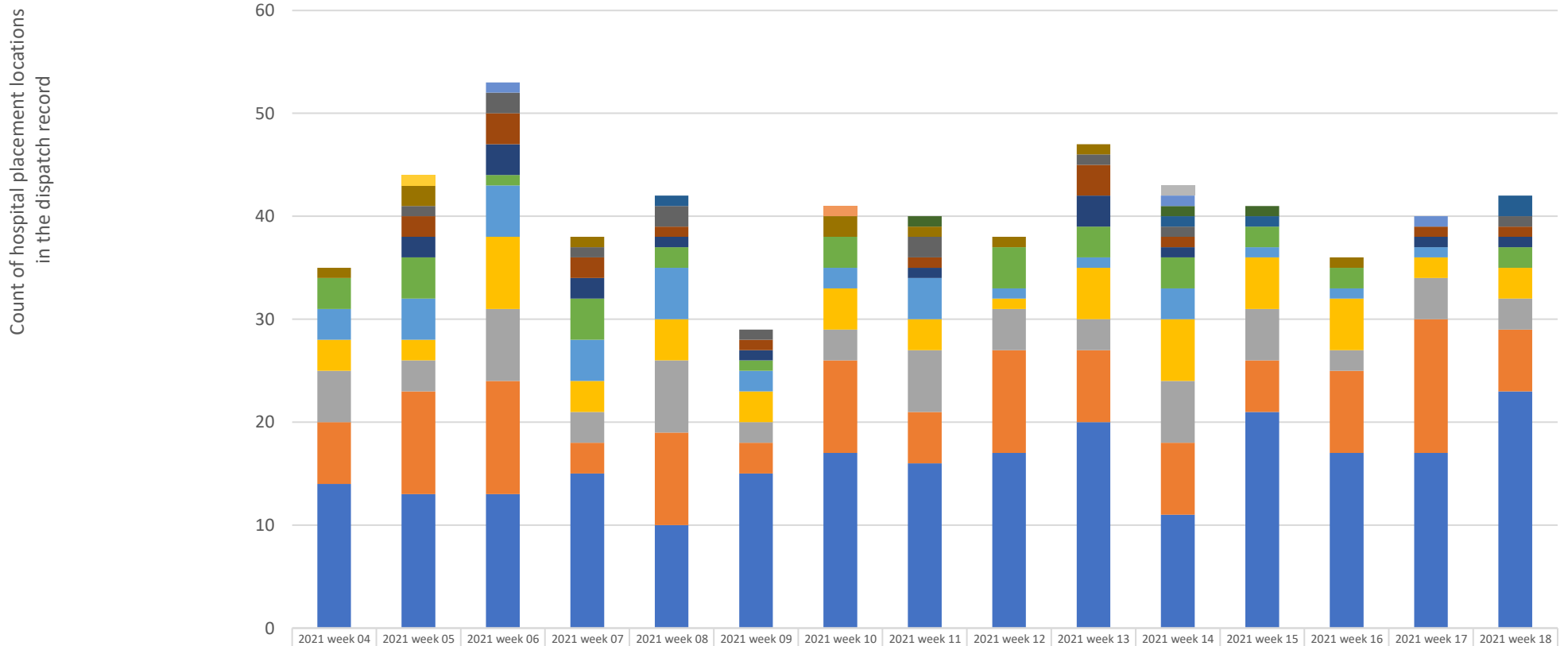
Weekly Staff Count - Staff providing Crisis or Investigation services 10/18/20 to 05/01/21



Average dispatch time for investigations from 10/18/20 to 05/01/21

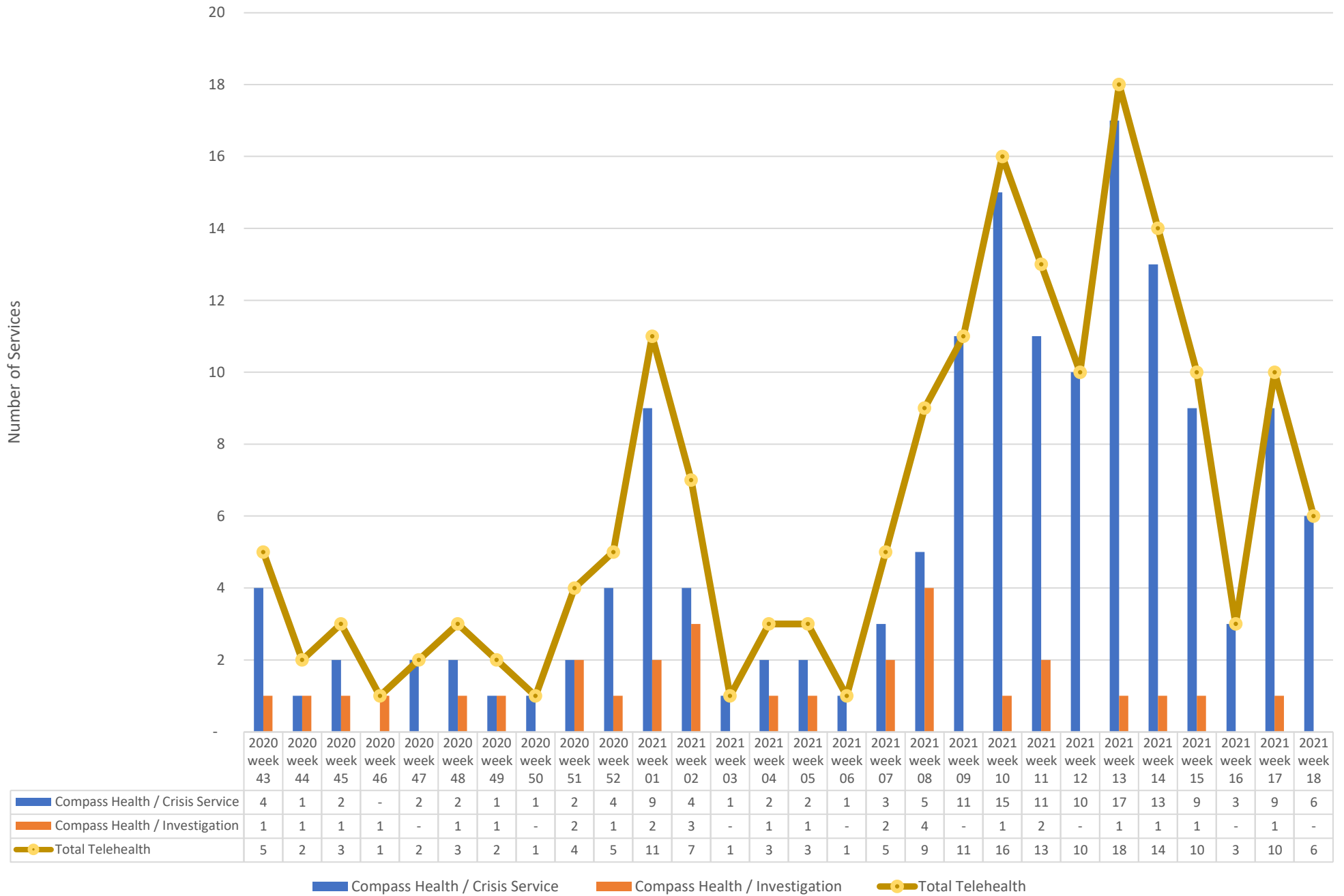


Hospital placement locations (Invol and Vol) - No adjustment has been made for timely data - recent weeks likely low

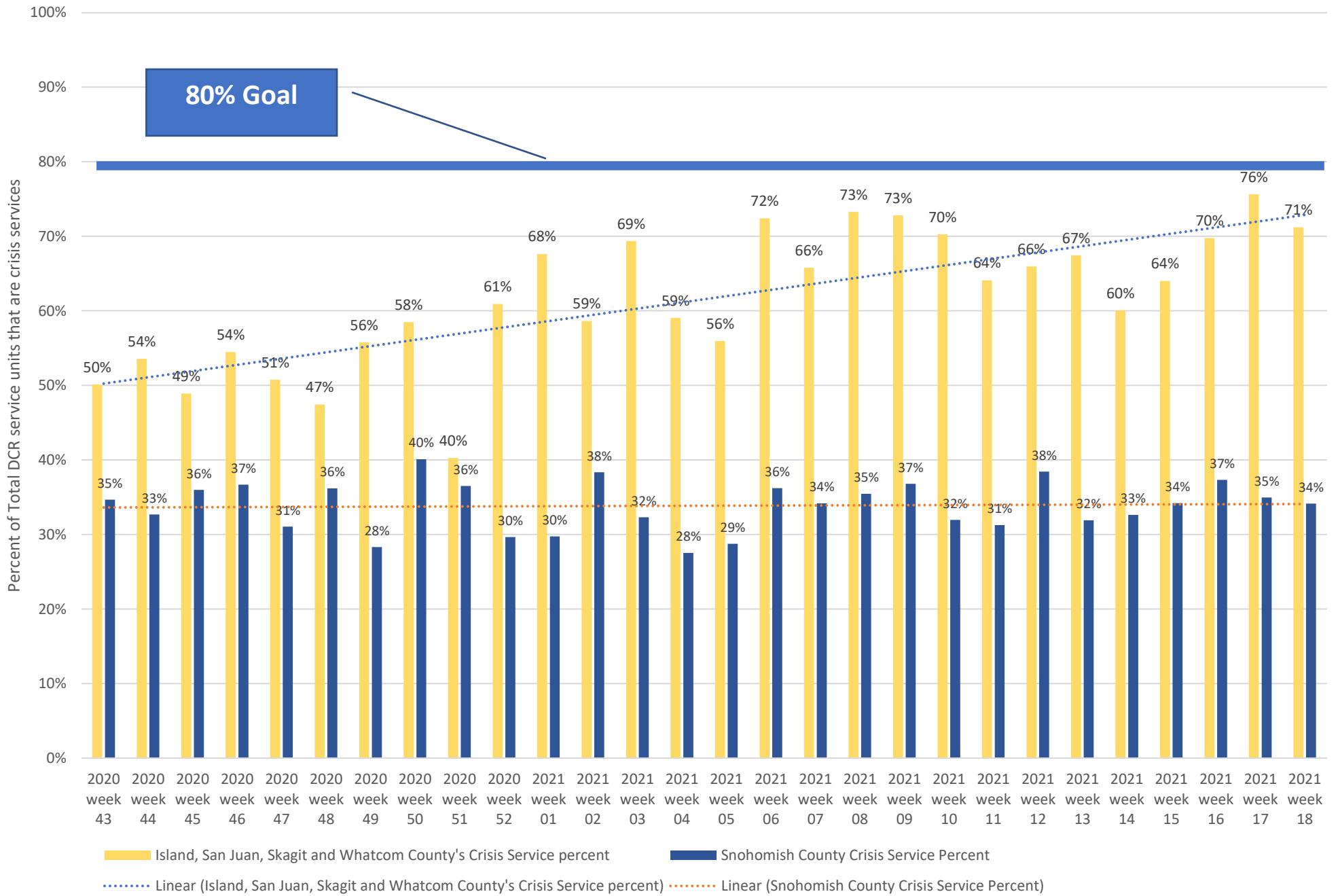


	2021 week 04	2021 week 05	2021 week 06	2021 week 07	2021 week 08	2021 week 09	2021 week 10	2021 week 11	2021 week 12	2021 week 13	2021 week 14	2021 week 15	2021 week 16	2021 week 17	2021 week 18
Thurston/Mason E&T Facility		1													
Metro Dev Council											1				
Valley General Hospital							1								
Swedish - Mill Creek			1								1			1	
ABHS Spokane								1			1	1			
Cascade Behavioral Hospital LLC					1						1	1			2
ABHS Chehalis	1	2		1			2	1	1	1			1		
VALLEY CITIES COUNSELING AND CONSULTATION		1	2	1	2	1		2		1	1				1
Mukilteo		2	3	2	1	1		1		3	1			1	1
Compass - Mukilteo E&T		2	3	2	1	1		1		3	1			1	1
Telecare NS E&T	3	4	1	4	2	1	3		4	3	3	2	2		2
BHC Fairfax Monroe	3	4	5	4	5	2	2	4	1	1	3	1	1	1	
Smokey Point Behavioral Hospital	3	2	7	3	4	3	4	3	1	5	6	5	5	2	3
Skagit Regional Psychiatry	5	3	7	3	7	2	3	6	4	3	6	5	2	4	3
Swedish - Edmonds	6	10	11	3	9	3	9	5	10	7	7	5	8	13	6
Providence - Everett	14	13	13	15	10	15	17	16	17	20	11	21	17	17	23

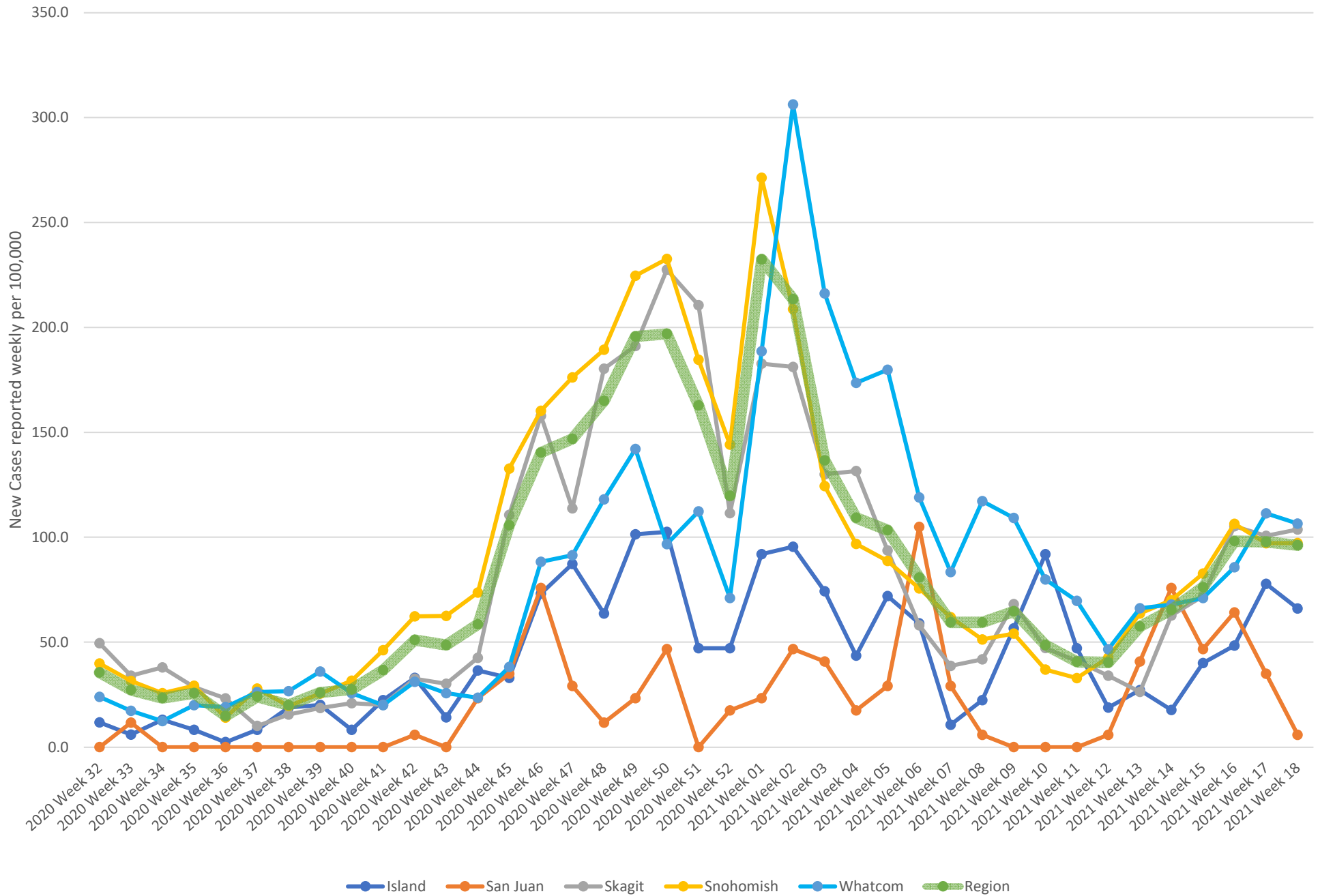
Telehealth only, crisis and investigation services from 10/18/20 to 05/01/21



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



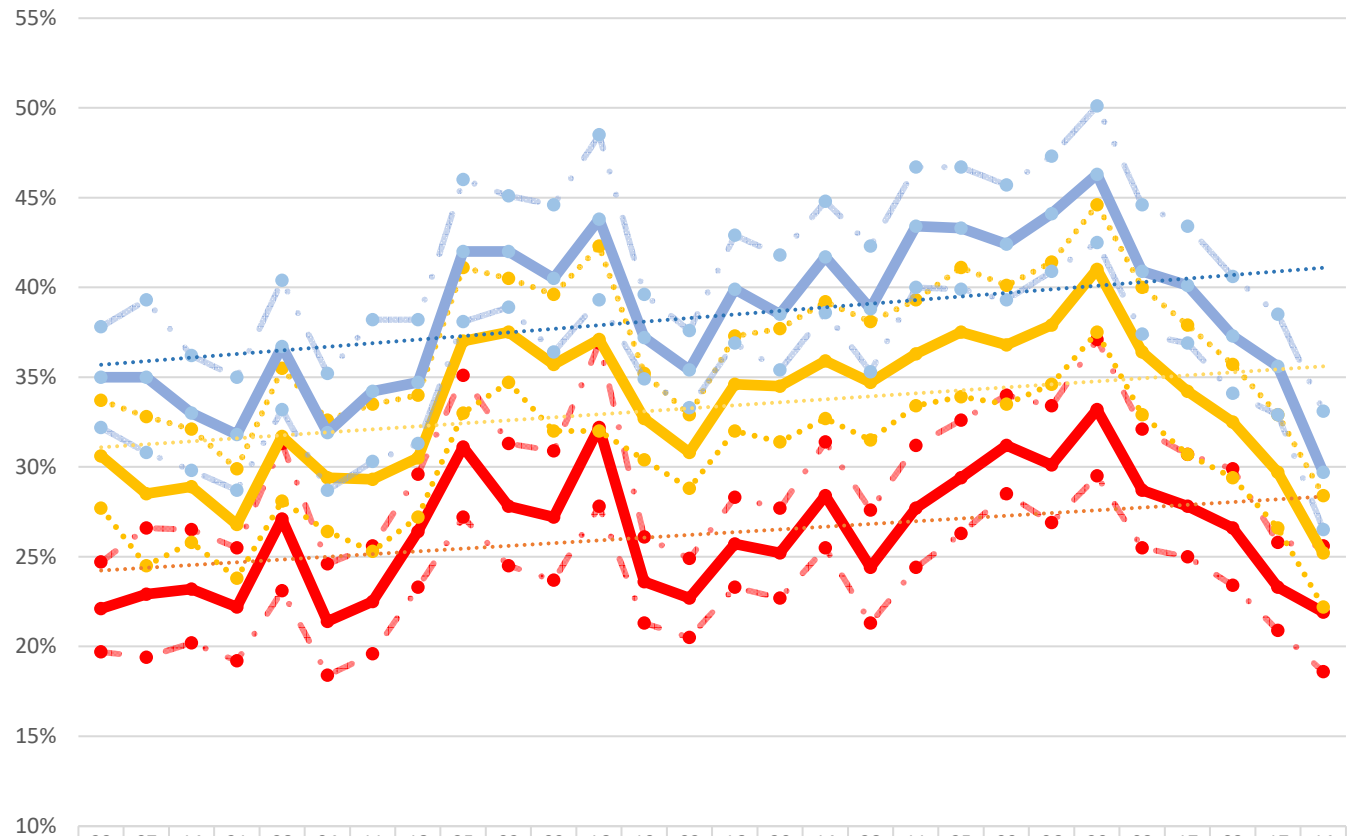
New COVID-19 Cases Reported Weekly per 100,000 population - 08/04/20 to 05/05/21



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

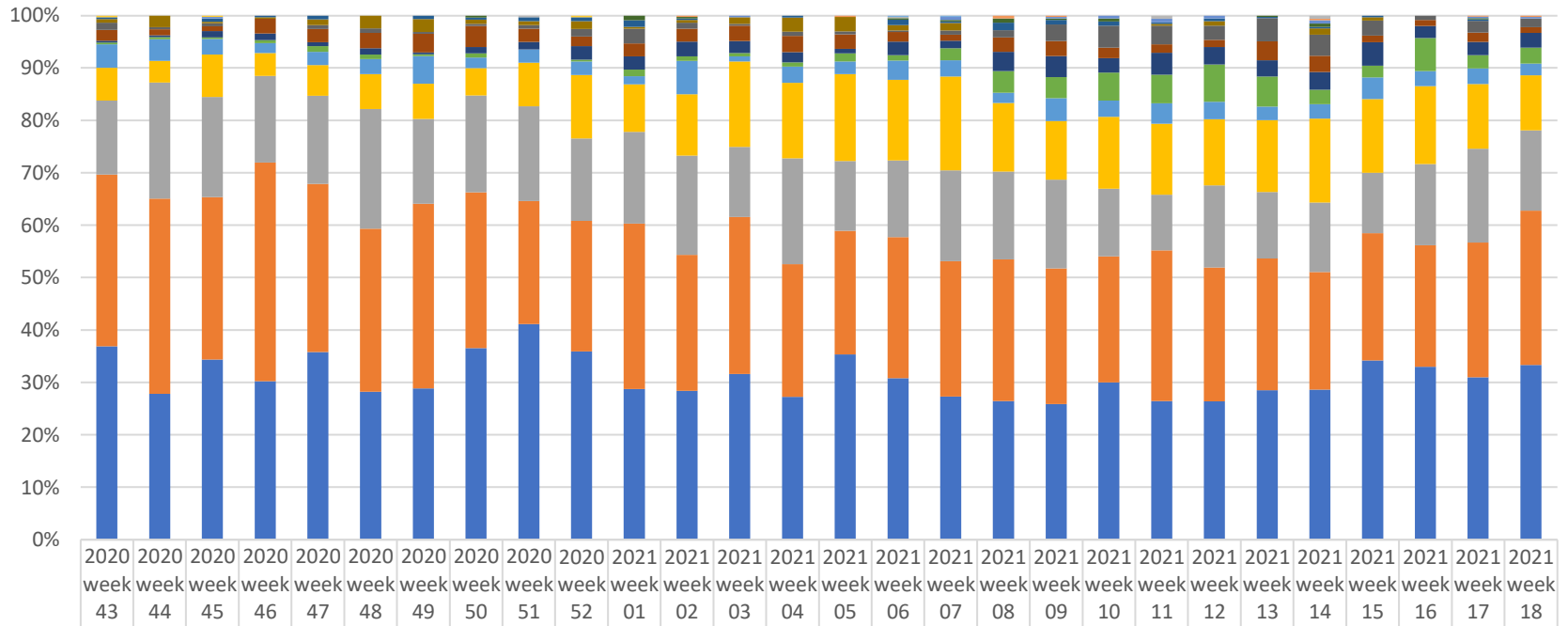
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<https://data.cdc.gov/NCHS/Indicators-of-Anxiety-or-Depression-Based-on-Repor/8pt5-q6wp>



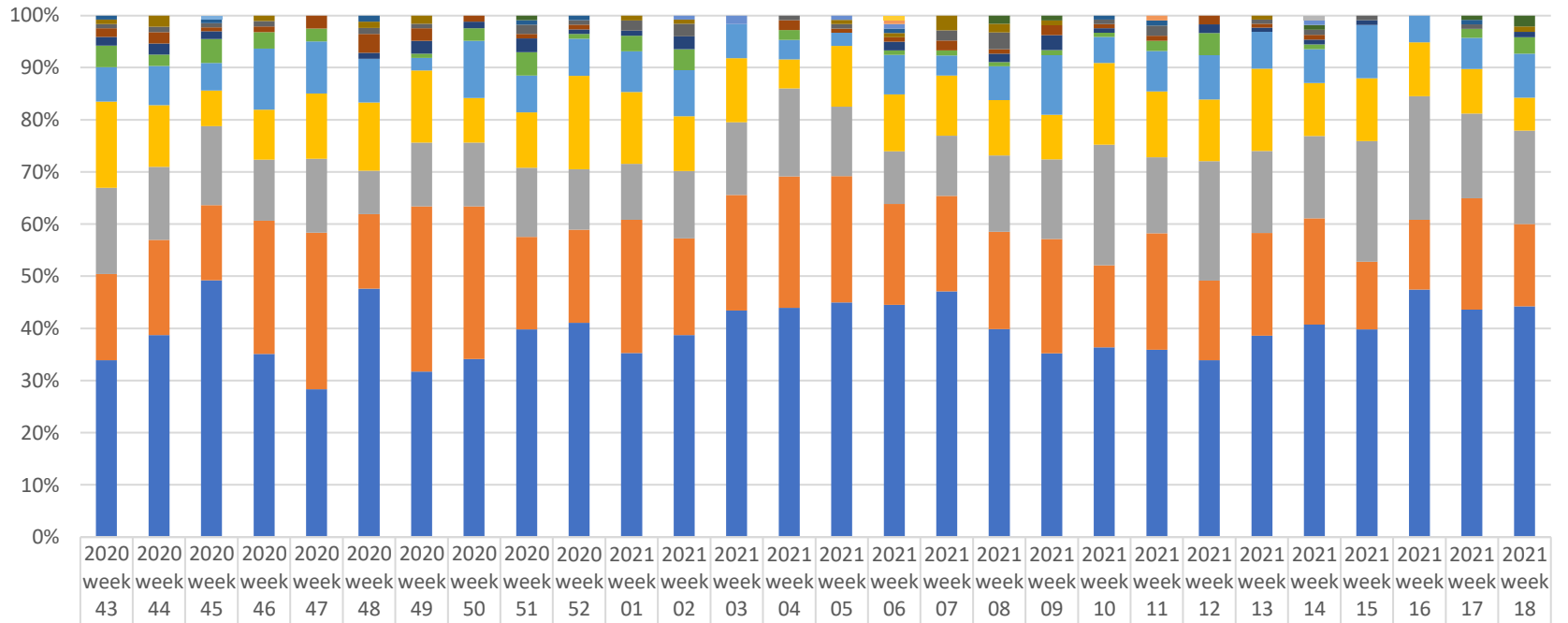
	23 May	07 May	14 May	21 May	28 May	04 Jun	11 Jun	18 Jun	25 Jun	02 Jul	09 Jul	16 Jul	19 Aug	02 Sep	16 Sep	30 Sep	14 Oct	28 Oct	11 Nov	25 Nov	09 Dec	06 Jan	20 Jan	03 Feb	17 Feb	03 Mar	17 Mar	14 Apr
---●--- % with Symptoms of Depressive Disorder low conf. level	20%	19%	20%	19%	23%	18%	20%	23%	27%	25%	24%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

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



	2020 week 43	2020 week 44	2020 week 45	2020 week 46	2020 week 47	2020 week 48	2020 week 49	2020 week 50	2020 week 51	2020 week 52	2021 week 01	2021 week 02	2021 week 03	2021 week 04	2021 week 05	2021 week 06	2021 week 07	2021 week 08	2021 week 09	2021 week 10	2021 week 11	2021 week 12	2021 week 13	2021 week 14	2021 week 15	2021 week 16	2021 week 17	2021 week 18
Custodial Care Facility																1	1											
Community Mental Health Center	1		1							1																		
Nursing Facility									1							1						2			2			
Psych. Residential												1			1			2	1					1			1	1
School			1										1							1	2	2	2		2			1
On Campus Outpatient Hospital								1			3	1				1	1	3	1	2				1	2			1
Group Home	1		2	1	2		2	1	2	2	4	1		1		4	1	5	3	3	1	2	1	1	1			1
Homeless Shelter	2	6	1	1	3	6	7	2	2	4	1	2	4	7	9	4	5				1	3		4	2			
Telehealth	4	1	2		2	2	1	1	2	4	9	4	1	2	2	1	3	5	11	15	11	10	17	13	9	3	9	6
Inpatient Psychiatric Facility	6	3	3	9	7	7	10	10	7	5	8	9	9	8	9	7	4	10	10	7	5	5	14	10	4	4	7	4
Prison Correctional Facility	1	1	4	4	2	3	1	3	4	7	8	10	7	5	3	10	5	13	14	10	13	12	12	11	14	8	10	10
Assisted Living Facility	1	1	1	2	3	2	1	2		1	4	3	2	2	5	4	8	15	14	19	17	26	22	9	7	22	10	11
Inpatient Hospital	13	11	10	6	7	7	15	5	7	7	5	23	3	8	8	14	11	7	15	11	12	12	10	9	13	10	12	8
Emergency Room Hospital	18	11	27	14	16	16	19	13	23	33	29	42	50	37	55	59	63	47	39	49	42	46	53	52	44	52	49	38
Home	41	59	64	53	46	55	46	46	50	43	56	68	41	52	44	56	61	60	59	46	33	57	49	43	36	54	71	55
Other Place of Service	95	99	104	134	88	75	100	74	65	68	101	93	92	65	78	103	91	97	90	86	89	93	97	73	76	81	102	106
Office	107	74	115	97	98	68	82	91	114	98	92	102	97	70	117	118	96	95	90	107	82	96	110	93	107	115	123	120

Place of Service -Investigations, percent of total by week



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



**STATE OF WASHINGTON
HEALTH CARE AUTHORITY**

626 8th Avenue, SE • P.O. Box 45502 • Olympia, Washington 98504-5502

April 14, 2021

Jill Johnson
Island County Commissioner, District 2
North Sound BH-ASO Board of Directors, Chair
North Sound BH-ASO
2021 E. College Way, Suite 101
Mt. Vernon, WA 98273

Sent electronically to: Jill.Johnson@islandcountywa.gov

RE: North Sound BHO Negative Reserve Balance & Closeout

Dear Jill:

Thank you for meeting with us on March 31, 2021 to discuss recent motions approved by the Board of Directors of the North Sound BH-ASO regarding the fiscal close of the North Sound Behavioral Health Organization (BHO) contract with the Health Care Authority (HCA).

During the meeting, and based on the letter from North Sound BH-ASO dated March 17, 2021, you indicated the North Sound BH-ASO Board approved the following actions on March 11, 2021:

- 1) Authorized North Sound BH-ASO to reimburse the North Sound BHO account to prepaid rent and equipment, in the amount of \$854,850.38.
- 2) Remit to HCA the remaining North Sound BHO cash balance of **\$1,999,364.95**, which includes the \$854,850.38 reimbursement from North Sound BH-ASO to HCA.
- 3) Reimburse, from the North Sound BH-ASO account, the North Sound BHO account for the portion of seed money that North Sound BHO had allocated to Snohomish, Skagit, Whatcom, and Island counties in 2016 to develop new behavioral health facilities, in the amount of **\$4,886,720.77**.

At the March 31 meeting, North Sound legal representative Philip Buri was present. During the meeting, North Sound stated that the North Sound BH-ASO Board and legal representative have reviewed the relevant bylaws and assert the authority under those bylaws to take all of the actions described above. It was further stated that these assets benefit the BH-ASO and can therefore be transferred to the BHO to meet the obligations of the BHO.

According to executive director Joe Valentine, the use of these new assets as behavioral health facilities and the resulting increase in services conforms with Section 5.1.11 of the BH-ASO's contract with HCA, which provides as follows:

Jill Johnson
Island County Commissioner, District 2
North Sound BH-ASO Board of Directors, Chair
April 14, 2021
Page 2

The Contractor shall ensure that all funds provided pursuant to this Contract (other than the 10 percent allowed for administration [and] 5 percent for direct service supports and up to 1.75 percent for B&O tax for actual expenditures paid directly to government entities specifically for B&O taxes) including interest earned, are to be used to provide services as described in this Contract. Direct service supports and B&O tax expense allowances are up to the percentage indicated and not a percentage of GFS funding as is calculated for administrative costs.

It is solely and exclusively up to the North Sound BH-ASO as to any determination of the legality of the actions that the BH-ASO wants to take. HCA cannot give legal advice to the BH-ASO in this regard. HCA acknowledges that the BH-ASO Board has authorized the actions described above. HCA's acknowledgement must not be construed as giving a legal imprimatur to the actions.

HCA accepts the steps noted above as the path forward toward resolving the matter of the BHO's outstanding reserves balance, as well as the inpatient stay balance that is currently due to HCA. HCA emphasizes and stresses that Section 2.36.1 of the BH-ASO contract requires the BH-ASO to maintain a reserve balance as specified within the contract.

We appreciate the Board's willingness to resolve the outstanding issues and to continue to work to serve the people of the North Sound region.

We would like to continue the discussion regarding the findings of the [Accountability Audit Report](#) dated February 18, 2021, related to staff retention bonuses. We are internally reviewing this matter and the materials provided by your legal representative. We anticipate reaching out to you by the end of the month to facilitate further discussion.

We look forward to talking to you soon.

Best regards,



MaryAnne Lindeblad, BSN, MPH
Medicaid Director

By email

cc: Megan Atkinson, CFO, FS, HCA
Annette Schuffenhauer, Chief Legal Officer, DLS, HCA
Catrina Lucero, Deputy CFO, FS, HCA
Jason McGill, Assistant Director, MPD, HCA
Teresa Claycamp, Program Manager, MSA, HCA
Michele Wilsie, Community Budget Manager, FS, HCA

North Sound Behavioral Health Administrative Services Organization May 13th, 2021 Board of Directors Financial Notes

HIGHLIGHTS

1. The Revenue and Expense statement looks good in that we are not overspending our revenue. For the month of April, monthly expenses and revenue have balanced out with a continued slight excess of revenues over expenditures.
2. The Budget to Actuals show that Revenues are coming in at more than the budgeted amount, but Expenses are also coming in at more than the budgeted amount. The increase in revenues is twice what the increase in expenses is.
3. The one thing to note is the decrease in the Medicaid fund balance, this is due to a change in our method for calculating MCO expense for our crisis system and enables us to pull down the MCO revenue that was building up in the fund balance.
4. The BHO books remain open pending the final close out. An initial transfer of \$1,999,364.95 was made to HCA during March.

NOTES

1. We are presenting the financial statements for April 2021 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 APRIL 2021*
BUDGET TO ACTUALS

<u>REVENUES</u>	2021 Budget	YTD 2021 Budget	YTD 2021 Actual	Variance Favorable (Unfavorable)	
Intergovernmental Revenues					
SAMHSA	\$ 456,086	152,029	397,356	245,328	
MHBG	1,549,049	516,350	378,698	(137,652)	Billed heavy
SABG	3,521,126	1,173,709	1,064,308	(109,400)	
State Funds	18,197,678	6,065,893	6,565,972	500,079	
Medicaid (MCO)	4,287,847	1,429,282	1,769,337	340,055	
Total Intergovernmental Revenues	28,011,786	9,337,262	10,175,672	838,410	
Misc. Revenue **	0	0	6,205	6,205	
Interest Revenue	20,000	6,667	1,297	(5,370)	
TOTAL REVENUES	\$ 28,031,786	\$ 9,343,929	\$ 10,183,174	\$ 839,245	
<u>EXPENDITURES</u>					
Inpatient Treatment	\$ 906,376	302,125	\$ 268,900	33,225	
ITA Judicial	2,348,969	782,990	860,422	(77,432)	Starting to sl
Crisis Services	12,107,751	4,035,917	4,149,350	(113,433)	Late Compas
MH Crisis Stabilization	1,243,500	414,500	520,374	(105,874)	Late billings
E&T Services	904,551	301,517	467,008	(165,491)	Late billings
E&T Discharge Planner	143,058	47,686	74,304	(26,618)	One month l
Jail Services	364,560	121,520	86,307	35,213	
PACT Services	364,782	121,594	144,047	(22,453)	Sept & Oct a
MHBG Expenditures ***	438,017	146,006	188,446	(42,441)	
HARPS Housing	566,440	188,813	260,967	(72,153)	Now have H
DMA County Contracts	581,292	193,764	175,578	18,186	Late billings
SABG Expenditures ****	2,360,358	786,786	667,582	119,204	
Withdrawal Management	747,500	249,167	189,971	59,196	
SAMHSA (PDOA-MAT)	345,927	115,309	219,330	(104,021)	Provider has
Juvenile Drug Court	139,800	46,600	36,214	10,386	
Other MH Services *****	795,851	265,284	229,701	35,583	
Other SUD Services	0	0	3,200	(3,200)	These were
Ombuds	108,000	36,000	65,492	(29,492)	
Advisory Board	20,000	6,667	0	6,667	
Subtotal - Services	24,486,732	8,162,244	8,607,193	(444,949)	
Administration	3,545,054	1,181,685	1,152,176	29,509	Prior Lease t
TOTAL EXPENDITURES	\$ 28,031,786	\$ 9,343,929	\$ 9,759,369	\$ (415,441)	

Excess of Revenues Over (Under) Expenditure. \$ 423,805
Cash Transfer to BHO 854,850 - This was a c
Adjusted Excess of Revenues Over (Under) Expenditure. \$ (431,046)

* THIS IS AN UNAUDITED STATEMENT

**NORTH SOUND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICE ORGANIZATION
PRELIMINARY REVENUE and EXPENSE STATEMENT for APRIL 2021***

<u>REVENUES</u>	YTD 2021 Totals	YTD 2021 Medicaid	YTD 2021 State	YTD 2021 MHBG	YTD 2021 SABG	YTD 2021 SAMHSA
Intergovernmental Revenues						
SAMHSA	397,356					397,356
MHBG	378,698			378,698		
SABG	1,064,308				1,064,308	
State Funds	6,565,972		6,565,972			
Medicaid (MCO)	1,769,337	1,769,337				
Total Intergovernmental Revenues	10,175,672	1,769,337	6,565,972	378,698	1,064,308	397,356
Misc. Revenue **	6,205		6,205			
Interest Revenue	1,297		1,297			
TOTAL REVENUES	\$ 10,183,174	\$ 1,769,337	\$ 6,573,474	\$ 378,698	\$ 1,064,308	\$ 397,356
<u>EXPENDITURES</u>						
Inpatient Treatment	\$ 268,900		\$ 268,900			
ITA Judicial	860,422		860,422			
Crisis Services	4,149,350	1,846,958	1,532,054		770,337	
MH Crisis Stabilization	520,374		520,374			
E&T Services	467,008		349,666	117,342		
E&T Discharge Planner	74,304		74,304			
Jail Services	86,307		86,307			
PACT Services	144,047		144,047			
MHBG Expenditures ***	188,446			188,446		
HARPS Housing	260,967		260,967			
DMA County Contracts	175,578		175,578			
SABG Expenditures ****	667,582				667,582	
Withdrawal Management	189,971		189,971			
SAMHSA (PDOA-MAT)	219,330					219,330
Juvenile Drug Court	36,214		36,214			
Other MH Services *****	229,701		229,701			
Other SUD Services	3,200		3,200			
Ombuds	65,492	52,378	13,115			
Advisory Board	0		0			
Subtotal - Services	8,607,193	1,899,336	4,744,819	305,788	1,437,919	219,330
Administration	1,152,176	254,249	868,567			29,360
TOTAL EXPENDITURES	\$ 9,759,369	\$ 2,153,585	\$ 5,613,386	\$ 305,788	\$ 1,437,919	\$ 248,690
Net Income From Operations	\$ 423,805	\$ (384,248)	\$ 960,088	\$ 72,909	\$ (373,611)	\$ 148,667
Cash Transfer to BHO	\$ 854,850		\$ 854,850			
Net Income after Transfer	\$ (431,046)	\$ (384,248)	\$ 105,237	\$ 72,909	\$ (373,611)	\$ 148,667
Beginning Fund Balance 12/31/20	11,975,972	2,204,756	10,391,082	(127,731)	(248,891)	(243,243)
Ending Fund Balance	11,544,926	1,820,508	10,496,319	(54,822)	(622,502)	(94,577)

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

* THIS IS AN UNAUDITED STATEMENT

**North Sound BH-ASO
Warrants Paid
April 2021**

Type	Date	Num	Name	Amount
Bill Pmt -Check	04/02/2021	528942	Brigid Collins	-10,472.23
Bill Pmt -Check	04/02/2021	528949	cascade Behavioral Hospital L	-19,041.48
Bill Pmt -Check	04/02/2021	529010	Harborview Medical Center	-13,326.60
Bill Pmt -Check	04/02/2021	529037	Lifeline Connections	-50,351.60
Bill Pmt -Check	04/02/2021	529047	Osborne, Michelle, JD Associ	-3,500.00
Bill Pmt -Check	04/02/2021	529115	Skagit County Public Health	-3,839.63
Bill Pmt -Check	04/02/2021	529123	Snohomish Co Juvenile	-8,780.68
Bill Pmt -Check	04/02/2021	529125	Spokane County BHO	-2,658.00
Bill Pmt -Check	04/02/2021	529079	St Joseph Medical Center, Pe	-27,646.56
Bill Pmt -Check	04/02/2021	529132	Telecare Corporation	-57,733.65
Bill Pmt -Check	04/02/2021	529138	Tulalip Tribes	-5,273.85
Bill Pmt -Check	04/02/2021	529159	Volunteers of America	-126,501.46
Bill Pmt -Check	04/09/2021	529195	cascade Behavioral Hospital L	-2,319.45
Bill Pmt -Check	04/09/2021	529215	Evergreen Recovery	-8,000.20
Bill Pmt -Check	04/09/2021	529314	Jones, Val-Reimb	-750.00
Bill Pmt -Check	04/09/2021	529237	King County BHO	-138,972.99
Bill Pmt -Check	04/09/2021	529240	Lifeline Connections	-25,813.02
Bill Pmt -Check	04/09/2021	529249	McAuley, Michael T	-249.00
Bill Pmt -Check	04/09/2021	529251	Multicare Health System	-22,964.50
Bill Pmt -Check	04/09/2021	529292	NW Family LLC	-10,633.00
Bill Pmt -Check	04/09/2021	529262	Pitney Bowes Leasing	-1,938.19
Bill Pmt -Check	04/09/2021	529276	Sea Mar	-4,044.80
Bill Pmt -Check	04/09/2021	529286	Snohomish Co Human Service	-346,663.01
Bill Pmt -Check	04/09/2021	529296	Swedish Edmonds	-8,572.90
Bill Pmt -Check	04/09/2021	529302	Therapeutic Health Services	-4,144.60
Bill Pmt -Check	04/09/2021	529303	Thurston Mason-BHO	-2,260.00
Bill Pmt -Check	04/09/2021	529316	Verizon	-1,335.82
Bill Pmt -Check	04/09/2021	529330	Whatcom Co Superior Court	-11,928.00
Bill Pmt -Check	04/23/2021	529593	Access	-976.70
Bill Pmt -Check	04/23/2021	529605	AT&T	-81.48
Bill Pmt -Check	04/23/2021	529619	cascade Behavioral Hospital L	-22,852.12
Bill Pmt -Check	04/23/2021	529621	Catholic Community Services	-52,417.13
Bill Pmt -Check	04/23/2021	529677	Clearly Communications	-532.67
Bill Pmt -Check	04/23/2021	529634	Comcast	-338.57
Bill Pmt -Check	04/23/2021	529894	Department of Retirement Ser	-25.00
Bill Pmt -Check	04/23/2021	529694	Dixon, James-Reim	-300.00
Bill Pmt -Check	04/23/2021	529709	Foster, Katherine	-510.00
Bill Pmt -Check	04/23/2021	529666	Frontline Cleaning Services LL	-650.00
Bill Pmt -Check	04/23/2021	529856	Hand up Project, The	-89,265.00
Bill Pmt -Check	04/23/2021	529755	Karena, Nora	-3,000.00

**North Sound BH-ASO
Warrants Paid
April 2021**

Bill Pmt -Check	04/23/2021	529671	Lippman, Glenn	-5,206.25
Bill Pmt -Check	04/23/2021	529731	Marc Boan Consulting	-5,500.00
Bill Pmt -Check	04/23/2021	529744	Osborne, Michelle, JD Associ	-3,200.00
Bill Pmt -Check	04/23/2021	529776	Providence-Everett	-1,224.70
Bill Pmt -Check	04/23/2021	529799	Sea Mar	-5,460.00
Bill Pmt -Check	04/23/2021	529838	Snohomish Co Juvenile	-9,778.50
Bill Pmt -Check	04/23/2021	529772	St Joseph Medical Center, Pe	-8,602.50
Bill Pmt -Check	04/23/2021	529854	Telecare Corporation	-25,599.00
Bill Pmt -Check	04/23/2021	529861	Therapeutic Health Services	-6,541.26
Bill Pmt -Check	04/23/2021	529863	Thurston Mason-BHO	-6,780.00
Bill Pmt -Check	04/30/2021	529942	Brigid Collins	-11,901.33
Bill Pmt -Check	04/30/2021	529946	Buri Funston Mumford Furlong	-1,278.75
Bill Pmt -Check	04/30/2021	529947	Carasoft Technology Corp	-1,822.20
Bill Pmt -Check	04/30/2021	529950	cascade Behavioral Hospital L	-7,052.40
Bill Pmt -Check	04/30/2021	529954	Catholic Community Services	-42,309.18
Bill Pmt -Check	04/30/2021	529967	Compass Health	-621,296.68
Bill Pmt -Check	04/30/2021	529986	Evergreen Recovery	-300.00
Bill Pmt -Check	04/30/2021	530007	Greater Columbia BH-ASO	-2,812.77
Bill Pmt -Check	04/30/2021	530013	Island County Human Service	-80,035.16
Bill Pmt -Check	04/30/2021	530022	Lake Whatcom Center	-15,967.61
Bill Pmt -Check	04/30/2021	530025	Lifeline Connections	-117,017.11
Bill Pmt -Check	04/30/2021	530050	Office Depot	-49.89
Bill Pmt -Check	04/30/2021	530064	Providence-Everett	-7,348.20
Bill Pmt -Check	04/30/2021	530030	Rose, Lucy	-1,410.00
Bill Pmt -Check	04/30/2021	530082	Save on Storage	-450.00
Bill Pmt -Check	04/30/2021	530083	Sea Mar	-886.90
Bill Pmt -Check	04/30/2021	530090	Skagit County Clerk	-106,784.08
Bill Pmt -Check	04/30/2021	530097	Snohomish Co Human Service	-170,983.12
Bill Pmt -Check	04/30/2021	530107	Telecare Corporation	-67,312.37
Bill Pmt -Check	04/30/2021	530117	US Bank	-4,669.89
Bill Pmt -Check	04/30/2021	IGT	Skagit County Auditor	-3,500.00
				<u>-2,433,743.74</u>
				<u>-2,433,743.74</u>
				<u>-2,433,743.74</u>