



**BOARD OF DIRECTORS  
VIRTUAL MEETING AGENDA**

**June 10, 2021**

**Board of Directors Members present:**

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

**Guests present:**

- 1. Call to Order and Introductions – Chair Johnson**
- 2. Revisions to the Agenda – Chair**
- 3. Approval of the May 13<sup>th</sup>, 2021 Minutes, Motion #21-25– Chair Johnson.....Attachment**
- 4. Comments & Announcements from the Chair**
- 5. Reports from Members**
- 6. Comments from the Public**
- 7. Report from the Advisory Board.....Attachment**
- 8. Report from the Executive Director .....Attachments**
  - Board Member Conflict of Interest (Annual Attestation)
  - FY2021-2023 BEHAVIORAL HEALTH POLICY AND BUDGET INITIATIVES
  - FEDERAL BLOCK GRANT ALLOCATIONS
  - WORKFORCE SHORTAGES- Update
  - CRISIS SERVICES
  - PROGRAM INTEGRITY PLAN
- 9. Report from the Finance Officer.....Attachments**
- 10. Report from the Governance Operations Committee**

*All matters listed with the Consent Agenda have been distributed to each Member for reading and study, are considered to be routine, and will be enacted by one action of the 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.....Attachment

**Motion #21-26**

- To review and approve the North Sound Behavioral Health Administrative Services Organization claims paid from May 1<sup>st</sup>, 2021, through May 31<sup>st</sup>, 2021, in the amount of \$1,484,484.95. Payroll for the month of May in the amount of \$151,449.24 and associated employer benefits in the amount of \$60,272.18.

**11. Action Items**

*For Board Approval*

**The contracts being submitted for approval this month fall into four distinct categories:**

- Two Health Care Authority contracts: one providing ASO funding for all categories of funding listed below, and a HCA contract for COVID-19 Emergency Grant funding.
- Downstream contracts for General Fund-State (GF-S) Mandatory Services (Crisis Outreach, Involuntary Treatment Act (ITA) Services, ITA inpatient, Secure Withdrawal Management, Proviso Funding)
- Downstream contracts for Substance Abuse Block Grant (SABG) Priority Services (Pregnant & Parenting Women Housing Services (PPW), Individuals using Intravenous Drugs (IUID) Opiate Outreach)
- Downstream contracts for GF-S/SABG/Mental Health Block Grant (MHBG) Services within Available Resources (Mental Health & Substance Use Disorder Outpatient, SUD Residential, Triage Services)

The downstream contracts follow the HCA contracts. The funding for the downstream contracts is included in the same amendment, which is why you will see the same numbered amendment under a different category of funding. The funding allocations for the downstream contracts will be developed over the next month.

**Health Care Authority**

- K-4949 is providing the funding for the period of July 1, 2021, through December 31, 2021.
- K-4755 is providing additional funding in the amount of \$229,000 for the period of July 1, 2021, through June 30, 2022.

**Motion #21-27**

- HCA-NS BH-ASO-K-4949-Amendment 1 providing the ASO GF-S funding for the period of July 1, 2021, through December 31, 2021, and Federal Block Grant funding for the period of July 1, 2021 through June 30, 2022.
- HCA-NS BH-ASO-K-4755-Amendment 1 providing the ASO GF-S funding for the period of July 1, 2021, through December 31, 2021.

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**GF-S Mandatory Services**

The following contracts are providing mandatory behavioral health services.

- Compass Health
  - Crisis Outreach, ITA services, Program for Assertive Community Treatment (PACT), Evaluation and Treatment Services, Discharge Planners
- Snohomish County

- Crisis Outreach, ITA services
  - Proviso Funding-Jail Transition Services, Designated Marijuana Account, Trueblood Funds
- Volunteers of America
  - Toll Free Crisis Line
- Telecare
  - Evaluation and Treatment Services, Discharge Planners, Peer Bridgers Program
- American Behavioral Health Services (ABHS)
  - Secure Withdrawal Management
- Community Action of Skagit County (CASC)
  - Ombuds Services
- Sea Mar
  - Assisted Outpatient Treatment
- Lifeline Connections
  - PACT
  - HARPS
- Snohomish County Superior Court
  - Juvenile Treatment Services
- Island County
  - Proviso Funding-Jail Transition Services, Trueblood Funds, Designated Marijuana Account (DMA), HARPS subsidies
- San Juan County
  - Proviso Funding-Jail Transition Services, Designated Marijuana Account & HARPS subsidies
- Skagit County
  - Proviso Funding-Jail Transition Services, Designated Marijuana Account, Trueblood Funds
- Whatcom County
  - Proviso Funding-Jail Transition Services, Designated Marijuana Account, Trueblood Funds, Whatcom Triage Diversion, Whatcom County School Treatment Services

**Motion #21-28**

- NS BH-ASO-Compass Health-ICCN-19-22 Amendment 6 to provide the funding to continue services under this contract. The new contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-Snohomish County-ICCN-19-22 Amendment 3 to provide the funding to continue services under this contract. The new contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-VOA-ICCN-19-22 Amendment 4 to provide the funding to continue services under this contract. The new contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-Telecare-ICCN-19-22 Amendment 2 to provide the funding to continue services under this contract. The new contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.

- NS BH-ASO-ABHS-ICN-19-22 Amendment 1 to provide the funding to continue services under this contract. The new contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-CASC-ICN-19-22 Amendment 4 to provide the funding to continue services under this contract. The new contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-Sea Mar-ICN-19-22 Amendment 4 to provide the funding to continue services under this contract. The new contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-Lifeline Connections-ICN-19-22 Amendment 4 to provide the funding to continue services under this contract. The new contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-Snohomish County Superior Court-ICN-19-22 Amendment 2 to provide the funding to continue services under this contract. The new contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-Island County-ICN-19-22 Amendment 7 to provide the funding to continue services under this contract. The new contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-San Juan County-ICN-19-22 Amendment 4 to provide the funding to continue services under this contract. The new contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-Skagit County-Interlocal-19-22 Amendment 4 to provide the funding to continue services under this contract. The new contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-Whatcom County-ICN-19-22 Amendment 7 to provide the funding to continue services under this contract. The new contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.

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**Substance Abuse Block Grant (SABG) Priority Services**

The following contracts are providing SABG priority Services:

- Brigid Collins
  - Pregnant and Parenting Women (PPW) Housing Support Services
- Evergreen Recovery Centers
  - PPW Housing Support Services
- Catholic Community Services
  - PPW Housing Support Services
- Therapeutic Health Services
  - Medication Assisted Treatment
- Island County
  - Opiate Outreach
- Community Action of Skagit County
  - Opiate Outreach
- Snohomish County
  - Opiate Outreach
- Whatcom County
  - Opiate Outreach

**Motion #21-29**

- NS BH-ASO-Brigid Collins-ICN-19-22 Amendment 3 to provide the funding to continue services under this contract. The new contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-ERC-ICN-19-22 Amendment 4 to provide the funding to continue services under this contract. The new contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-CCS NW-ICN-19-22 Amendment 3 to provide the funding to continue services under this contract. The new contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-THS-ICN-19-22 Amendment 2 to provide the funding to continue services under this contract. The new contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-Island County-ICN-19-22 Amendment 7 to provide the funding to continue services under this contract. The new contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-CASC-ICN-19-22 Amendment 4 to provide the funding to continue services under this contract. The new contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-Snohomish County-ICN-19-22 Amendment 2 to provide the funding to continue services under this contract. The new contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.

- NS BH-ASO-Whatcom County-ICN-19-22 Amendment 7 to provide the funding to continue services under this contract. The new contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.

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#### **GF-S/SABG Services within Available Resources**

- Compass Health
  - SUD outpatient services in San Juan County
  - Snohomish & Whatcom County Triage Services
- Evergreen Recovery Centers
  - Withdrawal Management Services
- Lifeline Connections
  - SUD Outpatient services
- Lake Whatcom Center
  - PACT
  - Mental Health outpatient services
  - Substance Use outpatient services
- Pioneer Human Services
  - Skagit & Whatcom withdrawal management services
  - SUD residential services
- Sea Mar
  - Mental health outpatient services
  - Substance use outpatient services
  - SUD residential services

#### **Motion #21-30**

- NS BH-ASO-Compass Health-ICCN-19-22 Amendment 6 to provide the funding to continue services under this contract. The new contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-ERC-ICN-19-22 Amendment 4 to provide the funding to continue services under this contract. The new contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-Lifeline Connections-ICN-19-22 Amendment 4 to provide the funding to continue services under this contract. The new contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-LWC-ICN-19-22 Amendment 2 to provide the funding to continue services under this contract. The new contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-PHS-ICN-19-22 Amendment 6 to provide the funding to continue services under this contract. The new contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.

- NS BH-ASO-Sea Mar-ICN-19-22 Amendment 4 to provide the funding to continue services under this contract. The new contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.

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### **Professional Service Contract**

#### **Summary**

The COVID-19 Emergency Grant contract with Lake Whatcom Center (LWC) is for services to individuals/families affected by COVID-19, specifically communities of color and essential workers. This is a continuation of the current contract.

#### **Motion #21-31**

- NS BH-ASO-LWC-COVID 19-PSC-20-22 Amendment 1 to provide ongoing services to individuals and/or families affected by COVID-19. The additional funding for the next 12 months is \$229,000 for a maximum consideration of \$262,500 for a term of the contract is extended by 12 months for a new end date of June 30, 2022.

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### **North Sound BH-ASO Full Time Employee (FTE)**

#### **Summary**

The 2021 legislative session has recognized the growing need for additional behavioral health programs by bringing innovative programs to our communities. One such program is the regional Recovery Substance Use Disorder (SUD) Navigators; this program requires a dedicated staff member at the ASO to develop and oversee the program. The dedicated staff will need to be in place on July 1, 2021. North Sound BH-ASO is requesting approval of one FTE to manage the program.

#### **Motion #21-32**

- Approve one FTE Quality Specialist position to develop and oversee the SUD Recovery Navigator program in the North Sound Region.

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## **12. Adjourn**

*Next meeting: August 12<sup>th</sup>, 2021 (No Meeting in July)*



**BOARD OF DIRECTORS  
VIRTUAL MEETING MINUTES**

May 13, 2021

**Board of Directors Members present:** Chair (*Cindy Wolf sitting in for Jill Johnson*)

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

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

- 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
- Lisa Hudspeth, Administrative Assistant; North Sound BH-ASO

**Guests present:** Chair

- Katelyn Morgan, North Sound Ombuds

**1. Call to Order and Introductions – Chair**

Chair Wolf called the virtual meeting to order at 1:33 p.m. and initiated introductions.

**2. Revisions to the Agenda – Chair**

There were no revision to the agenda noted.

**3. Approval of the April 6th, 2021 Minutes, Motion #21-20 – Chair.....Attachment**

Peter Browning moved the motion for approval, Anne Deacon seconded, all in favor, none opposed, no abstentions, motion #21-20 carried.

**4. Comments & Announcements from the Chair**

There were no additional comments or announcements for the Chair.

**5. Presentation from the North Sound OMBUDs.....Attachment**  
Katelyn Morgan provided an overview of the 2020 Ombuds Annual Report

**6. Reports from Members: Chair**

Snohomish County: Cammy Hart-Anderson

- Expanding contracts with Center for Human Services (CHS), SeaMar, and Therapeutic Health Services (THS) to provide additional services within schools
- Currently no access to intensive outpatient treatment or outpatient treatment for adults; SeaMar still has access to children’s MH services

Whatcom County: Anne Deacon

- Working on determining how to utilize money from State legislature for school services; proviso requires counseling services be licensed by MHP, and there is a shortage)
- Seeing an increase in number of law enforcement drop-offs to new crisis stabilization center

Skagit County: Peter Browning

- Walkthrough of new facility has occurred; complication in opening due to lack of qualified staff
- Digiwalic received money from State for housing
- Sedro Wooley facility is moving forward
- Continuing to see significant struggle in finding qualified providers

San Juan County: Barbara LaBrash

- Compass Health not taking assessments due to staff shortage
- Consejo has signed contract with juvenile court for telehealth services for enrolled youth

**7. Comments from the Public: Chair**

No public comments

**8. Report from the Advisory Board: Chair (Duncan).....Attachment**  
Duncan West provided an overview of the Advisory Board Brief from the May 4, 2021 meeting

**9. Report from the Executive Director: Joe .....Attachments**  
North Sound BH-ASO Compliance Report

Charles DeElena provided a brief overview of the *2020 North Sound Annual Compliance Report*

- Individuals may contact Charles DeElena with any questions or concerns

Joe Valentine provided an overview of the *Executive Director’s Report* for May 13, 2021

- Behavioral Health Bill List
  - E2SHB 1477 – State’s plan to implement new federal 9-8-8 number
  - 5476 – Response to Blake Decision
- Workforce Shortages
  - Lack of sufficient workforce is large concern statewide
  - Workforce Recruitment and Retention brainstorm was shared
  - There will need to be coordinated approach to address
  - Recommendation was made to see if retired professionals would be interested in 1-2 days per week

**10. Report from the Finance Officer: Joe and Darrell .....Attachment**  
Joe Valentine and Darrell Heiner gave the Report from the Finance Officer and answered questions from the Board Members.

- Revenue exceeds our expenses and North Sound BH-ASO currently has sufficient reserve balance to payback Health Care Authority (HCA) and still maintain required reserve amount.

**11. Report from the Governance Operations Committee: Chair**

Cindy Wolf provided an overview of the May 13, 2021 Governance and Operations meeting

*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 1<sup>st</sup>, 2021, through April 30<sup>th</sup>, 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.

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

**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.

Peter Browning moved the motion for approval, Anne Deacon seconded, all in favor, none opposed, no abstentions, Motion #21-22 carried.

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**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.

Peter Browning moved the motion for approval, Anne Deacon seconded, all in favor, none opposed, no abstentions, Motion #21-23 carried.

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**13. Discussion Item: Joe .....Attachment**

- 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.

**Behavioral Health Organization (BHO) Closeout**

- Based on the April 14<sup>th</sup> letter received from the Health Care Authority, it is the opinion of the BHO/ASO Attorney Philip Buri that HCA has provided approval for the ASO to reimburse the BHO \$4,886,720.77 for the seed money used to develop new behavioral health facilities in the North Sound Regional Service Area. This payment will conclude the closeout of the BHO.

Based on information presented, the following motion was added:

**Motion # 21-24**

- Authorize the Executive Director to reimburse the BHO \$4,886,720.77 for the seed money used to develop four (4) behavioral health facilities in the North Sound Regional Service Area. The BHO will remit the \$4,886,720.77 to the Health Care Authority as the final BHO closeout payment.

Cammy Hart-Anderson moved the motion for approval, Anne Deacon seconded, all in favor, none opposed, no abstentions, motion 21-24 carried.

**14. Adjourn**

The meeting was adjourned at 2:36 p.m.

Next meeting: June 10<sup>th</sup>, 2021



Advisory Board Brief, June 3, 2021

**The Advisory Board met on June 1, and the following items were discussed:**

— **Advisory Board**

— **Advisory Board Membership**

- Jay Rose – Whatcom County introduced to the Board as an interested community member in serving on the Board.
- Michele Mekler – Snohomish County introduced to the Board as an interested community member in serving on the Board
- Michael Massanari – Whatcom County has resigned from the Board.
  - Island: 2 Vacancies
  - San Juan: 2 Vacancies
  - Skagit: No Vacancies
  - Snohomish: 3 Vacancies
  - Whatcom: 2 Vacancies

**Total Active Members: 17**

- Margaret and Joe explained in detail the Substance Abuse Block Grant and Mental Health Block Grant. It was determined to create a workgroup to meet with Margaret and Joe. The workgroup will focus on Board priorities and outcomes.
- Data Workgroup met with Dennis, North Sound BH-ASO Data Analysis, that created a better way to present data to the Board.
- Legislative Workgroup met and created a legislative timeline for the 2021-2022 year.

— **Executive Director:**

- The Executive Director reported on
  - FY 2021-2023 Behavioral Health Policy and Budget Initiatives
  - Federal Block Grant Allocations
  - Workforce Shortages – Update
  - Crisis Services
  - Program Integrity Plan

— The Action Items were passed and recommended to the Board of Directors for approval.

• **Finance/Executive Committee**

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

**1. FY2021-2023 BEHAVIORAL HEALTH POLICY AND BUDGET INITIATIVES**

**a. Budget Overview**

- This has been an unprecedented year for major behavioral health policy and budget initiatives. **See attachment #1:** “2021-2023 Behavioral Health Investments”
- HCA is still working on the individual allocations to each BH-ASO. These will be included in our July 2021 contract documents.

**b. E2SHB 1477 – “988” bill**

- Planning has begun to implement the new “988” system in Washington State in accord with the requirements on House Bill 1477
- There is an initial statewide “Implementation Planning Committee” which is conducting a “landscape analysis” of what the current capacity is of the regional BH-ASO administered crisis lines.
- This planning committee will provide its recommendations to the *Crisis Response Improvement Strategy Committee* which will develop the implementation plan.
- We have also begun meetings with the Volunteers of America to plan how 988 will be implemented in the North Sound Region.
- Included in 1477 is funding for one Mobile Crisis Team for Children and Youth in each region. The BH-ASO will be spearheading the planning for this team.

**c. EHSB 5476 [responding to the Blake decision]**

- Planning has also begun to implement the new set of Substance Use recovery and treatment services that EHSB 5476 has established in response the “Blake’ decision.
- The bill directs the Health Care Authority (Authority) to establish a substance use recovery services advisory committee. The committee is to develop a substance use recovery services plan with a preliminary report due on December 1, 2021, and final report by December 1, 2022. The plan is to be implemented by December 1, 2023.
- Funding is allocated to HCA to create a grant program to provide treatment services to low-income individuals, establish an expanded recovery support services program, and to 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.
- Funding is being provided for the BH-ASOs to create a regional Recovery Program Coordinator to develop the program. The program is to include creating and funding recovery “navigators”.

- The North Sound BH-ASO can contract with behavioral health agencies, counties, or other organizations to hire and support the navigators. The regional Recovery Program Coordinator will be an ASO staff person.

**d. North Sound Budget Provisos**

**i. Whatcom County:**

- The two proviso allocations for Whatcom County will be allocated to the BH-ASO to be then allocated to the identified providers. We are currently working with Whatcom County and HCA on the scope of work. These allocations are:
  - 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”.

**ii. Island County:**

- \$750,0000 is allocated as a one-time grant directly to Island county to fund a pilot program to improve behavioral health outcomes for young people in rural communities.

**e. Long Term Housing Assistance**

- The Department of Commerce has been allocated an additional \$10 million for long term rental assistance. The BH-ASOs will be designated as the **lead grantees** for the funds. These are similar to the HARPS funds we now receive.
- New performance measures will be included with these funds including measures for racial equity. We will need to submit a plan for use of them.

**2. FEDERAL BLOCK GRANT ALLOCATIONS**

BH-ASOs will receive 3 different sets of Federal Block Grant Allocations – both the Mental Health Block Grant [MHBG] and the Substance Abuse Block Grant [SABG]:

- 1) The regular fiscal year allocations for FY 2021-2022 which will be the same as our current regular fiscal year allocations.
- 2) The special “COVID” Federal Block Grant Allocations appropriated last December.
- 3) A new third round of Federal Block Grant allocations authorized by the American Rescue Act [ARA].

**a. FY 2021-2022 Regular Federal Block Grant Allocation**

- Our plan for use of our **regular FBG** is due to HCA by July 15, but they have agreed to give us an extension to August so our Advisory Board will have a chance to review.
- We are proposing to use the same allocation plans for FY 2021-2022 subject to Advisory Board Approval. Attached is our current year MHBG and SABG plans.
- Attached are the current plans to assist with Advisory Board and Board of Directors review prior to the August Board meetings. [attachments 2 and 3]

**b. COVID Supplemental Federal Block Grant Allocation**

- HCA will be providing us with our COVID Supplemental FBG allocations either as part of our July contract amendment or shortly afterwards, once SAMHSA approves the state's plan.
- The state will receive \$19.2 million for MHBG and \$35.4 million for SABG. These funds must be expended by **March 31, 2023**.
- We've been gathering input on priorities for this round of allocations. Attached is a preliminary list of the priorities identified so far—"Ideas for use of new federal dollars". [attachment 4]
- HCA has notified us that we will also receive a portion of the \$3.2 million SABG COVID Supplemental set-aside for SUD outreach funding. This funding is to be used for *interdisciplinary teams, to include peer specialists, to engage and facilitate linkage to treatment for individuals in community settings such as homeless encampments, shelters, ER, harm reduction programs, churches, community service offices, food banks, libraries, legal offices and other settings where individuals with SUD may be engaged.*

**c. American Rescue Act Federal Block Grant Allocation**

- States have been given notice of the amount of funds they could receive from the American Rescue Act.
- Our state will receive \$30.5 million for SABG and \$33.2 million for MHBG. The funding would be spread out over 4 years. HCA is just beginning to put together the plan to submit to SAMHSA. They may be proposing to use this round of funds to continue the funding for the programs funded with the COVID Supplemental FBG funds.

**3. WORKFORCE SHORTAGES- Update**

- The MCOs made a presentation to the May 14 Interlocal Leadership Structure meeting on the highlights of the plans they submitted to HCA to address the access to care problems in our region.

- Some of their ideas included:

- Implementation or expansion of telehealth
- Contracting with new providers
- Exploring how to use their primary care network
- Assessing whether their mild-to moderate network would be willing to see some of their Medicaid members
- Use of phone-based recovery apps
- Expanding Peer services

- Subsequent to the ILS meeting we developed a list of suggestions gathered from providers, MCOs and other sources. We are surveying the MCOs to see which of these solutions they feel they could commit to working on regionally and/or within their individual networks. [see attachment #5]
- HCA has also hired two staff to develop a statewide behavioral health workforce development plan. The plan includes implementation of several workforce bills just passed in this legislative session and a state-wide marketing campaign aimed at encouraging more people to pursue training and education as a behavioral health professional.
- The state's proposal for the COVID Supplemental Block Grant also includes direct state allocations for a variety of workforce development activities, including:
  - Expanding online continuing education curriculums
  - Providing targeted Peer support, including continuing education
- At the June 11 Interlocal Leadership Structure meeting, we have invited the North Sound Accountable Community of Health to also provide an update on funding supports the ACH if providing for workforce development.

#### 4. CRISIS SERVICES

- a. **Weekly Crisis Capacity Indicator Report** – through May 29 [attachment #6]
  - Calls to the Crisis Line remain at historically high levels and have begun trending up upwards again for 3 weeks before dipping down in the last week of May.
  - The number of mobile crisis outreach team dispatches had also been climbing for the last 6 weeks, along a continued upwards trend line, cut like crisis calls dipped down in the last week of May. The same for ITA investigations.
- b. **North Sound Crisis System Dashboard – through April 2021** [attachment #7]
  - Dennis Regan, the North Sound BH-ASO data analyst, has created a customized crisis services dashboard for the Advisory Board. It provides an unduplicated count of persons who have received crisis services as well as providing individual county level breakdowns.

## **PROGRAM INTEGRITY PLAN**

- The North Sound BH-ASO has updated its Program Integrity Plan for 2021. It outlines the steps the ASO is taking to ensure the implementation of the 7 necessary elements of an effective Compliance Program.
- The 2021 Plan is similar to the 2020 plan but has added Social Equity to the core values listed for the North Sound BH-ASO.
- If you have any questions, or would like a copy, you can contact the North Sound compliance officer at [compliance\\_officer@nsbhaso.org](mailto:compliance_officer@nsbhaso.org).

# 2021-2023 behavioral health investments

## Summary

The 2021-2023 legislative session ended with a total of 74 investments related to the behavioral health.

Investment	FY 2021-2023	FY 2023-2025	Description
• <b>Parent Child Assistance Program (PCAP)</b>	\$1,374,000	\$718,000	Funding will expand services to pregnant and parenting women in the PCAP program.
• <b>Peer support/recruitment</b>	\$1,762,000	\$0	Funding will maintain and increase resources for peer support programs. Funding will also be used to recruit peer specialists.
• <b>Medication for Opioid Use Disorder tracking</b>	\$260,000	\$0	Funding will enhance the capabilities of a tool to track medication for Opioid Use Disorders.
• <b>Substance Use Disorder (SUD) family navigators</b>	\$1,000,000	\$0	Funding will provide substance use disorder family navigators to individuals with Substance use Disorder.
• <b>Recovery Cafes</b>	\$250,000	\$0	Funding will expand recovery cafes throughout the State.
• <b>Civil commitment transition</b>	\$330,000	\$131,000	<a href="#">SB 5071</a> . Funding to help individuals transition from civil commitment into a community setting.
• <b>Safe station pilot programs</b>	\$1,150,000	\$0	<a href="#">SB 5074</a> . The funding will be used to implement a state safe storage plan.
• <b>Opioid overdose medication</b>	\$238,000	\$238,000	Second Substitute <a href="#">SB 5195</a> . The funding will support overdose prevention medications such as naloxone.
• <b>1115 Institution for Mental Disease (IMD) waiver costs</b>	\$2,074,000	\$99,000	Funding will increase Health Information Technology (HIT) costs necessary for the implementation of the 1115 IMD waiver.
• <b>The American Rescue Plan Act (ARPA) Home and Community Based Services (HCBS) enhanced Federal Medical Assistance Percentage (FMAP)</b>	\$0	\$0	ARPA of 2021 increases FMAP for HCBS by 10 percentage points from April 1, 2021 to March, 30, 2022.
• <b>Audio-only telemedicine</b>	\$100,000	\$0	Engrossed Substitute <a href="#">HB 1196</a> . HCA will collaborate with the Office of the Insurance Commissioner (OIC) to make recommendations regarding telemedicine.
• <b>Investment totals</b>	<b>\$8,538,000</b>	<b>\$1,186,000</b>	



Investment	FY 2021-2023	FY 2023-2025	Description
• Behavioral Health Administrative Services (BHASO) funding	\$6,780,000	\$7,074,000	Funding will increase rates for providers serving BHASO clients by 2 percent effective July 1, 2021 and support other operating costs including local court costs for involuntary treatment hearings.
• Behavioral health consumer advocacy	(\$610,000)	(\$1,273,000)	Funding is reduced for ombuds services provided by Behavioral Health Administrative Services organizations. This change is due to <a href="#">Engrossed Second Substitute Bill 1086</a> . The funding for non-Medicaid consumer advocacy services has moved to the department of Commerce. Managed Care Organizations (MCOs) are expected to continue to directly pay for the services required by their enrollees.
• Expand Mental Health (MH) services and supports	\$20,600,000	\$0	Funding from the federal Mental Health Block Grant will help to expand mental health services.
• Expand Substance Use Disorder (SUD) services and supports	\$42,018,000	\$1,171,000	Funding will expand SUD services and supports including outreach, treatment, and recovery support services.
• Behavioral Health comparison rates	\$400,000	\$0	Funding will support actuarial work required for the authority to develop behavioral health comparison rates.
• Behavioral Health Institute	\$1,800,000	\$0	Funding will support the University of Washington Behavioral Health Institute to continue and enhance its efforts related to behavioral health training and workforce development.
• Behavioral health personal care	\$12,268,000	\$12,799,000	The state match for Medicaid personal care services for individuals who require services because of a behavioral health need is paid for by the managed care organizations and the federal portion is paid by the Department of Social and health Services. Funding is provided to reflect increases in caseload.
• Investment totals	<b>\$83,256,000</b>	<b>\$19,771,000</b>	

<b>Investment</b>	<b>FY 2021-2023</b>	<b>FY 2023-2025</b>	<b>Description</b>
• <b>Behavioral health provider relief</b>	\$31,000	\$0	One-time funding will allow the Authority to aid payments to behavioral health providers who have experienced revenue loss or increased expenses because of the COVID-19 pandemic.
• <b>Managed Care Organization (MCO) behavioral health rate increase</b>	\$55,041,000	\$18,402,000	Funding will continue in the 2021-23 fiscal biennium a two percent increase to Medicaid reimbursement for community behavioral health providers contracted through managed care organizations.
• <b>Rural behavioral health pilot</b>	\$750,000	\$0	Funding for one-time grant to Island County to fund a pilot program to improve behavioral health outcomes for young people in rural communities.
• <b>Behavioral Health (BH) respite waiver</b>	\$150,000	\$0	Funding will support the department to seek a Medicaid waiver for behavioral health respite care.
• <b>Behavioral health workforce</b>	\$1,000,000	\$0	Funding will allow three behavioral health workforce pilot sites and a flexible training grant program pursuant to Engrossed Second Substitute <a href="#">HB 1504</a> .
• <b>Align funding to expenditures</b>	(\$36,000)	\$0	Substitute <a href="#">SB 5181</a> , enacted in the 2019 legislative session, imposed restrictions on firearms possession by individuals receiving involuntary behavioral health treatment, which created work for the Health Care Authority's firearms compliance unit. The actual workload has been less than anticipated in the enacted budget.
• <b>Extend Medicaid Transformation Project (MTP) Initiative 3</b>	(\$25,499,000)	\$0	The MTP is a five-year agreement between the state and the Centers for Medicare and Medicaid Services (CMS). Funding is provided to extend the MTP Initiative 3 (Foundational Community Supports) for an additional year. This extension year will provide additional services for supportive housing and supported employment with community partners during the pandemic.
• <b>Investment totals</b>	<b>\$31,437,000</b>	<b>\$18,402,000</b>	



<b>Investment</b>	<b>FY 2021-2023</b>	<b>FY 2023-2025</b>	<b>Description</b>
• <b>Trueblood phase 2 implementations</b>	\$19,774,000	\$22,648,000	An approved settlement agreement in the Trueblood, et. al. v. DSHS lawsuit. 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. Funding is provided for 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.
• <b>Child assessment &amp; diagnosis</b>	\$1,257,000	\$1,089,000	Second Substitute <a href="#">HB 1325</a> will change assessments and diagnosis of children aged birth to 5 years old including provision of up to 5 sessions for intake and assessment in their own home.
• <b>Behavioral Health (BH) employment barriers task force</b>	\$100,000	\$0	One time will allow the Authority to convene a task force to identify ways to reduce barriers to behavioral health employment related to background checks.
• <b>Co-responder grants</b>	\$2,000,000	\$0	Grant funding will include a mental health practitioner on first responder teams responding to a behavioral health crisis.
• <b>Behavioral Health (BH) teaching clinics enhancement</b>	\$150,000	\$0	Funding will allow 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.
• <b>COVID Federal Medicaid Assistance Percentages (FMAP) increase</b>	\$0	\$0	The Families First Coronavirus Response Act enhances the federal financial participation in the Medicaid program by 6.2 percentage points. The enhancement is assumed to end December 31, 2021
• <b>Tribal residential Substance Use Disorder (SUD) rates</b>	\$15,733,000	\$0	Apple Health will reimburse all SUD resident treatment facilities (RTFs) 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).
• <b>Investment totals</b>	<b>\$39,014,000</b>	<b>\$23,737,000</b>	





<b>Investment</b>	<b>FY 2021-2023</b>	<b>FY 2023-2025</b>	<b>Description</b>
• <b>Children’s Long-Term Inpatient Program (CLIP)</b>	\$456,000	\$238,000	Funding will provide a two percent rate increase for Children's Long-Term Inpatient Program (CLIP) providers effective July 1, 2021.
• <b>Crisis stabilization pilot</b>	\$400,000	\$0	One time funding will provide and established Whatcom county crisis stabilization center as a pilot project for diversion from the criminal justice system.
• <b>Developmental Disability Training</b>	\$600,000	\$0	Funding will continue the University of Washington's Project ECHO (Extension for Community Healthcare Outcomes) funding for: Telecommunication and training.
• <b>Trueblood Full Time Employees (FTEs)</b>	\$1,123,000	\$1,116,000	Funding will support the data reporting, contracts, and fiscal work required for the implementation of the Trueblood, et. al. v. DSHS settlement agreement.
• <b>Community long-term inpatient beds</b>	\$51,982,000	\$47,094,000	The legislature will provide funding for community long-term inpatient bed capacity in the 2017-19 biennium. Additional investments during the 2021-23 biennium will increase the funded capacity to 221 by the end of FY 22 and 273 by the end of FY 23.
• <b>Children’s Long-Term Inpatient Program (CLIP) Habitual Mental Health (HMH) facility</b>	\$6,316,000	\$6,318,000	Funding will allow the authority to contract for a twelve bed children's long-term inpatient program (CLIP) facility specializing in the provision of rehabilitative mental health services for children and youth. The authority must provide a report to the legislature on utilization of the facility in June of 2023.
• <b>High potency cannabis policy review</b>	\$500,000	\$0	Funding will allow 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.
• <b>Short-term Behavioral Health (BH) housing support</b>	\$6,218,000	\$6,487,000	Funding will provide short-term rental subsidies and recovery housing for individuals with mental health or substance use disorders.
• <b>Investment totals</b>	<b>\$67,595,000</b>	<b>\$61,253,000</b>	



<b>Investment</b>	<b>FY 2021-2023</b>	<b>FY 2023-2025</b>	<b>Description</b>
• <b>Telehealth standards</b>	\$410,000	\$0	Funding will allow the Authority to contract with the Washington State Behavioral Health Institute and make recommendations related to standards of care and best practices for virtual behavioral health services to children from prenatal stages through age 25.
• <b>Adult and youth mobile crisis teams</b>	\$38,579,000	\$26,028,000	Funding will increase 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.
• <b>Involuntary commitment</b>	\$800,000	\$835	Funding will be used to implement Substitute <a href="#">SB 5073</a> related to involuntary commitment.
• <b>Intensive outpatient/partial hospitalization</b>	\$1,800,000	\$0	Funding will expand Intensive Outpatient/Partial Hospitalization pilot program originally funded in the 2020 supplemental budget.
• <b>Jail Medication for Opioid Use Disorder (MOUD) treatment</b>	\$5,000,000	\$0	Funding will allow the authority to expand efforts to provide opioid use disorder medication in city, county, regional, and tribal jails.
• <b>Law Enforcement Assisted Diversions (LEAD)</b>	\$5,000,000	\$0	Funding is provided to continue grants to LEAD programs outside of King county.
• <b>Managed Care Organization (MCO) wraparound services</b>	\$840,000	\$876,000	Funding will allow MCOs to increase provider rates by 2 percent for non-Medicaid wraparound services effective July 2021.
• <b>Mobile integrated health pilot</b>	\$750,000	\$0	Funding will provide a mobile integrated health pilot project to provide intervention services and care coordination.
• <b>Mental health education and support</b>	\$500,000	\$522,000	Funding will allow 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.
• <b>Parent Child Assistance Providers (PCAP) rate increase</b>	\$402,000	\$244,000	Funding is provided for a 2 percent rate increase for Parent Child Assistance Providers (PCAP) providers effective July 1, 2021.
• <b>Investment total</b>	<b>\$54,081,000</b>	<b>\$27,670,835</b>	



<b>Investment</b>	<b>FY 2021-2023</b>	<b>FY 2023-2025</b>	<b>Description</b>
• <b>Peer crisis response training</b>	\$250,000	\$0	Funding will allow 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 fiscal year 2022 and one statewide training session during fiscal year 2023.
• <b>Peer emotional support network</b>	\$500,000	\$0	Funding will allow the authority to establish an emotional support network program for individuals employed as peer specialists.
• <b>Problem gambling prevalence study</b>	\$500,00	\$0	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.
• <b>Trueblood crisis triage</b>	\$0	\$2,286,000	The Outlook for the 2023-25 biennium is adjusted to reflect the costs of opening two new crisis stabilization facilities in King county pursuant to phase two of the Trueblood, et. al. v. DSHS settlement agreement.
• <b>The American Rescue Plan Act (ARPA) Urban Indian Health Program (UIHP)</b>	\$0	\$0	As a result of the ARPA, the federal government is increasing the state's FMAP for Medicaid UIHP services to 100 percent for eight quarters. This increase is in effect from April 1, 2021 through March 31, 2023.
• <b>Outlook: University of Washington (UW) 90/180 beds</b>	\$0	\$1,853,000	The Outlook for the 2023-25 biennium is adjusted to reflect the costs of opening 50 new civil long-term inpatient beds at a new UW teaching hospital funded in the capital budget.
• <b>Outlook: University of Washington (UW) short-term beds</b>	\$0	\$1,749,000	The Outlook for the 2023-25 biennium is adjusted to reflect the costs of opening 50 new civil short-term inpatient beds at a new UW teaching hospital funded in the capital budget.
• <b>Department of Social and Health Services (DSHS) Residential Treatment Facility (RTF) rates</b>	\$4,647,000	\$14,375,000	Funding is provided for the authority to contract with two providers to operate two 16-bed units for long-term involuntary treatment.
• <b>Investment total</b>	<b>\$5,397,000</b>	<b>\$20,263,000</b>	

## Engrossed [SB 5476](#) State Vs. Blake

Investment	FY 2021-2023	FY 2023-2025	Description
• <b>Substance Use Disorder (SUD) family navigators</b>	\$500,000	\$0	Amends provisions relating to criminal justice and SUD treatment in response to the State v. Blake decision. The bill includes an appropriation for grants for SUD family navigators.
• <b>Outreach/intensive case management</b>	\$45,000,000	\$31,299,000	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.
• <b>Short-term Substance Use Disorder (SUD) housing vouchers</b>	\$1,000,000	\$1,043,000	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 voucher for individuals with substance use disorders.
• <b>Substance Use Disorder (SUD) regional administration</b>	\$2,800,000	\$3,046,000	Amends provisions relating to criminal justice and SUD 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.
• <b>Substance Use Disorder (SUD) recovery oversight committee</b>	\$400,000	\$417,000	Amends provisions relating to criminal justice and SUD 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.
• <b>Investment totals</b>	<b>\$49,700,000</b>	<b>\$35,805,000</b>	

## Engrossed [SB 5476](#) State Vs. Blake

Investment	FY 2021-2023	FY 2023-2025	Description
• <b>Recovery residences</b>	\$150,000	\$156,000	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.
• <b>Substance Use Disorder (SUD) expansion administration support</b>	\$5,130,000	\$5,285,000	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.
• <b>Clubhouse expansion</b>	\$8,677,000	\$4,979,000	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.
• <b>Investment total</b>	<b>\$13,957,000</b>	<b>\$10,420,000</b>	

## Engrossed [SB 5476](#) State Vs. Blake

Investment	FY 2021-2023	FY 2023-2025	Description
• Homeless outreach	\$12,500,000	\$15,650,000	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.
• Jail Medication for Opioid Use Disorder (MOUD) treatment	\$5,000,000	\$5,217,00	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 cities, counties, and regions.
• Opioid treatment network	\$1,000,000	\$0	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.
• Investment total	\$18,500,000	\$15,650,000	

## Introduction

Washington State provides Combined Federal Block Grant service through BH-ASO and BHOs. Contracts with BH-ASOs and BHOs support flexibility to meet the needs of populations based on local planning efforts and goals as identified in this Project Plan. The goal of the MNBG Project Plan is to ensure effective services are provided across populations with measurable outcomes.

**This Plan is for July 1, 2019 – June 30, 2020.** All Mental Health Block Grant funds contractually allocated for services provided, but not expended for services actually provided by June 30, 2019, may not be used or carried forward.

Please complete both sections (Section 1- Proposed Plan Narratives and Section 2 – Proposed Project Summaries and Expenditures) in this document and submit electronically to HCA for approval prior to submitting your first A-19 invoice. Contact the person identified above if there are any questions.

### **DO NOT MODIFY OR DELETE ANY PARTS OF THIS TEMPLATE.**

#### Instructions:

- Provide a detailed description for each anticipated range of services. There is no word limit. Each cell will automatically expand.
- Only complete Categories/Subcategories that align with local plans. There is no requirement to provide services in each Category.
- Insert Planned Expenditure Amounts for each category under the column heading “Proposed Total Expenditure Amount.” The Grand Total at bottom of that column must equal total MHBG Allocation.
- Insert the number of Adults with SMI\*\* and Children with SED\*\* projected to be served.
- “Outcomes and Performance Indicators” – Provide planned outcomes that are measurable and define what indicators will be used to support progress towards outcomes.

\*\*SMI/SED Definitions - For MHBG planning and reporting, SAMHSA has clarified the definitions of SED and SMI: Children with SED refers to persons from birth to age 18 and adults with SMI refers to persons age 18 and over: (1) who currently meets or at any time during the past year has met criteria for a mental disorder – including within developmental and cultural contexts – as specified within a recognized diagnostic classification system (e.g. most recent editions of DSM, ICD, etc.), and (2) who displays functional impairment, as determined by a standardized measure, which impedes progress towards recovery and substantially interferes with or limits the person’s role or functioning in family, school, employment, relationships, or community activities.

<b>Region: North Sound ASO</b>	<b>Current Date: May 31,2019</b>	<b>Total MHBG Allocation: \$1,105,480</b>
<b>Contact Person: Margaret Rojas</b>	<b>Phone Number: 360 416 7013</b>	<b>Email: Margaret_rojas@nsbhaso.org</b>

<b>Section 1 Proposed Plan Narratives</b>	
<b>Needs Assessment</b>	<p>Describe what strengths, needs, and gaps were identified through a needs assessment of the geographic area of the region. To the extent available, include age, race/ethnicity, gender, and language barriers.</p> <p><b>Begin writing here:</b> Our needs assessment is based on our new status as an ASO. Our state funding is being reduced for crisis services and because of the decrease in state funds, we felt it prudent to move a majority of the MHBG funding into our crisis system. The assessment was based on our main focus as an ASO. This discussion was presented to the North Sound BHO Advisory Board in January of 2019. The Board agreed to move in this direction for the time being and reassess on the next MHBG cycle to determine whether the MHBG funds are best suited to the crisis system. They also agreed that Tulalip Tribes will continue to receive funding for their youth at risk outreach program.</p> <p><b>Tulalip Tribes:</b> The Tribes are continually assessing the needs for services, which tend to be more than they can address, this program has morphed from a traditional healing project to an at risk youth outreach, which incorporates traditional ways, such as sweat lodge, traditional language lessons, elder mentoring, etc.</p>
<b>Cultural Competence*</b>	<p>Provide a narrative summarizing how cultural competence overall, is incorporated within proposed projects. Identify what anticipated efforts will be taken to measure progress.</p> <p><b>Begin writing here:</b> In our crisis system we do not intentionally target populations for the services but provide outreach to marginalized populations. We do ensure our crisis staff are trained, culturally aware and sensitive to the individuals who present for services. We have sponsored training; we provide Relias online learning to our providers and ensure they have policies in place that drive diversity in hiring. We will continue to offer continuing.</p> <p><b>Tulalip Tribes:</b> The Tribes have incorporated Native Language lessons and traditional practices in the program to engage the youth in their Tribe's traditions.</p>
<b>Children's Services</b>	<p>Describe how integrated system of care will be provided for children with SED with multiple needs, including: social services, educational services, juvenile services, and substance use disorder services.</p> <p><b>Begin writing here:</b> Our crisis system serves children/youth when presenting with a crisis. The crisis providers will attempt to contact the provider of services, if engaged in services, if in WISe there will be a mechanism to ensure contact is made with the WISe provider. In the crisis system it is difficult to conduct "Case Management" due to the limited time with the individuals. However, referrals occur and follow up outreach is done once the initial contact is completed.</p>

	<p><b>Tulalip Tribes:</b> The program only serves youth, with the purpose of engaging them in Tribal social services, reentry into school, help with criminal justice involvement and referral to behavioral health treatment services.</p>
<b>Public Comment/Local/BH Advisory Board Involvement</b>	<p>Describe how you facilitated public comment from any person, behavioral health association, individuals in recovery, families, and local boards in the development of this MHBG Plan.</p> <p><b>Begin writing here:</b> As stated above, the Advisory Board was included in the discussion for the change in funding direction, additionally the County Coordinators were apprised of the change. Previously the MHBG funding went to the counties for housing assistance and other specialized projects based on the county's needs. However, due to the change in status and funding we can no longer have flexibility in our funding priorities.</p>
<b>Outreach Services</b>	<p>Provide a description of how outreach services will target individuals who are homeless and how community-based services will be provided to individuals residing in rural areas.</p> <p><b>Begin writing here:</b> The outreach services provided in the crisis system are imbedded in our outreach teams going into homeless encampments, diffusing street disturbances and other referrals that require an outreach. Our crisis teams are dispatched to outlying areas on a regular basis, depending on safety risks and the ability to get to the location within prescribed timeframes it is our expectation that the team will travel to the rural areas of their catchment area.</p> <p><b>Tulalip Tribes:</b> the program is primarily an outreach program, the outreach worker knocks on doors, drives out into the woods or anywhere a youth is, there is no place the outreach worker will not go to reach a Tribal youth in trouble.</p>
<b>Staff Training</b>	<p>Describe the plan to ensure training is available for mental health providers and to providers of emergency mental health services and how this plan will be implemented.</p> <p><b>Begin writing here:</b> As stated above, we have provided the online learning system to our providers and have offered continuing education opportunities. Our regional training committee has worked to develop a training plan that encompasses a variety of training needs, however with move to an ASO the plan will need to be revised and focused on our crisis system.</p>
<b>Program Compliance</b>	<p>Provide a description of the strategies that will be used for monitoring program compliance with all MHBG requirements.</p> <p><b>Begin writing here:</b> we have instituted eligibility requirements for the use of MHBG, to determine whether the services are Non-Medicaid for Medicaid individuals or if Medicaid allowable services is being provided to a Non-Medicaid individual. Other unallowable costs will be monitored in a fiscal audit during the contract period. We will conduct clinical audits as well on a more frequent basis.</p>
<b>Cost Sharing (optional)</b>	<p>Provide a description of the policies and procedures established for cost-sharing, to include how individuals will be identified as eligible, how cost-sharing will be calculated, and how funding for cost-sharing will managed and monitored.</p> <p><b>Begin writing here:</b> N/A</p>

## Section 2 Proposed Project Summaries and Expenditures

Category/Sub Category	Provide a plan of action for each supported activity	Proposed #Children with SED	Proposed #Adults with SMI	Proposed Total Expenditure Amount
Prevention & Wellness – Activities that enhance the ability of persons diagnosed with SMI or SED, including their families, to effectively decrease their need for intensive mental health services:				0
Screening, Brief Intervention and Referral to Treatment				0
Brief Motivational Interviews				0
Parent Training				0
Facilitated Referrals				0
Relapse Prevention/ Wellness Recovery Support				0
Warm Line: Please note that ALL costs that directly serve persons with SMI/SED and their families <u>must</u> be tracked.				0
Outcomes and Performance Indicators				0
Engagement Services – Activities associated with providing evaluations, assessments, and outreach to assist persons diagnosed with SMI or SED, including their families, to engage in mental health services:				70,000
Assessment				0
Specialized Evaluations (Psychological and Neurological)				0
Service Planning (including crisis planning)				0
Educational Programs				0
Outreach	Tribal staff provide outreach on Tribal land to at-risk youth identified by Tribal authorities, human service providers and/or families.	<b>25</b>		

Outcomes and Performance Indicators Youth will be engaged in SUD/MH services, reunited with family/Tribal members and/or enrolled back in school.				0
Outpatient Services – Outpatient therapy services for persons diagnosed with SMI or SED, including services to help their families to appropriately support them.				0
Individual Evidenced-Based Therapies				0
Group Therapy				0
Family Therapy				0
Multi-Family Counseling Therapy				0
Consultation to Caregivers				0
Outcomes and Performance Indicators				0
Medication Services – Necessary healthcare medications, and related laboratory services, not covered by insurance or Medicaid for persons diagnosed with SMI or SED to increase their ability to remain stable in the community.				0
Medication Management				0
Pharmacotherapy				0
Laboratory Services				0
Outcomes and Performance Indicators				0
Community Support (Rehabilitative) – Community-based programs that enhance independent functioning for persons diagnosed with SMI or SED, including services to assist their families to care for them.				4,850
Parent/Caregiver Support				0
Skill Building (social, daily living, cognitive)				0
Case Management				0
Continuing Care				0
Behavior Management				0
Supported Employment				0
Permanent Supported Housing				0
Recovery Housing				0
Therapeutic Mentoring				0

Traditional Healing Services	At-risk youth will be attending cultural events, language classes and canoe journey.	15		0
Outcomes and Performance Indicators Youth will be engaged in cultural activities reconnecting with their elders and ceremonies.				0
Recovery Support Services – Support services that focus on improving the ability of persons diagnosed with SMI or SED to live a self-directed life, and strive to reach their full potential.				0
Peer Support				0
Recovery Support Coaching				0
Recovery Support Center Services				0
Supports for Self-Directed Care				0
Outcomes and Performance Indicators				0
Other Supports (Habilitative) – Unique direct services for persons diagnosed with SMI or SED, including services to assist their families to continue caring for them.				0
Personal Care				0
Respite				0
Support Education				0
Transportation				0
Assisted Living Services				0
Trained Behavioral Health Interpreters				0
Interactive communication Technology Devices				0
Outcomes and Performance Indicators				0
Intensive Support Services – Intensive therapeutic coordinated and structured support services to help stabilize and support persons diagnosed with SMI or SED.				0
Assertive Community Treatment				0
Intensive Home-Based Services				0
Multi-Systemic Therapy				0

Intensive Case Management				0
Outcomes and Performance Indicators				0
Out of Home Residential Services – Out of home stabilization and/or residential services in a safe and stable environment for persons diagnosed with SMI or SED.				400,000
Crisis Residential/Stabilization	Crisis outreach into the community, referrals from VOA, LE, community members and BHAs. DCR/Peer will stay engaged for up to 14 days post crisis.	406	43	0
Adult Mental Health Residential				0
Children’s Residential Mental Health Services				0
Therapeutic Foster Care				0
Outcomes and Performance Indicators: Individuals will be stabilized in the community, out of Emergency Departments and receive follow up care for up to 14 days.				0
Acute Intensive Services – Acute intensive services requiring immediate intervention for persons diagnosed with SMI or SED.				630,630
Mobile Crisis	The crisis system is made up of outreach teams to provide voluntary and involuntary services. This service can result in referrals and ITA investigations.	688	67	0
Peer-Based Crisis Services				0
Urgent Care				0
23 Hour Observation Bed				0
24/7 Crisis Hotline Services				0
Outcomes and Performance Indicators: DCRs will be on the outreach teams, when necessary be conducting ITA investigations and fining appropriate placement in psychiatric or secure detox facilities. DCRs will continue to use least restrictive criteria prior to an ITA investigation.				0
Non-Direct Activities – any activity necessary to plan, carry out, and evaluate this MHBG plan, including Staff/provider training, travel and per diem for peer reviewers, logistics cost for conferences regarding MHBG services and requirements, and conducting needs assessments.				
Workforce Development/Conferences				–
Grand Total				1,105,480



## Introduction

Washington State provides Substance Abuse Block Grant service delivery through BH-ASOs support flexibility to meet the needs of populations based on goals as identified in this Project Plan. The goal of the Substance Abuse Block Grant effective services are provided across populations with measurable outcomes and indicators.

This Plan is for July 1, 2020 – June 30, 2021. All Substance Abuse Block Grant funds contractually allocated for services actually provided by June 30, 2021, may not be used or carried forward.

Please complete both sections (Section 1- Proposed Plan Narratives and Section 2 – Proposed Project Summary) and submit electronically to HCA for approval prior to submitting your first A-19 invoice.

Contact the Person identified below if there are any questions:

Jenn Chancellor, Behavioral Health Program Manager  
Jenn.chancellor@hca.wa.gov

SABG Final Reports are due annually on August 1.

### **DO NOT MODIFY OR DELETE ANY PARTS OF THIS TEMPLATE.**

Instructions:

- Provide a detailed description for each anticipated range of services. There is no word limit. Each cell will automatically calculate the total contract amount.
- Only complete Categories/Subcategories that align with local plans. There is no requirement to provide services for all categories.
- Insert Planned Expenditure Amounts for each category under column heading “Proposed Expenditure Amount”. The total of all Planned Expenditure Amounts must equal total contract amount. The “Grand Total” will automatically calculate off of the amounts entered in the “Planned Expenditure Amount” text box.
- Federal Requirement – A minimum of 10% of funding must be expended to maintain, develop or enhance services for Children and Women with Dependent Children (PPW). Provide the number of PPW expected to be served.
- “Outcomes and Performance Indicators” – Provide planned outcomes that are measurable and define what in progress towards outcomes.
- Tab or use your cursor to enter information into each text box.
- Use your cursor to enter amounts into “Proposed Total Expenditure Amount.” You do not need to enter a “\$” when you move to the next text box.

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Block Grant is to ensure  
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’ – it will automatically add the symbol

<b>Region:</b>	North Sound
<b>Current Date:</b>	7-Jul-20
<b>Total SABG Allocation:</b>	3,289, 460
<b>Contact Person:</b>	Margaret Rojas
<b>Phone Number:</b>	360-416-7013
<b>Email:</b>	deliverables@nsbhaso.org

<b>Section 1</b>
<b>Proposed Plan Narratives</b>

<b>Needs Assessment (required)</b>	<p>Describe what strengths, needs, and gaps were identified through a needs assessment, include age, race/ethnicity, gender, and language barriers.</p> <hr/> <p><b>Begin writing here :</b></p> <p>Strengths:          continue the solid implementation and use of SABG funds as implemented when developing treatment facilities plans that North Sound provided leadership on, and the ASO will continue including the application and award of a 3 year SAMHSA grant. For SABG funds management facility and two 3.2 withdrawal management facilities; 3.5 and 3.3 opioid use disorder, and PPW including residential for adolescent girls; and four serve non-Native individuals. The ASO increased support for PPW Housing Support.</p>
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<b>Cultural Competence (required)</b>	<p>Provide a narrative summarizing how cultural competence overall, and the efforts that will be taken to measure progress.</p> <hr/> <p><b>Under North Sound ASO contracts and policies 1515 and 1521, all providers must be linguistically competent. All network providers must have internal written policies for cultural competence, and this is reviewed by the ASO for compliance. All areas of cultural competence are reviewed by the ASO.</b></p> <p><b>UPDATE: North Sound is encouraging our providers to utilize the self-assessment of cultural competence/sensitivity to individuals/families from different cultures, ethnicities, and languages.</b></p>
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<b>Continuing Education for Staff (required)</b>	<p>Describe how continuing education for employees of treatment facilities will be provided.</p> <hr/> <p><b>Begin writing here :</b></p> <p>North Sound ASO offers our provider networks access to an online SUD treatment planning tool, and regional Tribal Nations to convene the annual North Sound Tribal Conference, and many quality workshops on substance use disorder.</p> <p>UPDATE: Due to the Health Emergency of Covid-19 Pandemic, the North Sound ASO is providing virtual continuing education opportunities for staff.</p>
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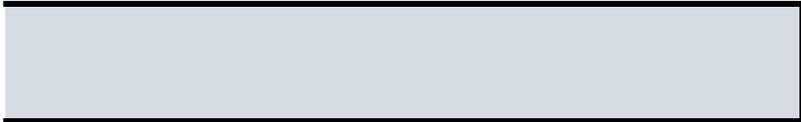
	<p>Provide a description of how faith-based organizations will be incorporated into the treatment plan.</p> <hr/>
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<p><b>Charitable Choice (required)</b></p>	<p>Catholic Community Services (CCS) is a large faith-based organization providing mental health disorder services for adults and youth, housing units, and PPW H Provider Network as a large regional provider in four counties, and, services pro referrals to CCS or utilization of CCS services. Other faith-based organizations i periodic process of public request for qualifications; no other faith-based organiz network to date.</p>
<p><b>Coordination of Services (required)</b></p>	<p>Provide a description of how treatment services are coordinated with the social, correctional and criminal justice, education, vocational rehabilitat</p> <hr/> <p><i>Begin writing here :</i></p> <p><i>See above response</i></p>
<p><b>Public Comment/Local Board /BH Advisory Board Involvement (required)</b></p>	<p>Describe how you facilitated public comment from any person, behavior local boards in the development of this SABG Plan.</p> <hr/> <p><i>Begin writing here :</i></p> <p><i>North Sound ASO continues the work of the BHO to work closely with eac county's behavioral health coordinator, as well as the designated elected counties, regional tribes and North Sound ASO will continue to work toge coordinators provide input and discussion through monthly meetings call input and discussion both ad hoc and through a quarterly meeting joint jo and the Executive Director of North Sound ASO. The Executive Director c</i></p>
<p><b>Program Compliance (required)</b></p>	<p>Provide a description of the strategies that will be used for monitoring pr</p> <hr/> <p><i>Begin writing here :</i></p> <p>SABG requirements are included in all Provider contracts and compliance is mo reporting, and required narrative reporting.</p>
<p><b>Recovery Support Services (optional)</b></p>	<p>Provide a description of how and what recovery support services will be families.</p> <hr/> <p><i>Begin writing here :</i></p> <p><i>Transportation costs to/from residential/MAT treatment will be reimbursec Medication to stabilize the individual</i></p>

*medication to stabilize the individual*  
*Peer Support/Recovery Coaching*  
*Coordination*  
*Basic needs, such as clothing/food/phone cards*  
*Brief Recovery Housing Support*

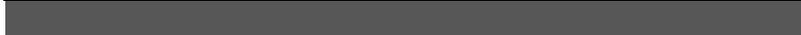


<p><b>Cost Sharing (optional)</b></p>	<p>Provide a description of the policies and procedures established for cost eligible, how cost-sharing will be calculated, and how funding for cost-sh</p> <hr/> <p><b><i>Begin writing here :</i></b> Currently, North Sound ASO does not use SABG funds for this purpose.</p>
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ed's assessment of the geographic area of the region. To the  
ers.

The ASO will  
n previously a BHO. The counties are continuing to implement their  
ue collaborations to continue to increase access to other MAT  
ed individuals, North Sound ASO has one 3.7 withdrawal  
residential services for individuals experiencing co-occurring issues,  
providers of OTP that include two tribal methadone programs that  
pport services and Opioid Outreach services.



orporated within proposed projects. Identify what anticipated

***rs are required to ensure their services are culturally and  
policies to promote these competencies in place for  
staff are required to complete Relias trainings on cultural  
cultural competence are reviewed during the administrative***

***essment located on our website to gauge their organization's  
nicity/race. The assessment is designed to be organization***



is expected to be implemented.

ment "Golden Thread" training on our website which details the  
es. The North Sound ASO will continue to collaborate with the  
which has been in place since 2001. The Tribal Conference includes  
d Tribal Conference was cancelled for 2020.



ted into your network and how referrals will be tracked.



g regional services for substance use disorder for adults and youth, housing Support Services. CCS will continue to be integral to our provided are tracked through our CIS and there is no paucity of interested in joining our provider network would occur through a zations have communicated an interest in joining our provider

provision of other appropriate services including health, ion and employment services.

al health association, individuals in recovery, families, and

***h of the five regional counties and coordinate with each officials that serve on our formal governance board. Regional ther and actively collaborate. The behavioral health led by the North Sound ASO Executive, and tribes provide intly called by the Tribal Nations Behavioral Health Leadership ontinues to provide the opportunities (both formal and***

rogram compliance with all SABG requirements.

monitored through utilization reviews, data reconciliation, encounter

made available to individuals in SUD treatment and their

***l to the provider.***

***Outreach and Care***

t-sharing, to include how individuals will be identified as  
aring will be managed and monitored.

Section 2

Proposed Project Summaries are

The \* indicates a required component of the Proposed P

Category/Subcategory	Provide a plan of action for each supported activity	Proposed # PPW to be served
Prevention & Wellness – Preventive services, such as drug use prevention and early intervention, are c		
*PPW Outreach (required)	<i>Begin writing here: PPW outreach is included in outreach to IUID</i>	64
Outreach to Individuals Using Intravenous Drugs (IUID)	<i>Begin writing here: Opioid Outreach services are operating in Island, Skagit, Snohomish and Whatcom counties</i>	100
Brief Intervention	<i>Begin writing here:</i>	0
Drug Screening	<i>Begin writing here: This is for our non-Medicaid outpatient clients and MAT clients.</i>	350
*Tuberculosis Screening (required)	<i>Begin writing here: All SUD OP network providers are required by contract to assure TB screening is provided and referrals are made to medical providers to ensure TB treatment is provided.</i>	0
Engagement Services – Assessment/admission screening related to SUD to determine appropriateness Education Services may include information and referral services regarding available resources, inform services and other supports. Educational programs can include parent training, impact of alcohol and c management, and stress management and reduction. Education services may be made available to inc community in general. This is different than staff training. Treatment services must meet the criteria as		
	<i>Begin writing here: Provided by OP treatment providers and</i>	

Assessment	<i>withdrawal management providers</i>	35
*Engagement and Referral (required)	<i>Begin writing here: This is a service OP providers can use in appropriate situations</i>	240
*Interim Services (required)	<i>Begin writing here: All SUD network providers are required by contract to assure interim services are provided within 48 hours if pregnant or an individual who uses drugs intravenously, who cannot be admitted into treatment due to lack of capacity.</i>	0
Educational Programs	<i>Begin writing here:</i>	0

**Outpatient Services – Services provided in a non-residential SUD treatment facility. Outpatient treatment Chapter 246-341 WAC.**

Individual Therapy	<i>Begin writing here: Services will be provided through the BHO provider network</i>	0
Group Therapy	<i>Begin writing here: Services provided through ASO Provider Network</i>	0
Family Therapy	<i>Begin writing here:</i>	0
Multi-Family Counseling	<i>Begin writing here:</i>	0

Therapy		
Medication Assisted Therapy (MAT) - Opioid Substitution Treatment	<i>Begin writing here: OTP Services provided through ASO Provider Network</i>	156
<b>Community Support (Rehabilitative) – Consist of support and treatment services focused on enhancing</b>		
Case Management	<i>Begin writing here:</i>	0
Recovery Housing	<i>Begin writing here: The first Recovery House in North Sound is in Bellingham operated by Lifeline Connections. This funding pays for approximately 10% of operations based on the nubmer of Non-Medicaid individuals residing at the house.</i>	0
Supported Employment	<i>Begin writing here:</i>	0
<b>Other Support (Habilitative) – Structured services provided in segments of less than 24 hours using a r treatment plans that vary in intensity of services and the frequency and duration of services based on t</b>		
PPW Housing Support Services	<i>Begin writing here: Providers continue to be Brigid Collins, Catholic Community Services, and Evergreen Recovery Centers. This continues to be safe, healthy, and alcohol/drug free housing support for PPW and their children</i>	792
Supported Education	<i>Begin writing here:</i>	0
Housing Assistance	<i>Begin writing here: This assistance is for an individual in treatment who are homeless or at risk of becoming homeless</i>	300

Housing Assistance		
Spiritual/Faith-Based Support	<i>Begin writing here:</i>	0
<b>Intensive Support Services – Services that are therapeutically intensive, coordinated and structured for individuals with serious and persistent mental health conditions, utilizing recovery principles to help return individuals to less intensive outpatient, case management, and other services.</b>		
*Therapeutic Intervention Services for Children (required)	<i>Begin writing here: These services are covered under Medicaid, the ASO has not been billed for these services</i>	0
Sobering Services	<i>Begin writing here:</i>	0
<b>Out of Home Residential Services – 24 hour a day, live-in setting that is either housed in or affiliated with a community-based organization that serves individuals who need safe and stable living environments in order to develop their recovery skills and meet the criteria as set forth in Chapter 246-341 WAC.</b>		
Sub-acute Withdrawal Management	<i>Begin writing here: Contracts continue to include Whatcom Community Detox and Skagit Crisis</i>	10
Crisis Services Residential/ Stabilization	<i>Begin writing here:</i>	0
Intensive Inpatient Residential Treatment	<i>Begin writing here: Services through provider network and single case agreements with other providers as needed</i>	4
	<i>Begin writing here: Services through provider network and</i>	

Long Term Residential Treatment	<i>single case agreements with other providers as needed</i>	0
Recovery House Residential Treatment	<i>Begin writing here:</i>	0
Involuntary Commitment	<i>Begin writing here: Covered under Crisis Services</i>	0
<p>Acute Intensive Services -24-hour emergency services that provide access to a clinician. The range of are not limited to direct contact with clinician, medication evaluation, and hospitalization. Services must WAC.</p>		
Acute Withdrawal Management	<i>Begin writing here: Evergreen Recovery will provide these services at their Lynnwood location</i>	10
<p>Recovery Supports –A process of change through which individuals improve their health and wellness, full potential. Recovery emphasizes the value of health, home, purpose, and community to support rec</p>		
*Interim Services (required)	<i>Begin writing here:</i>	0
*Transportation for PPW (required)	<i>Begin writing here: included in PPW Housing</i>	0
Transportation	<i>Begin writing here: Transportation to and from residential/MAT treatment. Includes PPW transportation</i>	0

<p>*Childcare Services (required)</p>	<p><i>Begin writing here: To date the ASO has not been billed for these services, majority of children are Medicaid and have childcare coverage</i></p>	<p>0</p>
<p>*Other SABG activities (required) – any activity necessary to plan, carry out, and evaluate this SABG logistics cost for conferences regarding SABG services and requirements, capacity management infr</p>		
<p><i>Begin writing here: Continuing Education/Training for staff is funded under other resources so will be continued by the Nortl</i></p>		
<p><b>Grand Total</b></p>		

and Expenditures  
 Project Summary and must be completed

Outcomes and Performance Indicators	Proposed Total Expenditure Amount
critical components of wellness:	\$821,632.00
<i>Begin writing here: Monthly reporting:Monthly reporting by Provider:            Number of hours of services            Number of individuals contacted            Of these, # pregnant and/or parenting            Number of assessments obtained            Number of treatment admissions</i>	Enter budget allocation to this proposed activity \$0.00
<i>Begin writing here: Monthly reporting:Monthly reporting by Provider:            Number of hours of services            Number of individuals contacted            Of these, # pregnant and/or parenting            Number of assessments obtained            Number of treatment admissions</i>	Enter budget allocation to this proposed activity \$816,632.00
<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
<i>Begin writing here: Monthly reporting by Provider in IS/IT</i>	Enter budget allocation to this proposed activity \$5,000.00
<i>Begin writing here: Verification through UR</i>	Enter budget allocation to this proposed activity \$0.00
s of admission and levels of care. nation and training concerning availability of drug problems, anxiety symptoms and individuals, groups, organizations, and the set forth in Chapter 246-341 WAC.	\$1,165,768.00
<i>Begin writing here: Verification through provider data</i>	Enter budget allocation to this

<p>transmitted to ASO Verification through UR</p>	<p>proposed activity \$5,000.00</p>
<p>Begin writing here: Verification through provider data transmitted to ASO Verification through UR</p>	<p>Enter budget allocation to this proposed activity \$1,160,768.00</p>
<p>Begin writing here: Verification through data transmitted to ASO Verification through UR</p>	<p>Enter budget allocation to this proposed activity \$0.00</p>
<p>Begin writing here:</p>	<p>Enter budget allocation to this proposed activity \$0.00</p>
<p>ent services must meet the criteria as set forth in</p>	<p>\$300,000.00</p>
<p>Begin writing here: Verification through provider data transmitted to ASO Verification through UR</p>	<p>Enter budget allocation to this proposed activity \$0.00</p>
<p>Begin writing here: Verification through provider data transmitted to ASO Verification through UR</p>	<p>Enter budget allocation to this proposed activity \$0.00</p>
<p>Begin writing here:</p>	<p>Enter budget allocation to this proposed activity \$0.00</p>
<p>Begin writing here:</p>	<p>Enter budget allocation to this proposed activity \$0.00</p>

<i>Begin writing here: Verification through provider data transmitted to ASO Verification through UR</i>	Enter budget allocation to this proposed activity \$300,000.00
independent functioning.	\$85,000.00
<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$85,000.00
<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
multi-disciplinary team approach to develop the needs of the client.	\$792,038.00
<i>Begin writing here: Verification through required reporting</i>	Enter budget allocation to this proposed activity \$592,038.00
<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
<i>Begin writing here: Reimbursement forms with original receipts</i>	Enter budget allocation to this proposed activity \$200,000.00

<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
oup-oriented. Services stabilize acute crisis and se management, and/or other recovery based	\$0.00
<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
ith a permanent facility. A defining characteristic covery skills. Treatment services must meet the	\$105,000.00
<i>Begin writing here: Verification through data transmitted to ASO Verification through UR</i>	Enter budget allocation to this proposed activity \$50,000.00
<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
<i>Begin writing here: Verification through provider data transmitted to ASO Verification through UR</i>	Enter budget allocation to this proposed activity \$55,000.00
<i>Begin writing here: Verification through provider data</i>	Enter budget allocation to this

<i>transmitted to ASO</i> <i>Verification through UR</i>	proposed activity \$0.00
<i>Begin writing here:</i>	Enter budget allocation to this proposed activity 0 (add Whatcom Recovery House)
<i>Begin writing here: DCR data transmission to ASO</i> <i>Secure facility data transmission to ASO</i>	Enter budget allocation to this proposed activity \$0.00
emergency services available may include but meet the criteria as set forth in Chapter 246-341	\$10,000.00
<i>Begin writing here: Verification through provider data</i> <i>transmitted to ASO</i> <i>Verification through UR</i>	Enter budget allocation to this proposed activity \$10,000.00
live a self-directed life, and strive to reach their recovery.	\$10,000.00
<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
<i>Begin writing here: Cost reimbursement to Provider with original receipts</i>	Enter budget allocation to this proposed activity \$10,000.00

<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
G plan, including Continued Education/training, structure, and conducting needs assessments.	\$0.00
<i>h Sound ASO.</i>	
	<b>\$3,289,438.00</b>

## **Ideas for use of new federal block grant dollars**

1. Workforce Development:
  - Tuition stipends
  - Paying for license and relicensing
  - Providing dedicated funding to BHAs to provide supervision to Behavioral Health Clinician trainees
  - Retention stipends [if allowable]
  - Supporting Peer recruitment, training and retention
  
2. Crisis Response
  - Enhanced funding for crisis lines to follow up with persons contacting a crisis line, especially persons who are not able to get an outpatient appointment right away
  - Enhanced funding for crisis outreach to more geographically distant rural areas
  - Enhanced outreach for persons who had a drug overdose
  - Enhanced funding for co-responder models with law enforcement
  
3. Crisis Stabilization
  - Provide additional operating support to Crisis Stabilization and Withdrawal management facilities
  - Enhanced funding to provide more follow up for persons being released from jail or residential treatment
  - Stepdown beds for persons waiting for a psychiatric treatment bed [but not ITA]
  
4. Recovery supports:
  - Housing rental assistance to persons who exit jail and agree to participate in SUD treatment
  - Other recovery support services for persons in treatment



## North Sound Workforce Development Survey (MCOs)

Thank you for taking part in our survey. For each proposed solution, please indicate which option best fits with the proposed activity: advocacy for state-wide action, a coordinated joint MCO/ASO effort in the North Sound region, or actions undertaken by the individual MCO and ASO within their own networks.

Some of these solutions could be pursued at multiple levels, but the goal of the survey is to identify actions that would best lend themselves to regional or individual funder efforts.

Before beginning, please provide your contact information.

*Name*

*Organization/ Agency*

*Email Address*

### **For each strategy option choose from the following options:**

- *Advocate for State Agency Action*
- *Collaborate with other MCOs/ASO for coordinated regional action*
- *Pursue as an action with the MCOs individual network*
- *Additional Comments*

### **Strategy: Competitive wages and benefits**

1. Advocate with HCA to better capture the cost of competitive wages and benefits in the Medicaid rate setting process.
2. Advocate with HCA to better capture the cost of capacity payments for some behavioral health services in the Medicaid rate setting process.

### **Strategy: Support enhanced recruitment efforts**

1. Provide funding for BHAs to offer signing bonuses.
2. More intensive recruiting of graduates from area human services programs.

### **Strategy: Increase the number of persons seeking Human Services degrees**

1. Offer tuition reimbursement or loan forgiveness programs.
2. Sponsor apprenticeship programs and/or funding to provide more intensive training and supervision to less qualified applicants, e.g., bachelor level.

**Strategy: Provide Workforce Retention Supports**

1. Fund competitive wages for senior staff.
2. Quarterly retention bonuses.
3. Childcare stipends.
4. Other "wellness" supports.
5. Encourage the use of telecommuting as part of a "hybrid" model.

**Strategy: Expand access to behavioral health professionals in other settings.**

1. Train and pay for behavioral staff in primary care clinics.
2. Look at how to leverage existing PCP practices to see how to address needs of members more efficiently.
3. Exploring adding additional BHAs for regions with most need.
4. Look at adding BHAs or vendors to provide specific services.
5. Gauging mild-moderate current network to see if current providers able to expand access.
6. Ongoing training for MCO/ASO Customer Service staff to better assist members looking for providers.

**Strategy: Provide more support for training and supervision**

1. Provide separate funding and incentives for clinical staff to provide supervision to clinician trainees and/or peers.
2. Expand use of tele-based supervision.
3. Pilot use of competency-based training to allow bachelor level trainees and/or peers to provide higher levels of clinical care.
4. Fund and/or provide more centralized training for BHA staff, e.g., training academies.
5. Establish a teaching clinic enhancement rate.
6. Create funded practicum sites.
7. Provide separate funding for training of clinical staff.
8. Offer group training site for staff from different agencies to provide standardized training and network opportunities.
9. Use "training cohorts".

**Strategy: Expand use of trained and certified Peer Specialists**

1. Flexibility to allow peers to start performing some tasks before being fully certified.
2. More opportunities for peer training – especially local training opportunities.
3. Fund ongoing support systems and continuing education for peer specialists.

**Strategy: Streamline the process to license, certify and register new clinicians in Provider One**

1. Support use of License reciprocity with other states.
2. Streamline the Provider One registration process – reduce the time it takes
3. Provide funding to partially offset the cost of licensing and relicensing.
4. Work with DOH to ease provider requirements, specifically around credentialing.

**Strategy: Pilot the use of other models of care**

1. Combine individual treatment and assessment with some group treatment models.
2. Continue to use and train staff in use of telehealth for individual and group treatment.
3. Consolidate or streamline access for providers to professional tele-health consultations and services.
4. Provide clinical training on and/or present examples of evidence based brief treatment models.

**Strategy: Expand use of or increase access to and training on phone-based recovery apps**

1. Combine expanded use of phone-based recovery apps with enhanced MCO care coordination.

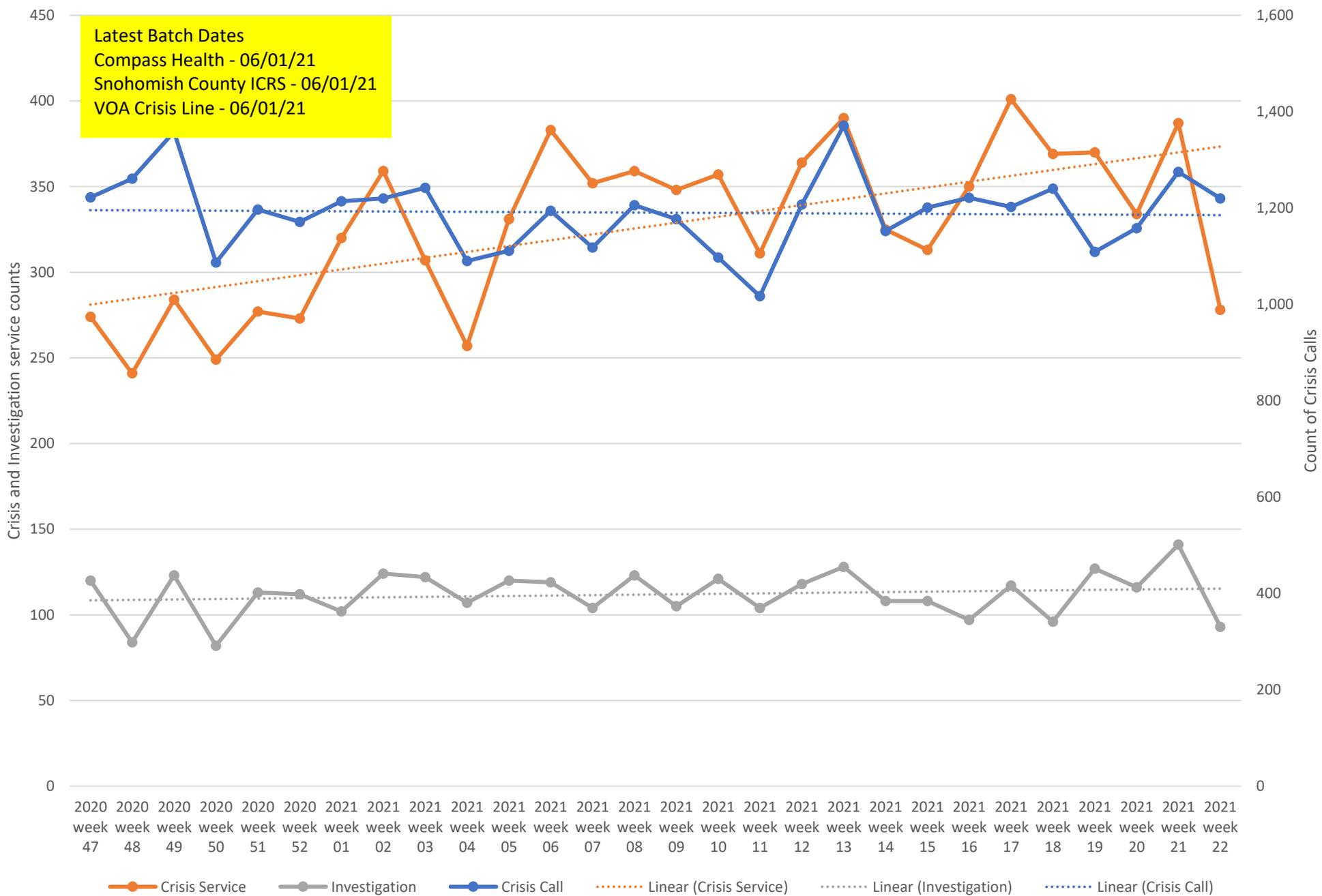
**Are there other strategies you would like to propose?**



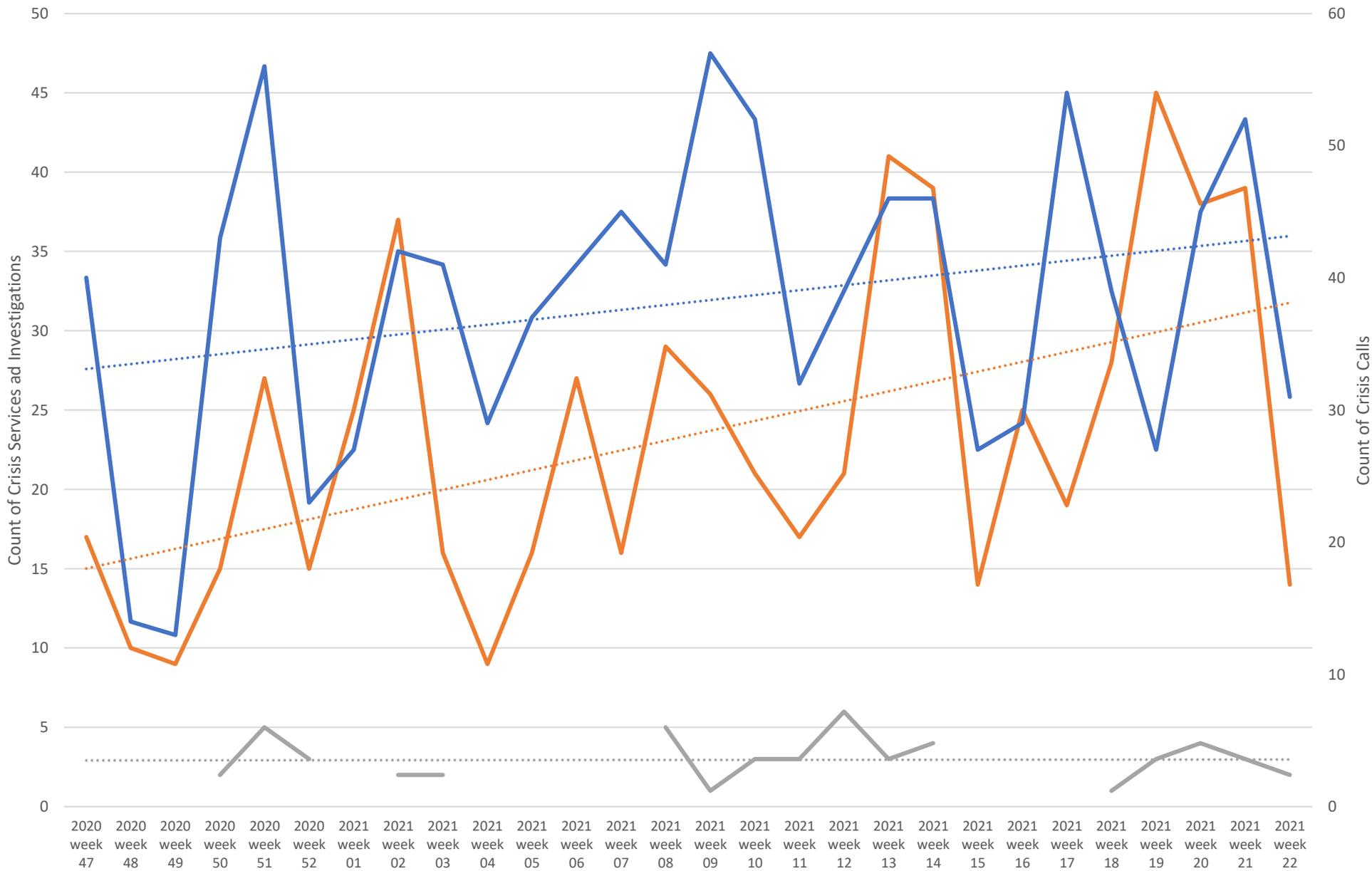
## Weekly Crisis Capacity Indicator Snapshot

Page 2	Crisis Data - dates 11/15/20 to 05/29/21
Page 3	Crisis Data: Ages 0-17 - dates 11/15/20 to 05/29/21
Page 4	All DCR Dispatches - dates 11/15/20 to 05/29/21
Page 5	Weekly Staff Count - Staff providing Crisis or Investigation services 11/15/20 to 05/29/21
Page 6	Average dispatch time for investigations from 11/15/20 to 05/29/21
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 11/15/20 to 05/29/21
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 - 09/01/20 to 05/31/21
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 11/15/20 to 05/29/21

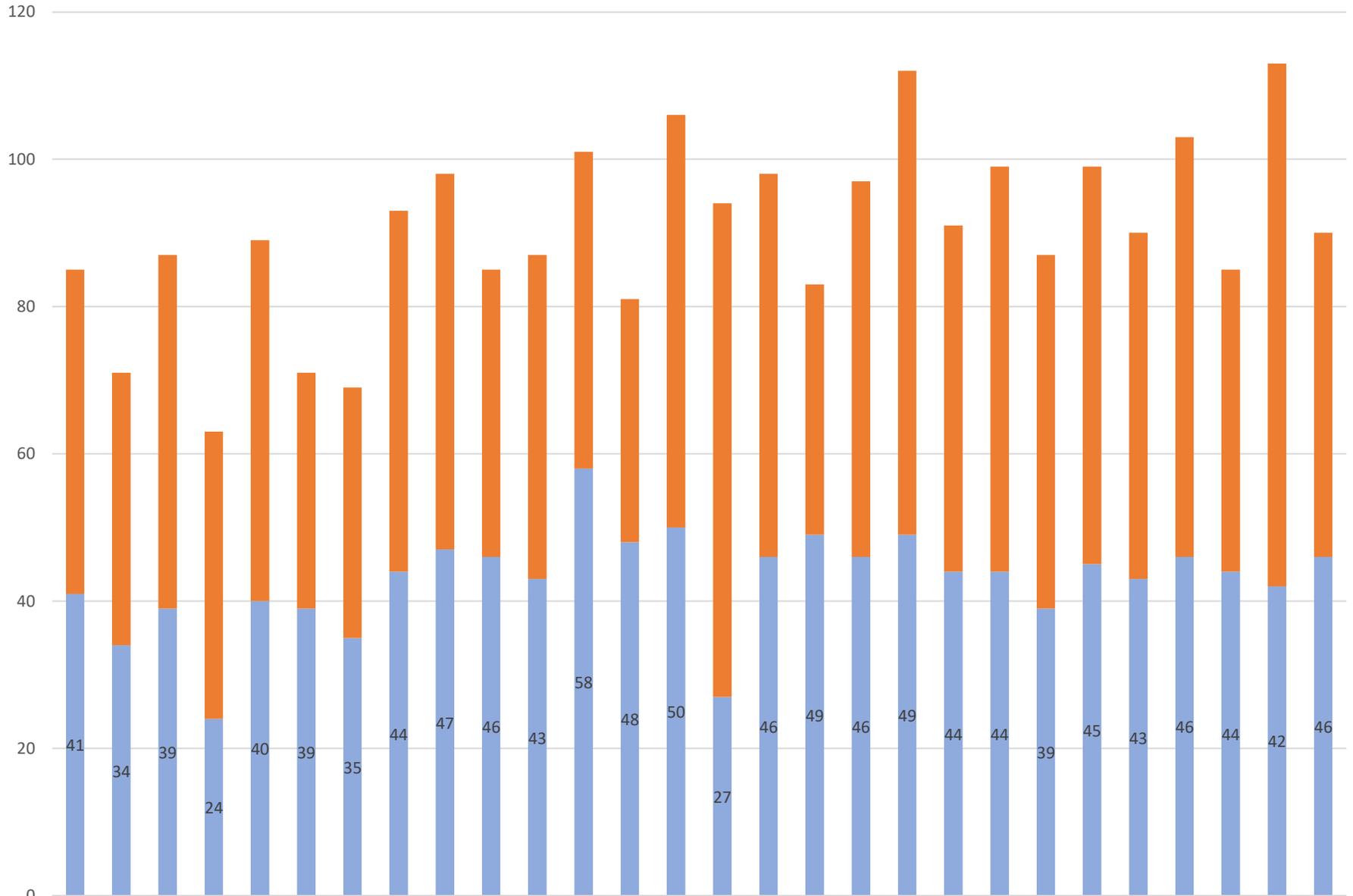


Crisis Data: Ages 0-17 - dates 11/15/20 to 05/29/21



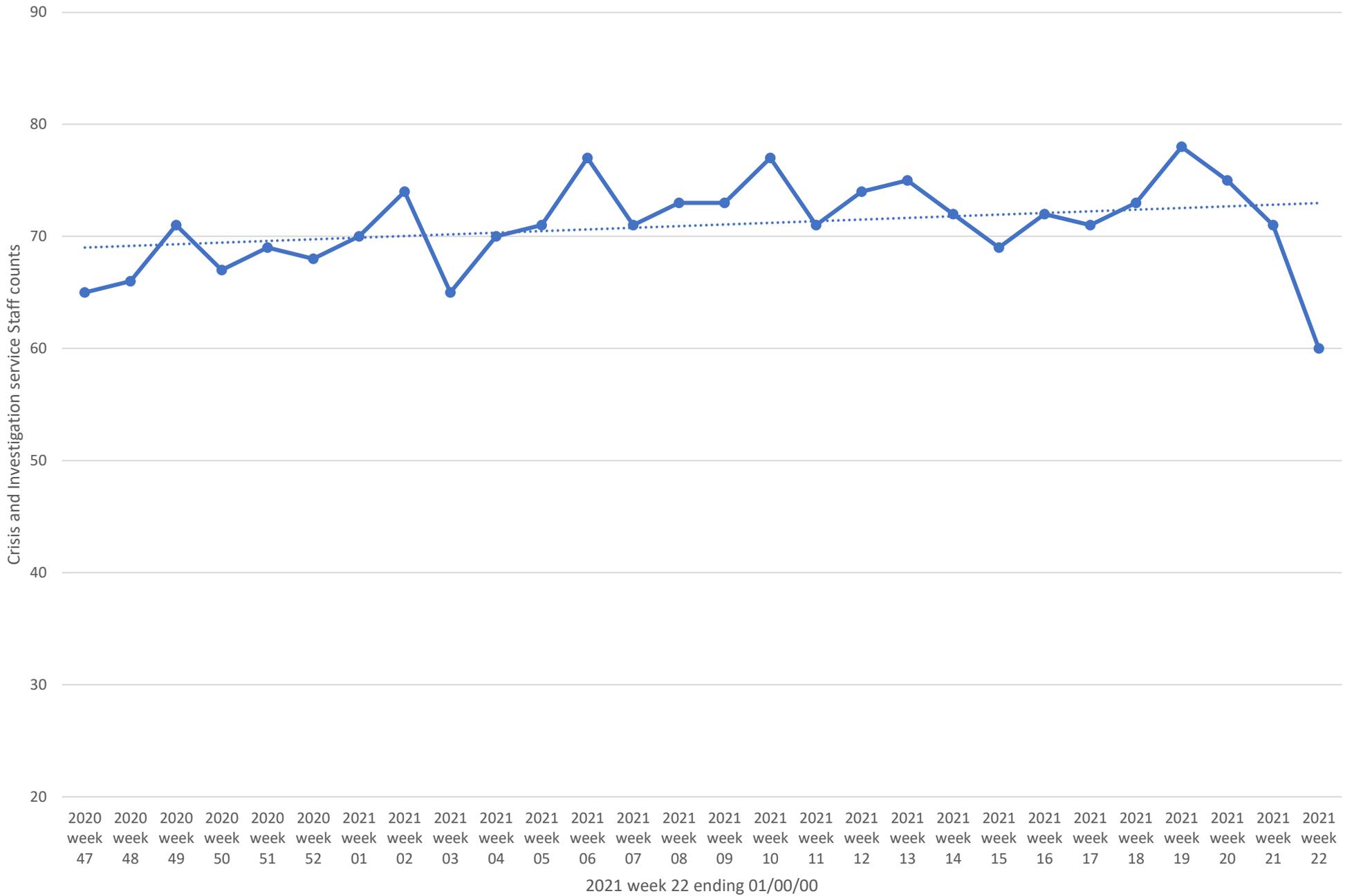
— Crisis Service   
 — Investigation   
 — Crisis Call   
 ⋯ Linear (Crisis Service)   
 ⋯ Linear (Investigation)   
 ⋯ Linear (Crisis Call)

# All DCR Dispatches - dates 11/15/20 to 05/29/21

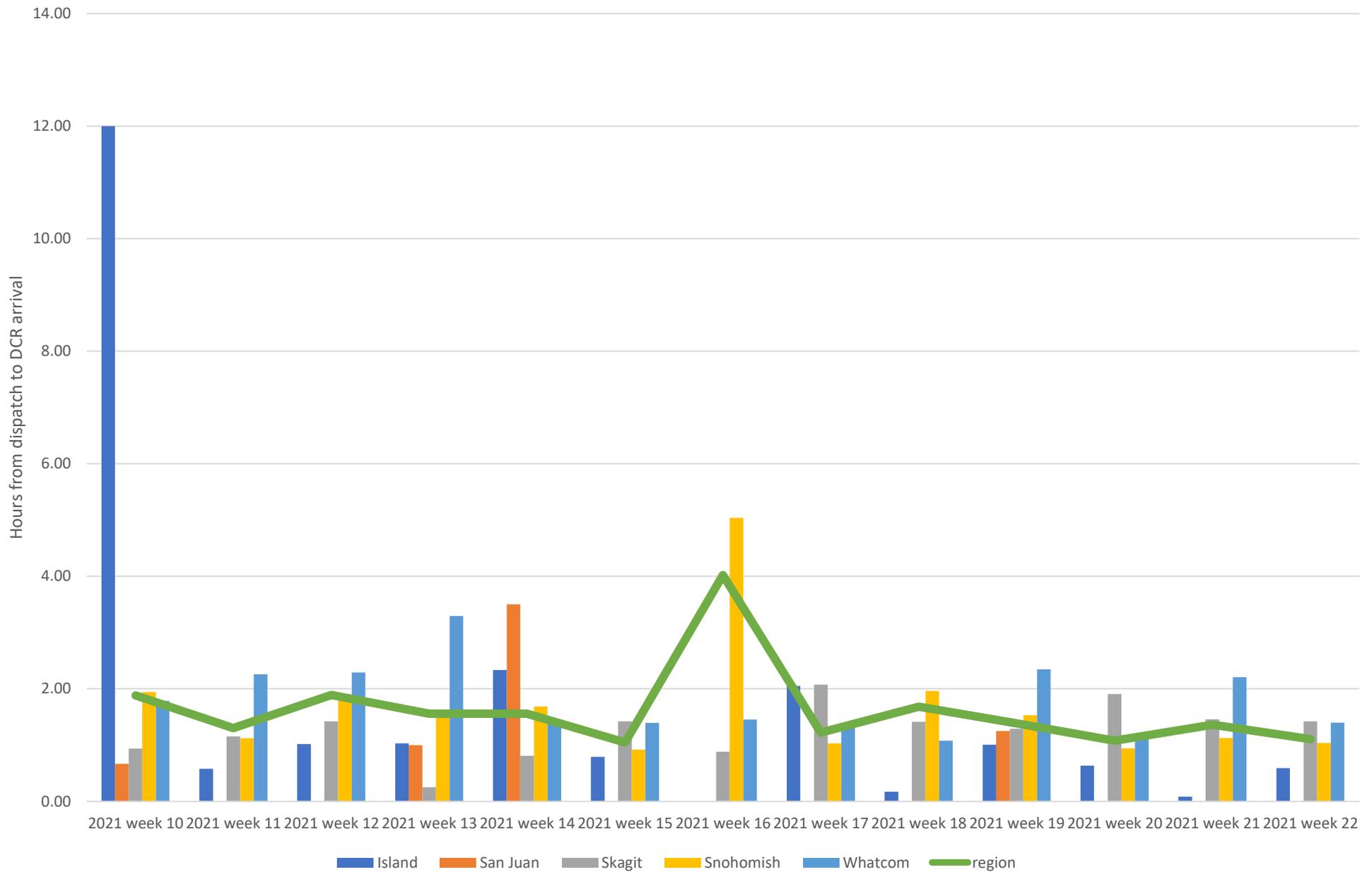


	2020 week 47	2020 week 48	2020 week 49	2020 week 50	2020 week 51	2020 week 52	2021 week 01	2021 week 02	2021 week 03	2021 week 04	2021 week 05	2021 week 06	2021 week 07	2021 week 08	2021 week 09	2021 week 10	2021 week 11	2021 week 12	2021 week 13	2021 week 14	2021 week 15	2021 week 16	2021 week 17	2021 week 18	2021 week 19	2021 week 20	2021 week 21	2021 week 22
dispatch resulting in other outcome	44	37	48	39	49	32	34	49	51	39	44	43	33	56	67	52	34	51	63	47	55	48	54	47	57	41	71	44
dispatch resulting in detention	41	34	39	24	40	39	35	44	47	46	43	58	48	50	27	46	49	46	49	44	44	39	45	43	46	44	42	46

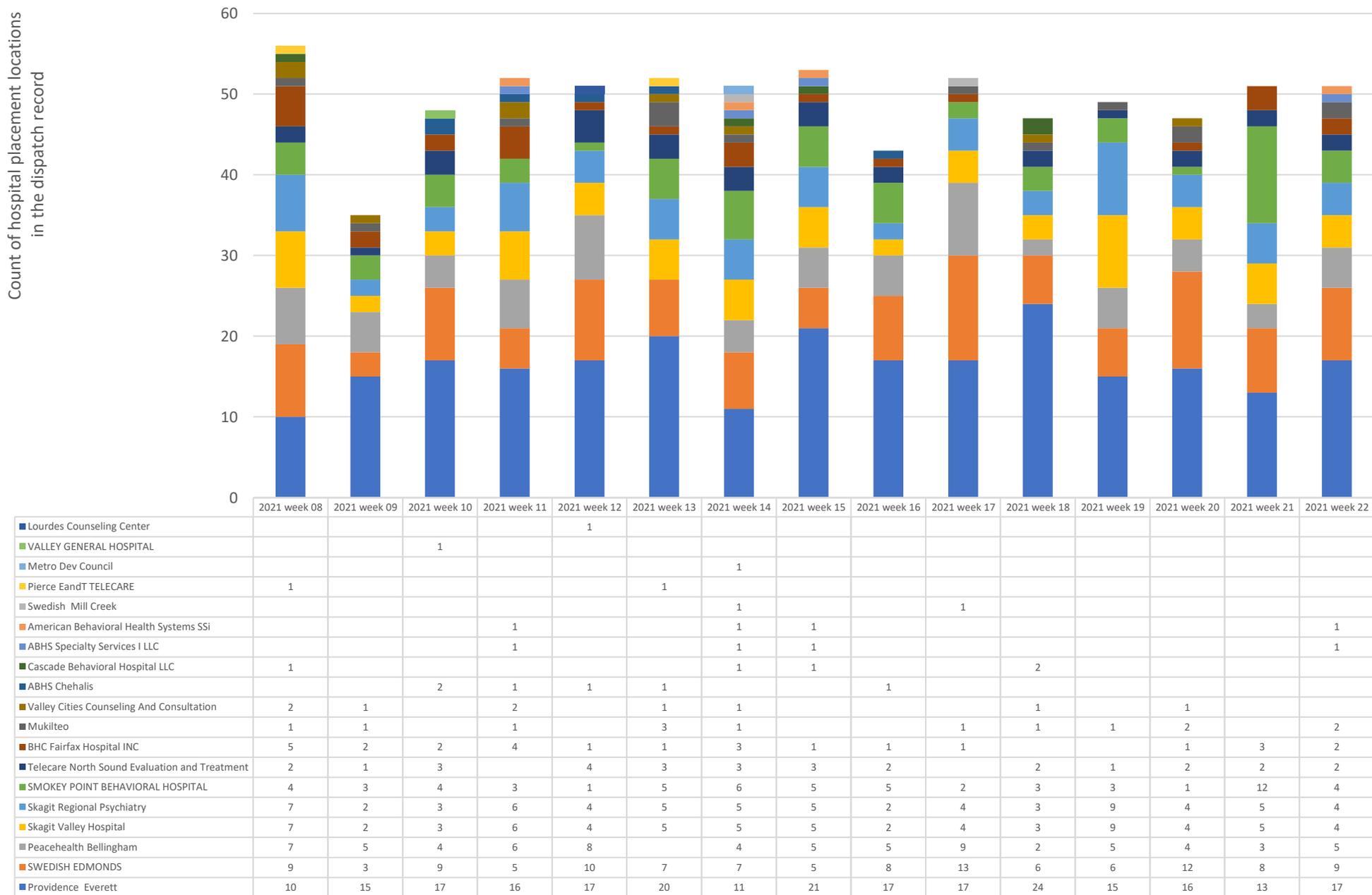
### Weekly Staff Count - Staff providing Crisis or Investigation services 11/15/20 to 05/29/21



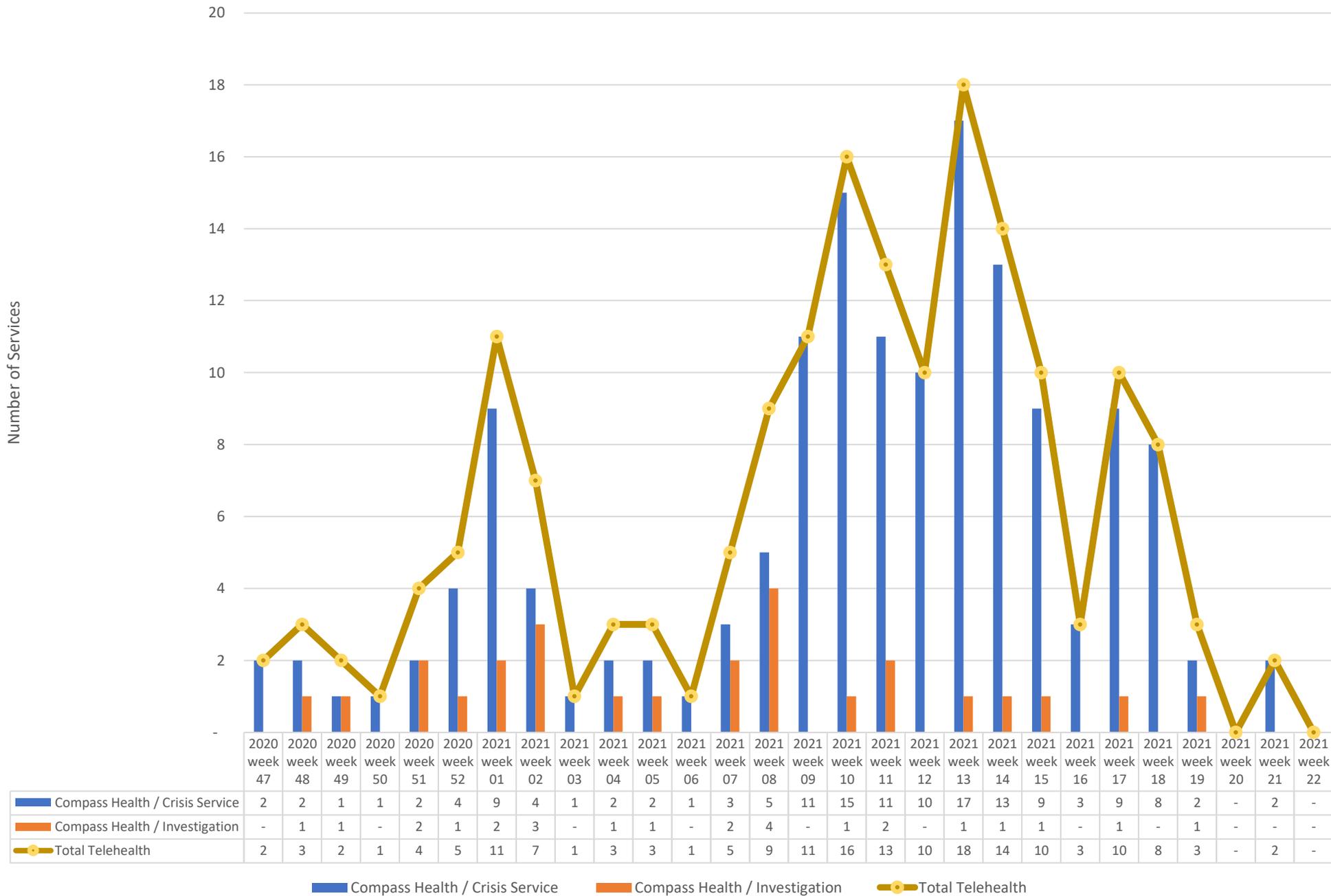
# Average dispatch time for investigations from 11/15/20 to 05/29/21



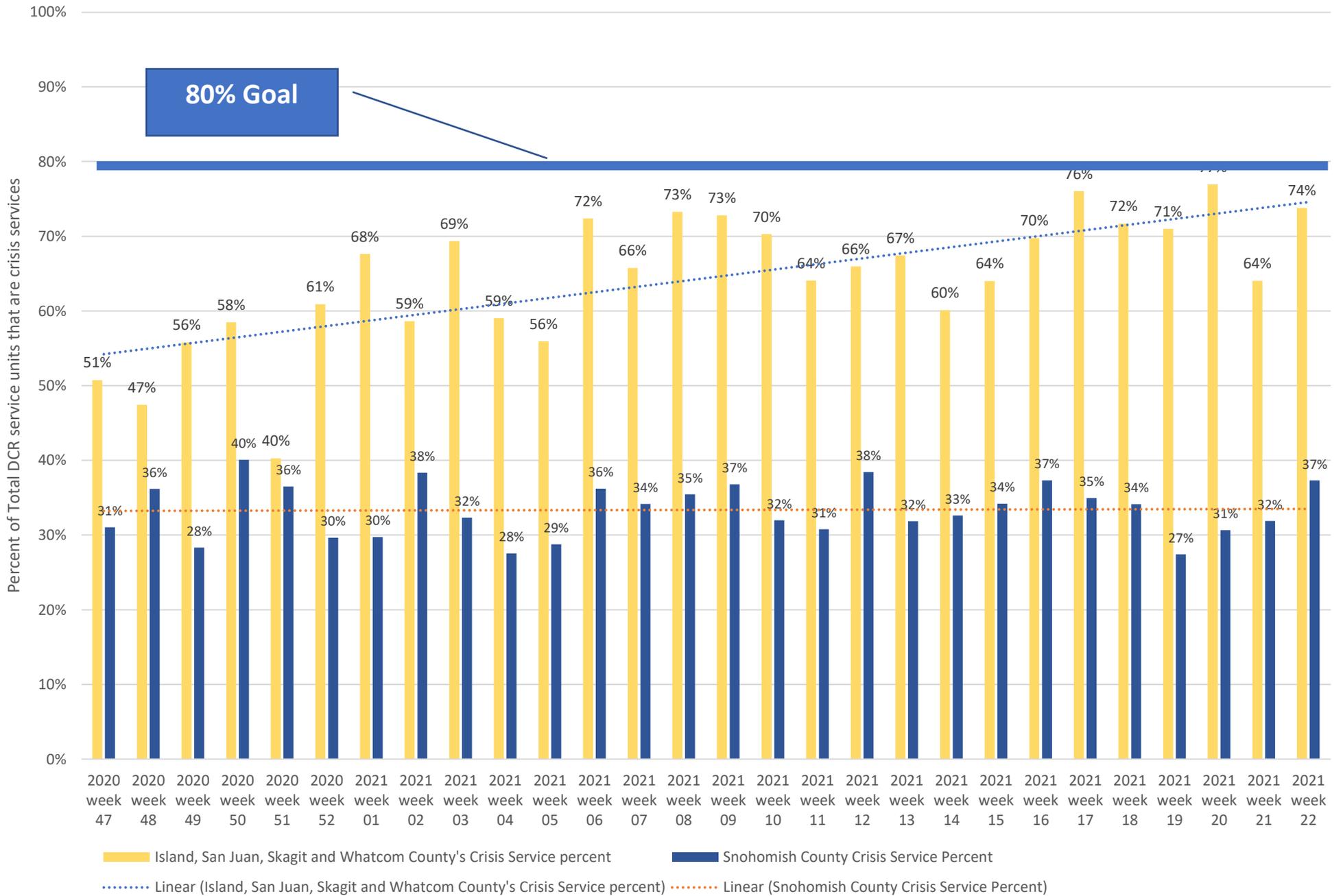
## Hospital placement locations (Invol and Vol) - No adjustment has been made for timely data - recent weeks likely low



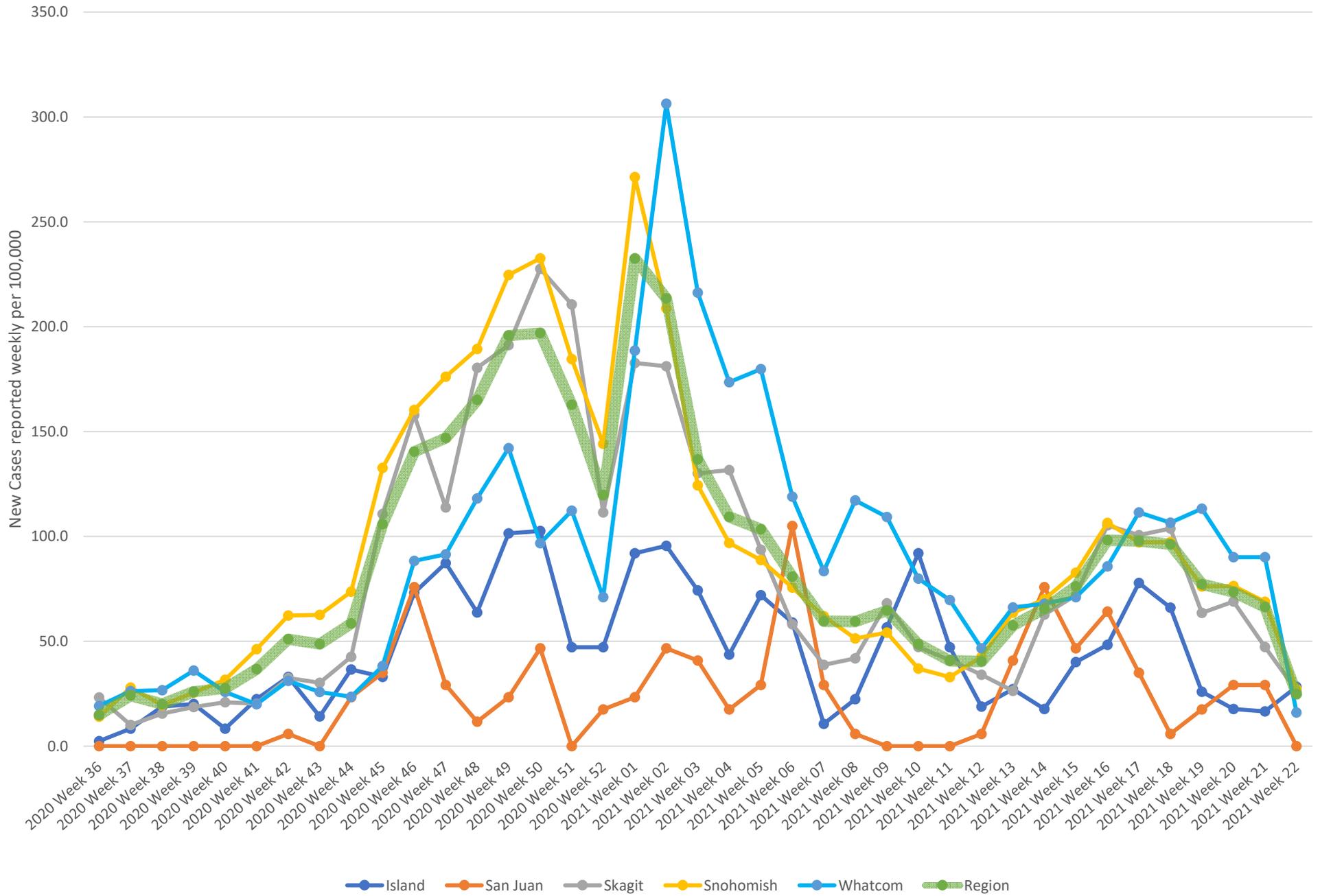
### Telehealth only, crisis and investigation services from 11/15/20 to 05/29/21



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



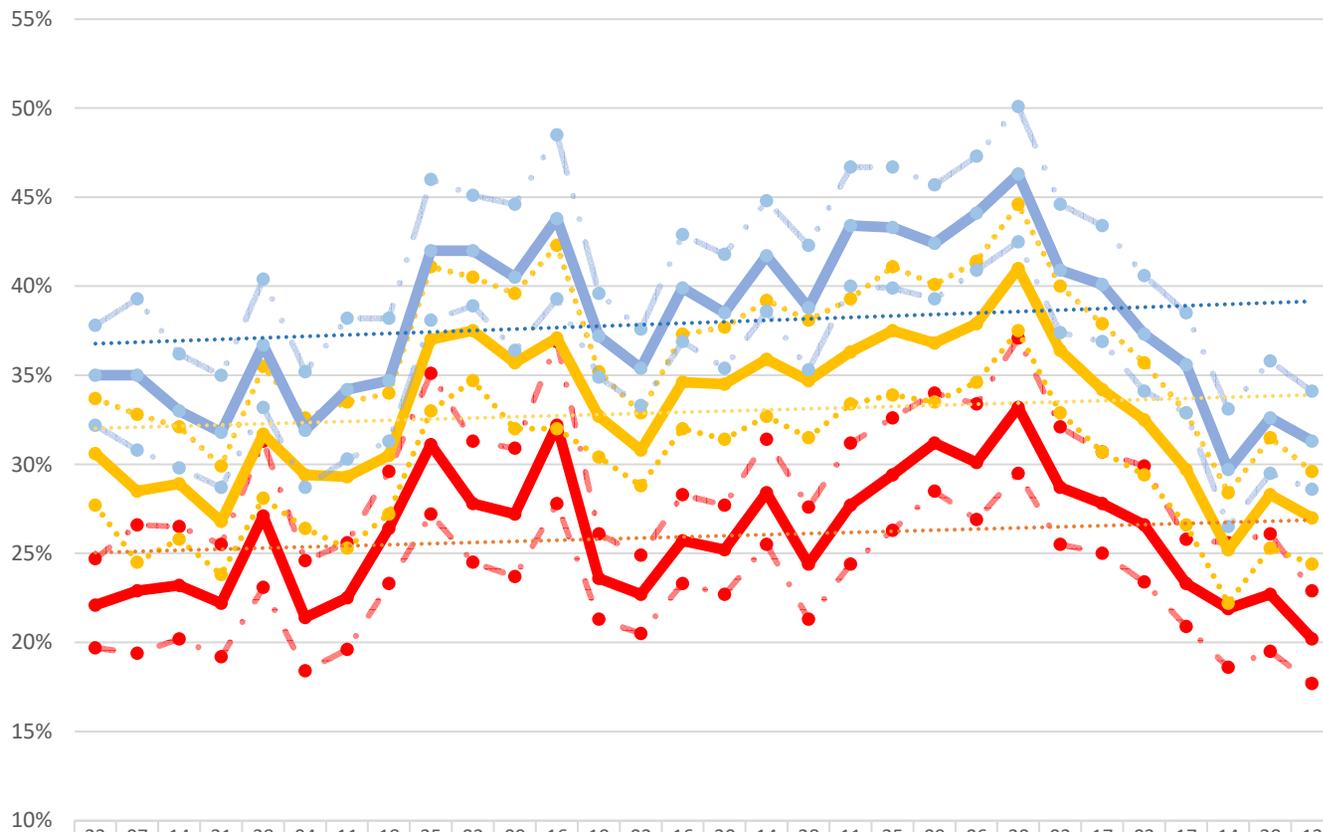
# New COVID-19 Cases Reported Weekly per 100,000 population - 09/01/20 to 05/31/21



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

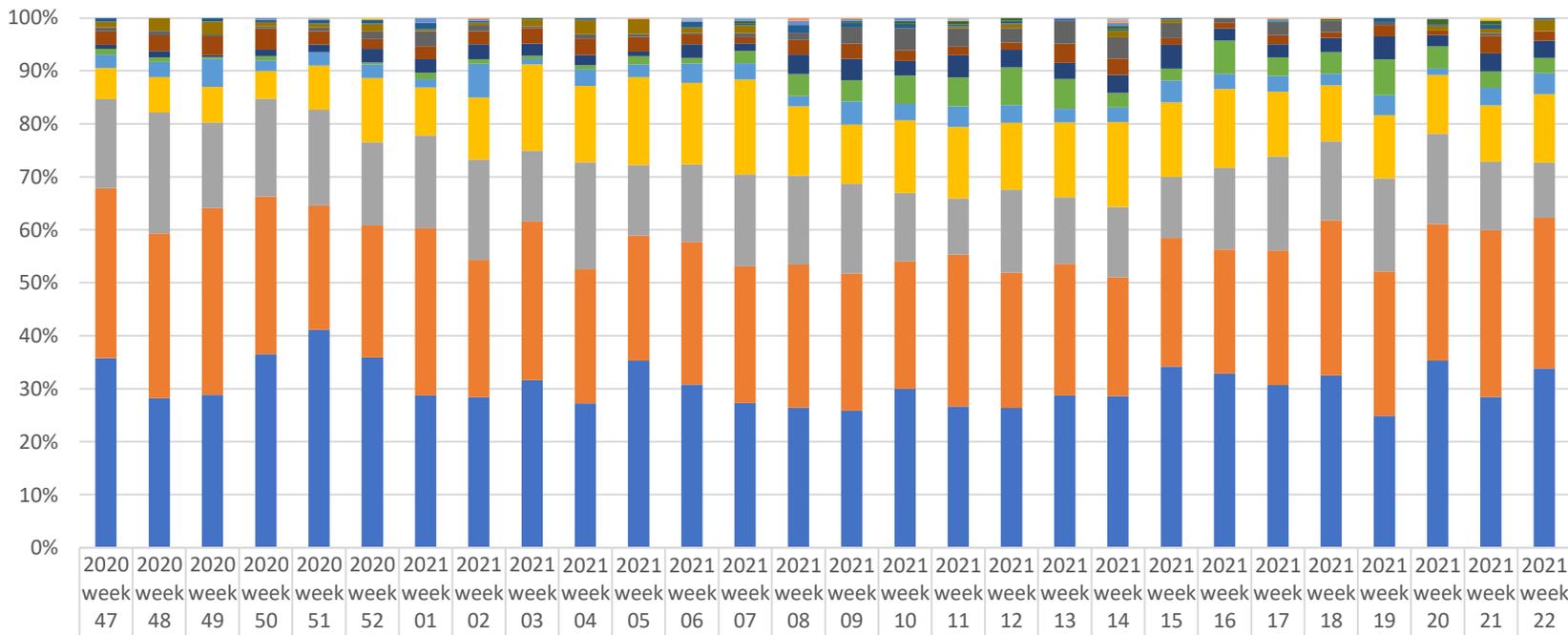
Wkh# IV1#Fhqv#v#Exundx/#q#  
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 djhqlhv/#xqfkhg#kh#K rxvhkrø#  
 Sxøh#xuyh|#r#surgxfh#gdwd#rø#kh#  
 vrfldd#qg#frqrp lf#p sdfw#r i#Frylg0  
 4<#rø#Dp hulfdq#K rxvhkrø#v#Wkh#  
 K rxvhkrø#Sxøh#xuyh|#dv#ghvjggh#  
 wr#jdxjh#kh#p sdfw#r i#kh#dqghp lf#  
 rø#p s r#p hqw#wdwxv#frqvxp hu#  
 vshqglj/#rrg#hfxulw|#K rxvlqj/#  
 hgxfdwlrq#j lwxswlrq#v#qg#  
 glp hqvlrø#r i#k |vfdq#qg#p hqwd#  
 z højhvvi

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



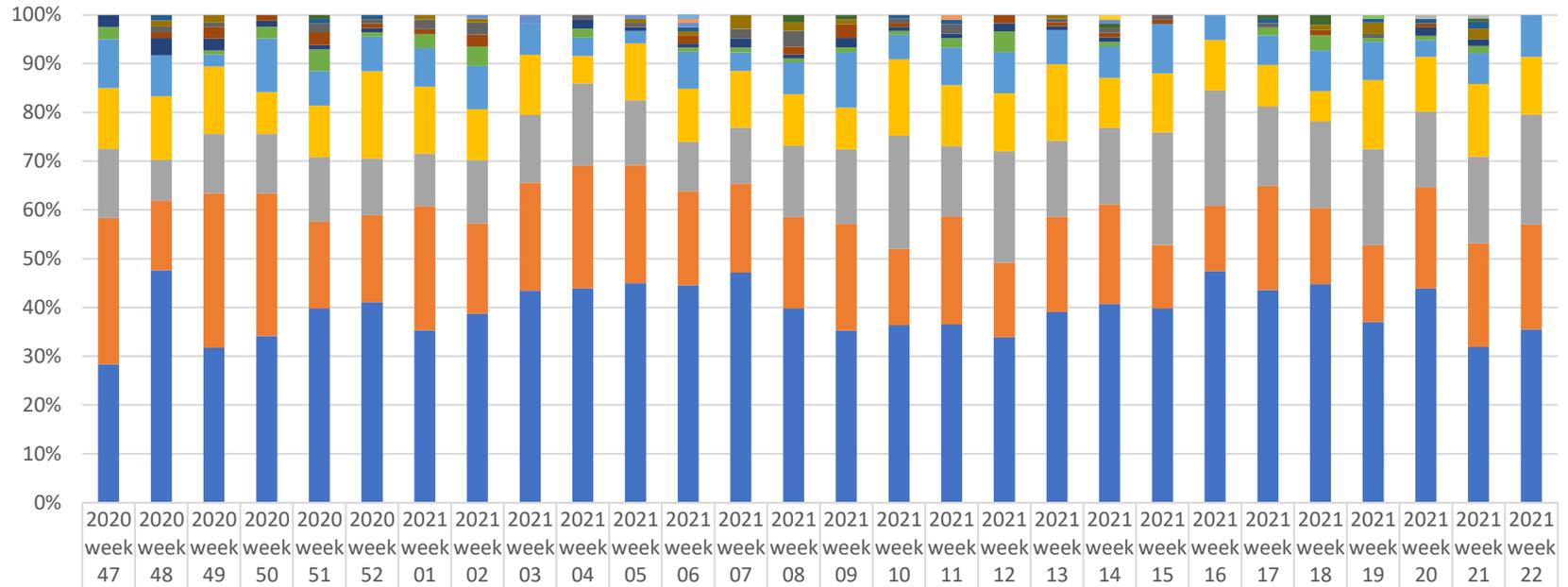
	23 Apr-05	07 May-12	14 May-19	21 May-26	28 May-02	04 Jun-09	11 Jun-16	18 Jun-23	25 Jun-30	02 Jul-07	09 Jul-14	16 Jul-21	19 Aug-31	02 Sep-14	09 Sep-28	16 Sep-30	23 Oct-06	30 Oct-13	26 Oct-09	28 Nov-03	11 Nov-18	25 Nov-07	09 Dec-21	18 Dec-01	20 Jan-05	03 Feb-15	17 Feb-01	03 Mar-15	17 Mar-29	14 Apr-26	28 Apr-10	12 May-24
---●●● % 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%	20%	18%		
—●●● % 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%	23%	20%		
---●●● % 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%	26%	23%		
●●●●● % 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%	25%	24%		
—●●●● % 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%	28%	27%		
●●●●● % 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%	32%	30%		
---●●● % 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%	30%	29%		
—●●● % 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%	33%	31%		
---●●● % 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%	36%	34%		

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



	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	2021 week 19	2021 week 20	2021 week 21	2021 week 22
Custodial Care Facility												1	1															
Community Mental Health Center						1																					2	
Nursing Facility				1								1					2				2						1	
Psych. Residential								1			1			2	1					1				1	1			
On Campus Outpatient Hospital				1			3	1				1	1	3	1	2				1	2			1				
School									1				2		1	2	2	2		2				1	1		3	3
Group Home	2		2	1	2	2	4	1		1		4	1	5	3	3	1	2	1	1	1		1		3	1	3	1
Homeless Shelter	3	6	7	2	2	4	1	2	4	7	9	4	5				1	3		4	2					3	3	6
Telehealth	2	2	1	1	2	4	9	4	1	2	2	1	3	5	11	15	11	10	17	13	9	3	9	8	2		2	
Inpatient Psychiatric Facility	7	7	10	10	7	5	8	9	9	8	9	7	4	10	10	7	5	5	14	10	4	4	7	4	8	3	13	5
Prison Correctional Facility	2	3	1	3	4	7	8	10	7	5	3	10	5	13	14	10	13	12	12	11	14	8	10	10	16	7	13	9
Assisted Living Facility	3	2	1	2		1	4	3	2	2	5	4	8	15	14	19	17	26	22	9	7	22	14	15	25	14	12	8
Inpatient Hospital	7	7	15	5	7	7	5	23	3	8	8	14	11	7	15	11	12	12	10	9	13	10	12	8	14	4	13	11
Emergency Room Hospital	16	16	19	13	23	33	29	42	50	37	55	59	63	47	39	49	42	46	55	52	44	52	49	39	44	37	41	36
Home	46	55	46	46	50	43	56	68	41	52	44	56	61	60	59	46	33	57	49	43	36	54	71	55	65	57	50	29
Other Place of Service	88	75	100	74	65	68	101	93	92	65	78	103	91	97	90	86	89	93	97	73	76	82	102	108	101	86	122	79
Office	98	68	82	91	114	98	92	102	97	70	117	118	96	95	90	107	83	96	112	93	107	115	123	120	92	118	110	94

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



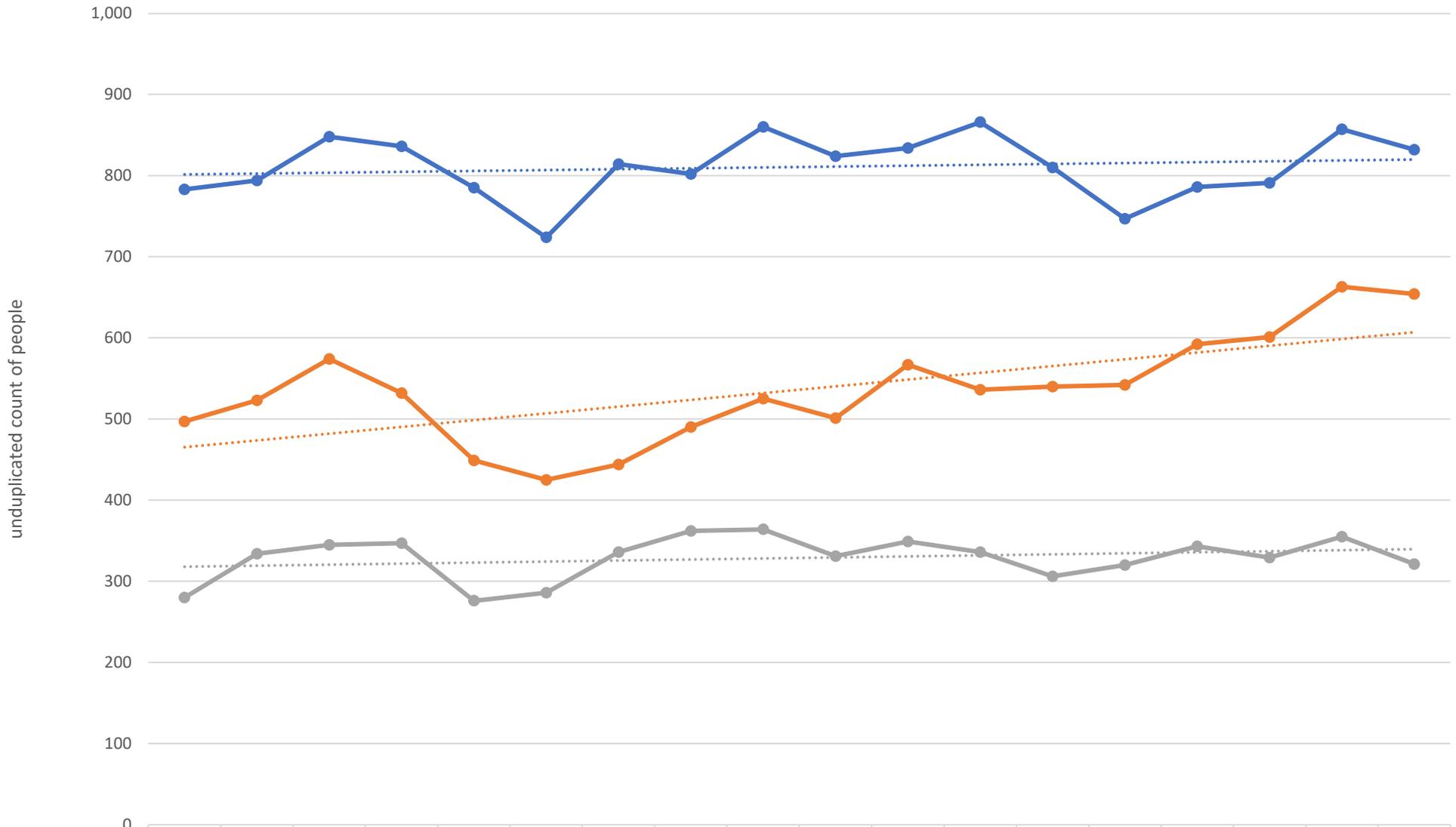
	2020 week 47	2020 week 48	2020 week 49	2020 week 50	2020 week 51	2020 week 52	2021 week 01	2021 week 02	2021 week 03	2021 week 04	2021 week 05	2021 week 06	2021 week 07	2021 week 08	2021 week 09	2021 week 10	2021 week 11	2021 week 12	2021 week 13	2021 week 14	2021 week 15	2021 week 16	2021 week 17	2021 week 18	2021 week 19	2021 week 20	2021 week 21	2021 week 22	
Skilled Nursing Facility																													
Custodial Care Facility												1														1			
School																				1									
Nursing Facility																											1	1	
On Campus Outpatient Hospital												1				1													
Homeless Shelter								1	2		1	1									1								
Psych. Residential					1									2	1					1			1	2				1	
Community Mental Health Center		1		1	1							1				1	1					1		1	1	1	1	2	
Office		1	2				1	1			1	1	3	2	1				1				1	3		3			
Telehealth		1	1		2	1	2	3		1	1		2	4		1	2		1	1	1		1		1				
Group Home		1	3	1	3	1	1	3				2		2	3	1		2	1	1	1	1		1		1			
Assisted Living Facility	3	3	3	1	1	1				2	1	1	2	1	2	1	1	2	1	1	1						2	2	
Home	3		1	2	5	1	3	5		2		1	1	1	1	1	2	5		1			2	3	1	1	2		
Prison Correctional Facility	12	7	3	9	8	8	8	11	8	4	3	9	4	8	12	6	8	10	9	7	11	5	7	8	10	4	9	8	
Inpatient Hospital	15	11	17	7	12	20	14	13	15	6	14	13	12	13	9	19	13	14	20	11	13	10	10	6	18	13	21	11	
Other Place of Service	17	7	15	10	15	13	11	16	17	18	16	12	12	18	16	28	15	27	20	17	25	23	19	17	25	18	25	21	
Inpatient Psychiatric Facility	36	12	39	24	20	20	26	23	27	27	29	23	19	23	23	19	23	18	25	22	14	13	25	15	20	24	30	20	
Emergency Room Hospital	34	40	39	28	45	46	36	48	53	47	54	53	49	49	37	44	38	40	50	44	43	46	51	43	47	51	45	33	



## North Sound Crisis System Dashboard

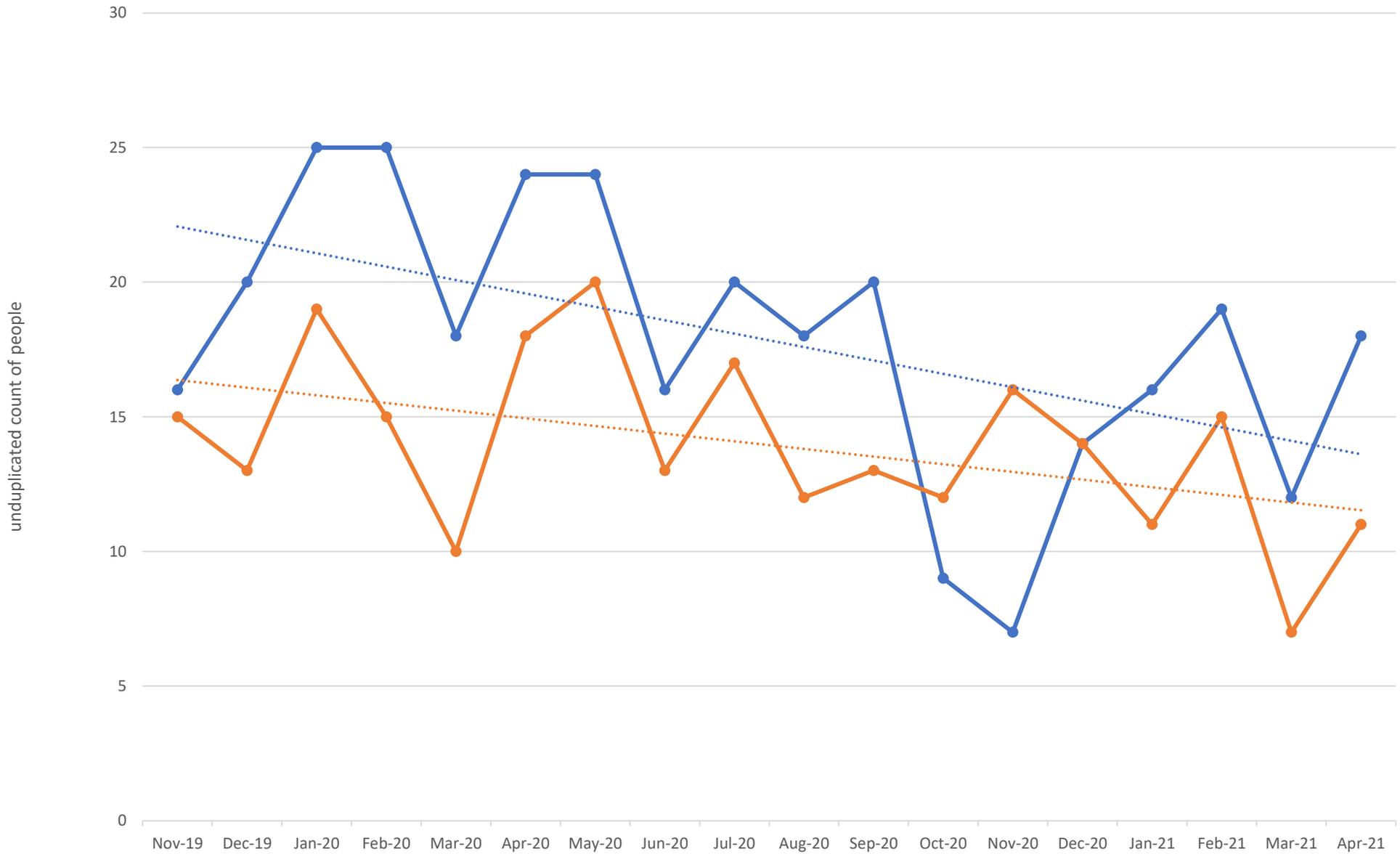
Page 2	Unduplicated People receiving a crisis system service
Page 3	Island - Unduplicated People receiving a crisis system service
Page 4	San Juan - Unduplicated People receiving a crisis system service
Page 5	Skagit - Unduplicated People receiving a crisis system service
Page 6	Snohomish - Unduplicated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

## Unduplicated People receiving a crisis system service



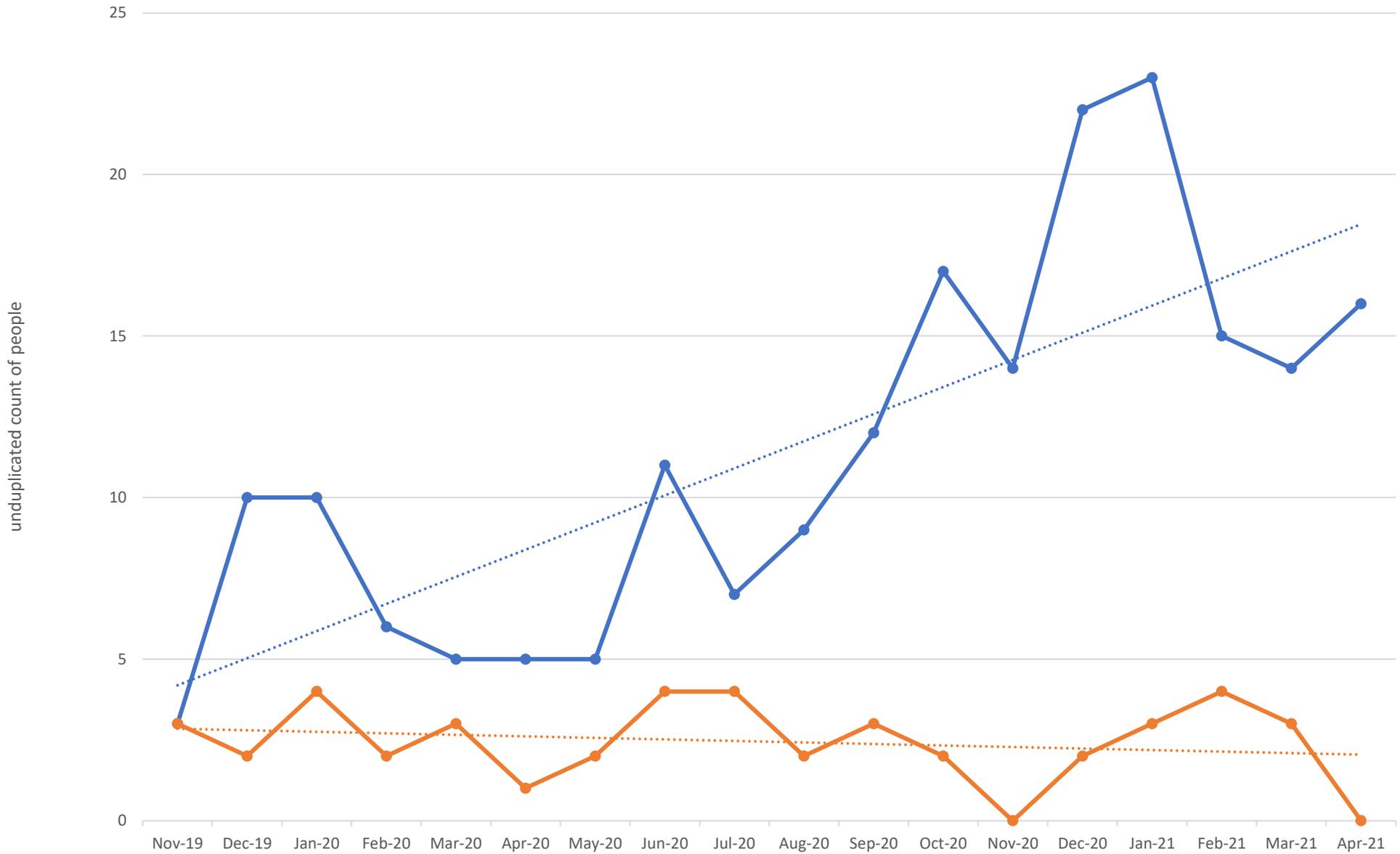
	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
<span style="color: blue;">●</span> Crisis Call	783	794	848	836	785	724	814	802	860	824	834	866	810	747	786	791	857	832
<span style="color: orange;">●</span> Crisis Service	497	523	574	532	449	425	444	490	525	501	567	536	540	542	592	601	663	654
<span style="color: grey;">●</span> Investigation	280	334	345	347	276	286	336	362	364	331	349	336	306	320	343	329	355	321

## Island - Unduplicated People receiving a crisis system service



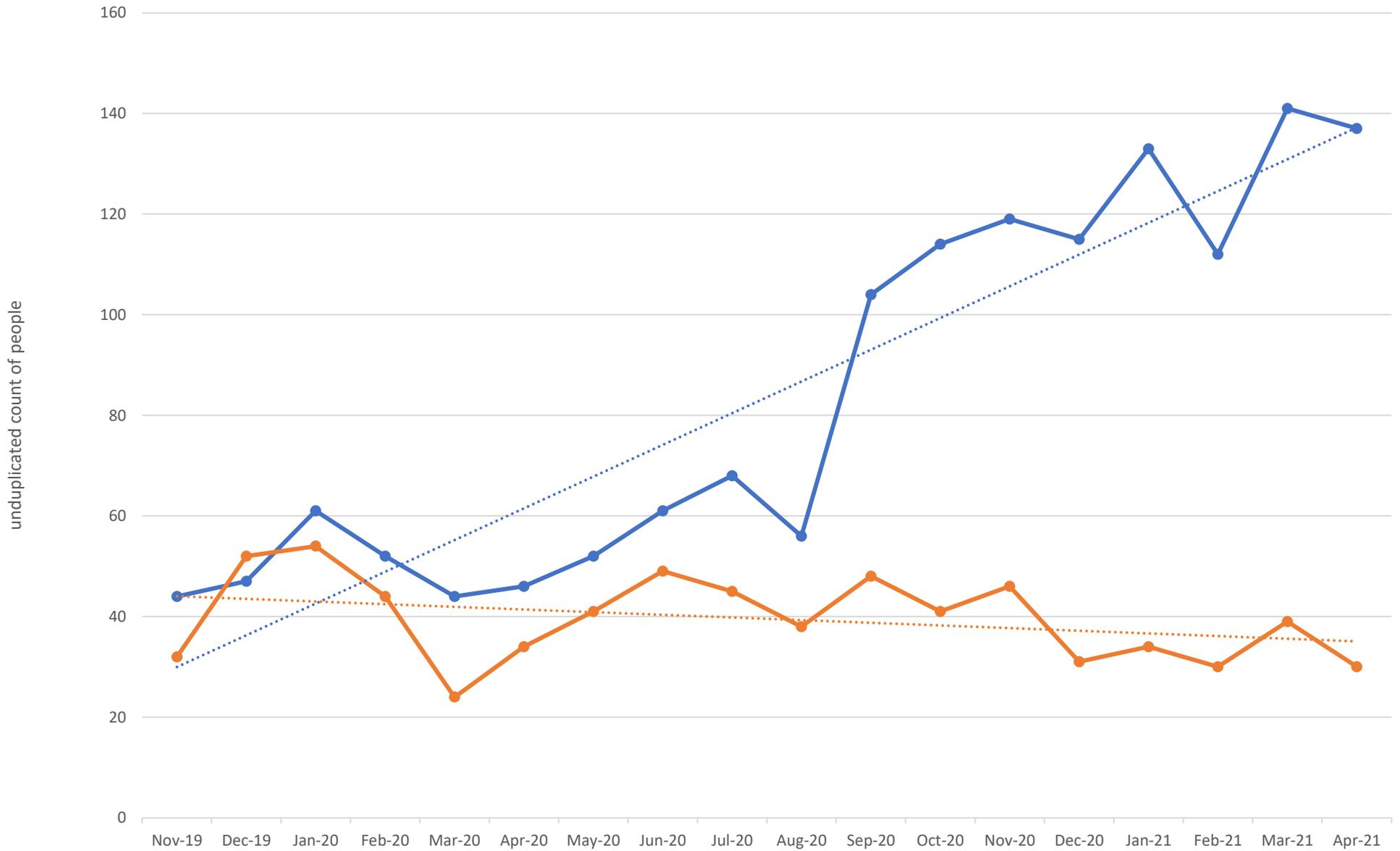
	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
● Crisis Service	16	20	25	25	18	24	24	16	20	18	20	9	7	14	16	19	12	18
● Investigation	15	13	19	15	10	18	20	13	17	12	13	12	16	14	11	15	7	11

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



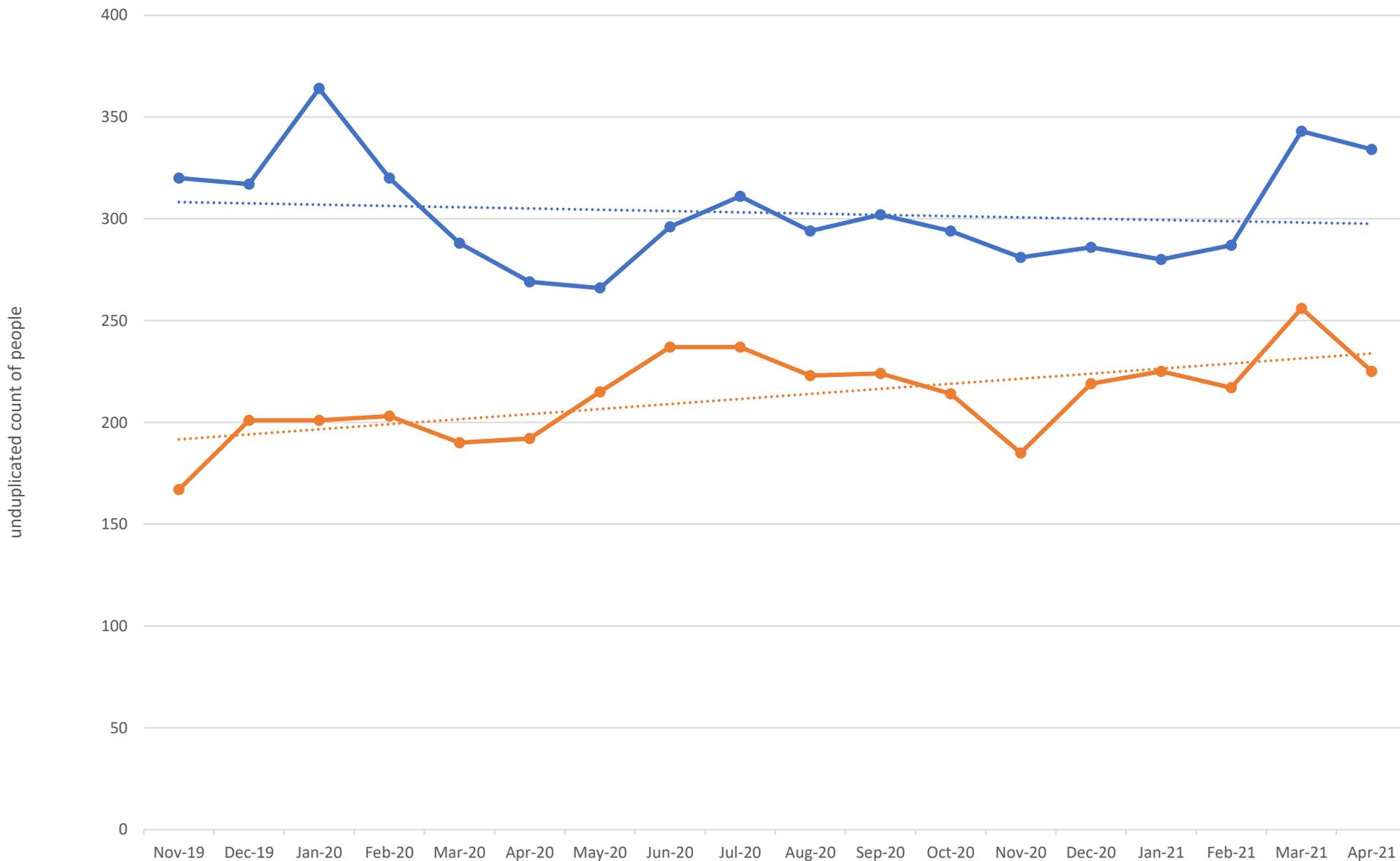
● Crisis Service	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
● Investigation	3	2	4	2	3	1	2	4	4	2	3	2	0	2	3	4	3	0

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



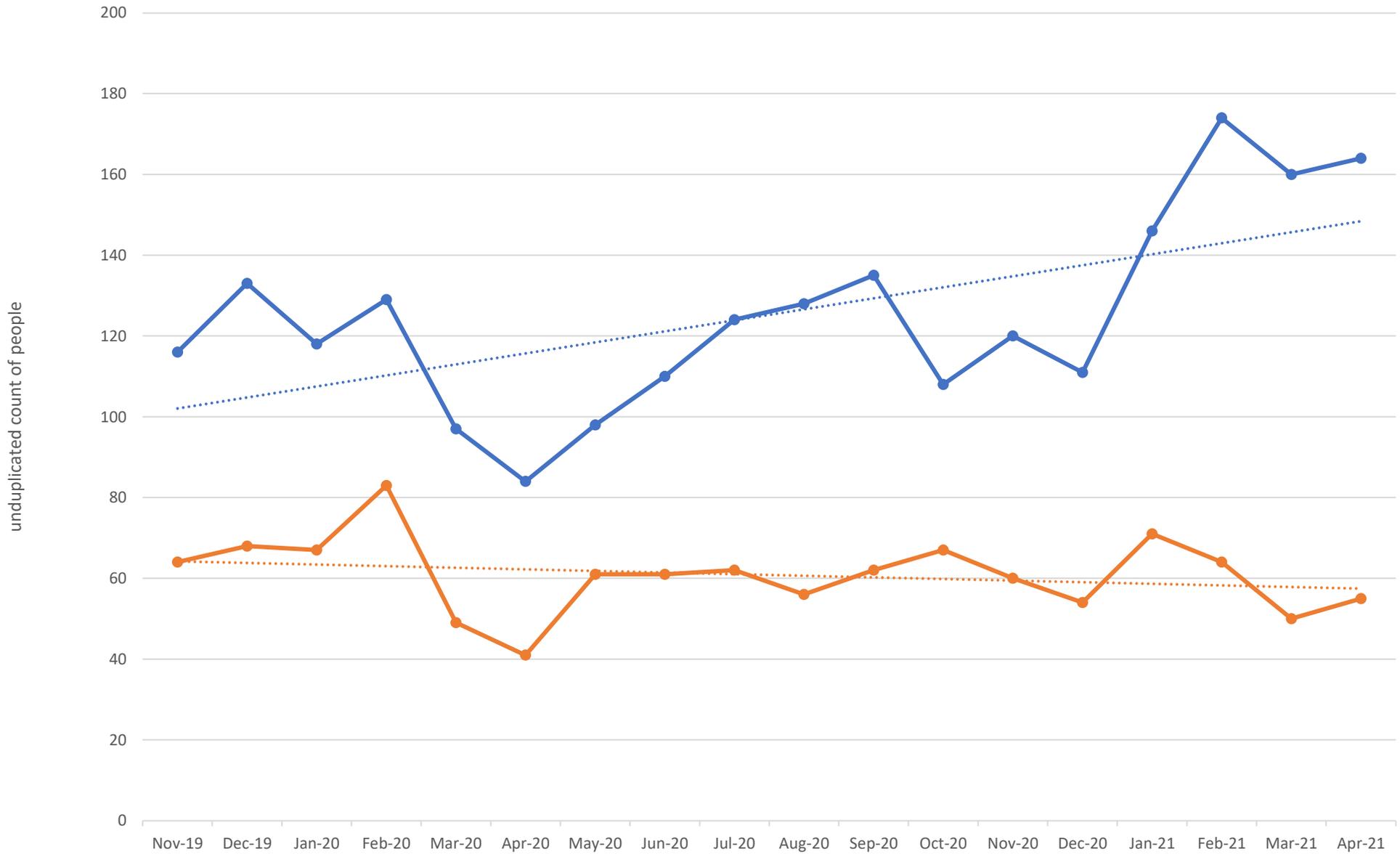
	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
● Crisis Service	44	47	61	52	44	46	52	61	68	56	104	114	119	115	133	112	141	137
● Investigation	32	52	54	44	24	34	41	49	45	38	48	41	46	31	34	30	39	30

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



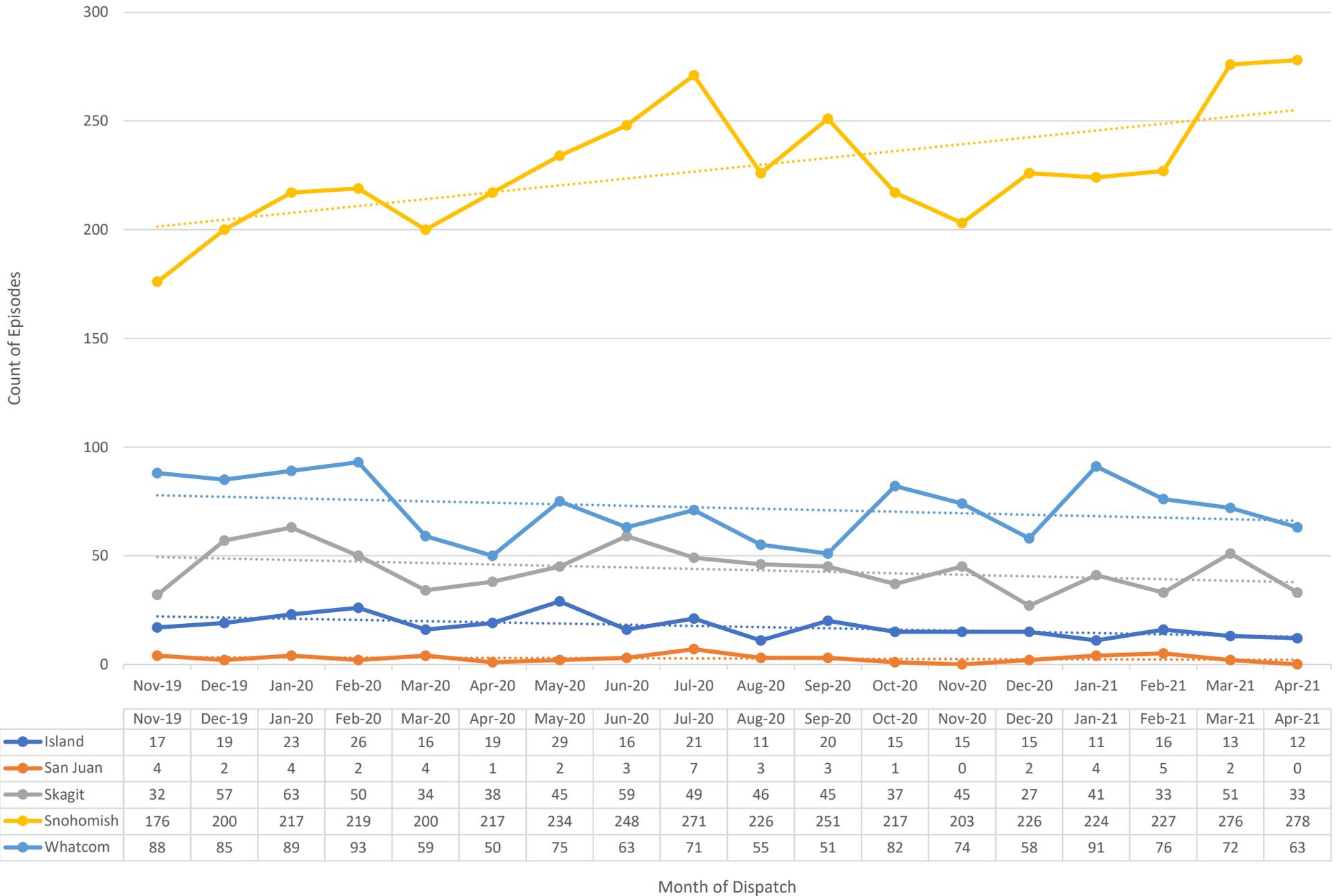
	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
● Crisis Service	320	317	364	320	288	269	266	296	311	294	302	294	281	286	280	287	343	334
● Investigation	167	201	201	203	190	192	215	237	237	223	224	214	185	219	225	217	256	225

## Whatcom - Unduplicated People receiving a crisis system service

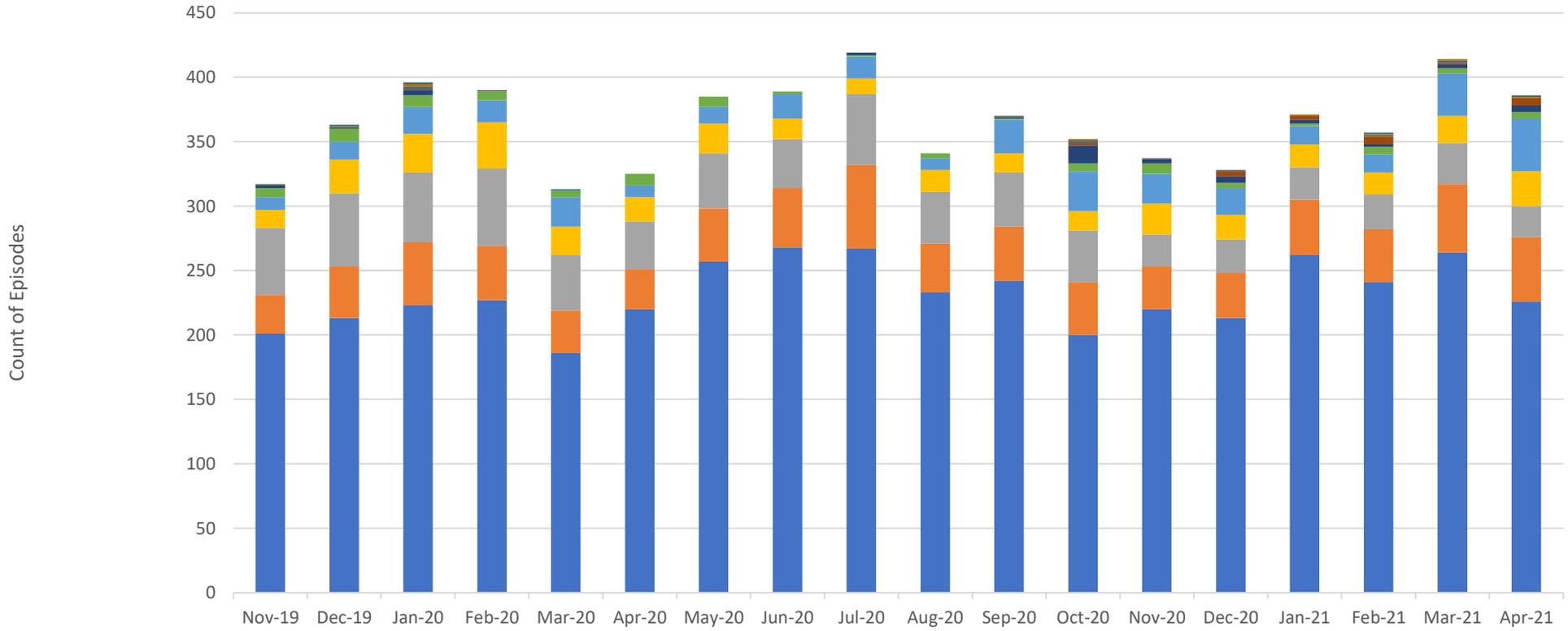


	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
● Crisis Service	116	133	118	129	97	84	98	110	124	128	135	108	120	111	146	174	160	164
● Investigation	64	68	67	83	49	41	61	61	62	56	62	67	60	54	71	64	50	55

## Region Designated Crisis Responder (DCR) Investigations



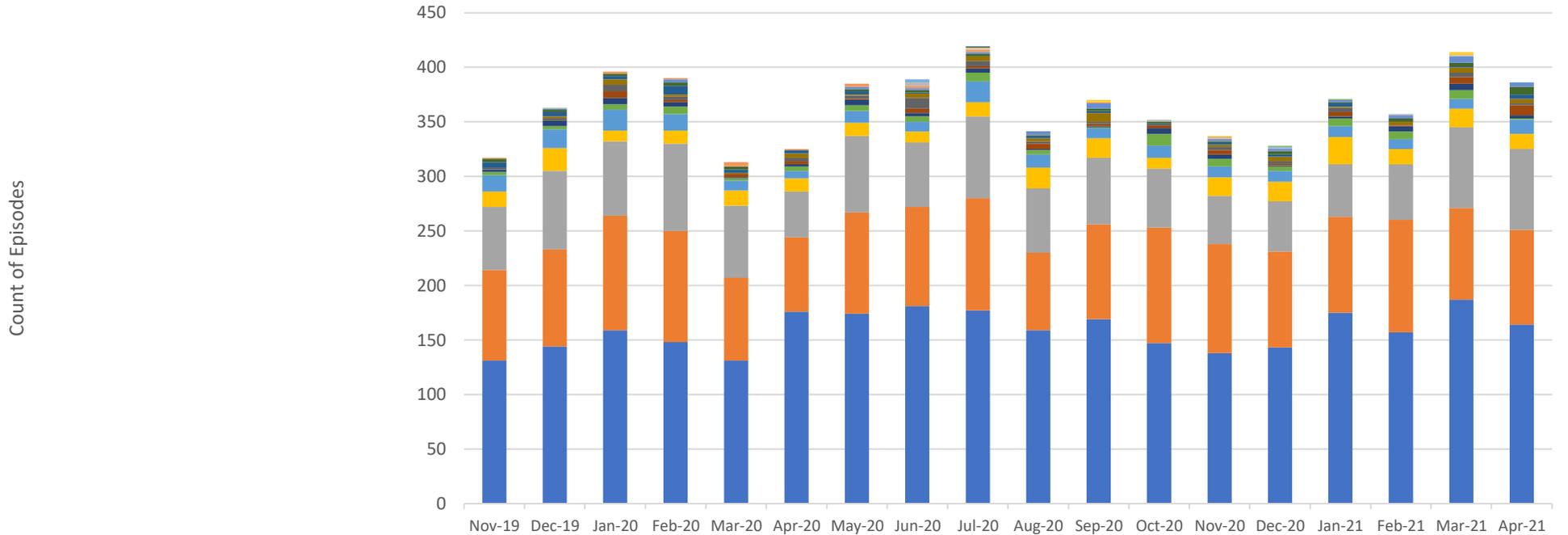
## Region DCR Investigation Referral Sources



	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
School	0	1	1	0	1	0	0	0	0	0	0	0	0	0	0	1	0	1
Referral from MCR to DCR	0	1	2	0	0	0	0	0	0	0	0	1	0	0	1	1	1	1
Community	1	0	3	1	0	0	0	0	0	0	1	3	1	1	0	1	2	0
Legal Representative	0	0	0	0	0	0	0	0	0	0	0	1	0	4	3	6	1	6
Social Service Provider	2	1	4	0	0	0	0	0	2	0	1	14	3	5	3	2	3	5
Care Facility	7	10	9	7	5	9	8	2	1	4	1	6	8	4	2	6	4	5
Other	10	14	21	17	23	9	13	19	17	9	26	31	23	21	14	14	33	41
Professional	14	26	30	36	22	19	23	16	12	17	15	15	24	19	18	17	21	27
Law Enforcement	52	57	54	60	43	37	43	38	55	40	42	40	25	26	25	27	32	24
Family	30	40	49	42	33	31	41	46	65	38	42	41	33	35	43	41	53	50
Hospital	201	213	223	227	186	220	257	268	267	233	242	200	220	213	262	241	264	226

Month of Dispatch

## Region DCR Investigation Outcomes



	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
Referred to chemical dependency inpatient program	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0
Petition filed for outpatient evaluation	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0
Referred to chemical dependency residential program	0	0	0	0	0	0	0	3	0	0	0	0	0	1	0	0	0	0
Referred to sub acute detox	0	0	0	0	0	0	0	0	1	0	2	0	1	0	0	0	3	0
Referred to acute detox	0	1	0	0	0	0	0	3	1	0	0	2	1	1	0	1	1	0
Referred to chemical dependency intensive outpatient program	1	0	2	1	4	1	3	2	2	0	1	0	1	0	0	0	0	0
No detention - E&T provisional acceptance did not occur within statutory timeframes	0	1	0	3	0	0	2	2	2	2	5	0	2	2	2	3	6	4
Referred to crisis triage	3	2	2	3	3	0	2	2	2	1	2	2	1	3	1	3	3	7
Filed petition - recommending LRA extension.	5	4	3	8	3	3	3	1	0	2	2	1	2	2	3	0	1	4
Non-emergent detention petition filed	0	2	5	2	1	4	1	4	4	3	8	0	2	4	1	3	5	4
Detention to Secure Detox facility (72 hours as identified under 71.05)	2	2	6	3	0	3	3	10	5	2	2	0	3	3	4	0	4	2
Did not require MH or CD services	0	0	6	2	3	3	1	4	2	5	2	3	4	1	4	1	6	9
No detention - Unresolved medical issues	2	5	6	4	1	2	5	3	4	1	1	5	4	1	2	5	6	3
Referred to non-mental health community resources.	3	3	5	7	2	4	5	5	8	4	1	11	7	4	7	7	8	1
Returned to inpatient facility/filed revocation petition.	15	17	19	15	9	7	11	9	19	12	9	11	10	10	10	9	9	13
Referred to voluntary inpatient mental health services.	14	21	10	12	14	12	12	10	13	19	18	10	17	18	25	14	17	14
Other	58	72	68	80	66	42	70	59	75	59	61	54	44	46	48	51	74	74
Referred to voluntary outpatient mental health services.	83	89	105	102	76	68	93	91	103	71	87	106	100	88	88	103	84	87
Detention (72 hours as identified under the Involuntary Treatment Act, RCW 71.05).	131	144	159	148	131	176	174	181	177	159	169	147	138	143	175	157	187	164

Month of Dispatch

# North Sound Behavioral Health Administrative Services Organization June 10th, 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 May, 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, and Expenses have finally smoothed out and are now about even given a few late billings that have not hit.
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 should now be closed. We made a final payment to HCA of \$4,886,720.77 during May.

## NOTES

1. We are presenting the financial statements for May 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 MAY 2021\***

<b>REVENUES</b>	<b>YTD 2021 Totals</b>	<b>YTD 2021 Medicaid</b>	<b>YTD 2021 State</b>	<b>YTD 2021 MHBG</b>	<b>YTD 2021 SABG</b>	<b>YTD 2021 SAMHSA</b>
Intergovernmental Revenues						
SAMHSA	397,356					397,356
MHBG	400,249			400,249		
SABG	1,712,709				1,712,709	
State Funds	7,978,571		7,978,571			
Medicaid (MCO)	2,159,055	2,159,055				
<b>Total Intergovernmental Revenues</b>	<b>12,647,940</b>	<b>2,159,055</b>	<b>7,978,571</b>	<b>400,249</b>	<b>1,712,709</b>	<b>397,356</b>
Misc. Revenue **	6,205		6,205			
Interest Revenue	1,538		1,538			
<b>TOTAL REVENUES</b>	<b>\$ 12,655,683</b>	<b>\$ 2,159,055</b>	<b>\$ 7,986,313</b>	<b>\$ 400,249</b>	<b>\$ 1,712,709</b>	<b>\$ 397,356</b>
<b>EXPENDITURES</b>						
Inpatient Treatment	\$ 268,900		\$ 268,900			
ITA Judicial	717,676		717,676			
Crisis Services	4,879,422	2,277,456	1,830,681		871,285	
MH Crisis Stabilization	715,343		715,343			
E&T Services	478,668		349,666	129,002		
E&T Discharge Planner	89,443		89,443			
Jail Services	108,415		108,415			
PACT Services	174,991		174,991			
MHBG Expenditures ***	163,523			163,523		
HARPS Housing	268,777		268,777			
DMA County Contracts	222,034		222,034			
SABG Expenditures ****	782,118				782,118	
Withdrawal Management	303,935		303,935			
SAMHSA (PDOA-MAT)	224,830					224,830
Juvenile Drug Court	54,267		54,267			
Other MH Services *****	383,867		376,367	7,500		
Other SUD Services	3,200		3,200			
Ombuds	79,740	65,058	14,682			
Advisory Board	0		0			
Subtotal - Services	9,919,150	2,342,514	5,498,377	300,025	1,653,403	224,830
Administration	1,398,874	330,359	1,050,910			31,707
<b>TOTAL EXPENDITURES</b>	<b>\$ 11,318,024</b>	<b>\$ 2,672,873</b>	<b>\$ 6,549,288</b>	<b>\$ 300,025</b>	<b>\$ 1,653,403</b>	<b>\$ 256,537</b>
Net Income From Operations	\$ 1,337,659	\$ (513,819)	\$ 1,437,026	\$ 100,224	\$ 59,306	\$ 140,819
Cash Transfer to BHO	\$ 5,741,571		\$ 5,741,571			
Net Income after Transfer	\$ (4,403,912)	\$ (513,819)	\$(4,304,546)	\$ 100,224	\$ 59,306	\$ 140,819
Beginning Fund Balance 12/31/20	11,975,972	2,204,756	10,391,082	(127,731)	(248,891)	(243,243)
<b>Ending Fund Balance</b>	<b>7,572,060</b>	<b>1,690,937</b>	<b>6,086,536</b>	<b>(27,508)</b>	<b>(189,585)</b>	<b>(102,424)</b>

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  
May 2021**

Type	Date	Num	Name	Amount
Bill Pmt -Check	05/10/2021	530202	Community Action of Skagit Co	-31,216.69
Bill Pmt -Check	05/10/2021	530233	Evergreen Recovery	-3,294.20
Bill Pmt -Check	05/10/2021	530235	Express Employment	-271.85
Bill Pmt -Check	05/10/2021	530288	Lake Whatcom Center	-5,086.95
Bill Pmt -Check	05/10/2021	530296	Lifeline Connections	-6,805.42
Bill Pmt -Check	05/10/2021	530339	St Joseph Medical Center, Peace He	-4,301.25
Bill Pmt -Check	05/10/2021	530413	Telecare Corporation	-66,780.00
Bill Pmt -Check	05/10/2021	530420	Therapeutic Health Services	-8,451.38
Bill Pmt -Check	05/10/2021	530443	Verizon	-1,336.41
Bill Pmt -Check	05/10/2021	530444	Volunteers of America	-136,143.64
Bill Pmt -Check	05/14/2021	530474	Access	-875.02
Bill Pmt -Check	05/14/2021	530599	Clearly Communications	-533.54
Bill Pmt -Check	05/14/2021	530576	Evergreen Recovery	-16,393.44
Bill Pmt -Check	05/14/2021	530580	Federal Express	-49.75
Bill Pmt -Check	05/14/2021	530643	Lake Whatcom Center	-3,916.00
Bill Pmt -Check	05/14/2021	530593	Lippman, Glenn	-4,506.25
Bill Pmt -Check	05/14/2021	530664	Marc Boan Consulting	-5,500.00
Bill Pmt -Check	05/14/2021	530790	NW Family LLC	-10,633.00
Bill Pmt -Check	05/14/2021	530722	Pioneer Center	-110,579.26
Bill Pmt -Check	05/14/2021	530777	Snohomish Co Human Services	-395,288.07
Bill Pmt -Check	05/14/2021	530778	Snohomish Co Juvenile	-18,053.63
Bill Pmt -Check	05/14/2021	530803	Therapeutic Health Services	-2,919.24
Bill Pmt -Check	05/14/2021	530802	Tulalip Tribes	-5,903.40
Bill Pmt -Check	05/21/2021	530872	Barron Heating	-5,247.99
Bill Pmt -Check	05/21/2021	530894	Community Action of Skagit Co	-25,305.75
Bill Pmt -Check	05/21/2021	531027	Hand up Project, The	-7,410.00
Bill Pmt -Check	05/21/2021	530957	Karena, Nora	-3,000.00
Bill Pmt -Check	05/21/2021	530986	San Juan County Health & Comm. S	-35,489.00
Bill Pmt -Check	05/21/2021	531030	Therapeutic Health Services	-2,594.88
Bill Pmt -Check	05/21/2021	531031	Thurston Mason-BHO	-1,130.00
Bill Pmt -Check	05/28/2021	531112	AT&T	-81.48
Bill Pmt -Check	05/28/2021	531128	Catholic Community Services	-46,509.37
Bill Pmt -Check	05/28/2021	531143	Compass Health	-489,056.53
Bill Pmt -Check	05/28/2021	531171	Frontline Cleaning Services LLC	-3,160.31
Bill Pmt -Check	05/28/2021	531212	Osborne, Michelle, JD Associates LI	-3,400.00
Bill Pmt -Check	05/28/2021	531251	Richoh USA - 31001	-522.96
Bill Pmt -Check	05/28/2021	531256	San Juan County Health & Comm. S	-1,019.40
Bill Pmt -Check	05/28/2021	531257	Save on Storage	-450.00
Bill Pmt -Check	05/28/2021	531278	Telecare Corporation	-4,933.66
Bill Pmt -Check	05/28/2021	531283	Tulalip Tribes	-12,835.23
Bill Pmt -Check	05/28/2021	IGT	Skagit County Auditor	-3,500.00
				-1,484,484.95
				-1,484,484.95

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

<b>-1,484,484.95</b>
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North Sound Mental Health Administration  
Warrants Paid  
May 2021

Type	Date	Num	Name	Amount
Bill Pmt -Check	05/28/2021	531095	Health Care Authority	-4,886,720.77
				-4,886,720.77
				-4,886,720.77
				<b>-4,886,720.77</b>