



NORTH SOUND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION

BOARD OF DIRECTORS VIRTUAL MEETING AGENDA

August 12,
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 June 10, 2021, Minutes, Motion #21-33** – 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
 - Update on Recovery Navigator Program [James Dixon]
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.....Attachments

Motion #21-34

- To review and approve the North Sound Behavioral Health Administrative Services Organization claims paid from **June 1, 2021, through June 30, 2021**, in the amount of **\$1,344,746.19**.
 - Payroll for the month of June in the amount of **\$151,890.76** and associated employer benefits in the amount of **\$60,363.24**.
- To review and approve the North Sound Behavioral Health Administrative Services Organization claims paid from **July 1, 2021, through July 31, 2021**, in the amount of **\$3,884,636.04**.

- Payroll for the month of June in the amount of \$147,764.60 and associated employer benefits in the amount of \$70,615.93.
- Review and approve budget adjustment.

11. Action Items

For Board Approval

Michele Osborne & Associates

Summary:

In April 2021 the ASO released a Request for Qualifications for a consultant to work with the ASO on Diversity Equity and Inclusion (DEI). Only one bid was submitted, however, this consulting firm has worked with the ASO previously on a Family Youth System Partner Round table (FYSPRT) project.

The scope of the work will be an examination of internal policies, practices, and culture. The consultant will also work with the ASO to develop a process and the tools to review our external provider network to ensure their policies, practices and culture are non-discriminatory and anti-racist as well. The project is fluid, working at a pace for individual and organization reflection and action over an 18-month period.

Motion #21-35

- NS BH-ASO-Osborne & Assoc.-PSC-21 for the provision of DEI consultation work. The effective date of the contract is October 1, 2021, with a maximum consideration of \$147,000.

North Sound BH-ASO 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 Community Behavioral Rental Assistance (CBRA) grant from Department of Commerce; this program requires coordination and oversight of the rental assistance program. Additionally, with the expansion of Federal Block Grant funds and several proviso services, we see a need to create this position. Ideally the position would be filled by October 1, 2021.

North Sound BH-ASO is requesting approval one FTE to coordinate and oversee the CBRA program, FBG expansion and proviso services.

Motion #21-36

- Approve one FTE position to develop and oversee the CBRA, FBG and proviso programs in the North Sound Region.

For Ratification

Consejo Counseling and Referral Services

Summary:

Consejo is a Behavioral Health Agency located in King County. They reached out to the ASO about providing telehealth services in our region. With the workforce shortages and limited access to services, engaging Consejo as a telehealth provider will provide additional access to services in the region. Eventually Consejo will have a physical presence in the region. This is a Fee for Service (FFS) contract.

Motion #21-37

- NS BH-ASO-Consejo-ICN-21 for the provision of telehealth services in the North Sound Region. This contract is encounter based; payments are made on services submitted through an electronic record. The contract term is July 1, 2021, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.

Department of Commerce-Community Behavioral Health Rental Assistance (CBRA)

Summary:

An allocation of \$1,366,830.00 is provided for rental assistance to eligible households who meet criteria. Criteria is-

- Have a documented behavioral health condition,
- Eligible for a long-term supports program, i.e., HARPS, Foundation Community Supports, DSHS Aging & long-term supports, etc. and,
- Have a need for long-term housing support with no other payment alternative

The downstream contracts will be with Lifeline Connections our HARPS provider and housing agencies in the region. We will be reaching out to the housing agencies identified by Department of Commerce.

Motion #21-38

- Department of Commerce-North Sound BH-ASO-CBRA-21 for the provision of funding in the amount of \$1,366,830 for behavioral health rental assistance. The term of the Grant Agreement is July 1, 2021, through June 30, 2022.

Mental Health Block Grant

Summary:

Tulalip Tribes is a provider of outreach services and traditional healing services for the at-risk youth. This contract was inadvertently left off the June Board of Director’s agenda.

Motion #21-39

- North Sound BH-ASO-Tulalip Tribes Family Haven-19-22 for the provision of funds to continue the at-risk youth outreach project. The funding for a one-year period is \$74,850. The 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.

12. Introduction ItemsAttachments

- 2021 – 2022 Federal Block Grant Plan
- 2021 – 2023 COVID Federal Block Grant Plan

13. Adjourn

Next meeting: September 9, 2021



BOARD OF DIRECTORS VIRTUAL MEETING MINUTES

June 10, 2021

Board of Directors Members present:

- Jill Johnson, County Commissioner; Island County, Board Chair
- Peter Browning, County Commissioner; Skagit County
- Anne Deacon, Human Services Manager, Whatcom County; designated alternate for Satpal Sidhu, Whatcom County Executive
- 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
- Cindy Wolf, County Council Member; San Juan County
- Heidi Beazizo, Sr. Legislative Analyst, Snohomish County; designated alternate for Jared Mead, Snohomish County Council
- Duncan West, Chair; North Sound BH-ASO Advisory Board Chair
- Nicole Gorle, Legislative Analyst, Snohomish County; designated alternate for Nate Nehring, Snohomish County Council
- Sarah Hinman, Skagit County Public Health; designated alternate for Peter Browning
- Rud Browne, County Council Member; Whatcom County
- Arlene Feld, Vice-Chair; North Sound BH-ASO Advisory Board

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

- Joe Valentine, Executive Director; North Sound BH-ASO
- Margaret Rojas, Assistant Director; North Sound BH-ASO
- Darrell Heiner, Accounting Specialist; North Sound BH-ASO
- Joanie Williams, Clerk of the Board; North Sound BH-ASO

Guests present:

No guests were present.

Call to Order and Introductions – Chair Johnson

The Chair called the meeting to order, and the Clerk of the Board read the names of the attendees that were present via GoToMeeting.

Revisions to the Agenda – Chair

The Chair asked if there were any revisions to the agenda. There were none.

Approval of the May 13th, 2021, Minutes, **Motion #21-25**– Chair Johnson

Cindy Wolf moved the motion for approval, Anne Deacon seconded, none opposed, no abstentions, all in favor, Motion #21-25 carried.

Comments & Announcements from the Chair

There were no comments or announcements from the Chair.

Reports from Members

- Anne/Whatcom: New legislation regarding law enforcement and behavioral health crises is causing much concern. 911 versus law enforcement, safety versus crisis responders prompted many questions as well.
- Cammy/Snohomish: July 1st the new substance use treatment center is opening. There will be a virtual open house prior.
 - The Department of Health will be conducting an on-site audit soon. It appears COVID restrictions are lifting.
- Peter/Skagit: The new homeless center will be opening soon.

Comments from the Public

There were no comments from the public.

Report from the Advisory Board

Duncan West, North Sound BH-ASO Advisory Board Chair, gave the report from the Advisory Board.

Report from the Executive Director

- 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

Joe Valentine gave the Report from the Executive Director and referenced the relative attachments.

He answered questions from Board Members. When addressing attachment #4 (Ideas for Use of New Federal Block Grant Dollars) the Chair suggested that the workforce development gaps be addressed.

Report from the Finance Officer

Joe Valentine gave the Report from the Finance Officer. He answered question from the Board Members.

Report from the Governance Operations Committee

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

Consent Agenda

Motion #21-26

- To review and approve the North Sound Behavioral Health Administrative Services Organization claims paid from May 1st, 2021, through May 31st, 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**.

Peter Browning moved the motion for approval, Cindy Wolf seconded, none opposed, no abstentions, all in favor, Motion #21-26 carried.

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.

Peter Browning moved the motion for approval, Cammy Hart-Anderson seconded, none opposed, no abstentions, all in favor, Motion #21-27 carried.

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.

Rud Browne moved the motion for approval, Peter Browning seconded, none opposed, no abstentions, all in favor, Motion #21-28 carried.

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.

Rud Browne moved the motion for approval, Darcy Cheesman seconded, none opposed, no abstentions, all in favor, Motion #21-29 carried.

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.

Rud Browne moved the motion for approval, Cindy Wolf seconded, none opposed, no abstentions, all in favor, Motion #21-30 carried.

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.

Cindy Wolf moved the motion for approval, Peter Browning seconded, none opposed, no abstentions, all in favor, Motion #21-31 carried.

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.

Cindy Wolf moved the motion for approval, Peter Browning seconded, none opposed, no abstentions, all in favor, Motion #21-32 carried.

Adjourn: 2:40 p.m.

Next meeting: August 12th, 2021 (No Meeting in July)

The Chair noted there is no meeting in July.



Advisory Board Brief, August 4, 2021

The Advisory Board met on August 3, and the following items were discussed:

— **Advisory Board**

- **Pre-Meeting: James Dixon, North Sound BH-ASO, Regional Recovery Navigator Coordinator spoke to the Board regarding the new Substance Use Disorder Regional Navigator program. It was discussed to have James update the Board on the progress of the program.**
- **Co-Occurring Disorders Conference:** Advisory Board Members attended the COD Conference spoke to the meaningfulness of Conference Speakers and Sessions.
- Online Survey took place to gather Advisory Board feedback on the prioritization of the Mental Health Block Grant [MHBG] and Substance Abuse Block Grant [SABG] priorities.
- Margaret and Joe presented the MHBG and SABG plans. Vote occurred to accept the MHBG and SABG plans. All in favor.
- Ad Hoc Committee was suggested to review the MHBG and SABG survey results when available.
- Ad Hoc Committee was suggested to review the yearly Board budget. Committee will brainstorm ideas on how funds can be used.
- **Advisory Board Membership:**
 - Michele Meaker has attended one meeting. Michele feels this Board will be a good fit. A vote occurred to accept Michele Meaker's appointment to the Board for Snohomish county. All were in favor.
 - Board Vacancies
 - **Island: 2 Vacancies**
 - **San Juan: 2 Vacancies**
 - **Skagit: No Vacancies**
 - **Snohomish: 2 Vacancies**
 - **Whatcom: Vacancies**
 - **Tribal: 8 Vacancies**
 - **Current Board membership: 18**

- Discussion ensued regarding the impact of law enforcement assistance to Designated Crisis Responders intervention. Board would like to have this as a pre-meeting training for the month of September.
- Advisory Board in person meetings have been postponed due to the increase of COVID cases.

— **Executive Director:**

- The Executive Director reported on
 - COVID Federal Block Grant Plan
 - Other 2021-2022 State Budget Allocations [New Programs]
 - Workforce Shortages Update
 - Crisis Services
 - Impact of New Legislation on Law Enforcement Response to Behavioral Health Crises
 - Update on Behavioral Health Facilities

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

— **Finance/Executive Committee**

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

North Sound BH ASO Executive Director's Report

August 12, 2021

1. COVID FEDERAL BLOCK GRANT PLAN

- We have received both our regular 2021-2022 Federal Block Grant [FBG] Allocation and our additional “COVID Federal Block Grant” allocations:

Regular Mental Health Block Grant [MHBG]	\$ 1,111,032
Regular Substance Abuse Block Grant [SABG]	\$ 3,289,438
COVID MHBG [July 2021-March 2023]	\$ 1,037,744
COVID SABG [July 2021-March 2023]	\$ 2,186,014

- Separate plans need to be submitted for both the Regular and COVID Block Grant Plans.
- Plans are due to the Health Care Authority [HCA] by September 1.
- For the Regular FBG Plan we are proposing to maintain the existing funding allocations since these programs are already in place and would not require start-up or new staff recruitment. The 2021-2022 Regular Block Grant Plans are attached. These were approved by the Advisory Board at their August 3 meeting.
- For the COVID FBG Plans, we are proposing to develop the plans based on a combination of the stakeholder survey priorities and the priorities voted on during the August 3 Advisory Board meeting.
- In addition, we will be cross-referencing the proposals we've already received with the identified priority areas in order to help estimate the amount of dollars that should be allocated to these services.
- The draft plan will be submitted to the Advisory Board and Board of Directors at their September meetings.
- An Ad-hoc committee of the Advisory Board will review and provide suggestions for the COVID plans prior to the September meetings.

2. OTHER 2021-2022 STATE BUDGET ALLOCATIONS [NEW PROGRAMS]

- Recovery Navigator Program: funding for a regional Recovery Program Coordinator to develop the Recovery Navigator program. Funding will be provided in October to fund the recovery navigators.
- Commerce Behavioral Health Rental Assistance [CBRA]. \$1,274,730 to significantly increase the current allocation of \$92,100 for long term rental assistance. The priority is to serve people who have a behavioral health condition who have need long term housing support and have no other source of funding to rely on. The funds must be expended by June 30 of next year.
- COVID Peer Pathfinders Transition from Incarceration Pilot. \$142,000 in new block grant funding to hire Peers to support jail transition planning and follow up.
- 2% Provider Rate Increase. The legislature increased our regular allocation of “Flexible General Fund-State” by 2%. It's to be used to increase the GF-S portion of the rates we pay

to providers. Our plan is to make a 2% quarterly payment to our providers based on the amount of GF-S services they provided during the quarter. For example, if a provider was paid \$10,000 for GF-S funded services during the quarter, they would receive a quarterly payment of \$200.00. We will be reaching out to our provider network to inform them of our methodology

3. WORKFORCE SHORTAGES UPDATE

- We continue to discuss strategies to address the serious behavioral health workforce shortage in multiple meetings and with multiple organizations, including state agencies, MCOs, legislative representatives, and providers. Examples include:
 - Integrated Provider Meetings
 - Interlocal Leadership Structure
 - Joint Operating Committee
 - HCA-ASO Statewide meetings [a topic of discussion at the last several meetings]
 - Association of County Human Services meetings
 - MCO/ASO Bi-Weekly Clinical Coordination Meeting
- HCA has now assigned two full time staff to work on behavioral health workforce strategies. They will be presenting some of their preliminary ideas at the August 17 meeting of the MCO/ASO Clinical Coordination meeting. We've asked that they identify specific strategies that MCOs and ASOs as local funders could make investments in.
- We will re-survey our contracted providers regarding how they would propose using the new round of Behavioral Health Enhancement funds [\$389,594 for six months]. These allocations can also be supplemented by some of the COVID FBG funds.

4. CRISIS SERVICES [old]

- a. **Weekly Crisis Capacity Indicator Report** – through July 24 [attachment #1]
 - The trend line for both calls to the Crisis Line and dispatches of mobile crisis outreach teams have continued to climb throughout 2021.
 - This includes an increase in both calls and dispatches in the week of July 19 from the previous two weeks.
 - Crisis line calls from youth have increased over the last 3 weeks.
- b. **North Sound Crisis System Dashboard – through June 2021** [attachment #2]
 - 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 outreach services or ITA services as well as providing individual county level breakdowns.

5. IMPACT OF NEW LEGISLATION ON LAW ENFORCEMENT RESPONSE TO BEHAVIORAL HEALTH CRISES

- New legislation passed this session is causing law enforcement agencies to review their policies regarding dispatch to behavioral health crisis episodes in the

community. HB 1310 restricts the use of physical force by law enforcement when there is no crime being committed or no “imminent” threat of physical injury.

- This has led to reports from Designated Crisis Responders, hospitals, and some behavioral health treatment facilities of local law enforcement deciding not to dispatch either by themselves or in conjunction with a DCR. The attached article from the Everett Herald gives an example. [Attachment #3]
- HB 1310 directs the Attorney General’s Office to “*develop and publish model policies on use of force and de-escalation tactics..by July 1, 2022.*” The bill itself however became effective **July 25** of this year
- BH-ASOs have asked HCA if they could approach the Attorney General’s office to request that they issue interim guidance on how the bill is to be interpreted. We are collecting documentation of incidents where law enforcement is now declining to respond.
- On August 5, Attorney General’s office attorney’s provided a letter to two legislators indicating that there is nothing in 1310 that would preclude law enforcement from responding to community caretaker calls or assisting with a mental health crisis. Questions remain regarding the liability for law enforcement officers if they use physical force to restrain someone in a mental health crisis or transport them to the emergency department. (Attachment #4)

6. UPDATE ON BEHAVIORAL HEALTH FACILITIES

- North Sound Behavioral Health Facility: the two new SUD Residential Treatment Facilities located in the re-purposed Denny Juvenile Justice Center in Everett are now open. See the attached press release from Snohomish County and the program descriptions. [Attachments #5, 6,7]
- Tri-County Crisis Stabilization Facility: the new Tri-County facility in Oak Harbor is now staffed and receiving admissions. The facility has been renamed the **Ituha Stabilization Facility**. [see attached article from the South Whidbey Record – attachment #8]
- Mukilteo Evaluation and Treatment Facility: The extensive remodel of the Mukilteo E&T, operated by Compass Health, has now been completed.

7. NEW HRSA GRANT

- We’ve just been notified that we have been awarded the “*Rural Communities Opioid Response Program – Implementation Grant*” (HRSA-21-088) that we had applied for.
- The award amount is up to \$1,000,000,00 over the course of 3 years. The period of performance is 9/1/2021 through 8/31/2024. The primary focus of the grant is on Opioid Use Disorder (OUD) with the inclusion of polysubstance users for youth and adults. This grant will fund positions in East Skagit County (IMPACT team, Recovery Specialist, MAT services) and Island County (Prevention Specialist and MAT services).
- Services will take place in HRSA designated rural areas. For this grant, we identified Island County and Concrete as underserved rural regions to combat opioid abuse, misuse, and overdose. We partnered with the following organization to implement these services:

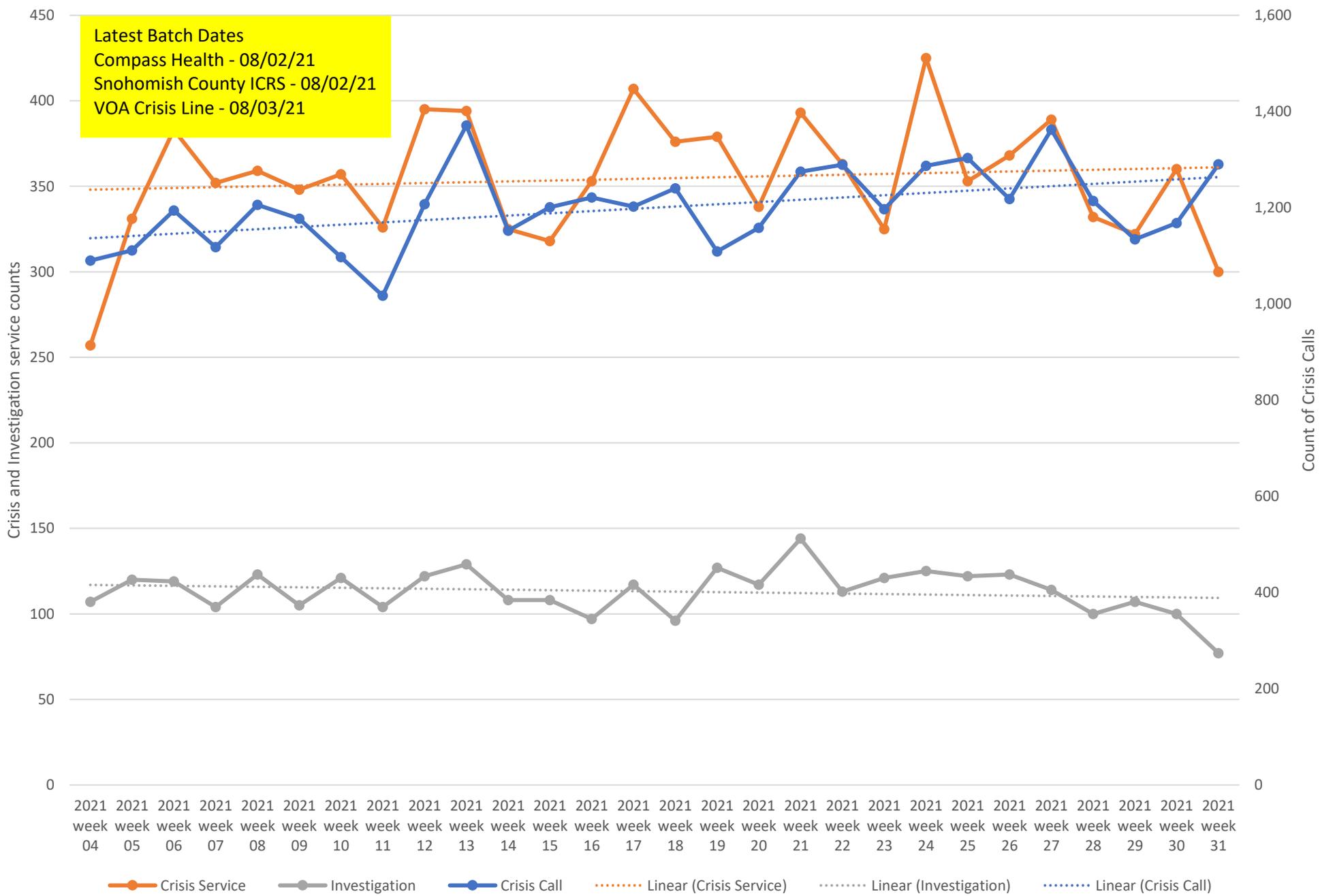
- Lifeline Connections will provide behavioral health services, including MAT in several HRSA designated rural locations
- Island County Human Services will provide referral and outreach via the Island County Opioid Outreach Team
- Northwest Educational Service District #189 will hire a school-based Prevention Specialist who will be placed within the HRSA designated location of Coupeville School District
- Skagit County Sheriff's Office will embed a licensed behavioral health clinician within law enforcement serving a HRSA designated rural area
- Mount Baker Presbyterian Church will hire a Recovery Specialist to provide support and referral within a HRSA designated rural area



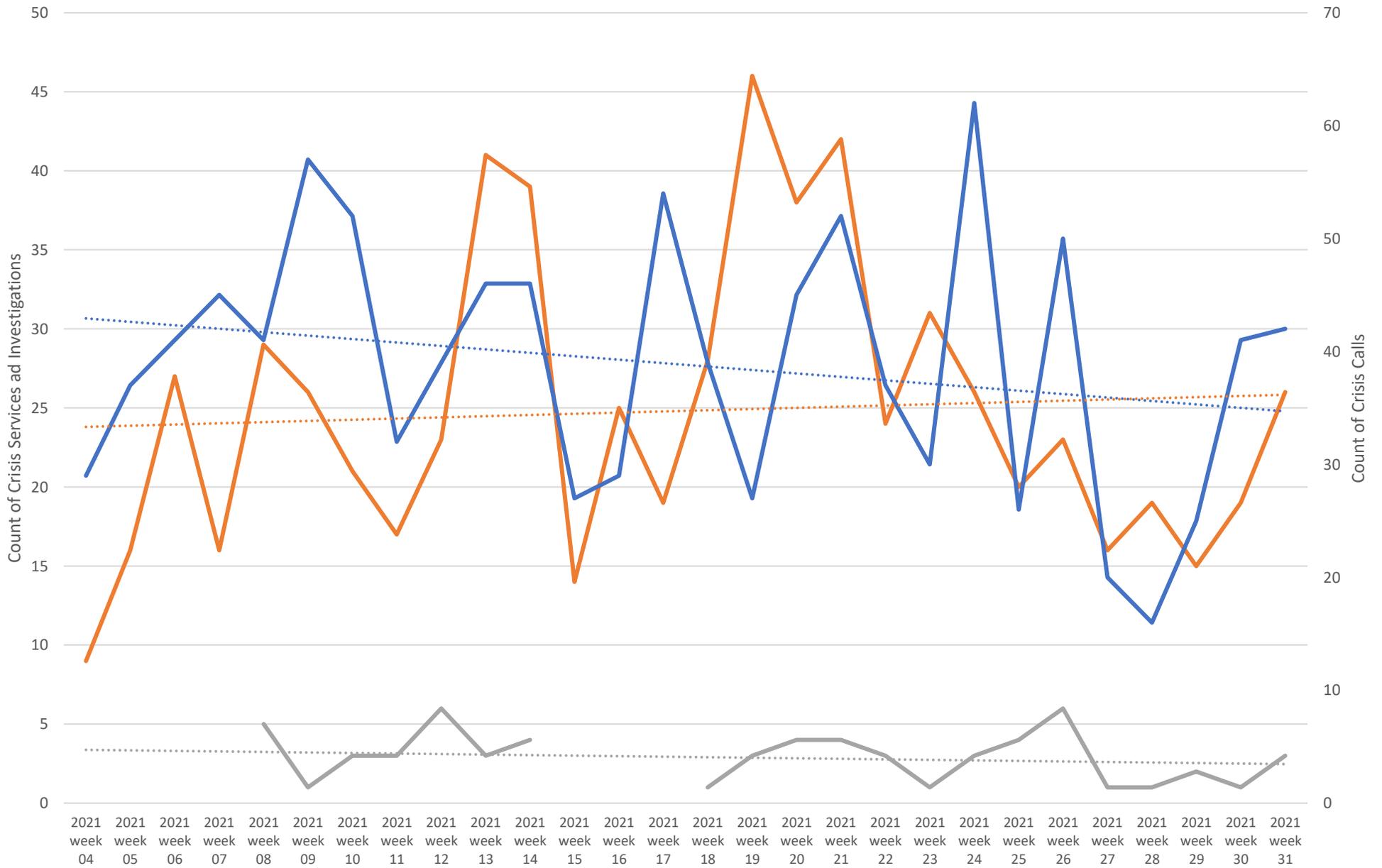
Weekly Crisis Capacity Indicator Snapshot

Page 2	Crisis Data - dates 01/17/21 to 07/31/21
Page 3	Crisis Data: Ages 0-17 - dates 01/17/21 to 07/31/21
Page 4	All DCR Dispatches - dates 01/17/21 to 07/31/21
Page 5	Weekly Staff Count - Staff providing Crisis or Investigation services 01/17/21 to 07/31/21
Page 6	Average dispatch time for Emergent investigations from 01/17/21 to 07/31/21
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 01/17/21 to 07/31/21
Page 9	Crisis Service Unit Percent - Crisis Service units divided by Crisis units + Investigation units
Page 10	Washington State Indicators of Anxiety or Depression Based on Reported Frequency of Symptoms During Last 7 Days
Page 11	Place of Service -Crisis Services, percent of total by week
Page 12	Place of Service -Investigations, percent of total by week
Page 13	New COVID-19 Cases Reported Weekly per 100,000 population - 10/27/20 to 08/04/21

Crisis Data - dates 01/17/21 to 07/31/21

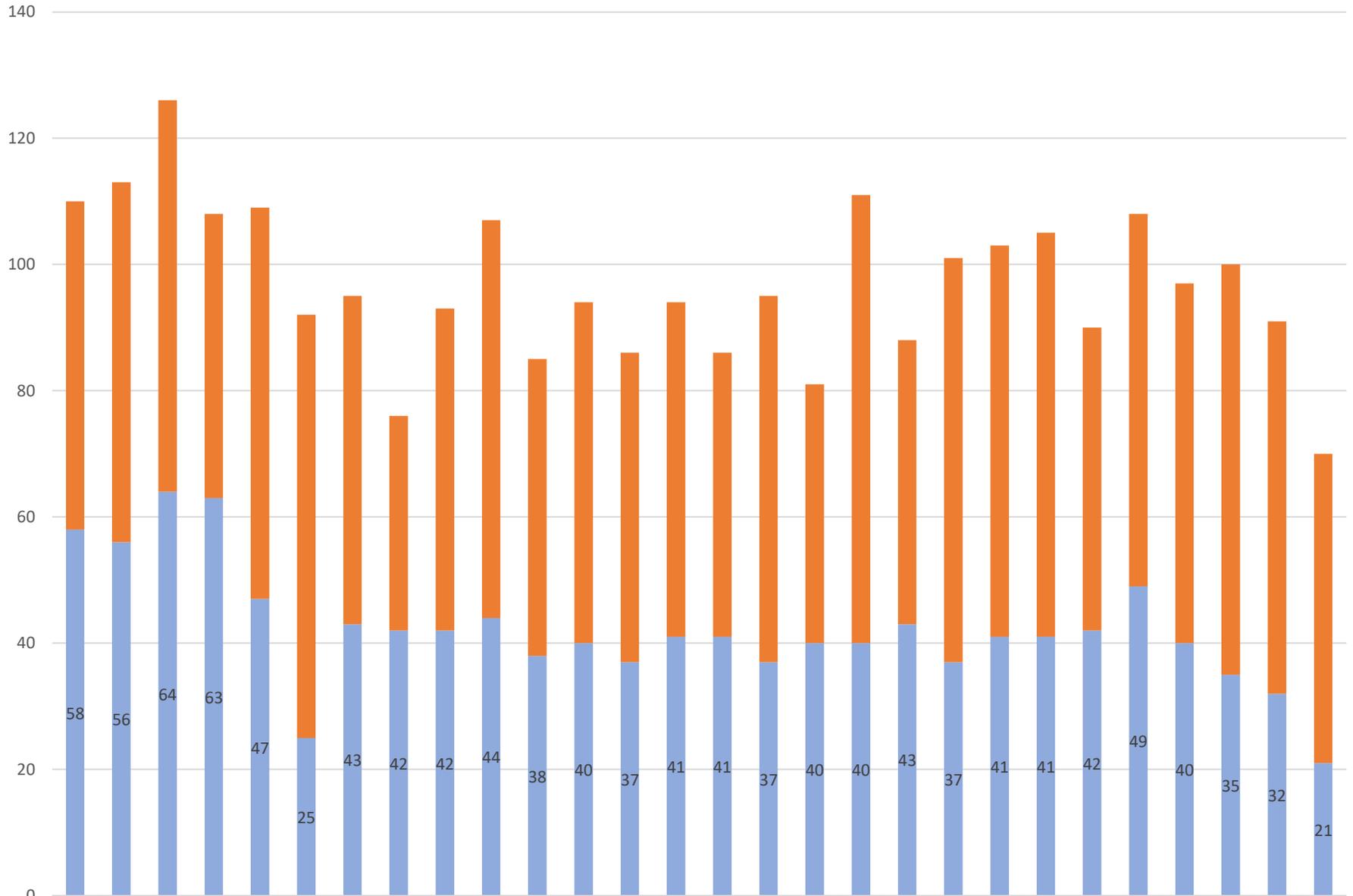


Crisis Data: Ages 0-17 - dates 01/17/21 to 07/31/21



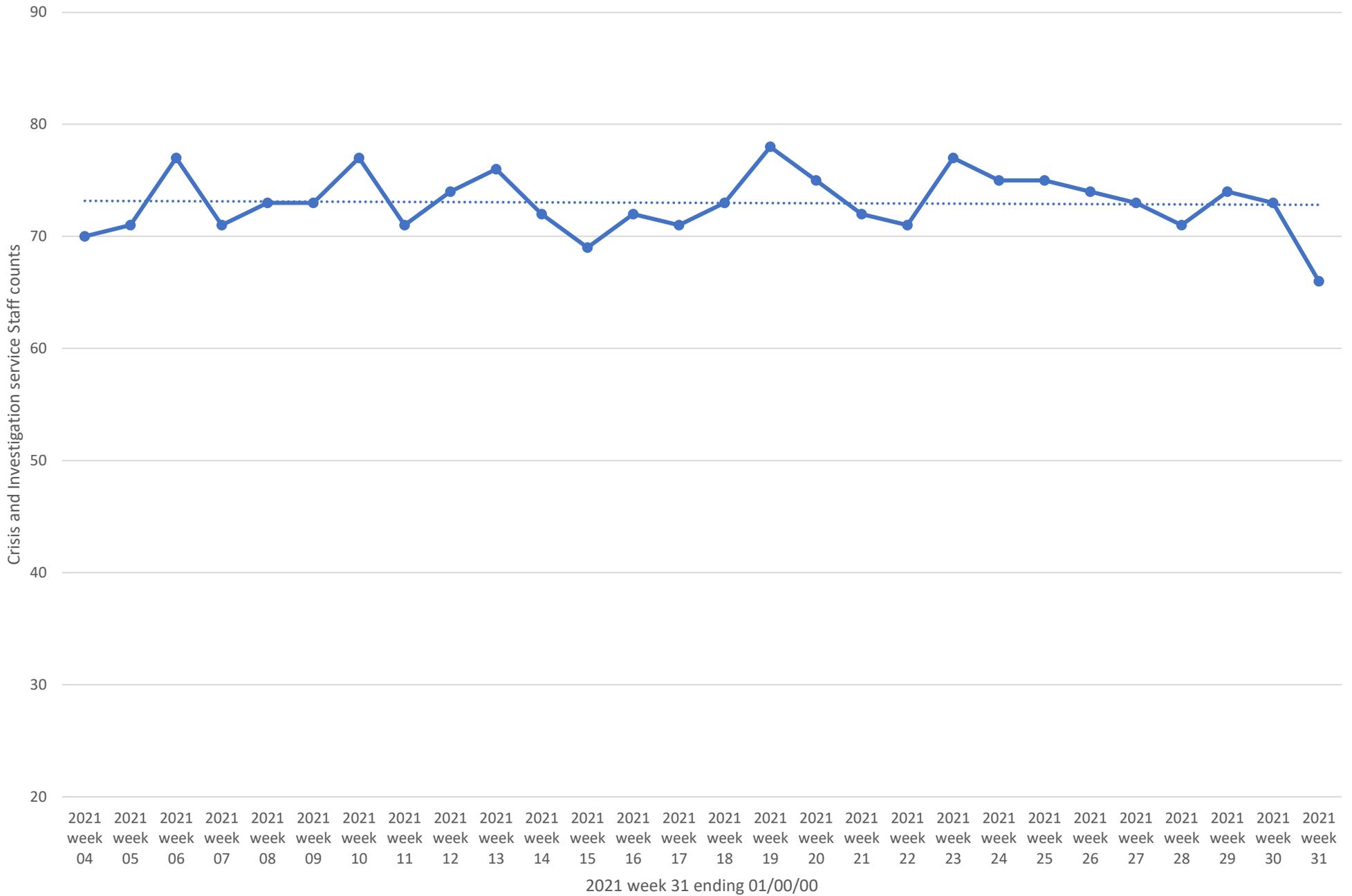
— Crisis Service
 — Investigation
 — Crisis Call
 ⋯ Linear (Crisis Service)
 ⋯ Linear (Investigation)
 ⋯ Linear (Crisis Call)

All DCR Dispatches - dates 01/17/21 to 07/31/21

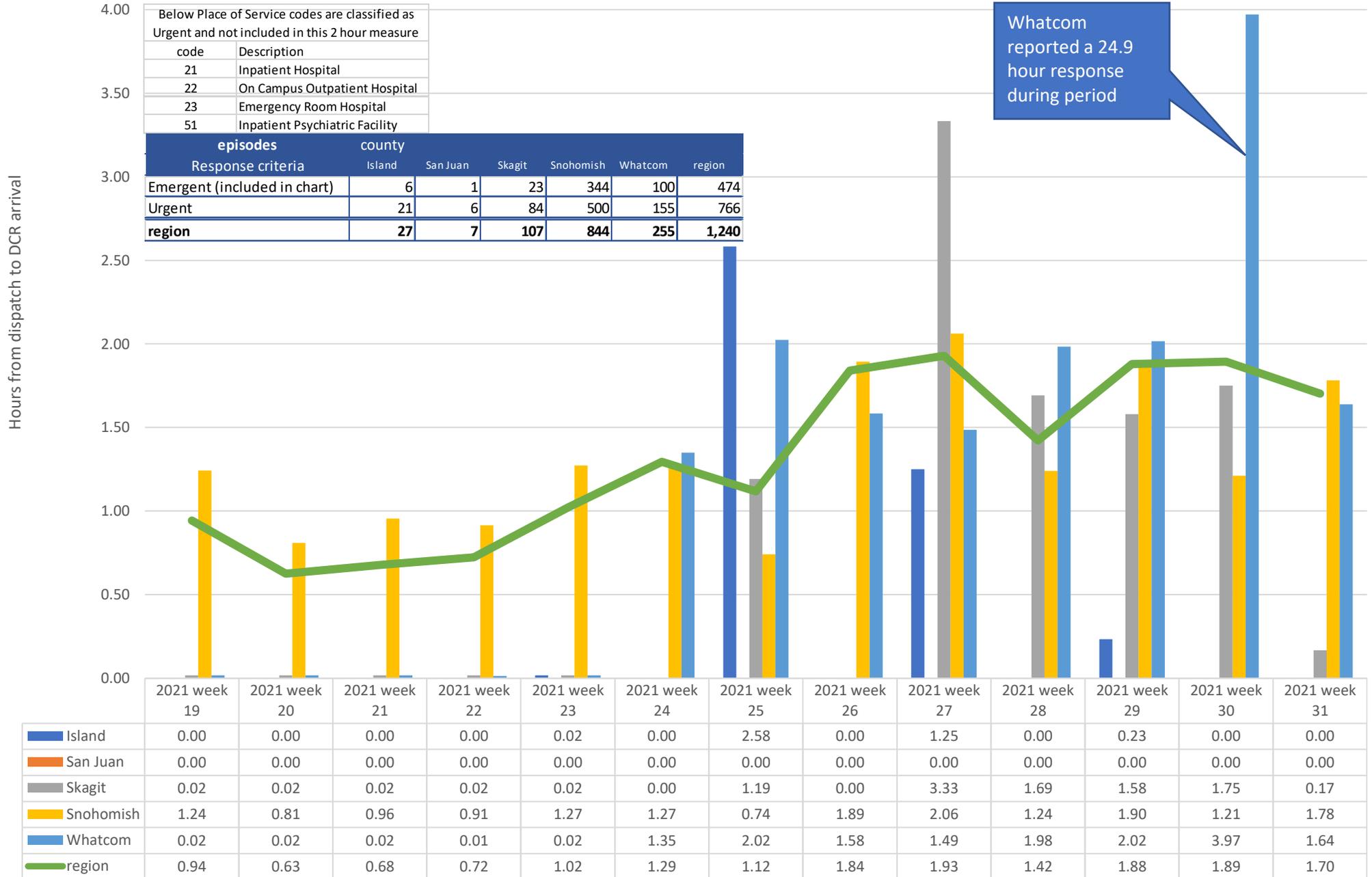


	2021 week 04	2021 week 05	2021 week 06	2021 week 07	2021 week 08	2021 week 09	2021 week 10	2021 week 11	2021 week 12	2021 week 13	2021 week 14	2021 week 15	2021 week 16	2021 week 17	2021 week 18	2021 week 19	2021 week 20	2021 week 21	2021 week 22	2021 week 23	2021 week 24	2021 week 25	2021 week 26	2021 week 27	2021 week 28	2021 week 29	2021 week 30	2021 week 31
dispatch resulting in other outcome	52	57	62	45	62	67	52	34	51	63	47	54	49	53	45	58	41	71	45	64	62	64	48	59	57	65	59	49
dispatch resulting in detention	58	56	64	63	47	25	43	42	42	44	38	40	37	41	41	37	40	40	43	37	41	41	42	49	40	35	32	21

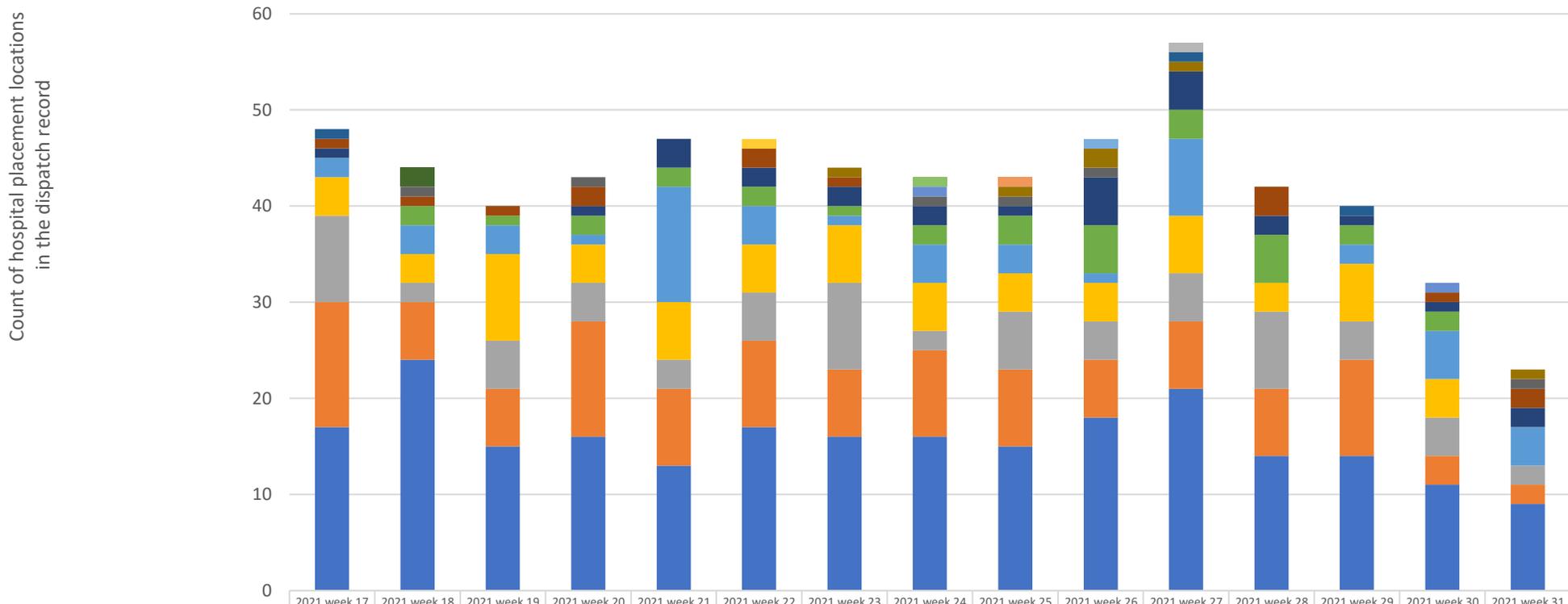
Weekly Staff Count - Staff providing Crisis or Investigation services 01/17/21 to 07/31/21



Average dispatch time for Emergent investigations from 01/17/21 to 07/31/21

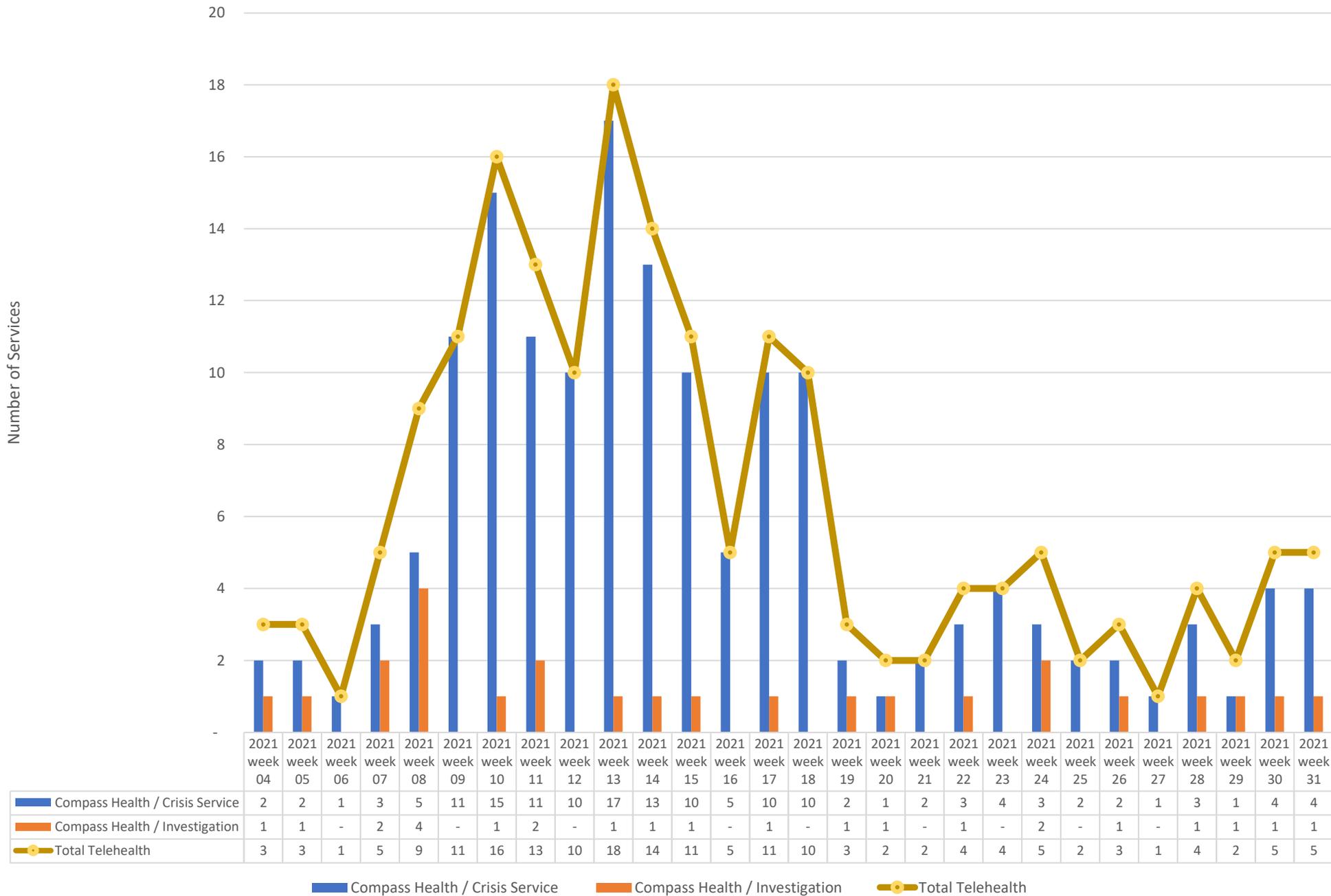


Hospital placement locations (Invol and Vol) - No adjustment has been made for timely data - recent weeks likely low

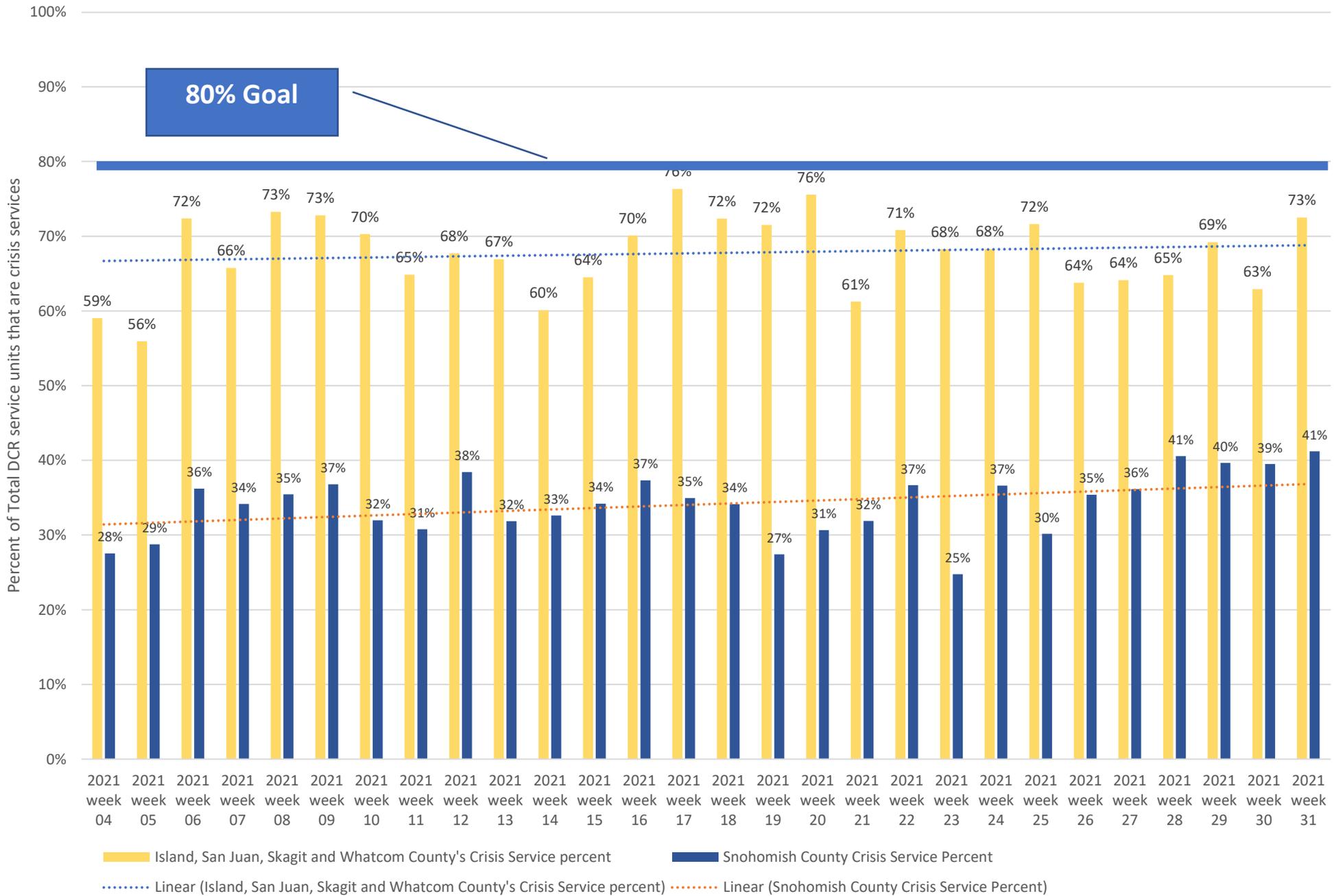


	2021 week 17	2021 week 18	2021 week 19	2021 week 20	2021 week 21	2021 week 22	2021 week 23	2021 week 24	2021 week 25	2021 week 26	2021 week 27	2021 week 28	2021 week 29	2021 week 30	2021 week 31
Telecare Mental Health Serv Of WA															
SACRED HEART MEDICAL CENTER								1		1					
American Behavioral Health Systems SSI						1									
OVERLAKE HOSPITAL MEDICAL CENTER											1				
Cascade E&T Center									1						
Pierce EandT TELECARE								1						1	
Cascade Behavioral Hospital LLC		2													
Swedish Mill Creek	1										1		1		
ABHS Chehalis							1		1	2	1				1
Valley Cities Counseling And Consultation		1		1				1	1	1					1
Mukilteo	1	1	1	2		2	1		1			3		1	2
BHC Fairfax Hospital INC	1			1	3	2	2	2	1	5	4	2	1	1	2
Telecare North Sound Evaluation and Treatment		2	1	2	2	2	1	2	3	5	3	5	2	2	
SMOKEY POINT BEHAVIORAL HOSPITAL	2	3	3	1	12	4	1	4	3	1	8		2	5	4
Skagit Valley Hospital	4	3	9	4	6	5	6	5	4	4	6	3	6	4	
Peacehealth Bellingham	9	2	5	4	3	5	9	2	6	4	5	8	4	4	2
SWEDISH EDMONDS	13	6	6	12	8	9	7	9	8	6	7	7	10	3	2
Providence Everett	17	24	15	16	13	17	16	16	15	18	21	14	14	11	9

Telehealth only, crisis and investigation services from 01/17/21 to 07/31/21



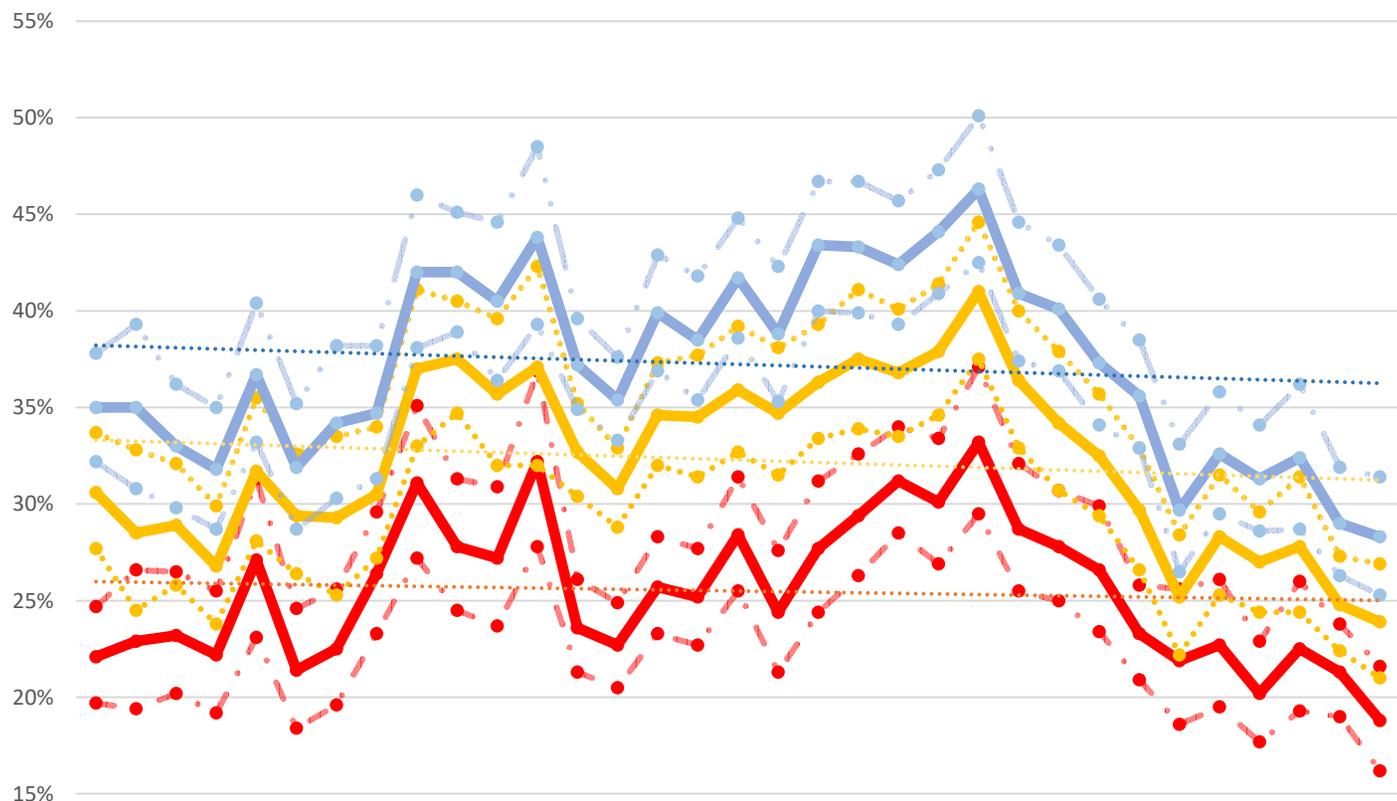
Crisis Service Unit Percent - Crisis Service units divided by Crisis units + Investigation units



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

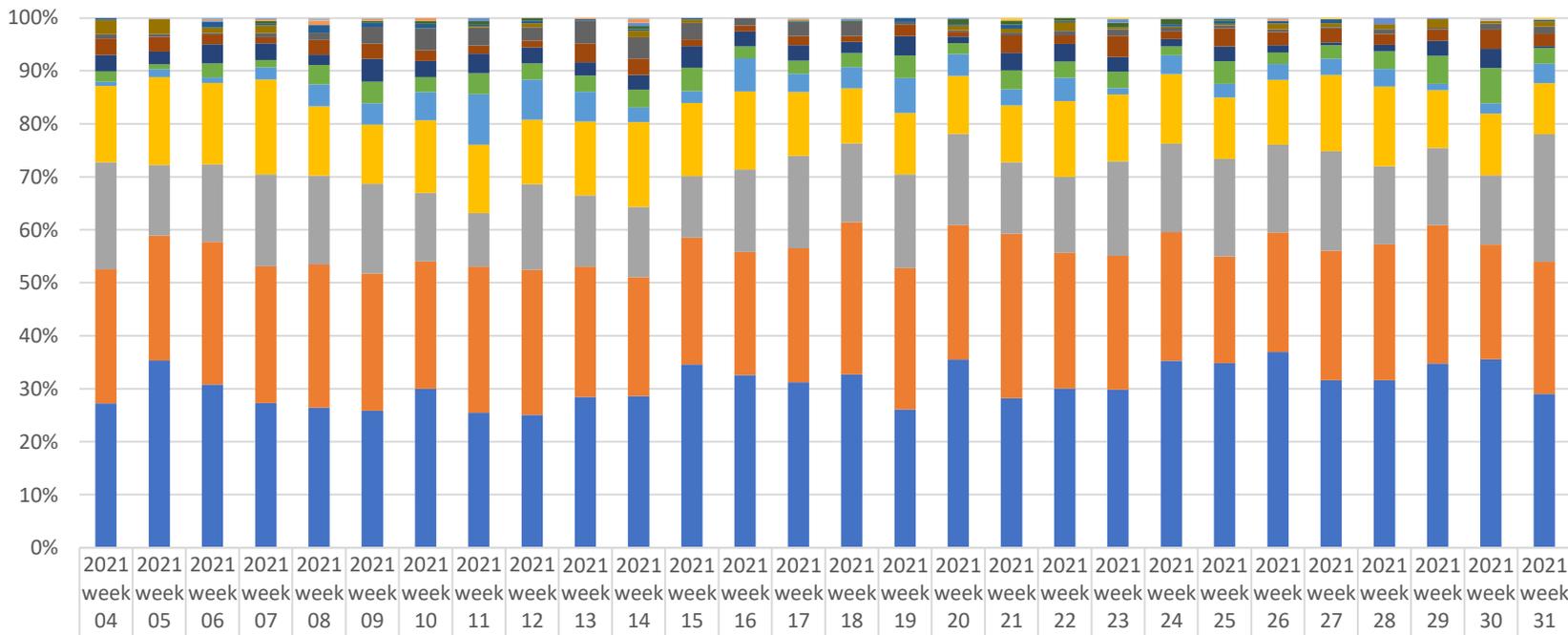
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 fr#o#e#r#u#d#w#r#q#z# l#k#i#l#y#h#h#g#h#u#d#
 d#j#h#q#f#l#h#v#/#a#x#q#f#k#h#g#k#h#k#r#x#v#h#k#r#q#
 S#x#o#h#/#x#u#y#h#/#r#/#s#u#r#g#x#f#h#t#j#d#w#/#c#q#/#k#h#
 v#r#f#l#d#/#d#q#g#/#f#r#q#r#p# l#f#p# s#d#f#w#/#r#i#F#r#y#l#g#0
 4<#r#q#/#p# h#u#l#f#d#q#/#k#r#x#v#h#k#r#q#v#/#w#k#h#
 K#r#x#v#h#k#r#q#S#x#o#h#/#x#u#y#h#/#z# d#v#t#h#v#l#j#q#h#g#
 w#r#t#d#x#j#h#k#h#p# s#d#f#w#/#i#k#h#s#d#q#g#p# l#f#
 r#q#t#p# s#r#/#p# h#q#w#d#w#v#/#f#r#q#v#p# h#u#
 v#s#h#q#g#l#j#/#i#r#r#g#/#h#f#x#u#w#/#k#r#x#v#l#j#/#
 h#g#x#f#d#w#r#q#t#j#l#u#x#s#w#i#r#q#v#/#d#q#g#
 g#l#p# h#q#v#l#r#q#v#/#r#i#s#k#/#v#f#d#d#/#l#q#g#p# h#q#w#d#
 z#h#o#j#h#v#i

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



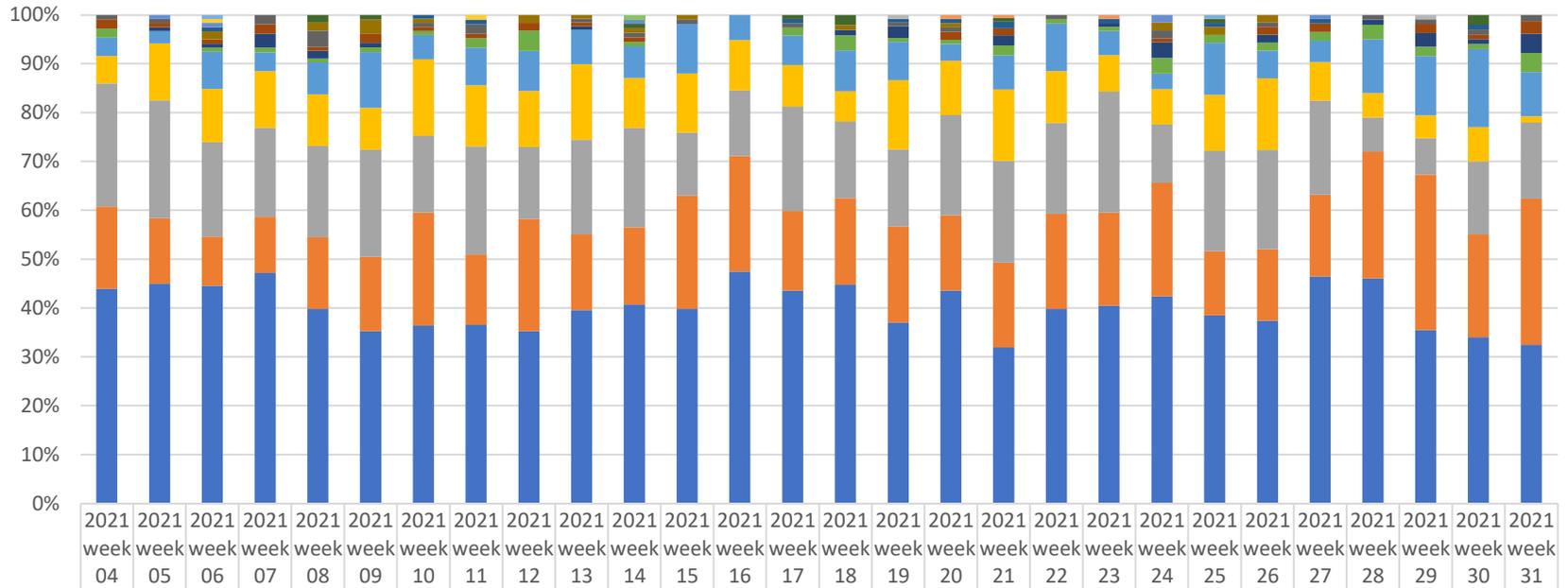
	23 Apr-05	07 May-12	14 May-19	21 May-26	28 May-02	04 Jun-09	11 Jun-16	18 Jun-23	25 Jun-30	02 Jul-07	09 Jul-14	16 Jul-21	19 Aug-31	02 Sep-14	16 Sep-28	30 Sep-12	14 Oct-26	28 Oct-09	11 Nov-23	25 Nov-07	09 Dec-21	12 Dec-18	15 Jan-20	18 Jan-01	22 Feb-15	26 Feb-01	03 Mar-15	07 Mar-29	10 Mar-17	14 Apr-26	18 Apr-10	22 May-24	26 May-07	29 Jun-21	03 Jul-05
••• % 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%	19%	19%	16%		
— % 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%	23%	21%	19%		
••• % 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%	26%	24%	22%		
••• % 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%	24%	22%	21%		
— % 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%	28%	25%	24%		
••• % 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%	31%	27%	27%		
••• % 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%	29%	26%	25%		
— % 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%	32%	29%	28%		
••• % 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%	36%	32%	31%		

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



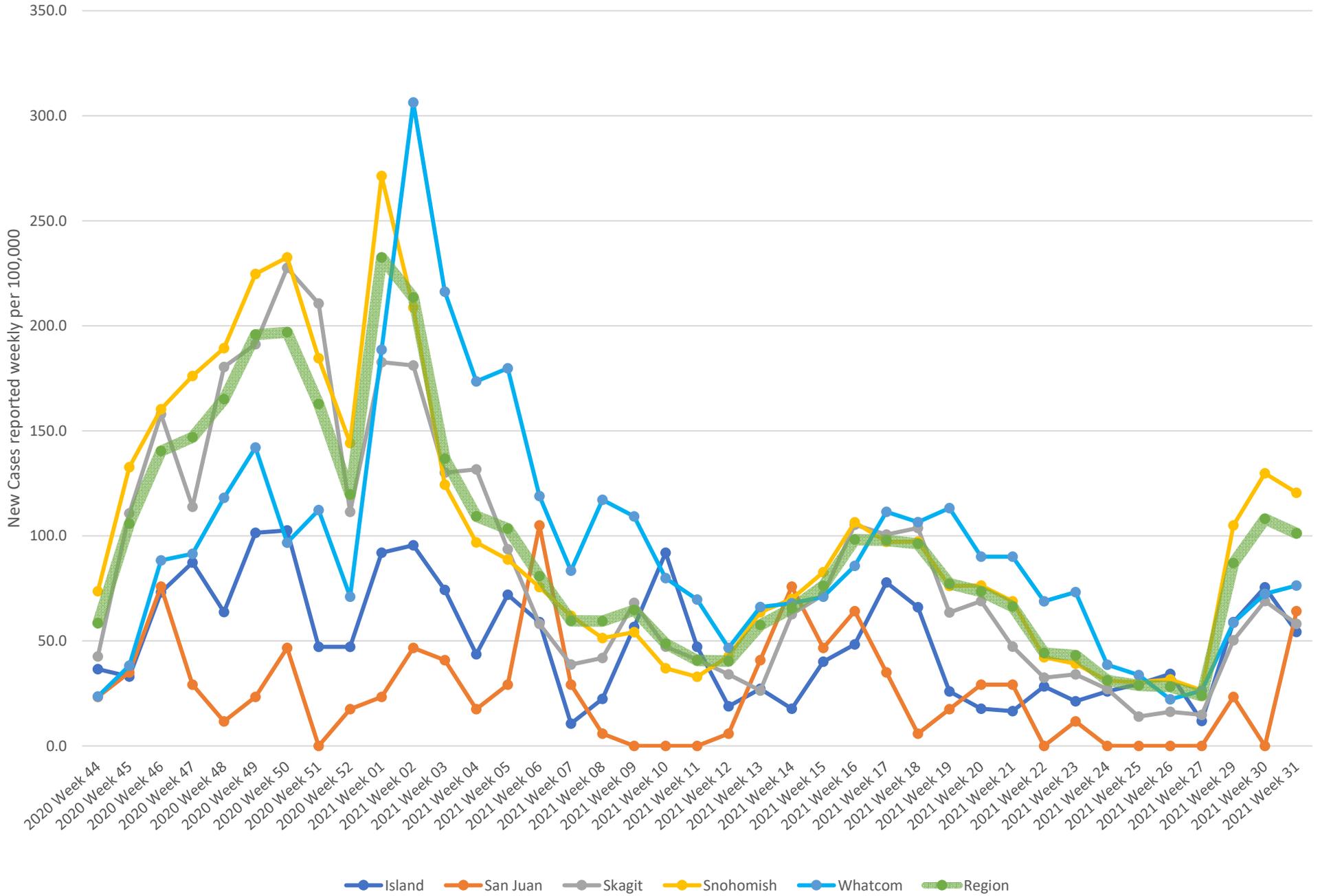
	2021 week 04	2021 week 05	2021 week 06	2021 week 07	2021 week 08	2021 week 09	2021 week 10	2021 week 11	2021 week 12	2021 week 13	2021 week 14	2021 week 15	2021 week 16	2021 week 17	2021 week 18	2021 week 19	2021 week 20	2021 week 21	2021 week 22	2021 week 23	2021 week 24	2021 week 25	2021 week 26	2021 week 27	2021 week 28	2021 week 29	2021 week 30	2021 week 31
Custodial Care Facility			1	1																		1						
Community Mental Health Center																		2		1				1				1
Psych. Residential		1			2	1					1			1	1						1		1					2
On Campus Outpatient Hospital			1	1	3	1	2			1	2			1									1					
Nursing Facility			1					2			2				1		1				2				4	1		
School				2		1	2	2	2		2			1	1		3	3	2	3	4	1						
Group Home	1		4	1	5	3	3	1	2	1	1	1		1		3	1	3	1		2	2	2	2	3			1
Homeless Shelter	7	9	4	5				1	3		4	2					3	3	6	1	1	1	4	3	3	5	2	3
Telehealth	2	2	1	3	5	11	15	11	10	17	13	10	5	10	10	2	1	2	3	4	3	2	2	1	3	1	4	4
Inpatient Psychiatric Facility	8	9	7	4	10	10	7	5	5	14	10	4	4	7	4	8	3	13	6	13	6	12	9	10	7	7	13	7
Inpatient Hospital	8	8	14	11	7	15	11	12	12	10	9	13	10	12	8	14	4	13	12	9	6	10	5	2	4	9	13	1
Prison Correctional Facility	5	3	10	5	13	14	10	13	12	12	11	14	8	10	10	16	7	14	11	10	7	15	8	10	11	17	24	9
Assisted Living Facility	2	5	4	8	15	14	19	31	30	22	9	7	22	14	15	25	14	12	16	4	15	9	11	12	11	4	7	11
Emergency Room Hospital	37	55	59	63	47	39	49	42	48	55	52	44	52	49	39	44	37	42	52	41	56	41	45	56	50	35	42	29
Home	52	44	56	61	60	59	46	33	64	53	43	37	55	71	56	67	58	53	52	58	71	65	61	73	49	47	47	72
Other Place of Service	65	78	103	91	97	90	86	90	108	97	73	76	82	103	108	101	86	122	93	82	103	71	83	95	85	84	78	75
Office	70	117	118	96	95	90	107	83	99	112	93	110	115	127	123	99	120	111	109	97	150	123	136	123	105	112	128	87

Place of Service -Investigations, percent of total by week



	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	2021 week 23	2021 week 24	2021 week 25	2021 week 26	2021 week 27	2021 week 28	2021 week 29	2021 week 30	2021 week 31	
School											1																		
Custodial Care Facility			1																			1							
On Campus Outpatient Hospital			1					1																					
Skilled Nursing Facility																1											1		
Nursing Facility																	1	1			1								
Homeless Shelter		1	1										1									2				1			
Psych. Residential					2	1						1			1	2			1				1						2
Community Mental Health Center			1				1	1							1		1	1	2		1		1		1			1	
Group Home			2		2	3	1		2	1	1	1			1		1					2	2	2					
Telehealth	1	1		2	4		1	2		1	1	1		1		1	1			1		2		1		1	1	1	1
Assisted Living Facility	2	1	1	2	1	2	1	1	2	1	1							2	2			1		2	2		2	1	2
Office		1	1	3	2	1				1					1	3		3			1	4		2		1	3	1	3
Home	2		1	1	1	1	1	2	5		1			2	3	1	1	3	1	1	4	2	2	2	2	3	2	1	3
Prison Correctional Facility	4	3	9	4	8	12	6	8	10	9	7	11	5	7	8	10	4	10	11	6	4	13	7	5	11	13	16	7	
Inpatient Hospital	6	14	13	12	13	9	19	13	14	20	11	13	10	10	6	18	13	21	12	9	9	14	18	9	5	5	7	1	
Inpatient Psychiatric Facility	27	29	23	19	23	23	19	23	18	25	22	14	13	25	15	20	24	30	21	30	15	25	25	22	7	8	15	12	
Other Place of Service	18	16	12	12	18	16	28	15	28	20	17	25	23	19	17	25	18	25	22	23	29	16	18	19	26	34	21	23	
Emergency Room Hospital	47	54	53	49	49	37	44	38	43	51	44	43	46	51	43	47	51	46	45	49	53	47	46	53	46	38	34	25	

New COVID-19 Cases Reported Weekly per 100,000 population - 10/27/20 to 08/04/21

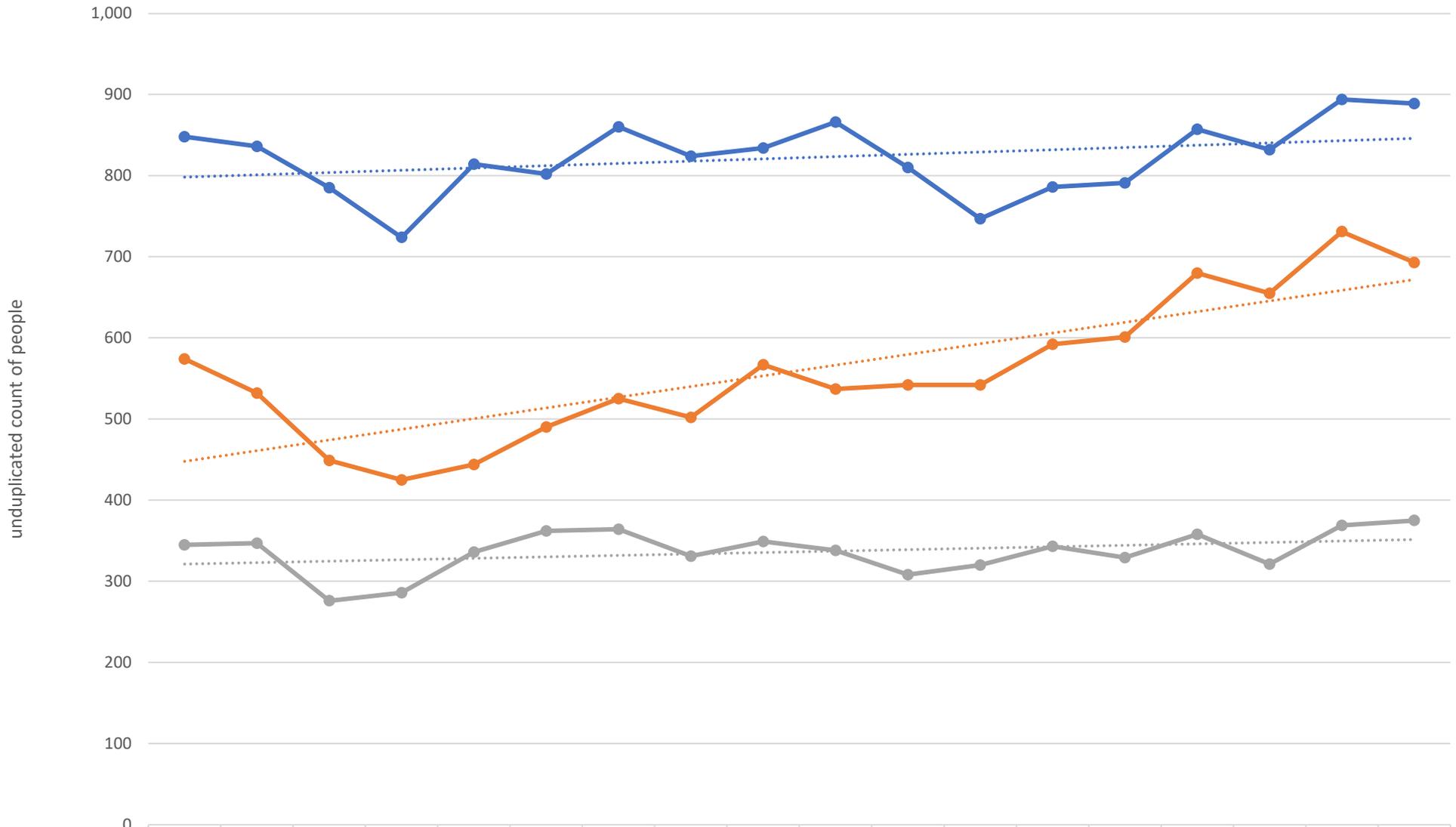




North Sound Crisis System Dashboard

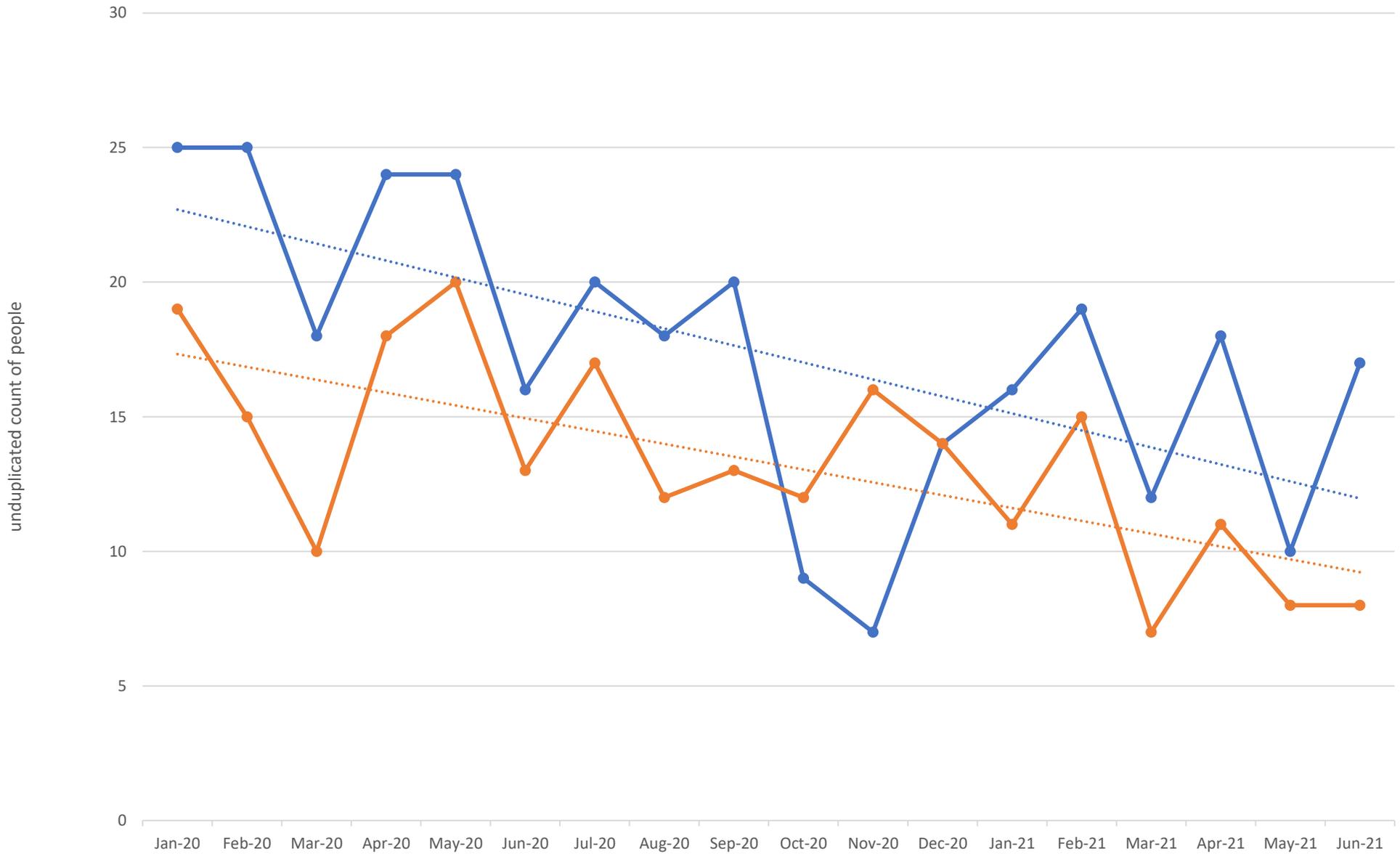
Page 2	Unduplicated People receiving a crisis system service
Page 3	Island - Unduplicated People receiving a crisis system service
Page 4	San Juan - Unduplicated People receiving a crisis system service
Page 5	Skagit - Unduplicated People receiving a crisis system service
Page 6	Snohomish - Unduplicated 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



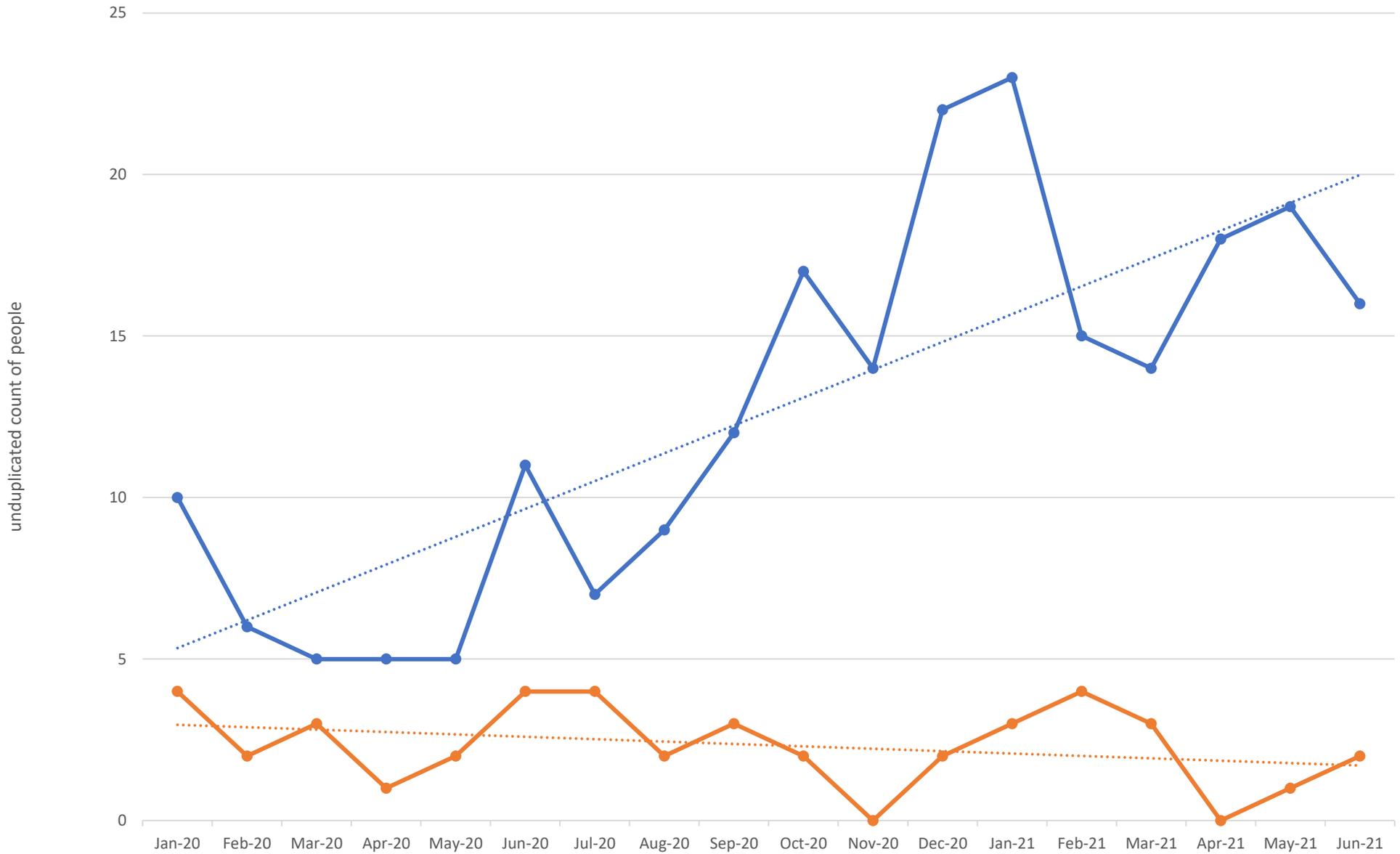
	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
● Crisis Call	848	836	785	724	814	802	860	824	834	866	810	747	786	791	857	832	894	889
● Crisis Service	574	532	449	425	444	490	525	502	567	537	542	542	592	601	680	655	731	693
● Investigation	345	347	276	286	336	362	364	331	349	338	308	320	343	329	358	321	369	375

Island - Unduplicated People receiving a crisis system service



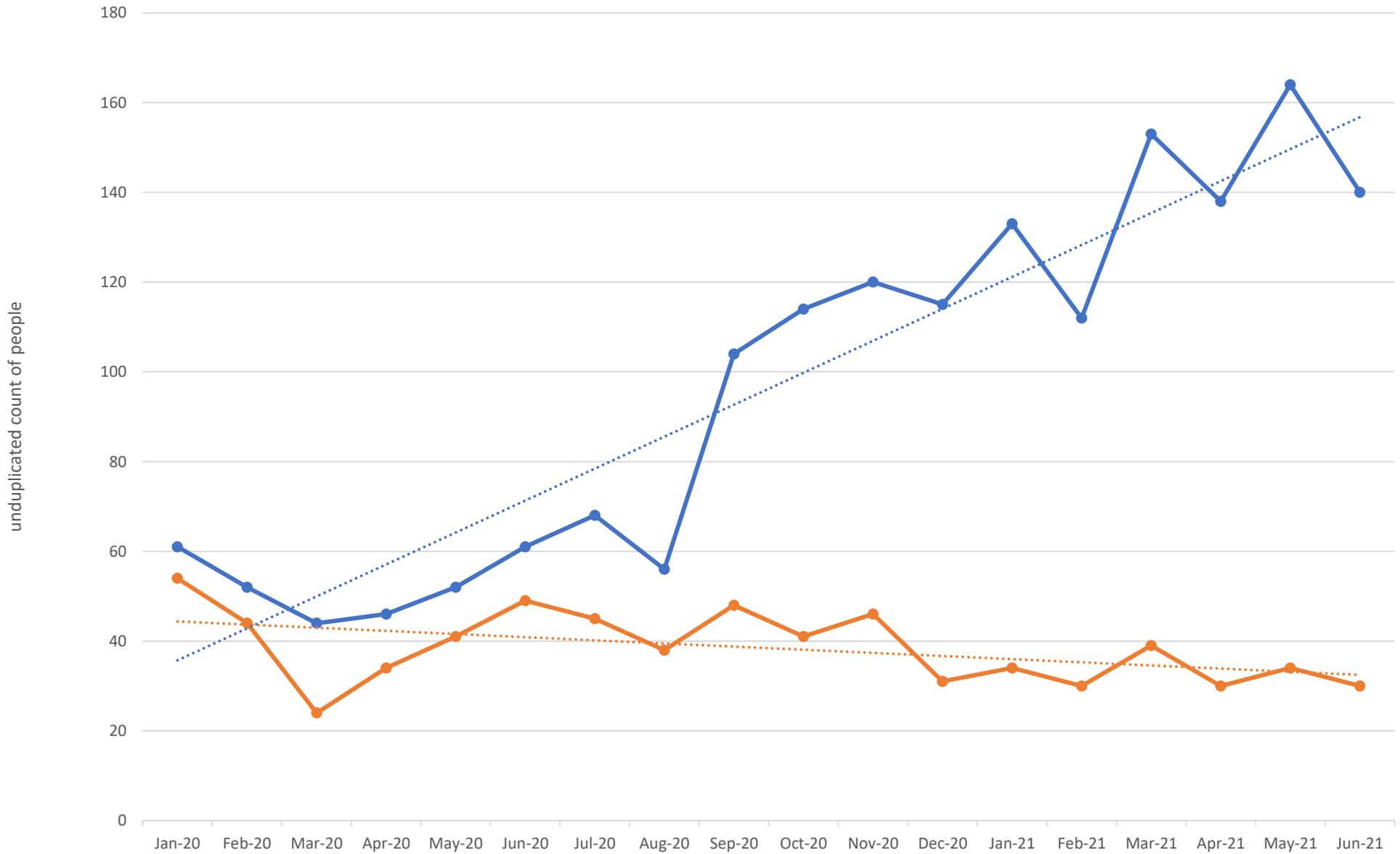
	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
Crisis Service	25	25	18	24	24	16	20	18	20	9	7	14	16	19	12	18	10	17
Investigation	19	15	10	18	20	13	17	12	13	12	16	14	11	15	7	11	8	8

San Juan - Unduplicated People receiving a crisis system service



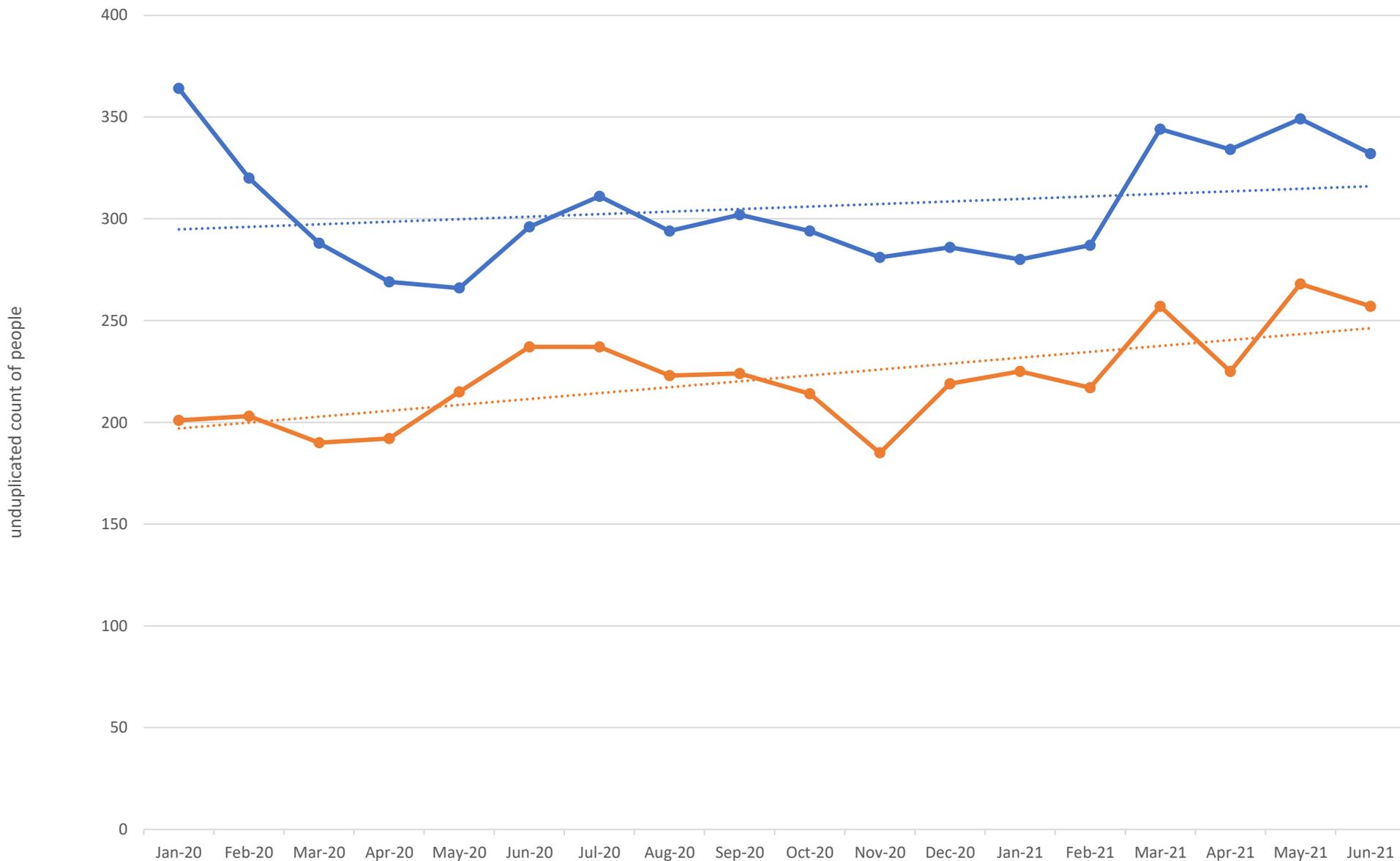
	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
Crisis Service	10	6	5	5	5	11	7	9	12	17	14	22	23	15	14	18	19	16
Investigation	4	2	3	1	2	4	4	2	3	2	0	2	3	4	3	0	1	2

Skagit - Unduplicated People receiving a crisis system service



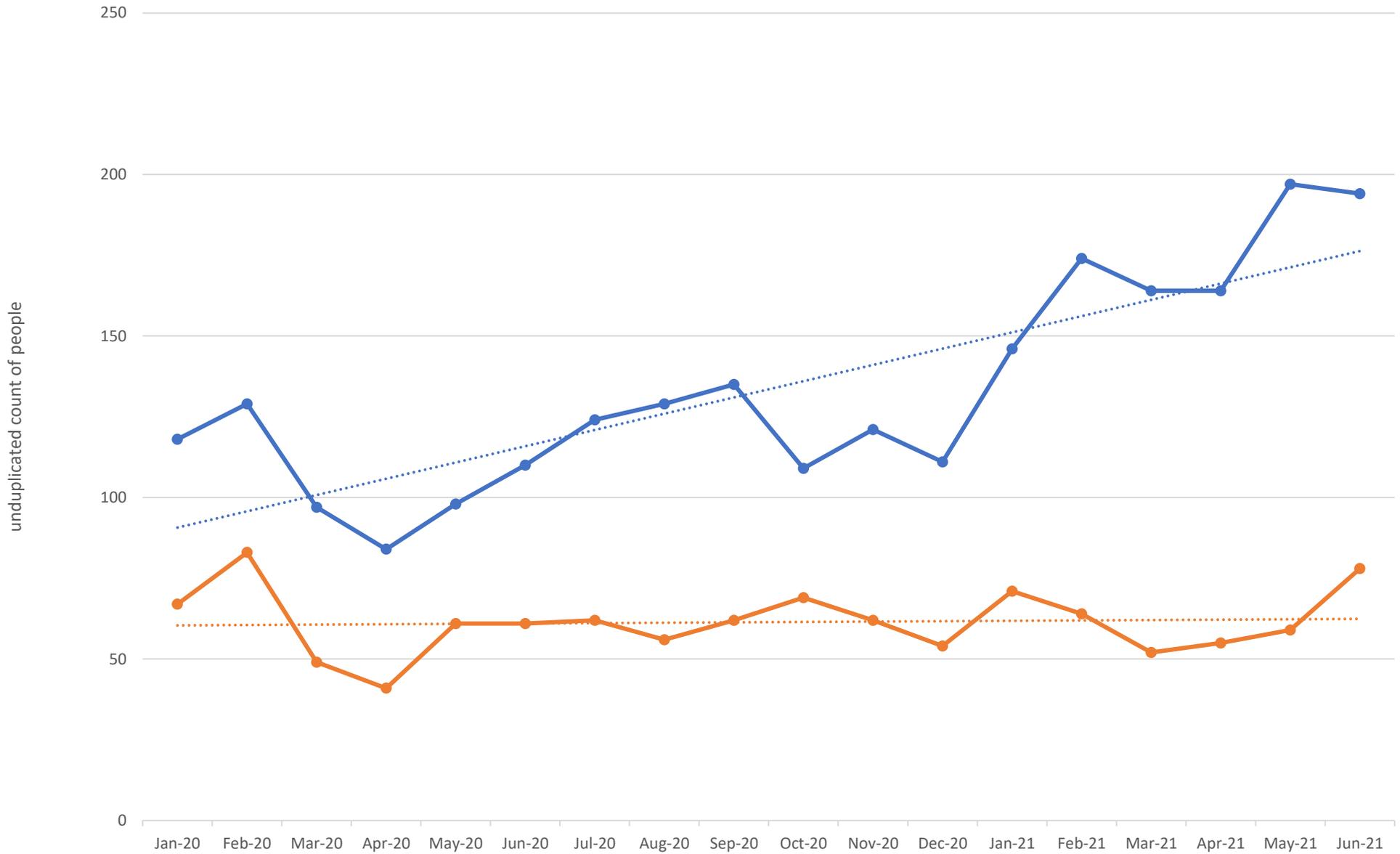
	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
● Crisis Service	61	52	44	46	52	61	68	56	104	114	120	115	133	112	153	138	164	140
● Investigation	54	44	24	34	41	49	45	38	48	41	46	31	34	30	39	30	34	30

Snohomish - Unduplicated People receiving a crisis system service



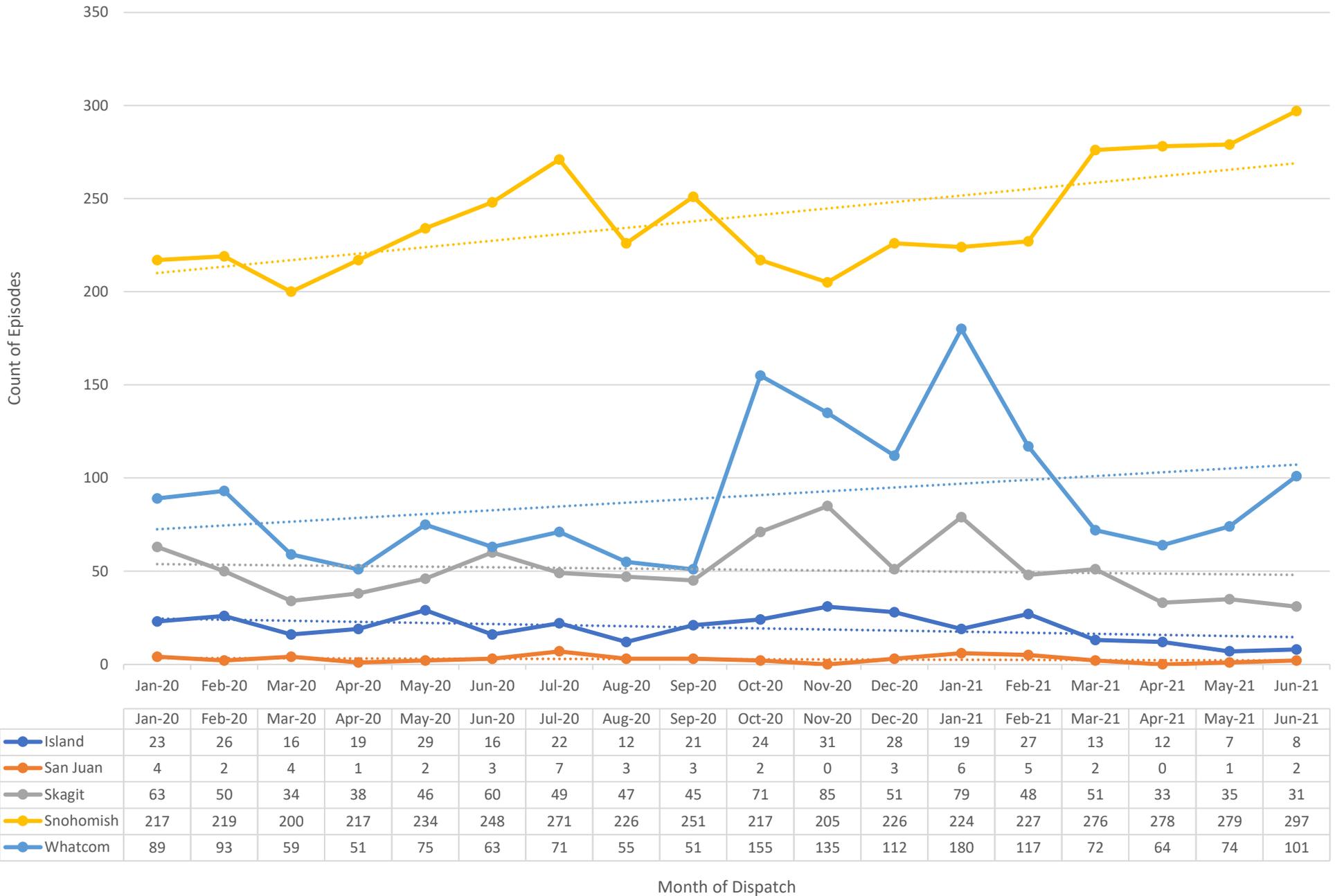
	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
● Crisis Service	364	320	288	269	266	296	311	294	302	294	281	286	280	287	344	334	349	332
● Investigation	201	203	190	192	215	237	237	223	224	214	185	219	225	217	257	225	268	257

Whatcom - Unduplicated People receiving a crisis system service

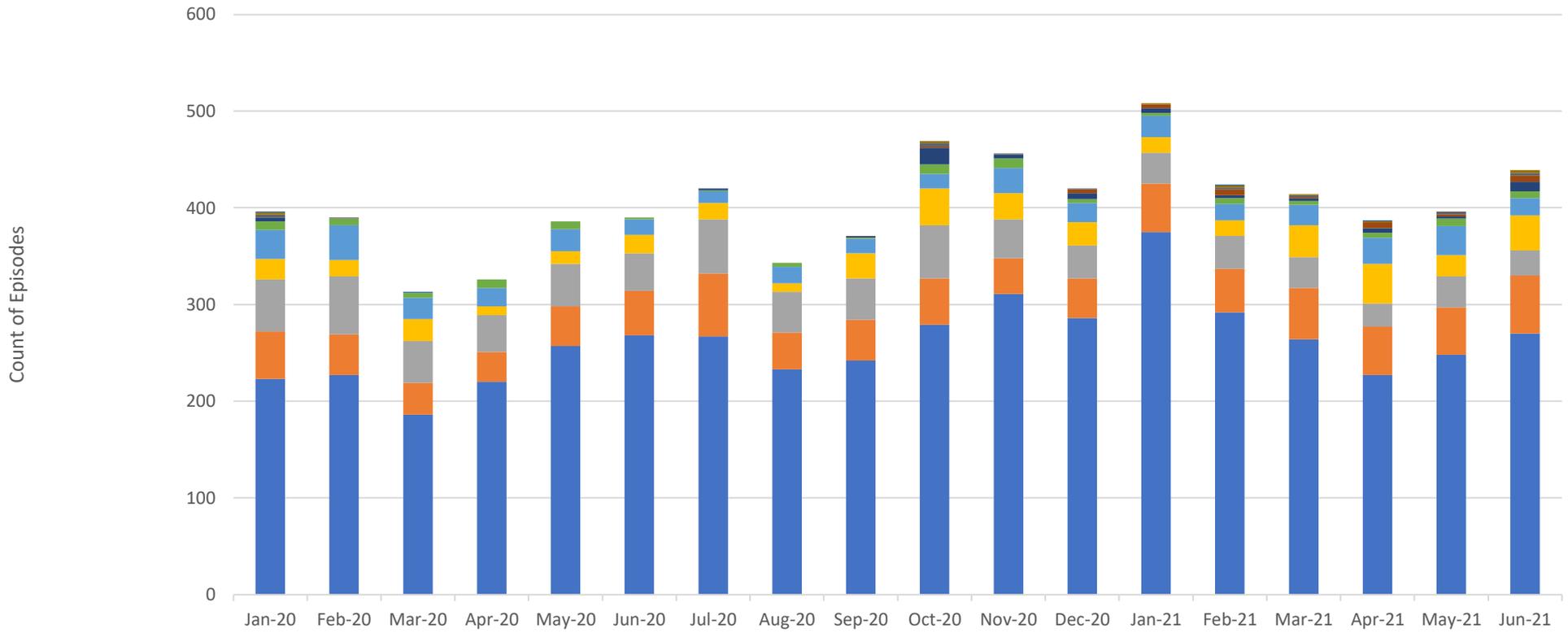


	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
● Crisis Service	118	129	97	84	98	110	124	129	135	109	121	111	146	174	164	164	197	194
● Investigation	67	83	49	41	61	61	62	56	62	69	62	54	71	64	52	55	59	78

Region Designated Crisis Responder (DCR) Investigations



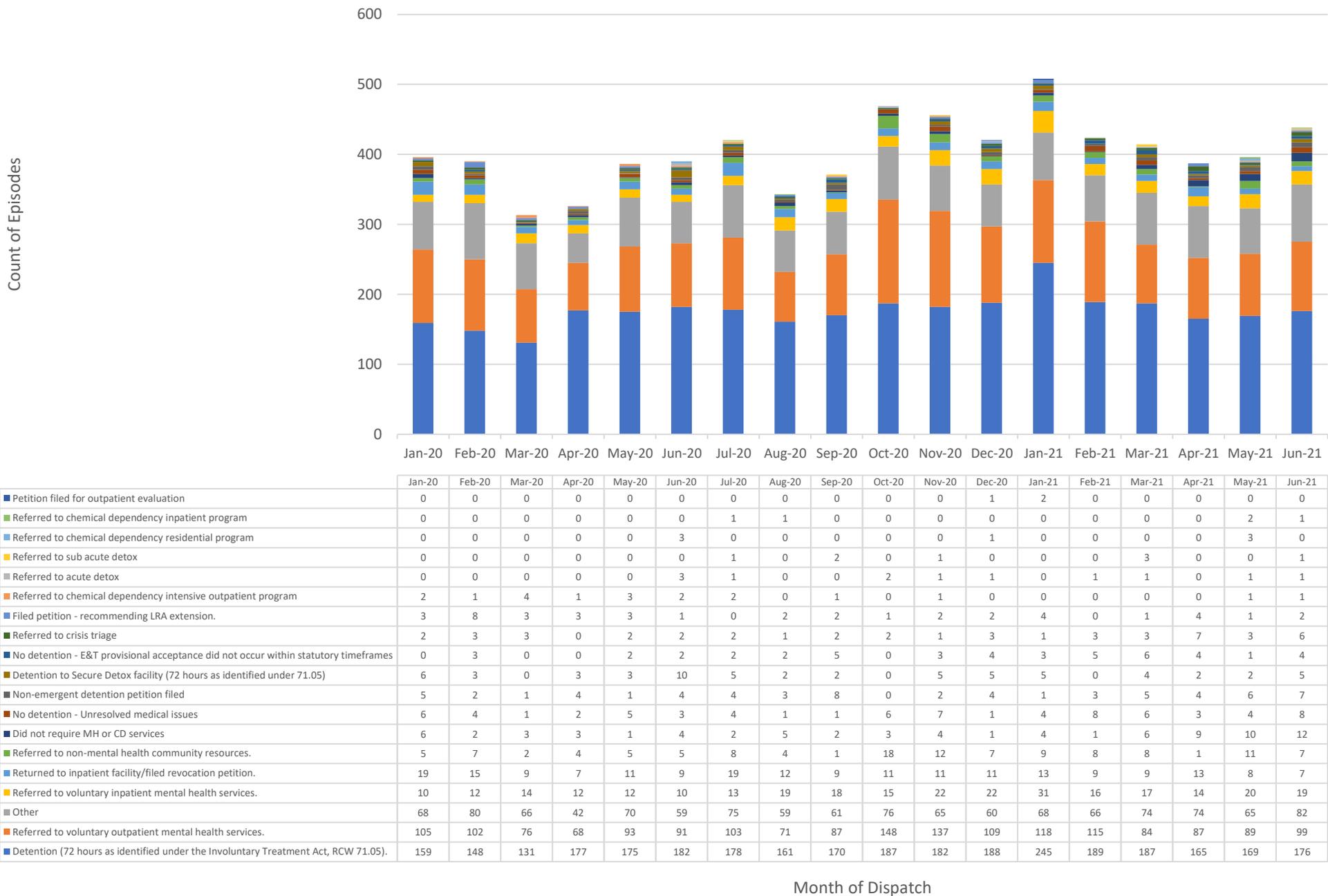
Region DCR Investigation Referral Sources



	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	May-21	Jun-21
School	1	0	1	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0
Referral from MCR to DCR	2	0	0	0	0	0	0	0	0	2	0	0	1	2	1	1	0	3
Community	3	1	0	0	0	0	0	0	1	4	1	1	0	2	2	0	3	3
Legal Representative	0	0	0	0	0	0	0	0	0	1	0	4	4	6	1	6	2	6
Social Service Provider	4	0	0	0	0	0	2	0	1	17	4	6	5	3	3	5	2	10
Care Facility	9	7	5	9	8	2	1	4	1	10	10	4	3	6	4	5	8	7
Professional	30	36	22	19	23	16	12	17	15	15	26	20	22	17	21	27	30	18
Other	21	17	23	9	13	19	17	9	26	38	27	24	16	16	33	41	22	36
Law Enforcement	54	60	43	38	44	39	56	42	43	55	40	34	32	34	32	24	32	26
Family	49	42	33	31	41	46	65	38	42	48	37	41	50	45	53	50	49	60
Hospital	223	227	186	220	257	268	267	233	242	279	311	286	375	292	264	227	248	270

Month of Dispatch

Region DCR Investigation Outcomes



governor and Democrats to sit down with them and law enforcement agencies to resolve concerns.

"This needs to be done quickly before more harm is done to the communities and people we represent," Senate Minority Leader John Braun, R-Centralia, and House Minority Leader J.T. Wilcox, R-Yelm, said in a statement.

Responders in crisis

In the past three weeks, law enforcement's response to the crisis responders' calls for help has varied by agency and by individual officer, the crisis responders say.

Supervisors of the team have a list of more than a dozen examples of mentally ill people who law enforcement officers have declined to detain, even though a crisis responder said they met the criteria for involuntary commitment. A county Human Services division manager provided that list to The Daily Herald.

One crisis responder called for police help when visiting a group home to evaluate a man who was threatening to kill the other residents and "smash" staff's heads in. She was initially told by a 9-1-1 dispatcher that police would not come, according to the list.

Officers eventually arrived, after the man ripped a TV off the wall and approached the crisis responder in her personal space. Still, the police said they couldn't intervene — even when the man began lighting small items on fire.

One man was deemed eligible for involuntary treatment one day and again the next day when a crisis responder received a call that he was blocking traffic and holding a rock above his head in the road. Police at first said they couldn't use force to take him to a hospital, the list says.

About 45 minutes after his second evaluation, officers detained him after a woman called 9-1-1 because he was aggressively blocking her outside of a bank, preventing her from reaching her vehicle with her small child inside.

"It's scary," said crisis responder Debbie Johnson. "It's scary the people we're leaving out on the street. It's scary for the clients themselves, who are really vulnerable. It's scary for the family members, who are often being threatened. And it's really scary for the community at large."

"It's making a hard job impossible," Johnson said.

Some police have stayed in patrol vehicles during crisis responder calls, said Carola Schmid, a supervisor for the crisis responder team.

Others have refused to approach a home with a crisis responder or knock on the door.

And in some cases, police have declined to come at all, Schmid said.

"Our staff really feel that they can no longer perform this duty because of all the complications," she said.

State law requires that a crisis responder be accompanied by a police officer or mental health professional during a home visit



Attorney General's Office: Nothing in Police Reform Legislation Prevents Police from Responding to Community Caretaker Calls

August 5, 2021

OLYMPIA – In response to concerns from some law enforcement agencies whether they have the authority to show up to community caretaking calls and calls involving a mental health crisis where no crime has been reported, Rep. Roger Goodman (D-Kirkland) and Rep. Jesse Johnson (D-Federal Way), Chair and Vice Chair of the House Public Safety Committee, sought [guidance](#) from the Attorney General's Office. In a [privileged communication](#) that Goodman and Johnson are now making public, Deputy Solicitor General Alicia O. Young and Assistant Attorney General Shelley Williams make clear that nothing in the new law prevents officers from responding to community caretaking calls or calls for assistance with a mental health crisis. Police can show up to assist Designated Crisis Responders and on other behavioral health calls.

[HB 1310](#), the law which some agencies are citing as a reason they cannot attend to community caretaking functions, simply creates a standard of reasonable care for officers when using force against the public. That standard requires officers to exhaust all available de-escalation tactics, to consider the characteristics and conditions of the person to whom force is being applied, and to use the minimal amount of force necessary to bring someone into custody. Washington law recognizes that police serve as caretakers of the community and often have to respond to situations where no crime has been committed. HB 1310 specifically accounts for that by allowing the use of force “to protect against an imminent threat of bodily injury to a peace officer, another person, or the person against whom the force is being used.”

The vast majority of officers have been successfully assisting Designated Crisis Responders. Washington has been training de-escalation strategies and expanding investment in co-responder programs for years. Unfortunately, while the majority of community caretaking calls are handled successfully and professionally, that has not always been the case. Unnecessary uses of force have disproportionately affected Black and brown communities and these incidents have eroded trust between law enforcement and the community. The goal of HB 1310 is to ensure equitable treatment of all communities by law enforcement where everyone can expect the same degree of reasonable care.

“Many, if not most police departments have confirmed their continued commitment to respond to community caretaking calls and to serve their communities,” said Goodman. “Law enforcement has always had the discretion to decide which calls to show up to. However, not responding at all to mental health crisis calls could jeopardize community safety, especially where police can and should employ a host of available de-escalation tactics to resolve situations peacefully. We hope that those agencies that are now pausing will reconsider in light of this AGO guidance.”

“We hope this robust guidance from the Attorney General's Office is clarifying. We have been working with law enforcement agencies and organizations to ensure they have the clarity to do their job,” said Johnson. “I am submitting a set of key questions from the Washington Association of Sheriffs and Police Chiefs to the Attorney General's Office for a formal [advisory opinion](#). We look forward to continuing to collaborate closely with our partners in law enforcement to meet community expectations.”

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Washington State House Democrats

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Certified Peer Counselor Amber Morris sets up her office in the new 32-bed behavioral and substance abuse treatment facility at the Denny Juvenile Justice Center on Wednesday in Everett. The facility opens Monday for patients. (Andy Bronson / The Herald)

32-bed substance abuse treatment center opens in Everett

A remodeled youth detention center will host the county's first inpatient facility for low-income people.

By Jake Goldstein-Street

Monday, August 2, 2021 1:30am | [LOCAL NEWS](#) [EVERETT](#)

EVERETT — A new 32-bed behavioral health and substance abuse treatment facility in the county's juvenile detention center opens to patients this week.

The Denney Juvenile Justice Center, located in Everett's Delta neighborhood, will house the twin 16-bed spaces. One "co-occurring" unit will be for adults dealing with both addiction and mental health issues. The

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other will focus on people with opioid addictions. Stays on the opioid-specific floor will likely last between 28 and 56 days; it'll be 60 to 90 days in the addiction and mental health unit.

In the first three months of this year, Washington had 418 overdose deaths, compared to 378 in the same period in 2020, according to the state Department of Health. Nearly half of those were fentanyl-related. Overdoses are increasing among all ages, races and socioeconomic backgrounds, but increases were most pronounced among people of color, according to the Department of Health.

“For a county with a population of over 800,000 now, we have no substance use disorder inpatient facilities for adults who are indigent and low income,” said Cammy Hart-Anderson, manager of the county’s Division of Behavioral Health and Veteran Services.

Seattle-based Pioneer Human Services will run the new facility. The provider also operates the social services hub at Everett’s repurposed [Carnegie Library](#).

Rowell Dela Cruz, the director of the Pioneer Center North treatment center in Sedro Wooley, estimated there would be about 20 people in the Everett facility when it was scheduled to open Monday.

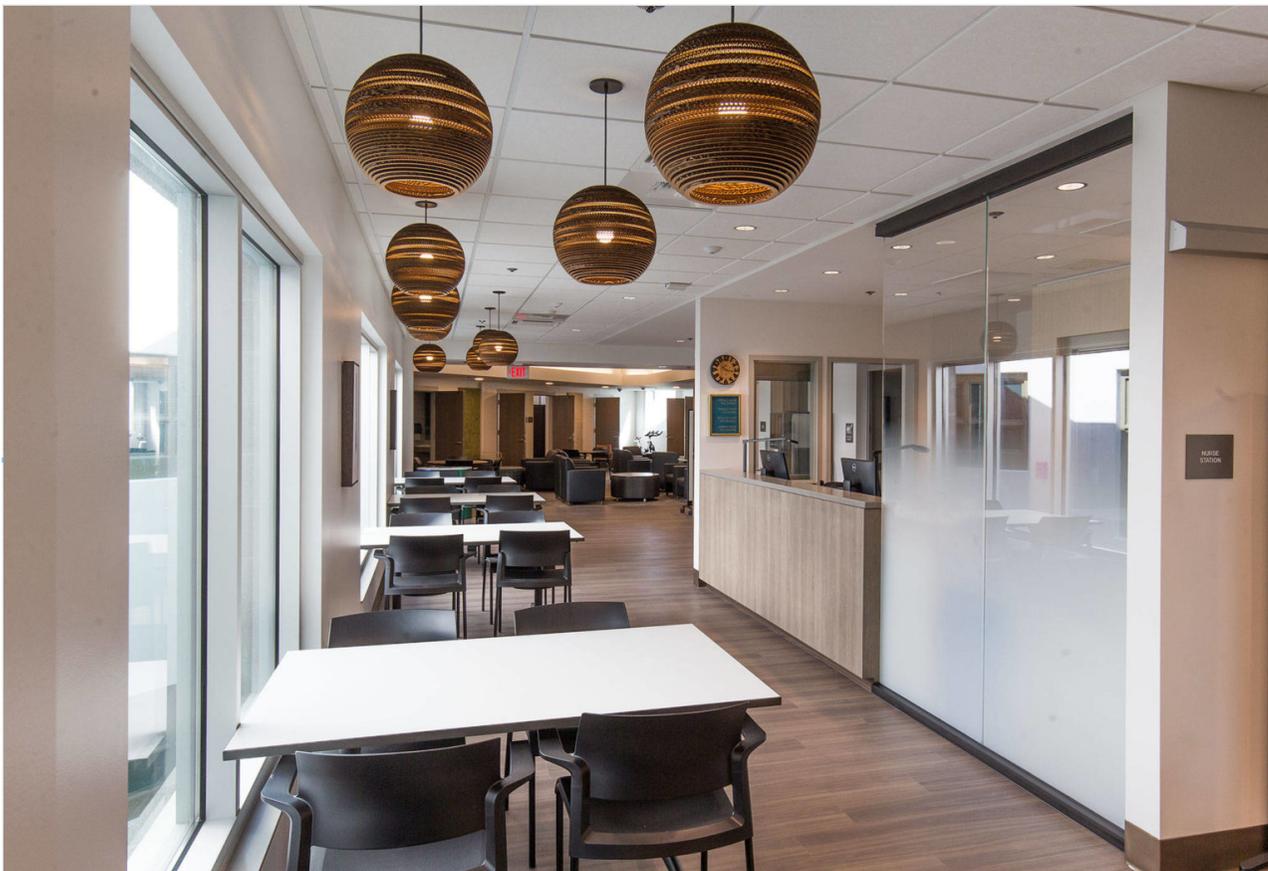
A majority of the adults voluntarily staying there will probably be from Snohomish County, Hart-Anderson said.

She had “no doubt” the demand for the beds will be high. Patients will get referred from a variety of sources, such as jails, detox facilities and outpatient providers.

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A common area between the men's and women's areas of the new 32-bed behavioral and substance abuse treatment facility at the Denny Juvenile Justice Center on Wednesday in Everett. (Andy Bronson / The Herald)

The facility will have 30 to 40 staffers, including a case manager to connect patients with services and post-stay housing, a peer counselor they can meet with daily and supportive housing, and employment specialists. There will also be full-time substance use counselors and behavioral health clinicians. And there are exam rooms where people staying can get looked at by medical coordinators.

“We definitely need more beds in our community to help those individuals out, especially a safe place for them to learn and develop skills of learning a substance-use free life,” said Dela Cruz, who will be heading up the programs at the new site.

This isn't the only new Snohomish County facility looking to alleviate bed shortages. Earlier this month, a 24-bed mental health unit opened at Providence Regional Medical Center Everett. That facility has been operating with 20 beds filled since the week it opened in line with current staffing levels, hospital spokesperson Cheri Russum said July 2

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Treatment will be largely funded by Medicaid. Previously, patients eligible for Medicaid would get sent to eastern Washington for inpatient help, making it difficult to connect them with local, ongoing support after they leave the facility, Hart-Anderson said.



Staff members take a photo together in front of the new 32-bed behavioral and substance abuse treatment facility at the Denny Juvenile Justice Center on Wednesday in Everett. (Andy Bronson / The Herald)

The new space cost \$17.5 million. Most of that — over \$11 million — came from the state capital budget. Another \$3.3 million came from the North Sound Behavioral Health Organization. And the county chipped in \$2.8 million. Construction on the facility began in spring 2020.

The two spaces — one on the first floor, the other on the second — are basically identical. More than half of the over 20,000-square-foot facility has been remodeled from the juvenile lockup and the rest is newly built. The remodel has changed the spaces from the concrete walls and uncomfortable beds of a jail to more communal areas with big screen TVs.

The facility has been several years in the making. The project, formally called the North Sound Behavioral Health Treatment Center, started in 2017. The juvenile center, built in the 1990s with 130 beds, was tapped as a possible spot with diminishing occupancy following reforms aimed to keep

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youths out of detention. In 2001, the average daily population was 84 juveniles, according to Brooke Powell, the county Superior Court's assistant administrator for juvenile court operations. Between January and June of this year, that average had plummeted to four people.

Jake Goldstein-Street: 425-339-3439; jake.goldstein-street@heraldnet.com.

Twitter: [@GoldsteinStreet](https://twitter.com/GoldsteinStreet).

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- [More contact information is here.](#)

Gallery



Certified Peer Counselor Amber Morris sets up her office in the new 32-bed behavioral and substance abuse treatment facility at the Denny Juvenile Justice Center on Wednesday in Everett. The facility opens Monday for patients. (Andy Bronson / The Herald)

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**Editorial cartoons for Wednesday,
July 28**

**Who Am I? Mill Creek mystery man
was buried in shallow grave**



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PROGRAM OVERVIEW

CO-OCCURRING RESIDENTIAL PROGRAM (CORP) - EVERETT

ABOUT PIONEER HUMAN SERVICES

Pioneer Human Services was founded to address serious societal challenges, from the long-lasting trauma of incarceration to institutionalized problems stemming from racism and classism. We have been serving people involved in the legal system in Washington state since 1963. By giving justice-involved individuals a place to live, access to behavioral health care and stable employment, we seek to reduce and make life-changing impacts on the deep social problems that often stem from a lack of opportunity. Moreover, their improved quality of life has a ripple effect that impacts their family, friends, neighbors and the broader community.

ABOUT CORP

LOCATION	ELIGIBILITY	REFERRAL SOURCES
Address: 902 Pine St., Everett, WA Phone: 425-610-2075 Director: Rowell Dela Cruz Clinical Practices Manager: Marie Preftes-Arenz	-Client needs assessment -Evidence-based practices -Integrated treatment planning -Recovery-focused engagement -Life skills/time mgmt.	-Medicaid -Therapeutic Drug Court -Mental Health Court

Pioneer's Everett Co-occurring Residential Program (CORP) is a 16-bed facility located in the North Sound Behavioral Health Treatment Center that provides specialized residential treatment for men and women with co-occurring substance use and mental health disorders. The program is a long-term residential co-occurring treatment programs in Washington state, with a prescribed length of stay from 60-90 days (based on American Society of Addiction Medicine 3.3 Level of Care criteria).

The program admits adults diagnosed with a co-occurring substance use and mental health disorders from across the state of Washington.

CORP SERVICES

A comprehensive range of services geared to treat dually diagnosed individuals over a longer treatment period of time is provided to meet the needs of this population. An interdisciplinary team of licensed medical personnel, mental health and substance use disorder professionals, and case managers coordinate service delivery.



Program Offerings Include:

- Comprehensive assessment of client needs including substance abuse treatment, mental health treatment, opiate substitution treatment maintenance, and medical treatment using research-based assessment tools
- Motivational programming within a therapeutic milieu
- Trauma intervention treatment
- Mental health treatment including medication management instruction
- Peer counselor available
- Coping skills, grief and loss, and DBT groups
- Relapse behavior and prevention groups
- Basic living skills, nutrition, health, recreation, and recovery lifestyle classes
- Discharge preparation group and comprehensive community transition planning



ELIGIBILITY

The Everett CORP is a specialty Medicaid program designed to serve individuals who have been diagnosed by an agency as having both a substance use and mental health disorder. We contract directly with Medicaid insurance programs such as Molina, Coordinated Care, Community Health Plans of Washington and Amerigroup.

Private pay (cash) clients will be considered on a case-by-case-basis and require extra steps to ensure that we have enough information to adequately serve the client and their family.

APPLICATION PROCESS

- Outpatient substance use disorder assessments must reflect an ASAM 3.3 Level of Care
- Everett CORP will work with outpatient providers across the state of Washington.

Main Phone: 425-610-2075

Main Fax: 1-833-485-0438

Contact

Marie Preftes-Arenz, Clinical Practices Manager

Phone: 425-766-6019

Email: Marie.Preftes-Arenz@p-h-s.com

Rowell Dela Cruz, Director

Email: Rowell.DelaCruz@p-h-s.com





PROGRAM OVERVIEW

OPIATE USE DISORDER PROGRAM (OUD)

EVERETT

ABOUT PIONEER HUMAN SERVICES

Pioneer Human Services was founded to address serious societal challenges, from the long-lasting trauma of incarceration to institutionalized problems stemming from racism and classism. We have been serving people involved in the legal system in Washington state since 1963. By giving justice-involved individuals a place to live, access to behavioral health care and stable employment, we seek to reduce and make life-changing impacts on the deep social problems that often stem from a lack of opportunity. Moreover, their improved quality of life has a ripple effect that impacts their family, friends, neighbors and the broader community.

ABOUT THE OUD PROGRAM - EVERETT

LOCATION	ELIGIBILITY	REFERRAL SOURCE
Address: 902 Pine St. Everett, WA Intake/Information: Phone: 425-610-2075 Director: Rowell Dela Cruz Clinical Practices Manager: Marie Preftes-Arenz	-Client needs assessment -Evidence-based practices -Integrated treatment planning -Recovery-focused engagement -Life skills/time management	-General community-based substance abuse providers -Drug courts/legal services -Medical Professionals -General social services including DSHS and DCYF -U.S. Probation Office

The Opiate Use Disorder Program (OUD) in Everett is a 16-bed facility located in the North Sound Behavioral Health Treatment Center that provides specialized residential treatment for men and women with a severe opiate use disorder. The program is the only short term and long term residential treatment program of its kind in all of Washington state. It offers a residential stay of 28 – 56 days



(based on the American Society of Addiction Medicine 3.3 or 3.5 Level of Care criteria) and is specifically for individuals with an opiate use disorder. The program aims to address the complex issues that accompany recovery from opiate use.

The OUD program admits adults from across Washington state who have been diagnosed with severe opiate use disorders. We accept Medicaid, Medicare and private pay, but not private insurance at this time.

OUD EVERETT SERVICES

A comprehensive range of services are geared to treat individuals in the OUD program to include:

- Comprehensive assessment of client needs including substance use disorder treatment, screening for mental health and providing referrals, opiate substitution treatment maintenance and medical treatment using research-based assessment tools
- Motivational programming within a therapeutic milieu
- Trauma intervention treatment
- Mental health treatment including medication management instruction
- Coping skills, grief and loss, and self-esteem groups
- Relapse behavior and prevention groups
- Anger management classes and process groups
- Basic living skills, nutrition, health, recreation, and recovery lifestyle classes
- Meditation, pain management, and relaxation exercises
- Discharge preparation group and comprehensive community transition planning



ELIGIBILITY AND HOW TO APPLY

OUO Everett is a specialty program designed to serve individuals diagnosed by an agency as having a substance use disorder, or both a substance use and mental health disorder. We contract directly with Medicaid insurance programs such as Molina, Coordinated Care, Community Health Plans of Washington and Amerigroup.

Private pay (cash) clients will be considered on a case-by-case basis and require extra steps to ensure that we have enough information to adequately serve the client and their family.

- Outpatient substance use disorder assessments must reflect an ASAM 3.3 or 3.5 Level of Care
- OUD Everett will work with outpatient providers in the Washington state.

APPLICATION PROCESS

Main Phone: 425-610-2075 - Main Fax: 1-833-485-0438

Marie Preftes-Arenz, Clinical Practices Manager

Phone: 425-766-6019 Email: Marie.Preftes-Arenz@p-h-s.com

Rowell Dela Cruz, Director

Email: Rowell.DelaCruz@p-h-s.com



Stabilization center open after 6-month delay

Oak Harbor's center for people struggling with mental health issues or substance use opened June 28.

By Emily Gilbert

Friday, July 2, 2021 2:04pm | [NEWS](#) [OAK HARBOR](#)

Oak Harbor's stabilization center meant to offer a short stay to people struggling with mental health issues or substance use opened June 28 after a six-month delay.

Clinton Jordan, senior director of residential treatment facilities for Pioneer Human Services, said people have already begun staying at the 10-bed facility on 10th Avenue Northeast. He said the delay was partially due to a delay in furniture deliveries during the COVID-19 pandemic. Officials said last fall that they had hoped to open in January.

It's not full yet, "but that could change at any moment," Jordan said.

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The center is intended for people who may be experiencing a mental health crisis or are struggling with substance use.

A person usually stays 3-5 days while the staff — a mix of clinicians, nurses and counselors — help them stabilize. That could mean helping a person change medications, detox or find a long-term in-patient or out-patient program elsewhere.

Island County has been using more than its fair share of similar facilities for years and is one reason why it built the new facility. It will serve people from Island and San Juan counties and nearby areas. Pioneer Human Services operates the facility while the county owns the building.

The county spent roughly \$6 million on its construction. Although it has 10 beds now, it was designed to increase to 16 if needed.

Jordan said the center should decrease the burden on emergency rooms and law enforcement because it can be a place for people to go instead of the hospital or the jail.

The most common way people enter the program is through self-referral or at the suggestion of friends or family, but law enforcement drop-offs also happen often.

For more information about the program and how to refer someone go to pioneerhumanservices.org/treatment/centers?tid=19#0.

The center is called Ituha Stabilization Facility, which Jordan said is a Coast Salish word meaning “sturdy oak.”

“Programs like this are intended to make the community safer, and intended to ease the burden on law enforcement and emergency rooms,” Jordan said.

Though the program is meant for short-term stays, Jordan said staff want to help their guests find a long-term solution.

“Our goal is not five days here and then ‘See ya later,’” he said. “We want whatever’s best for the individual.”

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**STATE OF WASHINGTON
HEALTH CARE AUTHORITY**

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

August 10, 2021

Dear BHASO Administrators and DCR Leadership:

The Health Care Authority (HCA) understands the challenges you are facing in light of changes in practice by law enforcement agencies as they implement E2SHB 1310 (2021). It appears that law enforcement may decline to accompany Designated Crisis Responders (DCRs) into the field or refuse to assist in taking detained persons into emergency custody for transport to a hospital. In addition, law enforcement may decline to take persons into custody for transport to an emergency department for evaluation by a DCR, or in response to a warrant to detain issued by a superior court judge. We expect that you may see an increase in situations where law enforcement will not respond due the behavioral health nature of the crisis.

Historically, DCRs have relied on law enforcement to assist not only in taking someone into custody, but to secure the safety of the scene during evaluation. In this changing environment, DCRs may face increased risk. We recognize that DCRs and their leadership are highly skilled and trained experts. Nonetheless, we encourage safe practices in response to the evolving conditions.

We strongly encourage you to review and revise your safety policies and procedures to address situations in which law enforcement may have previously responded but may now decline to participate. We recommend that DCRs be current on required safety trainings (RCW 71.05.705, RCW 71.05.720), utilize supervision and consultation prior to making outreach decisions, and take steps to determine any client history of violence and any presence of weapons or other safety hazards before engaging in in community outreach. We also recommend consultation and collaboration with your local law enforcement agencies to understand their interpretation of ES2HB 1310. Their parameters for assisting DCRs will vary depending on their local interpretation and legal advice. We also recommend you consult with your leadership, legal advisors, and local ITA prosecutor in this process as well.

RCW 71.05 gives specific direction with regard to maintaining DCR safety while on a crisis visit, including a second trained individual to accompany them upon outreach (RCW 71.05.700), a cell phone for emergency communication provided by their employer (RCW 71.05.710), and prompt access to information about dangerousness as documented in crisis plans or commitment records and is available without unduly delaying a crisis response (RCW 71.05.715). In situations where it is determined that it is not safe for a DCR to proceed without law enforcement, we encourage continued communication and collaboration with law enforcement and collateral contacts. These contacts and responses should be clearly documented with considerations for decisions made, recommendations, and follow up plans.

BHASO Administrators and DCR Leadership

August 10, 2021

Page 2

HCA remains engaged in conversations on multiple levels about ES2HB 1310 (2021) and is committed to providing support and guidance. We greatly value the unique work of the DCRs and acknowledge the levels of risk inherent to them. We appreciate the information you have provided to help us understand the complexity of this issue. Please continue to share this information with us so we can accurately represent your concerns in our ongoing conversations.

Thank you for your ongoing collaboration for the betterment of our communities and our state.

Sincerely,

A handwritten signature in blue ink that reads "Charissa Fotinos MD". The signature is written in a cursive style.

Charissa Fotinos, MD
Interim Medicaid Director

By email

cc: Annette Schuffenhauer, Chief Legal Officer, DLS, HCA
Keri Waterland, Assistant Director, DBHR, HCA
David Reed, Adult Treatment Section Manager, DBHR, HCA
Allison Wedin, Involuntary Treatment Administrator, DBHR, HCA

North Sound Behavioral Health Administrative Services Organization August 12th, 2021 Board of Directors Financial Notes

HIGHLIGHTS

1. The Budget to Actuals show that Revenues are coming in at more than the budgeted amount, and Expenses are running a bit over budget. The increased revenues are more than enough to offset the increased expenses.
2. The Revenue and Expense statement looks good in that we are not overspending our revenue. For the month of July, monthly expenses and revenue have balanced out with a continued slight excess of revenues over expenditures.
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 are now officially closed. We received a letter from HCA that closed any outstanding issues.
5. We are presenting a proposed Budget amendment to account for additional Block grant revenue being awarded by the State, additional MCO revenue above original estimates, and additional General State fund revenues. Total budget adjustment is \$3,306,980.

NOTES

1. We are presenting the financial statements for July 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 JULY 2021*
BUDGET TO ACTUALS**

<u>REVENUES</u>	2021 Budget	YTD 2021 Budget	YTD 2021 Actual	Variance Favorable (Unfavorable)	
Intergovernmental Revenues					
SAMHSA	\$ 456,086	266,050	554,176	288,126	
MHBG	1,549,049	903,612	516,815	(386,797)	Billed heavy
SABG	3,521,126	2,053,990	2,106,722	52,732	
State Funds	18,197,678	10,615,312	11,332,194	716,882	
Medicaid (MCO)	4,287,847	2,501,244	3,019,712	518,468	
Total Intergovernmental Revenues	28,011,786	16,340,209	17,529,619	1,189,410	
Misc. Revenue **	0	0	6,205	6,205	
Interest Revenue	20,000	11,667	1,903	(9,764)	
TOTAL REVENUES	\$ 28,031,786	\$ 16,351,875	\$ 17,537,727	\$ 1,185,852	
<u>EXPENDITURES</u>					
Inpatient Treatment	\$ 906,376	528,719	\$ 569,869	(41,149)	
ITA Judicial	2,348,969	1,370,232	1,199,415	170,817	
Crisis Services	12,107,751	7,062,855	7,045,526	17,328	Late Compas
MH Crisis Stabilization	1,243,500	725,375	930,671	(205,296)	Late billings
E&T Services	904,551	527,655	678,100	(150,445)	Late billings
E&T Discharge Planner	143,058	83,451	110,690	(27,239)	One month l
Jail Services	364,560	212,660	201,750	10,910	
PACT Services	364,782	212,790	232,963	(20,174)	Sept & Oct a
MHBG Expenditures ***	438,017	255,510	193,571	61,939	
HARPS Housing	566,440	330,423	376,372	(45,949)	Now have H.
DMA County Contracts	581,292	339,087	292,231	46,856	
SABG Expenditures ****	2,360,358	1,376,876	1,044,169	332,707	
Withdrawal Management	747,500	436,042	322,566	113,475	
SAMHSA (PDOA-MAT)	345,927	201,791	309,063	(107,272)	Provider has
Juvenile Drug Court	139,800	81,550	84,454	(2,904)	
Other MH Services *****	795,851	464,246	1,086,382	(622,135)	BHEF went i
Other SUD Services	0	0	8,721	(8,721)	These were
Ombuds	108,000	63,000	102,598	(39,598)	
Advisory Board	20,000	11,667	0	11,667	
Subtotal - Services	24,486,732	14,283,927	14,789,110	(505,183)	
Administration	3,545,054	2,067,948	1,919,319	148,629	
TOTAL EXPENDITURES	\$ 28,031,786	\$ 16,351,875	\$ 16,708,429	\$ (356,554)	
Excess of Revenues Over (Under) Expenditure.			\$ 829,298		
Cash Transfer to BHO			\$ 5,741,571		- This was a ca
Adjusted Excess of Revenues Over (Under) Expenditure.			\$ (4,912,274)		

* THIS IS AN UNAUDITED STATEMENT

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

<u>REVENUES</u>	YTD 2021 Totals	YTD 2021 Medicaid	YTD 2021 State	YTD 2021 MHBG	YTD 2021 SABG	YTD 2021 SAMHSA
Intergovernmental Revenues						
SAMHSA	554,176					554,176
MHBG	516,815			516,815		
SABG	2,106,722				2,106,722	
State Funds	11,332,194		11,332,194			
Medicaid (MCO)	3,019,712	3,019,712				
Total Intergovernmental Revenues	17,529,619	3,019,712	11,332,194	516,815	2,106,722	554,176
Misc. Revenue **	6,205		6,205			
Interest Revenue	1,903		1,903			
TOTAL REVENUES	\$ 17,537,727	\$ 3,019,712	\$ 11,340,302	\$ 516,815	\$ 2,106,722	\$ 554,176
 <u>EXPENDITURES</u>						
Inpatient Treatment	\$ 569,869		\$ 569,869			
ITA Judicial	1,199,415		1,199,415			
Crisis Services	7,045,526	3,485,747	2,598,594		961,186	
MH Crisis Stabilization	930,671		930,671			
E&T Services	678,100		493,978	184,122		
E&T Discharge Planner	110,690		110,690			
Jail Services	201,750		201,750			
PACT Services	232,963		232,963			
MHBG Expenditures ***	193,571			193,571		
HARPS Housing	376,372		376,372			
DMA County Contracts	292,231		292,231			
SABG Expenditures ****	1,044,169				1,044,169	
Withdrawal Management	322,566		322,566			
SAMHSA (PDOA-MAT)	309,063					309,063
Juvenile Drug Court	84,454		84,454			
Other MH Services *****	1,086,382		1,086,382			
Other SUD Services	8,721		8,721			
Ombuds	102,598	78,682	23,915			
Advisory Board	0		0			
Subtotal - Services	14,789,110	3,564,429	8,532,571	377,693	2,005,355	309,063
Administration	1,919,319	462,589	1,416,621			40,110
TOTAL EXPENDITURES	\$ 16,708,429	\$ 4,027,018	\$ 9,949,191	\$ 377,693	\$ 2,005,355	\$ 349,173
Net Income From Operations	\$ 829,298	\$ (1,007,306)	\$ 1,391,111	\$ 139,122	\$ 101,367	\$ 205,003
Cash Transfer to BHO	\$ 5,741,571		\$ 5,741,571			
Net Income after Transfer	\$ (4,912,274)	\$ (1,007,306)	\$ (4,350,460)	\$ 139,122	\$ 101,367	\$ 205,003
Beginning Fund Balance 12/31/20	11,975,972	2,204,756	10,391,082	(127,731)	(248,891)	(243,243)
Ending Fund Balance	7,063,699	1,197,450	6,040,621	11,391	(147,524)	(38,240)

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

* THIS IS AN UNAUDITED STATEMENT

	Actual	Estimated	Estimated	Total
	Jan - Jun 21	Jul - Dec 21	Additional	
Income				
3319324 · SAMHSA-PDOA	397,356.46	294,273.27		691,629.73
3339366 · COVID	36,000.00	114,500.00		150,500.00
3339378 · Peer Pathfinder	0.00	57,922.00		57,922.00
3339394 · Peer Bridger	162,182.58	120,000.00		282,182.58
3339395 · Federal Block Grant	221,047.59	555,516.00		776,563.59
MHBG Covid Peer Pathfinders Transition		20,285.71		20,285.71
MHBG Covid Treatment - Crisis Services		64,888.29		64,888.29
MHBG Covid MH Services non-Medicaid		296,498.29		296,498.29
3339396 · PATH	11,417.37	47,761.00		59,178.37
3339397 · FYSPRT	39,342.50	37,500.00		76,842.50
3339398 · SABG	1,927,677.13	1,644,719.00		3,572,396.13
SABG Covid Peer Pathfinders Transition		20,285.71		20,285.71
SABG Covid Treatment Funding		624,583.14		624,583.14
3346401 · State Funds	6,855,900.00	6,706,266.00		13,562,166.00
Flexible GF-S		332,310.00		332,310.00
Advisory Board		19,998.00		19,998.00
Ombuds		22,500.00		22,500.00
3346403 · Jail Services	182,280.00	183,768.00		366,048.00
3346405 · PACT	314,288.00	138,996.00		453,284.00
1109 PACT		116,862.00		116,862.00
3346416 · 5480-ITA	137,190.00	137,190.00		274,380.00
3346417 · HARPS Housing	176,400.00	283,220.00		459,620.00
DOC		683,415.00		683,415.00
3346421 · Assisted Outpatient Treatment	-88,818.00	118,422.00		29,604.00
3346423 · Dedicated Marijuana Acct	290,646.00	290,646.00		581,292.00
3346424 · Detention Decision Review	53,748.00	53,748.00		107,496.00
3346425 · Juvenile Drug Court	69,900.00	69,900.00		139,800.00
3346428 · Secure Detox	173,478.00	173,478.00		346,956.00
3346431 · BH Service Enhancements	496,044.00	389,594.00		885,638.00
3346432 · E&T Discharge Planners	71,529.00	53,647.00		125,176.00
3346433 · Long-Term Civil Commitment	2,412.00	2,412.00		4,824.00
3346434 · Trueblood	111,972.00	111,972.00		223,944.00
3346435 · Island Crisis Stab.	82,500.00	0.00		82,500.00
3346436 · Crisis Stabliz Whatcom	250,000.00	0.00	250,000.00	500,000.00
Blake 5476 Lead Admin		140,000.00		140,000.00
3464010 · Anthem-Amerigroup	318,944.43	232,059.53		551,003.96
3464011 · CHPW	400,955.51	400,955.51		801,911.02
3464012 · Coordinated Care	179,917.12	179,917.12		359,834.24
3464013 · Molina	1,283,829.38	1,283,829.38		2,567,658.76
3464014 · United Health Care- Optum	443,394.39	443,394.39		886,788.78
3611100 · Interest	1,724.80	1,724.80		3,449.60
3690000 · Miscellaneous	6,205.25	0.00		6,205.25
Total Income	14,609,463.51	16,468,957.14	250,000.00	31,328,420.65

6 months
partial PATH

6 months

Half year

off cycle amendment?

**NORTH SOUND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICE
PRELIMINARY REVENUE and EXPENSE STATEMENT for J
BUDGET TO ACTUALS AND PROJECTIONS**

<u>REVENUES</u>	2021 Budget	Jan-June 2021 Actual	July-Dec 2021 Estimated	Estimated Additional
Intergovernmental Revenues				
SAMHSA	\$ 456,086	\$ 397,356	\$ 294,273	\$ -
MHBG	1,549,049	430,648	1,219,449	
SABG	3,521,126	1,927,677	2,347,510	
State Funds	18,197,678	9,218,812	10,065,844	250,000
Medicaid (MCO)	4,287,847	2,627,041	2,540,156	
Total Intergovernmental Revenues	28,011,786	14,601,533	16,467,232	250,000
Misc. Revenue **	0	6,205	0	
Interest Revenue	20,000	1,725	1,725	
TOTAL REVENUES	\$ 28,031,786	\$ 14,609,464	\$ 16,468,957	\$ 250,000

EXPENDITURES

Inpatient Treatment	\$ 906,376	\$ 461,053	\$ 461,053	
ITA Judicial	2,348,969	889,566	1,039,566	
Crisis Services	12,107,751	5,788,211	5,452,733	
MH Crisis Stabilization	1,243,500	930,671	782,476	
E&T Services	904,551	615,037	392,437	
E&T Discharge Planner	143,058	106,118	106,118	
Jail Services	364,560	142,829	142,829	
PACT Services	364,782	174,991	185,664	
MHBG Expenditures ***	438,017	191,071	169,573	361,387
HARPS & DOC Housing	566,440	375,058	283,220	683,415
DMA County Contracts	581,292	224,127	224,127	
SABG Expenditures ****	2,360,358	893,384	893,384	624,583
Withdrawal Management	747,500	307,229	307,229	
SAMHSA (PDOA-MAT)	345,927	279,152	137,454	
Juvenile Drug Court	139,800	65,207	65,207	
Other MH Services *****	795,851	964,962	790,136	
Other SUD Services	0	3,417	0	
Ombuds	108,000	89,730	89,730	
Advisory Board	20,000	0	0	
Subtotal - Services	24,486,732	12,501,814	11,522,936	1,669,385
Administration	3,545,054	1,683,579	1,643,244	123,893
TOTAL EXPENDITURES	\$ 28,031,786	\$ 14,185,393	\$ 13,166,180	\$ 1,793,278

Excess of Revenues Over (Under) Expenditure. \$ 424,070
Cash Transfer to BHO \$ 5,741,571
Adjusted Excess of Revenues Over (Under) Expenditure. \$ (5,317,501)

*** THIS IS AN UNAUDITED STATEMENT**

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

** Room Rental Fees, Tribal Conference, Salish Contract

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

**** Includes Opiate Outreach and PPW Housing Supports. Does not include Crisis

***** Includes CORS, AOT, Trueblood, FYSPT, Outpatient Services, BHEF

ORGANIZATION
UNE 2021*

Total	Variance	
	Favorable	
	(Unfavorable)	
\$ 691,630	\$ 235,544	
1,650,097	101,048	Billed heavy in the first six months
4,275,187	754,061	
19,534,656	1,336,978	
5,167,197	879,350	
31,318,766	3,306,980	
6,205	6,205	
3,450	(16,550)	
\$ 31,328,421	\$ 3,296,635	

\$ 922,105	\$ (15,729)		
1,929,133	419,836	Starting to show increase	
11,240,944	866,807	Late Compass & VOA payments - \$575,780.91	Estimated six m
1,713,147	(469,647)	Late billings - \$210,539.36	Maybe low - ex
1,007,474	(102,923)	Late billings - \$222,600.00 is for service dates from 12/19 to 10/20	
212,236	(69,178)	One month billed late - \$9,192.80	
285,658	78,902		
360,655	4,127	Sept & Oct adjustments - \$20,271.00	
722,031	(284,014)		Additional MHBG
1,341,693	(775,253)	Now have HARPS providers	Estimated DOC
448,254	133,038	Late billings - \$82,559.68	
2,411,351	(50,993)		Additional SABG
614,458	133,042		
416,605	(70,678)	Provider has increased billings to pull down carry over amount	
130,414	9,386		
1,755,098	(959,247)		BHEF got shifte
3,417	(3,417)	These were SABG services that were to old to bill	
179,460	(71,460)		
0	20,000		
25,694,135	(1,207,403)		
3,450,716	94,338	Prior Lease termination payment \$62,969	
\$ 29,144,851	\$ (1,113,065)		

- This was a cash transfer to the BHO account, no budget effect

d out of crisis services creating a new expense

**NORTH SOUND BH-ASO
ADMINISTRATIVE BUDGET TO ACTUALS JUNE 2021 PROJECTIONS**

	2021 Budget	YTD 2021 Budget	June 2021 Actuals	July - Dec 2021 Estimated	Estimated Additional	Estimate Total 2021
<u>EXPENDITURES</u>						
Regular Salaries	\$1,797,342	\$1,797,342	\$ 902,722	\$ 902,722	\$ 56,530	\$1,861,974
Personnel Benefits	962,086	962,086	445,270	443,987	26,530	915,786
Office, Operating Supplies	40,000	40,000	464	591		1,055
Small Tools	10,000	10,000	0	0		0
Professional Services	194,500	194,500	75,413	101,913	40,833	218,160
Communications	42,380	42,380	16,260	16,260		32,520
Travel	10,000	10,000	37	562		599
Advertising	450	450	0	0		0
Operating Rentals & Leases	130,336	130,336	84,007	70,374		154,382
Insurance	58,440	58,440	(218)	58,440		58,222
Utilities	0	0	2,712	0		2,712
Repairs & Maintenance	69,500	69,500	75,766	30,217		105,983
Miscellaneous	30,020	30,020	81,146	18,177		99,324
Machinery & Equipment	0	0	0	0		0
Administrative Reserve	200,000	200,000	0	0		0
Total - Administration	3,545,054	3,545,054	1,683,579	1,643,244	123,893	3,450,716

Variance
Favorable
(Unfavorable)

(64,632) New positions and FTE increase on one position

46,300 New Positions

38,945

10,000

(23,660) Estimated DEI \$40,833, \$30,000 State Auditors

9,860

9,401

450

(24,046) \$3,000 deposit return to CHPW, \$450 a month Save on Storage, still paying lease on inser

218

(2,712) Late utility bills

(36,483) \$45,548.39 Northwest Properties 2020 billing for property expenses

(69,304) \$62,969.00 Unamortized Commission NW Properties

0

200,000

94,338

ter, one month ahead on rent

NORTH SOUND BH-ASO
Budget Adjustment August 2021

Beginning 2021 Budget	Amendment	Amended 2021 Budget
-----------------------------	-----------	---------------------------

EXPENDITURES

Regular Salaries	\$1,797,342	\$ 64,632	\$1,861,974	New position, projected shortfall
Personnel Benefits	962,086		962,086	
Office, Operating Supplies	40,000		40,000	
Small Tools	10,000		10,000	
Professional Services	194,500	23,660	218,160	Cover projected shortfall
Communications	42,380		42,380	
Travel	10,000		10,000	
Advertising	450		450	
Operating Rentals & Leases	130,336	24,046	154,382	Cover projected shortfall
Insurance	58,440		58,440	
Utilities	0		0	
Repairs & Maintenance	69,500	66,483	135,983	Cover projected shortfall, Door Security
Miscellaneous	30,020	69,304	99,324	Cover projected shortfall
Machinery & Equipment	0		0	
Administrative Reserve	200,000	247,922	447,922	Balance to Reserve account to cover unknow
Total - Administration	3,545,054	496,047	4,041,101	

**NORTH SOUND BH-ASO
AUGUST BUDGET AMENDMENT 2021**

<u>REVENUES</u>	Beginning 2021 Budget	Amendment	Amended 2021 Budget	
Intergovernmental Revenues				
SAMHSA	\$ 456,086	235,544	691,630	Recognize ca
MHBG	1,549,049	101,048	1,650,097	Recognize n
SABG	3,521,126	754,061	4,275,187	Recognize n
State Funds	18,197,678	1,336,977	19,534,655	Recognize in
Medicaid (MCO)	4,287,847	879,350	5,167,197	Monthly pay
Total Intergovernmental Revenues	28,011,786	3,306,980	31,318,766	
Misc. Revenue **	0	0	-	
Interest Revenue	20,000	0	20,000	
TOTAL REVENUES	\$ 28,031,786	\$ 3,306,980	\$ 31,338,766	
<u>EXPENDITURES</u>				
Inpatient Treatment	\$ 906,376	\$ -	906,376	
ITA Judicial	2,348,969	0	2,348,969	
Crisis Services	12,107,751	0	12,107,751	
MH Crisis Stabilization	1,243,500	547,358	1,790,858	Cover increa
E&T Services	904,551	102,923	1,007,474	Cover increa
E&T Discharge Planner	143,058	0	143,058	
Jail Services	364,560	0	364,560	
PACT Services	364,782	0	364,782	
MHBG Expenditures ***	438,017	284,014	722,031	Expense ass
HARPS & DOC Housing	566,440	775,253	1,341,693	Expense ass
DMA County Contracts	581,292	0	581,292	
SABG Expenditures ****	2,360,358	0	2,360,358	
Withdrawal Management	747,500	0	747,500	
SAMHSA (PDOA-MAT)	345,927	70,678	416,605	Pull down re
Juvenile Drug Court	139,800	0	139,800	
Other MH Services *****	795,851	959,247	1,755,098	Recognize s
Other SUD Services	0	0	-	
Ombuds	108,000	71,460	179,460	Correct first
Advisory Board	20,000	0	20,000	
Subtotal - Services	24,486,732	2,810,933	27,297,665	
Administration	3,545,054	496,047	4,041,101	15% of reve
TOTAL EXPENDITURES	\$ 28,031,786	\$ 3,306,980	\$ 31,338,766	

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

** Room Rental Fees, Tribal Conference, Salish Contract

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

**** Includes Opiate Outreach, PPW Housing Supports and Per Pathfinder. Does not include Ci

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

ew grant money less lower amount received in Jan - June

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

Type	Date	Num	Name	Amount
Bill Pmt -Check	06/04/2021	531337	Barron Heating	-1,197.92
Bill Pmt -Check	06/04/2021	531362	Compass Health	-194,969.72
Bill Pmt -Check	06/04/2021	531409	Island County Human Services	-35,701.14
Bill Pmt -Check	06/04/2021	531545	Jones, Val-Reimb	-525.00
Bill Pmt -Check	06/04/2021	531430	Lake Whatcom Center	-5,609.64
Bill Pmt -Check	06/04/2021	531440	Lifeline Connections	-5,036.80
Bill Pmt -Check	06/04/2021	531467	Office Depot	-95.82
Bill Pmt -Check	06/04/2021	531442	Rose, Lucy	-420.00
Bill Pmt -Check	06/04/2021	531501	Sea Mar	-5,455.47
Bill Pmt -Check	06/04/2021	531531	Therapeutic Health Services	-17,353.26
Bill Pmt -Check	06/11/2021	531621	Brigid Collins	-10,427.59
Bill Pmt -Check	06/11/2021	531629	Catholic Community Services	-28,294.92
Bill Pmt -Check	06/11/2021	531683	Clearly Communications	-541.45
Bill Pmt -Check	06/11/2021	531642	Compass Health	-177,804.96
Bill Pmt -Check	06/11/2021	531667	Evergreen Recovery	-3,294.20
Bill Pmt -Check	06/11/2021	531794	Jones, Val-Reimb	-725.00
Bill Pmt -Check	06/11/2021	531704	Lake Whatcom Center	-1,828.33
Bill Pmt -Check	06/11/2021	531711	Lifeline Connections	-24,410.91
Bill Pmt -Check	06/11/2021	531677	Lippman, Glenn	-4,025.00
Bill Pmt -Check	06/11/2021	531715	Marc Boan Consulting	-5,500.00
Bill Pmt -Check	06/11/2021	531590	NSBHO-FSA	-30,000.00
Bill Pmt -Check	06/11/2021	531772	NW Family LLC	-10,633.00
Bill Pmt -Check	06/11/2021	531746	Rhema Electric LLC	-1,107.22
Bill Pmt -Check	06/11/2021	531762	Skagit County Public Health	-26,759.53
Bill Pmt -Check	06/11/2021	531736	St Joseph Medical Center, Peace H	-48,818.18
Bill Pmt -Check	06/11/2021	531786	Therapeutic Health Services	-6,847.60
Bill Pmt -Check	06/11/2021	531797	Volunteers of America	-148,018.79
Bill Pmt -Check	06/11/2021	531803	Wave Business	-1,783.60
Bill Pmt -Check	06/18/2021	531819	Access	-885.50
Bill Pmt -Check	06/18/2021	531836	Fairfax Hospital	-72,639.72
Bill Pmt -Check	06/18/2021	531916	Foster, Katherine	-645.00
Bill Pmt -Check	06/18/2021	531953	Karena, Nora	-2,900.00
Bill Pmt -Check	06/18/2021	531927	Lake Whatcom Center	-5,151.14
Bill Pmt -Check	06/18/2021	531935	Lifeline Connections	-40,626.69
Bill Pmt -Check	06/18/2021	532025	Therapeutic Health Services	-4,000.44
Bill Pmt -Check	06/25/2021	532087	AT&T	-81.48
Bill Pmt -Check	06/25/2021	532102	Buri Funston Mumford Furlong	-137.50
Bill Pmt -Check	06/25/2021	532109	cascade Behavioral Hospital LLC	-2,820.96
Bill Pmt -Check	06/25/2021	532112	Catholic Community Services	-15,351.83
Bill Pmt -Check	06/25/2021	532126	Comcast	-348.81
Bill Pmt -Check	06/25/2021	532127	Community Action of Skagit Co	-23,973.21

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

Bill Pmt -Check	06/25/2021	532128	Compass Health	-55,120.00
Bill Pmt -Check	06/25/2021	532221	King County BHO	-120,658.72
Bill Pmt -Check	06/25/2021	532227	Lake Whatcom Center	-2,500.00
Bill Pmt -Check	06/25/2021	532350	Snohomish Co Human Services	-165,770.22
Bill Pmt -Check	06/25/2021	532351	Snohomish Co Juvenile	-10,939.94
Bill Pmt -Check	06/25/2021	532355	Spokane County BHO	-1,772.00
Bill Pmt -Check	06/25/2021	532289	St Joseph Medical Center, Peace H	-2,690.27
Bill Pmt -Check	06/25/2021	532376	Tulalip Tribes	-15,047.71
Bill Pmt -Check	06/30/2021	IGT	Skagit County Auditor	-3,500.00
				<u>-1,344,746.19</u>
				<u>-1,344,746.19</u>
				<u>-1,344,746.19</u>

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

Type	Date	Num	Name
Bill Pmt -Check	07/02/2021	532439	A-1 Mobile Lock & Key
Bill Pmt -Check	07/02/2021	532449	Brigid Collins
Bill Pmt -Check	07/02/2021	532465	Compass Health
Bill Pmt -Check	07/02/2021	532448	Fairfax Hospital
Bill Pmt -Check	07/02/2021	532502	Harborview Medical Center
Bill Pmt -Check	07/02/2021	532523	Lake Whatcom Center
Bill Pmt -Check	07/02/2021	532527	Lifeline Connections
Bill Pmt -Check	07/02/2021	532578	Save on Storage
Bill Pmt -Check	07/02/2021	532591	Snohomish Co Human Services
Bill Pmt -Check	07/02/2021	532562	St Joseph Medical Center, Peace Heal
Bill Pmt -Check	07/02/2021	532602	Telecare Corporation
Bill Pmt -Check	07/02/2021	532607	Therapeutic Health Services
Bill Pmt -Check	07/02/2021	532618	US Bank
Bill Pmt -Check	07/09/2021	532676	Catholic Community Services
Bill Pmt -Check	07/09/2021	532688	Compass Health
Bill Pmt -Check	07/09/2021	532716	Firstline Communications (All Phase)
Bill Pmt -Check	07/09/2021	532723	Great Rivers BH
Bill Pmt -Check	07/09/2021	532868	Jones, Val-Reimb
Bill Pmt -Check	07/09/2021	532749	Lake Whatcom Center
Bill Pmt -Check	07/09/2021	532753	Lifeline Connections
Bill Pmt -Check	07/09/2021	532830	NW Family LLC
Bill Pmt -Check	07/09/2021	532803	Sea Mar
Bill Pmt -Check	07/09/2021	532823	Solarwinds
Bill Pmt -Check	07/09/2021	532842	Telecare Corporation
Bill Pmt -Check	07/09/2021	532849	Therapeutic Health Services
Bill Pmt -Check	07/09/2021	532652	Wellfound Behavioral Health Hospital
Bill Pmt -Check	07/23/2021	533148	Access
Bill Pmt -Check	07/23/2021	533165	AT&T
Bill Pmt -Check	07/23/2021	533191	Catholic Community Services
Bill Pmt -Check	07/23/2021	533207	Comcast
Bill Pmt -Check	07/23/2021	533209	Compass Health
Bill Pmt -Check	07/23/2021	533250	Evergreen Recovery
Bill Pmt -Check	07/23/2021	533254	Frontline Cleaning Services LLC
Bill Pmt -Check	07/23/2021	533279	Island County Human Services
Bill Pmt -Check	07/23/2021	533309	Lake Whatcom Center
Bill Pmt -Check	07/23/2021	533257	Lippman, Glenn
Bill Pmt -Check	07/23/2021	533326	Marc Boan Consulting
Bill Pmt -Check	07/23/2021	533366	Office Depot
Bill Pmt -Check	07/23/2021	533377	Pitney Bowes Leasing
Bill Pmt -Check	07/23/2021	533176	Relias Learning LLC
Bill Pmt -Check	07/23/2021	533421	Skagit County Public Health
Bill Pmt -Check	07/23/2021	533434	Snohomish Co Juvenile

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

Bill Pmt -Check	07/23/2021	533460	Therapeutic Health Services
Bill Pmt -Check	07/23/2021	533480	Verizon
Bill Pmt -Check	07/23/2021	533484	Volunteers of America
Bill Pmt -Check	07/23/2021	533507	Wave Business
Bill Pmt -Check	07/30/2021	533556	A-1 Mobile Lock & Key
Bill Pmt -Check	07/30/2021	533589	Brigid Collins
Bill Pmt -Check	07/30/2021	533622	Community Action of Skagit Co
Bill Pmt -Check	07/30/2021	533623	Compass Health
Bill Pmt -Check	07/30/2021	533843	Inland NW Behavioral Health
Bill Pmt -Check	07/30/2021	533714	Lake Whatcom Center
Bill Pmt -Check	07/30/2021	533864	Language Exchange, The
Bill Pmt -Check	07/30/2021	533722	Lifeline Connections
Bill Pmt -Check	07/30/2021	533810	Save on Storage
Bill Pmt -Check	07/30/2021	533813	Sea Mar
Bill Pmt -Check	07/30/2021	533840	Snohomish Co Human Services
Bill Pmt -Check	07/30/2021	533844	Spokane County BHO
Bill Pmt -Check	07/30/2021	533861	Telecare Corporation
Bill Pmt -Check	07/30/2021	533868	Therapeutic Health Services
Bill Pmt -Check	07/30/2021	533889	Valley Cities Counseling
Bill Pmt -Check	07/30/2021	533984	Volunteers of America
Bill Pmt -Check	07/30/2021	533906	Whatcom County Health Department
Bill Pmt -Check	07/30/2021	IGT	Skagit County Auditor

North Sound BH-ASO
Warrants Paid
July 2021

Amount

-98.92
-7,380.44
-472,748.24
-9,337.65
-44,422.00
-307.50
-98,052.81
-450.00
-342,318.61
-8,602.50
-70,119.00
-2,775.08
-3,667.33
-28,442.54
-399,260.00
-114.14
-17,045.00
-425.00
-137,143.33
-25,706.42
-10,633.00
-2,848.44
-242.10
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-3,477.86
-2,820.96
-972.34
-81.48
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-61,990.37
-650.00
-33,095.38
-3,916.00
-5,906.25
-5,500.00
-1,423.55
-1,938.19
-5,275.59
-10,280.83
-19,246.39

North Sound BH-ASO
Warrants Paid
July 2021

-3,459.84
-1,406.95
-152,857.04
-601.20
-157.62
-9,275.27
-23,550.13
-643,190.29
-4,231.44
-2,500.00
-52.50
-28,144.96
-450.00
-7,254.51
-758,426.01
-3,180.00
-4,571.20
-1,153.28
-32,034.08
-172,912.92
-133,564.19
-3,500.00
-3,884,636.04
-3,884,636.04
-3,884,636.04

Region:	North Sound ASO
Current Date:	7/29/2021
Total MHBG Allocation:	\$1,105,480
Contact Person:	Margaret Rojas
Phone Number:	360-416-7013
Email:	margarte_rojas@nsbhaso.org

**Section 1
Proposed Plan Narratives**

Needs Assessment	Describe what strengths, needs, and gaps were identified through a need’s assessment of the geographic area of the region. To the extent available, include age, race/ethnicity, gender, and language barriers.
	<i>Begin writing here : our focus of the MHBG funding has not changed. We have used the funding for E&T services for Non-Medicaid, Mobile Crisis Outreach and a grant to the Tulalip Tribe. We are currently surveying our providers, counties,boards and stakeholders on the COVID-19 supplemental funding.</i>

Cultural Competence *	Provide a narrative summarizing how cultural competence overall, is incorporated within proposed projects. Identify what anticipated efforts will be taken to measure progress.
	<i>Begin writing here :</i> In our crisis system we ensure our providers have training on cultural humility and additional training on cultural awareness. We have recently solicited the consultation of a DEI organization to conduct and assessment of our internal practices, policies and procedures. We will then take what we learn to our provider network to ensure services are delivered equitably throughtout the region, with special emphasis on anti-racist work.
	Tulalip Tribes: The Tribes have incorporated Native Language lessons and traditional practices in the program to engage the youth in their Tribe’s traditions.

Children’s Services	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.
	<i>Begin writing here :</i> Our crisis system serves children/youth when presenting with a crisis. The crisis providers will attempt to contact thir provider if enrolled in services, if enrolled in WISE there will be a mechanism to ensure contact is made with the WISE provider. with the implementation of IMC, the crisis agencies haven't had the real time information on which provider an individual may be enrolled with, previously the BHO had the information. We are currently working with the MCOs, providers and Collective Medical data sharing platform to allow access for our crisis providers.

<p>Public Comment/Local/ BH Advisory Board Involvement</p>	<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><i>Begin writing here</i> : We typically survey our providers, counties and stakeholders on identifying strategic FBG funding priorities. We are currently surveying our extended network for the COVID-19 supplemental funding. We, for the time being, are keeping our ongoing FBG funding in the same funding categories as the previous plan. A subgroup of the Advisory Board will be meeting with ASO staff to review the COVID-19 supplemental funding survey results and provide input on the strategies moving forward. We may as a result of the survey, determine to move some of the funding areas of the ongoing FBG funds to support the system.</p>
<p>Outreach Services</p>	<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><i>Begin writing here</i> : 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>Tulalip Tribes: 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>

**Section 2
Proposed Project Summaries and Expenditures**

Category/Subcategory	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:				
Screening, Brief Intervention and Referral to Treatment	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00
Brief Motivational Interviews	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00
Parent Training	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00
Facilitated Referrals	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00
Relapse Prevention/ Wellness Recovery Support	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00
Warm Line: Please note that ALL costs that directly serve persons with SMI/SED and their families must be tracked.	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00
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:				\$70,000.00
Assessment	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00
Specialized Evaluations (Psychological and Neurological)	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00
Service Planning (including crisis planning)	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00

Educational Programs	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00
Outreach	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$70,000.00

Outcomes and Performance Indicators:

Outpatient Services – Outpatient therapy services for persons diagnosed with SMI or SED, including services to help their families to appropriately support them.

Individual Evidenced-Based Therapies	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00
Group Therapy	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00
Family Therapy	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00
Multi-Family Counseling Therapy	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00
Consultation to Caregivers	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00

Outcomes and Performance Indicators:

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.

Medication Management	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00
Pharmacotherapy	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00

Laboratory Services	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators:</i>				
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.				\$74,850.00
Parent/Caregiver Support	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00
Skill Building (social, daily living, cognitive)	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00
Case Management	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00
Continuing Care	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00
Behavior Management	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00
Supported Employment	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00
Permanent Supported Housing	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00
Recovery Housing	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00
Therapeutic Mentoring	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00
	<i>Begin writing here:</i>			Enter budget allocation to this

Traditional Healing Services		1	1	proposed activity \$74,850.00
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Outcomes and Performance Indicators:

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.

Peer Support	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00
Recovery Support Coaching	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00
Recovery Support Center Services	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00
Supports for Self-Directed Care	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00

Outcomes and Performance Indicators:

Other Supports (Habilitative) – Unique direct services for persons diagnosed with SMI or SED, including services to assist their families to continue caring for them.

Personal Care	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00
Respite	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00
Support Education	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00
Transportation	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00

Assisted Living Services	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00
Trained Behavioral Health Interpreters	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00
Interactive communication Technology Devices	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00

Outcomes and Performance Indicators:

Intensive Support Services – Intensive therapeutic coordinated and structured support services to help stabilize and support persons diagnosed with SMI or SED.

Assertive Community Treatment	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00
Intensive Home-Based Services	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00
Multi-Systemic Therapy	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00
Intensive Case Management	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00

Outcomes and Performance Indicators:

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.

				\$400,000.00
Crisis Residential/Stabilization	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$400,000.00
Adult Mental Health Residential	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00

Children's Residential Mental Health Services	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00
Therapeutic Foster Care	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00

Outcomes and Performance Indicators:

Acute Intensive Services – Acute intensive services requiring immediate intervention for persons diagnosed with SMI or SED.	\$560,630.00
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Mobile Crisis	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$630,000.00
Peer-Based Crisis Services	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00
Urgent Care	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00
23 Hour Observation Bed	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00
24/7 Crisis Hotline Services	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00

Outcomes and Performance Indicators:

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.	
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Workforce Development/Conferences	<i>Begin writing here:</i>	1	1	Enter budget allocation to this proposed activity \$0.00
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Grand Total	\$1,105,480.00
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Region:	North Sound
Current Date:	30-Jul-21
Total SABG Allocation:	3,289, 438
Contact Person:	Margaret Rojas
Phone Number:	360-416-7013
Email:	deliverables@nsbhaso.org

**Section 1
Proposed Plan Narratives**

Needs Assessment (required)	Describe what strengths, needs, and gaps were identified through a need's assessment of the geographic area of the region. To the extent available, include age, race/ethnicity, gender, and language barriers.
	<p>Begin writing here:</p> <p>Strengths: The ASO will continue the solid implementation and use of SABG funds as implemented when previously a BHO with updates based on program needs and provider surveys. The counties are continuing to increase access to other MAT including the application and award of a 3 year SAMHSA grant. For SABG funded individuals, North Sound ASO has one 3.7 withdrawal management facility and two 3.2 withdrawal management facilities; 3.5 and 3.3 residential services for individuals experiencing co-occurring issues, opioid use disorder, and PPW including residential for adolescent girls; and four providers of OTP that include two tribal methadone programs that serve non-Native individuals. The ASO increased support for PPW Housing Support services and Opioid Outreach services.</p>

Cultural Competence (required)	Provide a narrative summarizing how cultural competence overall, is incorporated within proposed projects. Identify what anticipated efforts will be taken to measure progress.
	<p>Under North Sound ASO contracts and policies 1515 and 1521, all providers are required to ensure their services are culturally and linguistically sensitive. All network providers must have internal written policies to promote these competencies in place for consumers, employees, and the community at large. Provider newly hired staff are required to complete trainings on cultural humility. All areas of cultural humility are reviewed during the administrative reviews by the ASO.</p>

Continuing Education for Staff (required)	Describe how continuing education for employees of treatment facilities is expected to be implemented.
	<p>Begin writing here:</p> <p>North Sound ASO offers our provider networks access to an online SUD treatment "Golden Thread" training on our website which details the connections between assessment, treatment planning, and measurable outcomes. UPDATE: Due to the Health Emergency of Covid-19 Pandemic, the North Sound Tribal Conference was cancelled for 2020.</p>

Charitable Choice (required)	Provide a description of how faith-based organizations will be incorporated into your network and how referrals will be tracked.
	<p>Catholic Community Services (CCS) is a large faith-based organization providing regional services for substance use disorder for adults and youth, mental health disorder services for adults and youth, housing units, and PPW Housing Support Services. CCS will continue to be integral to our Provider Network as a large regional provider in four counties, and, services provided are tracked through our CIS and there is no paucity of referrals to CCS or utilization of CCS services. Other faith-based organizations interested in joining our provider network would occur through a periodic process of public request for qualifications; no other faith-based organizations have communicated an interest in joining our provider network to date.</p>

Coordination of Services (required)	Provide a description of how treatment services are coordinated with the provision of other appropriate services including health, social, correctional and criminal justice, education, vocational rehabilitation and employment services.
	<p>Begin writing here: All providers are expected to coordinate with treatment providers, community organizations and other systems an individual may be involved with at the time of service.</p>

Public Comment/Local Board /BH Advisory Board Involvement (required)	Describe how you facilitated public comment from any person, behavioral health association, individuals in recovery, families, and local boards in the development of this SABG Plan.
	<p>Begin writing here:</p> <p>North Sound ASO continues the work of the BHO to work closely with each of the five regional counties and coordinate with each county's behavioral health coordinator, as well as the designated elected officials that serve on our formal governance board. Regional counties, regional tribes and North Sound ASO will continue to work together and actively collaborate. The behavioral health coordinators provide input and discussion through monthly meetings called by the North Sound ASO Executive, and tribes provide input and discussion both ad hoc and through the regional Interlocal Leadership Structure (ILS). The Executive Director continues to provide the opportunities (both formal and informal) for the Advisory Board members to be actively involved. The Executive Director</p>

<p>Program Compliance (required)</p>	<p>Provide a description of the strategies that will be used for monitoring program compliance with all SABG requirements.</p> <hr/> <p><i>Begin writing here:</i> SABG requirements are included in all Provider contracts and compliance is monitored through utilization reviews, data reconciliation, encounter reporting, and required narrative reporting.</p>
<p>Recovery Support Services (optional)</p>	<p>Provide a description of how and what recovery support services will be made available to individuals in SUD treatment and their families.</p> <hr/> <p><i>Begin writing here:</i> <i>Transportation costs to/from residential/MAT treatment will be reimbursed to the provider.</i> <i>Medication to stabilize the individual</i> <i>Peer Support/Recovery Coaching</i> <i>Care Coordination</i> <i>Basic needs, such as clothing/food/phone cards</i> <i>Brief Recovery Housing Support/Recovery Housing</i></p> <p style="text-align: right;"><i>Outreach and</i></p>
<p>Cost Sharing (optional)</p>	<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 be managed and monitored.</p> <hr/> <p><i>Begin writing here:</i> Currently, North Sound ASO does not use SABG funds for this purpose.</p>

Section 2 Proposed Project Summaries and Expenditures The * indicates a required component of the Proposed Project Summary and must be completed				
Category/Subcategory	Provide a plan of action for each supported activity	Proposed # PPW to be served	Outcomes and Performance Indicators	Proposed Total Expenditure Amount
Prevention & Wellness – Preventive services, such as drug use prevention and early intervention, are critical components of wellness:				\$821,632.00
*PPW Outreach (required)	<i>Begin writing here: PPW outreach is included in outreach to IUID</i>	64	<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
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	<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
Brief Intervention	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
Drug Screening	<i>Begin writing here: This is for our non-Medicaid outpatient clients and MAT clients.</i>	350	<i>Begin writing here: Monthly reporting by Provider in IS/IT</i>	Enter budget allocation to this proposed activity \$5,000.00
*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	<i>Begin writing here: Verification through UR</i>	Enter budget allocation to this proposed activity \$0.00
Engagement Services – Assessment/admission screening related to SUD to determine appropriateness of admission and levels of care. Education Services may include information and referral services regarding available resources, information and training concerning availability of services and other supports. Educational programs can include parent training, impact of alcohol and drug problems, anxiety symptoms and management, and stress management and reduction. Education services may be made available to individuals, groups, organizations, and the community in general. This is different than staff training. Treatment services must meet the criteria as set forth in Chapter 246-341 WAC.				\$1,021,768.00
Assessment	<i>Begin writing here: Provided by OP treatment providers and withdrawal management providers</i>	35	<i>Begin writing here: Verification through provider data transmitted to ASO Verification through UR</i>	Enter budget allocation to this proposed activity \$5,000.00
*Engagement and Referral (required)	<i>Begin writing here: This is a service OP providers can use in appropriate situations</i>	240	<i>Begin writing here: Verification through provider data transmitted to ASO Verification through UR</i>	Enter budget allocation to this proposed activity \$1,016,768.00
*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	<i>Begin writing here: Verification through data transmitted to ASO Verification through UR</i>	Enter budget allocation to this proposed activity \$0.00
Educational Programs	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
Outpatient Services – Services provided in a non-residential SUD treatment facility. Outpatient treatment services must meet the criteria as set forth in Chapter 246-341 WAC.				\$300,000.00
Individual Therapy	<i>Begin writing here: Services will be provided through the BHO provider network</i>	0	<i>Begin writing here: Verification through provider data transmitted to ASO Verification through UR</i>	Enter budget allocation to this proposed activity \$0.00
Group Therapy	<i>Begin writing here: Services provided through ASO Provider Network</i>	0	<i>Begin writing here: Verification through provider data transmitted to ASO Verification through UR</i>	Enter budget allocation to this proposed activity \$0.00

Family Therapy	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
Multi-Family Counseling Therapy	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
Medication Assisted Therapy (MAT) - Opioid Substitution Treatment	<i>Begin writing here: OTP Services provided through ASO Provider Network</i>	156	<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
Community Support (Rehabilitative) – Consist of support and treatment services focused on enhancing independent functioning.				\$229,000.00
Case Management	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
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 number of Non-Medicaid individuals residing at the house.</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$229,000.00
Supported Employment	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
Other Support (Habilitative) – Structured services provided in segments of less than 24 hours using a multi -disciplinary team approach to develop treatment plans that vary in intensity of services and the frequency and duration of services based on the needs of the client.				\$792,038.00
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	<i>Begin writing here: Verification through required reporting</i>	Enter budget allocation to this proposed activity \$592,038.00
Supported Education	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
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	<i>Begin writing here: Reimbursement forms with original receipts</i>	Enter budget allocation to this proposed activity \$200,000.00
Spiritual/Faith-Based Support	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
Intensive Support Services – Services that are therapeutically intensive, coordinated and structured group-oriented. Services stabilize acute crisis and clinical conditions, utilizing recovery principles to help return individuals to less intensive outpatient, case management, and/or other recovery based services.				\$0.00
*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	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
Sobering Services	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
Out of Home Residential Services – 24 hour a day, live-in setting that is either housed in or affiliated with a permanent facility. A defining characteristic is				

that they serve individuals who need safe and stable living environments in order to develop their recovery skills. Treatment services must meet the criteria as set forth in Chapter 246-341 WAC.				\$105,000.00
Sub-acute Withdrawal Management	<i>Begin writing here: Contracts continue to include Whatcom Community Detox and Skagit Crisis</i>	10	<i>Begin writing here: Verification through data transmitted to ASO Verification through UR</i>	Enter budget allocation to this proposed activity \$50,000.00
Crisis Services Residential/ Stabilization	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
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: Verification through provider data transmitted to ASO Verification through UR</i>	Enter budget allocation to this proposed activity \$55,000.00
Long Term Residential Treatment	<i>Begin writing here: Services through provider network and single case agreements with other providers as needed</i>	0	<i>Begin writing here: Verification through provider data transmitted to ASO Verification through UR</i>	Enter budget allocation to this proposed activity \$0.00
Recovery House Residential Treatment	<i>Begin writing here:</i>		<i>Begin writing here:</i>	Enter budget allocation to this proposed activity
Involuntary Commitment	<i>Begin writing here: Covered under Crisis Services</i>	0	<i>Begin writing here: DCR data transmission to ASO Secure facility data transmission to ASO</i>	Enter budget allocation to this proposed activity \$0.00
Acute Intensive Services -24-hour emergency services that provide access to a clinician. The range of emergency services available may include but are not limited to direct contact with clinician, medication evaluation, and hospitalization. Services must meet the criteria as set forth in Chapter 246-341 WAC.				\$10,000.00
Acute Withdrawal Management	<i>Begin writing here: Evergreen Recovery will provide these services at their Lynnwood location</i>	10	<i>Begin writing here: Verification through provider data transmitted to ASO Verification through UR</i>	Enter budget allocation to this proposed activity \$10,000.00
Recovery Supports –A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Recovery emphasizes the value of health, home, purpose, and community to support recovery.				\$10,000.00
*Interim Services (required)	<i>Begin writing here:</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
*Transportation for PPW (required)	<i>Begin writing here: included in PPW Housing</i>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
Transportation	<i>Begin writing here: Transportation to and from residential/MAT treatment. Includes PPW transportation</i>	0	<i>Begin writing here: Cost reimbursement to Provider with original receipts</i>	Enter budget allocation to this proposed activity \$10,000.00
*Childcare Services (required)	<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>	0	<i>Begin writing here:</i>	Enter budget allocation to this proposed activity \$0.00
*Other SABG activities (required) – any activity necessary to plan, carry out, and evaluate this SABG plan, including Continued Education/training, logistics cost for conferences regarding SABG services and requirements, capacity management infrastructure, and conducting needs assessments. <i>Begin writing here: Continuing Education/Training for staff is funded under other resources so will be continued by the North Sound ASO.</i>				\$0.00
Grand Total				\$3,289,438.00

Grand Total

\$3,203,700.00

MHBG COVID Supplemental Funding (expended by March 31) Proposed Project Summaries and Expenditures

BH-ASO:

North Sound

Funding Amount:

Category/Subcategory	Provide a plan of action for each supported activity	Proposed # of Children with SED	Proposed # Adults with SMI
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Mental Health Block Grant Waiver Provisions/SAMHSA Recommendations

Crisis Line: Operation of an access line, crisis line, or warm lines to address any mental health issues for individuals.		0	0
<i>In Category Acute Intensive: Training/Equipment MH Crisis Response Services: Training of staff and equipment that supports enhanced mental health crisis response and services.</i>		0	0
<i>In Category Acute Intensive: Mental Health Awareness training for first responders and others.</i>		0	0
<i>In Category Acute Intensive: Hire of outreach and peer support workers for regular check-ins for people with SMI/SED.</i>		0	0
<i>In Category Engagement Services: Prison and jail re-entry and enhanced discharge from inpatient settings in order to reduce risks of COVID-19 transmission.</i>		0	0
Outcomes and Performance Indicators?			
Category: Prevention & Wellness – Activities that enhance the ability of persons diagnosed with SMI or SED, including their families, to effectively decrease their need for intensive			
Screening, Brief Intervention and Referral to Treatment		0	0
Brief Motivational Interviews		0	0
Parent Training		0	0
Facilitated Referrals		0	0
Relapse Prevention/ Wellness Recovery Support		0	0
Warm Line: Please note that ALL costs that directly serve persons with SMI/SED and their families must be tracked.		0	0
Outcomes and Performance Indicators?			
outreach to assist persons diagnosed with SMI or SED, including their families, to engage in mental health services:			

Assesment		0	0
Specialized Evaluations (Psychological and Neurological)		0	0
Service Planning (including crisis planning)		0	0
Educational Programs		0	0
Outreach		0	0
Additional Allowable Service: Prison and jail re-entry and enhanced discharge from inpatient settings in order to reduce risks of COVID-19 transmission.		0	0
Additional Allowable Service: Check-ins for individuals with SMI/SED by an outreach/peer support worker		0	0
Outcomes and Performance Indicators?			
Category: Outpatient Services – Outpatient therapy services for persons diagnosed with SMI or SED, including services to help their families to appropriately support them.			
Individual Evidenced-Based Therapies		0	0
Group Therapy		0	0
Family Therapy		0	0
Multi-Family Counseling Therapy		0	0
Consultation to Caregivers		0	0
Outcomes and Performance Indicators?			
not covered by insurance or Medicaid for persons diagnosed with SMI or SED to increase their ability to remain stable in the community.			
Medication Management		0	0
Pharmacotherapy		0	0
Laboratory Services		0	0
Outcomes and Performance Indicators?			
independent functioning for persons diagnosed with SMI or SED, including services to assist their families to care for them.			
Parent/Caregiver Support		0	0
Skill Building (social, daily living, cognitive)		0	0
Case Management		0	0
Continuing Care		0	0
Behavior Management		0	0
Supported Employment		0	0
Permanent Supported Housing		0	0
Recovery Housing		0	0
Therapeutic Mentoring		0	0
Traditional Healing Services		0	0
Outcomes and Performance Indicators?			

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.			
Peer Support		0	0
Recovery Support Coaching		0	0
Recovery Support Center Services		0	0
Supports for Self-Directed Care		0	0
Outcomes and Performance Indicators?			
Other Supports (Habilitative) – Unique direct services for persons diagnosed with SMI or SED, including services to assist their families to continue caring for them.			
Personal Care		0	0
Respite		0	0
Support Education		0	0
Transportation		0	0
Assisted Living Services		0	0
Trained Behavioral Health Interpreters		0	0
Interactive communication Technology Devices		0	0
Outcomes and Performance Indicators?			
Intensive Support Services – Intensive therapeutic coordinated and structured support services to help stabilize and support persons diagnosed with SMI or SED.			
Assertive Community Treatment		0	0
Intensive Home-Based Services		0	0
Multi-Systemic Therapy		0	0
Intensive Case Management		0	0
Outcomes and Performance Indicators?			
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.			
Crisis Residential/Stabilization		0	0
Adult Mental Health Residential		0	0
Children's Residential Mental Health Services		0	0
Therapeutic Foster Care		0	0
Outcomes and Performance Indicators?			
Acute Intensive Services – Acute intensive services requiring immediate intervention for persons diagnosed with SMI or SED.			
Mobile Crisis		0	0
Peer-Based Crisis Services		0	0
Urgent Care		0	0
23 Hour Observation Bed		0	0
24/7 Crisis Hotline Services		0	0

Additional Allowable Service: Training/Equipment MH Crisis Response Services		0	0
Additional Allowable Service: MH Awareness, First Responder Training		0	0
Additional Allowable Service: Check-ins for individuals with SMI/SED by an outreach/peer support worker		0	0
Outcomes and Performance Indicators?			
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			
including testing and administering COVID vaccines, COVID awareness education, and purchase of Personal Protective Equipment (PPE)			
Grand Total			

, 2023)

\$1,037,744.00

Proposed Total Expenditure Amount

\$0.00

Budget allocation

Budget allocation

Budget allocation

Budget allocation

Budget allocation

\$0.00

SurveyMonkey Results

Advisory Board Poll

Budget allocation

3.81

15%

Budget allocation

3.53

0%

Budget allocation

3.52

8%

Budget allocation

3.64

8%

Budget allocation

4.13

69%

Budget allocation

2.79

0%

\$0.00

SurveyMonkey Results

Advisory Board Poll

Budget allocation	4.28	8%
Budget allocation	3.91	8%
Budget allocation	3.45	0%
Budget allocation	2.9	15%
Budget allocation	4.55	15%
Budget allocation	3.7	8%
Budget allocation	3.74	46%
\$0.00	SurveyMonkey Results	Advisory Board Poll
Budget allocation	4.24	54%
Budget allocation	3.57	0%
Budget allocation	3.6	15%
Budget allocation	3	23%
Budget allocation	3.77	8%
\$0.00	SurveyMonkey Results	Advisory Board Poll
Budget allocation	4.58	92%
Budget allocation	4.17	8%
Budget allocation	3.7	0%
\$0.00	SurveyMonkey Results	Advisory Board Poll
Budget allocation	3.73	0%
Budget allocation	4.00	8%
Budget allocation	4.61	23%
Budget allocation	4.59	8%
Budget allocation	4.45	0%
Budget allocation	3.65	8%
Budget allocation	4.50	38%
Budget allocation	4.44	15%
Budget allocation	3.50	0%
Budget allocation	3.71	0%

\$0.00	SurveyMonkey Results	Advisory Board Poll
Budget allocation	3.92	46%
Budget allocation	3.83	8%
Budget allocation	3.68	15%
Budget allocation	3.88	21%
\$0.00	SurveyMonkey Results	Advisory Board Poll
Budget allocation	4.1	15%
Budget allocation	4	23%
Budget allocation	3.19	8%
Budget allocation	3.91	23%
Budget allocation	3.9	15%
Budget allocation	3.45	15%
Budget allocation	3.37	0%
\$0.00	SurveyMonkey Results	Advisory Board Poll
Budget allocation	4	23%
Budget allocation	4	15%
Budget allocation	3.73	23%
Budget allocation	4.43	38%
\$0.00	SurveyMonkey Results	Advisory Board Poll
Budget allocation	4.54	38%
Budget allocation	4.3	23%
Budget allocation	4.5	31%
Budget allocation	3.95	8%
\$0.00	SurveyMonkey Results	Advisory Board Poll
Budget allocation	4.63	62%
Budget allocation	3.29	15%
Budget allocation	4.16	0%
Budget allocation	3.75	0%
Budget allocation	4.23	8%

Budget allocation	3.9	0%
Budget allocation	3.64	0%
Budget allocation	3.65	15%
\$0.00	SurveyMonkey Results	Advisory Board Poll
	5 (high): 8	5 (high): 75%
\$0.00	SurveyMonkey Results	Advisory Board Poll
	5 (high): 6	5 (high): 33%
\$0.00		

COT Suggestions for this Category:	Proposa	
<p>prioritized; Brief therapy or group therapy while on waiting lists for outpatient would definitely help.</p> <p>Expand peer services so that people can develop WRAPs and attend peer support groups</p>	Provider	Funding Request
	Island County	\$227,374.00
	SnoCo Juvenile Treatment	\$146,850.00
	VOA	\$266,000.00
COT Suggestions for this Category:	Proposa	

<p>Outreach activities need to include trust-building components, such as reaching out to underserved communities and people who are generally reluctant to seek treatment (homeless, undocumented, African and Asian American communities) – this cannot be done through service provision alone, but through partnerships with community leaders and allied systems</p> <p>Expand peer workforce, particularly peer-run organizations, in adding activities like in-home check-ins and activities to enhance wellness such as bus training, accompanying people to medical appointments, etc</p>	Provider	Funding Request
	Skagit Regional Health	\$1,002,228.00
	Evergreen Recovery Centers	\$100,000.00
	SnoCo Juvenile Treatment	\$146,850.00
COT Suggestions for this Category:		Proposa
<p>A project that allows licensed staff who do not carry caseloads to provide services in a very limited capacity. This idea is not about significantly reducing the workload, but showing solidarity with the workforce and those seeking services. Perhaps employers with licensed clinicians in administrative roles could offer staff volunteer hours (always a nice benefit!) for this. Perhaps half a day per week for clinical staff volunteering in this program.</p>	Provider	Funding Request
	Skagit Regional Health	\$1,002,228.00
	Evergreen Recovery Centers	\$100,000.00
COT Suggestions for this Category:		Proposa
<p>pharmacogenetic testing for the most complex – not sure this is really viable but seems like it might be helpful. Dr. Lippman would know more</p>	Provider	Funding Request
	Skagit Regional Health	\$1,002,228.00
COT Suggestions for this Category:		Proposa
<p>Expand the peer workforce! In fact, expand it beyond behavioral health. I've never seen growth in quite the same way as when I witnessed a blind peer help a person with agoraphobia learn how to use the bus. Connect with cross-disability peer service providers, such as ILCs, to promote independent living skills. Housing, housing, housing. And more housing. You cannot recover when you have zero peace or stability in your life</p>	Provider	Funding Request
	Evergreen Recovery Centers	\$100,000.00
	Island County	\$227,374.00
	VOA	\$266,000.00

COT Suggestions for this Category:	Proposa	
<p>Peer support, more reliance on COPES and other inroads to self-directed care.</p>	Provider	Funding Request
COT Suggestions for this Category:	Proposa	
<p>prioritized; Brief therapy or group therapy while on waiting lists for outpatient would definitely help. Expand peer services so that people can develop WRAPs and attend peer support groups; This wasn't listed, but I think we should promote assistive technology. There is a lot out there to help people stay on track with appointments, medication reminders, self-care routines... There's high and low tech solutions for lots of the problems people might face, including devices to help folks with extrapyramidal symptoms fasten buttons, put on shoes, and manage kitchen tasks</p>	Provider	Funding Request
COT Suggestions for this Category:	Proposa	
<p>prioritized; Brief therapy or group therapy while on waiting lists for outpatient would definitely help.</p>	Provider	Funding Request
	Island County	\$227,374.00
COT Suggestions for this Category:	Proposa	
<p>Definitely more residential options for adults, particularly young adults experiencing first episodes of psychosis, mania, or other states that require some psycho-ed to manage – residential is a great place to teach those illness management skills. Not residential, but respite for youth so that, when needed, caregivers can have a break to prevent further destabilization or take care of errands. Perhaps up to 3 days of care?</p>	Provider	Funding Request
COT Suggestions for this Category:	Proposa	
<p>Voluntary inpatient hospitalization – that has to be an option. In fact, people should be able to “go voluntary” while on an ITA hold in order to better promote recovery principles and show support for an individual’s ability to self-direct their care. Peer respite centers to serve people who are housed and just need someone to be with them for a few days (or to be away</p>	Provider	Funding Request
	Compass SJ County	\$117,500.00
	Compass Skagit County	\$197,925.00
	Compass Island County	\$117,500.00
	Compass Health Whatcom C	\$219,955.00

from the usual people). This group might feel less comfortable in triage and do not actually require inpatient hospitalization, thereby improving flow-through for this population.

Walk-in crisis centers... heck, why don't we work on getting a CCBHC – with same day access – up and running in our region?

Law enforcement response alternatives, such as the CAHOOTS model, wherein funding is stabilized through pooling resources using law enforcement dollars. This should greatly improve the long term sustainability of these programs

SnoCo Human Services	\$4.36M
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COT Suggestions for this Category:	Proposa
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Fund workforce supports such as childcare. Encourage providers to adopt flexible work schedules and allow for hybrid work arrangements.	Provider	Funding Request
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COT Suggestions for this Category:	Proposa
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	Provider	Funding Request
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Is for this Category:

Service	Survey Priority
staff 1.0 FTE embedded MH/SU	Y MHBG Intensive case management
1.0 FTE-Functional family thera	Y MHBG Relapse prevention
suicide prevention and f/u -cor	N

Is for this Category:

Service	Survey Priority
Start Up Costs-staffing for BH c	Y-MHBG OP Individual evidence based therapy
Infant MH Specialist-PPW prog	Y MHBG OP Individual evidence based therapy
1.0 FTE-Functional family thera	Y MHBG Relapse prevention

Is for this Category:

Service	Survey Priority
Start Up Costs-staffing for BH c	Y-MHBG OP Individual evidence based therapy
Infant MH Specialist-PPW prog	Y MHBG OP Individual evidence based therapy

Is for this Category:

Service	Survey Priority
Start Up Costs-staffing for BH c	Y-MHBG OP Individual evidence based therapy

Is for this Category:

Service	Survey Priority
Infant MH Specialist-PPW prog	Y MHBG OP Individual evidence based therapy
staff 1.0 FTE embedded MH/SU	Y MHBG Intensive case management
suicide prevention and f/u -cor	N

Is for this Category:	
Service	Survey Priority

Is for this Category:	
Service	Survey Priority

Is for this Category:	
Service	Survey Priority
staff 1.0 FTE embedded MH/SU	Y MHBG Intensive case management

Is for this Category:	
Service	Survey Priority

Is for this Category:	
Service	Survey Priority
add 1.0 FTE for crisis worker fo	Y Mobile Crisis
add 2 FTE crisis workers to serv	Y Mobile Crisis
1.0 FTE crisis worker to provide	Y Mobile Crisis
2 FTE crisis workers for new Im	Y Mobile Crisis

17 crisis workers to outlying areas of SnoCo-phased in approach	Y Mobile Crisis
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Is for this Category:

Service	Survey Priority
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Is for this Category:

Service	Survey Priority
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SABG COVID Supplemental Funding (expended by March 31, Proposed Project Summaries and Expenditures

BH-ASO:	North Sound	Funding Amount:
Category/Subcategory	Provide a plan of action for each supported activity	Proposed # PPW to be served
Substance Abuse Block Grant Waiver Provisions/SAMHSA Recommendation		
Intervention		
In order to respond to overdose deaths during the pandemic a particular area of focus may be the purchase of Naloxone and the materials necessary to assemble overdose kits and the dissemination of such kits to users of cocaine, methamphetamine, and benzodiazepines given the		0
Treatment		
Integrated SUD treatment with health and family service agencies with a focus on pregnant women and new mothers.		0
Medication assisted treatment (MAT) using FDA-approved medications and accompanying psychosocial and recovery supports: Opioid use disorder (OUD), e.g., buprenorphine, methadone and naltrexone.		0
Medication assisted alcohol treatment (MAT) using FDA-approved medications and accompanying psychosocial and recovery supports.		0
SUD crisis services that have the capacity to respond, de-escalate, and provide follow through to transition individuals in crisis onto a path of recovery.		0
Operation of an access line, crisis phone line or warm lines by treatment providers.		0
Purchase of technical assistance.		0
COVID-19 related expenditures including: COVID-19 testing/vaccines (including transportation) for those with SUD.		0
Recovery Support Services		
Recovery community organizations and peer-run organizations to ensure a recovery orientation which expands support networks and recovery services.		0
Peer recovery specialist training, funding, and evaluation, including peer recovery specialist certification.		0

Operation of an access line, crisis phone line or warm lines by recovery support providers.		0
Infrastructure		
Purchase of Personal Protective Equipment for staff and persons receiving SUD services.		0
Purchase of increased connectivity, Wi-Fi, and other related technologies and equipment to improve service delivery.		0
Hiring of outreach workers for regular check-in for people with SUD.		0
Provision of workforce support.		0
Category: Prevention & Wellness – Preventive services, such as drug use prevention and early intervention, are critical components of wellness:		
PPW Outreach (required)		0
Outreach to Individuals Using Intravenous Drugs (IUID)		0
Brief Intervention		0
Drug Screening		0
Tuberculosis Screening		0
Additional Allowable Service: Purchase and Dissemination of Naloxone/Overdose Kits		0
Additional Allowable Service: Integrated Substance Use Disorder (SUD) Treatment - Focus on PPW		0
Outcomes and Performance Indicators?		
appropriateness of admission and levels of care. Education Services may include information and referral services regarding available resources, information and training concerning availability of services and other supports. Educational programs can include parent training, impact of alcohol and drug problems, anxiety symptoms and management, and stress management and reduction.		
Assessement		0
Engagement and Referral (required)		0
Interim Services (required)		0
Educational Programs		0
Additional Allowable Services: Outreach Workers for Check-ins for People with SUD		0
Outcomes and Performance Indicators?		

Category: Outpatient Services – Services provided in a non-residential SUD treatment facility. Outpatient treatment services must meet the criteria as set forth in Chapter 246-341 WAC.

Individual Therapy		0
Group Therapy		0
Family Therapy		0
Multi-Family Counseling Therapy		0
Medication Assisted Therapy (MAT)-Opioid Substitution Treatment		0
Additional Allowable Services: Medication Assisted Treatment for Alcohol Use Disorder		0
Outcomes and Performance Indicators?		

Category: Community Support (Rehabilitative) – Consist of support and treatment services focused on enhancing independent functioning.

Case Management		0
Recovery Housing		0
Supported Employment		0
Outcomes and Performance Indicators?		

Other Support (Habilitative)-Structured services provided in segments of less than 24 hours using a multi-disciplinary team approach to develop treatment plans that vary in intensity of services and the frequency and duration of services based on the needs of the client.

PPW Housing Support Services		
Supported Education		
Housing Asistance		
Spiritual/Faith-Based Support		
Outcomes and Performance Indicators?		

Intensive Support Services-Services that are theapeutically intensive, coordinated and structured group-oriented. Services stabilize acute crisis and clinical conditions, utilizing recovery pricniples to help return individuals to less intensive outpatient, case management, and/or other recovery based services.

Therapeutic Intervention Services for Children (required)		0
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		0
Sobering Services		
Outcomes and Performance Indicators?		
Out of Home Residential Services-24 hour a day, live-in setting that is either housed in or affiliated with a permanent facility. A defining characteristic is that they serve individuals who need safe and stable living environments in order to develop their recovery skills. Treatment services must meet the criteria as set forth in Chapter 246-341 WAC.		
Sub-acute Withdrawal Management		0
Crisis Services Residential/Stabilization		0
Intensive Inpatient Residential Treatment		0
Long Term Residential Treatment		0
Recovery House Residential Treatment		0
Involuntary Commitment		0
Additional Allowable Services: Treatment Services (including MAT) in Penal or Correctional Institution		0
Outcomes and Performance Indicators?		
emergency services available may include but are not limited to direct contact with clinician, medication evaluation, and hospitalization. Services must meet the criteria as set forth in Chapter 246-341 WAC.		
Acute Withdrawal Management		0
Additional Allowable Services: SUD Crisis Services		0
Additional Allowable Services: Crisis Lines or warm line operated by Treatment Providers		0
Outcomes and Performance Indicators?		
live a self-directed life, and strive to reach their full potential. Recovery emphasizes the value of health, home, purpose, and community to support recovery.		
Interim Services (required)		0
		0
Transportation for PPW (required)		
Transportation		0
Childcare Services (required)		0
Additional Allowable Services: Recovery/Peer Organizations to Expand Support Networks/Recovery Support Specialists (RSS)		0
Additional Allowable Service: Peer Recovery Specialist Training, Funding, Eval & Certification		0
Additional Allowable Service: Crisis Lines by RSS Providers		0
Outcomes and Performance Indicators?		

Other SABG activities (required) - any activity necessary to plan, carry out, and evaluate this SABG plan, including Continued Education/training, logistics cost for conferences regarding SABG services and requirements, capacity management infrastructure, and conducting needs assessments.

Additional Allowable Services: Purchase of Technical Assistance		0
Additional Allowable Services: COVID-19 Related Expenses for those with SUD		0
Additional Allowable Services: PPE for Staff and Persons Receiving SUD Services		0
Additional Allowable Services: Technology/Equipment to Improve Service Delivery		0
Additional Allowable Services: Provision of Workforce Support		0
Outcomes and Performance Indicators?		

Grand Total

2023)

\$2,186,014.00

Proposed Total
Expenditure Amount

ns

\$0.00

Budget allocation

\$0.00

Budget allocation

\$0.00

Budget allocation

Budget allocation

Budget allocation		
\$0.00		
Budget allocation		
\$0.00	SurveyMonkey Results	Advisory Board Poll
Budget allocation	3.29	17%
Budget allocation	3.73	33%
Budget allocation	3.82	8%
Budget allocation	3.89	8%
Budget allocation	2.57	0%
Budget allocation	4	8%
Budget allocation	3.31	25%
\$0.00	SurveyMonkey Results	Advisory Board Poll
Budget allocation	3.92	0%
Budget allocation	3.93	33%
Budget allocation	3.54	0%
Budget allocation	3.4	0%
Budget allocation	3.93	67%

COT Suggestions for this category:

Continue support of current **opioid outreach teams** and seek proposals from current providers to expand personnel/services. Offer funding to regional **BHAs to see if they are interested in developing additional regional outreach teams**. Although the State provides **Naloxone kits, provide additional kits as needed** (in case supplies are limited). Naloxone. Let's stop deaths wherever we can.
On-site childcare for outpatient

COT Suggestions for this category:

With lengthy waits for outpatient services, **provide funding for interim/early engagement (requires staffing) or fund outside current network including within private practice networks**. Engagement & Referrals is currently what opioid outreach teams do-keep funding them! Promote **onsite childcare and parenting classes in SUD**

\$0.00	SurveyMonkey Results	Advisory Board Poll
Budget allocation	4.08	42%
Budget allocation	3.92	17%
Budget allocation	3.54	8%
Budget allocation	2.92	0%
Budget allocation	4.08	33%
Budget allocation	3.93	0%
\$0.00	SurveyMonkey Results	Advisory Board Poll
Budget allocation	4.31	25%
Budget allocation	4.75	50%
Budget allocation	3.47	25%
\$0.00	SurveyMonkey Results	Advisory Board Poll
	3.92	25%
	3.33	17%
	4.69	42%
	3	17%
\$0.00	SurveyMonkey Results	Advisory Board Poll
Budget allocation	4.29	67%

COT Suggestions for this category:

Continue to fund MAT PDOA grant services (via Lifeline Connections) in Concrete and Oak Harbor if current funding is not renewed.
 This is outside the box, but:
Explore how to support and/or partner with MAPS
<https://maps.org/> to change current treatment paradigm to include psychedelic interventions for complex trauma (common root of SUD).
 "...MAPS has laid the groundwork for research showing psychedelics may have great promise in helping people

COT Suggestions for this category:

Provide support to **Recovery Housing development/expansion**. Encourage and **partner with BHAs to purchase housing and convert into Recovery Houses (short term stabilization/transition housing, PPW and long term)**. **Housing**. Not clean and sober (which are

COT Suggestions for this category:

Continue current support for PPW housing programs. **Provide short term housing/ motel vouchers (often best distributed through outpatient or outreach teams)** **Promote use of ACES**

COT Suggestions for this category:

Promote use of SBIRT across all primary care providers (partner

Budget allocation	4	33%
\$0.00	SurveyMonkey Results	Advisory Board Poll
Budget allocation	3.75	0%
Budget allocation	4.27	33%
Budget allocation	4.08	17%
Budget allocation	4.38	25%
Budget allocation	4.4	25%
Budget allocation	4.25	0%
Budget allocation	4	0%
\$0.00	SurveyMonkey Results	Advisory Board Poll
Budget allocation	4.31	8%
Budget allocation	4.36	75%
Budget allocation	3.33	17%
\$0.00	SurveyMonkey Results	Advisory Board Poll
Budget allocation	3.18	0%
Budget allocation	3.73	0%
Budget allocation	3.79	25%
Budget allocation	3.75	8%
Budget allocation	3.92	42%
Budget allocation	3.08	
Budget allocation	3.1	

with MCOs)

COT Suggestions for this category:

Sub-Acute WM (3.2 LOC) have been challenged in providing both SUD and MH certified staff. **Purchase bed(s) to support. Explore "Recovery Campus" concept** with mix of long term SUD residential, outpatient/recovery housing, job/skill training (maybe attached to short term

COT Suggestions for this category:

Purchase bed(s) to support acute WM (3.7 LOC)
Provide SUD training to crisis line staff (if needed). They may tend to be more MH focused.

COT Suggestions for this category:

Partner with Methadone programs to expand mobile Methadone and MAT (with recent relaxation by DEA of such services)
Fund purchase of staff vehicles for outreach teams
Peer/Recovery Specialist Expansion-**Fund experienced supervisors for intensive oversight of new peers.**
Childcare
Mobile services wherever possible

\$0.00	SurveyMonkey Results	Advisory Board Poll
Budget allocation	4	8%
Budget allocation	3	8%
Budget allocation	2.75	8%
Budget allocation	4.09	42%
Budget allocation	4.31	33%

\$0.00

COT Suggestions for this category:

Provide **regional trainings** (TA) in critical areas: Ethics, Suicide, Trauma Informed Care, OUD/MAT, ASAM, EBTs. Provide tablets as needed for Telehealth/Outreach

Assist BHAs with funding for Prescribers (MAT); possibly contract with National prescriber network to increase availability.

Fully fund cohort of SUDPs

Proposals for this Category:

Provider	Funding Request	Service	Survey Priority
Community Action of Skagit Coun	unknown	short term housing support	Priority Pop
Island County	\$227,374.00	staff 1.0 FTE embedded MH/SUD; 1.0 FTE BH Intensive Case Manager; .5FTE JTS Coordinator	MHBG Prevention & wellness is different than SABG

Proposals for this Category:

Provider	Funding Request	Service	Survey Priority
Island County	\$227,374.00	staff 1.0 FTE embedded MH/SUD; 1.0 FTE BH Intensive Case Manager; .5FTE JTS Coordinator	MHBG Prevention & wellness is different than SABG

Proposals for this Category:

Provider	Funding Request	Service	Survey Priority
SnoCo Juvenile Treatment	\$146,850.00	1.0 FTE-Functional family therapy costs (training, materials) UAs, incentives, software, etc.	Y MHBG Relapse prevention
SnoCo Juvenile Treatment	\$94,500.00	expansion of programs and add opportunities for youth-serve additional 14 in FFT to ARY-BECCA families; EBP intervention MST to ARY-BECCA families; training for DBT;	Y MHBG Relapse prevention

Proposals for this Category:

Provider	Funding Request	Service	Survey Priority
Island County	\$227,374.00	staff 1.0 FTE embedded MH/SUD; 1.0 FTE BH Intensive Case Manager; .5FTE JTS Coordinator	MHBG Prevention & wellness is different than SABG
Lifeline Connections	\$216,000.00	Recovery House- Whatcom	Y Recovery house
Lifeline Connections	\$102,000.00	Recovery Supportive Housing-Mt. Vernon	Y recovery house, housing assistance

Proposals for this Category:

Provider	Funding Request	Service	Survey Priority
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Proposals for this Category:

Provider	Funding Request	Service	Survey Priority
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Island County	\$227,374.00	staff 1.0 FTE embedded MH/SUD; 1.0 FTE BH Intensive Case Manager; .5FTE JTS Coordinator	MHBG Prevention & wellness is different than SABG
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Proposals for this Category:

Provider	Funding Request	Service	Survey Priority
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Proposals for this Category:

Provider	Funding Request	Service	Survey Priority
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Proposals for this Category:

Provider	Funding Request	Service	Survey Priority
Community Action of Skagit Coun	unknown	additional funds for transportation, short term housing support	Priority Pop

Proposals for this Category:

Provider	Funding Request	Service	Survey Priority
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