



Board of Directors

Hybrid Meeting Agenda

March 9th, 2023

Board of Directors Members Present in Person:

Members Present via Zoom:

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

Guests Present:

- 1. Call to Order and Introductions** – Chair
- 2. Revisions to the Agenda** – Chair
- 3. Approval of the February 9th, 2023, Minutes, Motion #23-12** – Chair.... Attachment
- 4. Comments & Announcements from the Chair**
- 5. Reports from Members** - Chair
- 6. Comments from the Public** – Chair
- 7. Crisis Services Key Findings and Key Opportunities** - Michael
McAuley.....Attachment
- 8. Crisis System User Experience** - Pat Morris Attachments
- 9. Compliance Report** - Charles DeElena Attachment
- 10. Report from the Advisory Board** – Pat O’Maley-Lanphear..... Attachment
- 11. Report from the Finance Officer-** Joe Valentine/Darrell Heiner..... Attachments

12. Report from the Governance Operations Committee- Chair

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

Consent Agenda - Chair Attachment

Motion #23-13

- To review and approve the North Sound Behavioral Health Administrative Services Organization claims paid from February 1, 2023, through February 28th, 2023, in the amount of **\$1,903,729.50**.
- Payroll for the month of February in the amount of **\$188,623.35** and associated employer benefits in the amount of **\$87,605.18**.

13. Action Items- Chair and Joe Valentine

For Board Approval

Bridgeways

Summary:

Bridgeways is a Snohomish County provider, currently providing PATH services and managing Department Of Commerce housing vouchers. This motion adds the HARPS vouchers to the contract in the amount of \$206,000 annually for individuals discharging from a state hospital, inpatient psychiatric hospital and/or behavioral health residential services.

Motion# 23-14

- North Sound BH-ASO-Bridgeways-PATH-23 to include HARPS short term housing subsidies in the amount of **\$206,000** annually with a term of September 29, 2022, through September 30, 2023, based on continued compliance with the terms of the contract.

14. Introduction Item- Joe Valentine Attachment

Island County

Island County has requested funding for the implementation of JULOTA care coordination software in the amount of \$22,900. This portion of funding is a one-time implementation fee. Our portion of the funding will support ASO contracted Opioid Outreach, Recovery Navigator and Co-Responder teams

15. Report from the Executive Director- Joe Valentine..... Attachments

16. Adjourn

Next Meeting: April 13th, 2023



Board of Directors

Hybrid Meeting Minutes

February 9th, 2023

Board of Directors Members Present in Person:

- **Peter Browning**, Commissioner; Skagit County, Board Chair
- **George Kosovich**, Public Health, designated alternate for Peter Browning, Commissioner; Skagit County
- **Barry Buchanan**, County Council; Whatcom County

Members Present via Zoom:

- **Lynda Austin**, Human Services, Island County; designated alternate for Jill Johnson, Commissioner
- **Darcy Cheeseman**, Legislative Aid to Council Member, Sam Low, Snohomish County
- **Perry Mowery**, Behavioral Health Supervisor, designated alternate for Satpal Sidhu, County Executive; Whatcom County
- **Nicole Gorle**, Legislative Analyst, Snohomish County; designated alternate for Nate Nehring, County Council
- **Jane Fuller**, County Council; San Juan County
- **Malora Christensen**, designated alternate for Satpal Sidhu, County Executive, Whatcom County
- **Carola Schmid**, Human Services, designated alternate for Dave Somers, County Executive, Snohomish County
- **Pat O'Maley Lanphear**, Advisory Board Chair

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

- **Joe Valentine**, Executive Director, North Sound BH-ASO
- **Darrell Heiner**, Senior Accountant, North Sound BH-ASO
- **Margaret Rojas**, Assistant Executive Director, North Sound BH-ASO

- **Charles DeElena**, Business Improvement Manager/Compliance Officer, North Sound BH-ASO
- **James Dixon**, Regional Recovery Navigator Coordinator, North Sound BH-ASO
- **Kimberly Nakatani**, Accountant, North Sound BH-ASO
- **Maria Arreola**, Administrative Assistant II, Advisory Board Coordinator, NS BH-ASO
- **Joanie Wenzl**, Clerk of the Board, North Sound BH-ASO

Guests Present:

Michelle Osborne, Diversity, Racial Equity, and Inclusion (DREI)
Nora Korena, Diversity, Racial Equity, and Inclusion (DREI)
Toni Belcher Diversity, Racial Equity, and Inclusion (DREI)

Call to Order and Introductions – Chair

The chair called the meeting to order and initiated introductions.

Revisions to the Agenda – Chair

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

Approval of the January 12th, 2023, Minutes, Motion #23-08 – Chair

Barry Buchanan moved the motion for approval, Nicole Gorle seconded, all in favor, none opposed, motion number #23-08 carried.

Comments & Announcements from the Chair

- Chair Browning introduced the new board members, Barry Buchanan (Whatcom County) Jane Fuller (San Juan County) and noted that Strom Peterson was also appointed (Snohomish County)
- The Chair requested that board members keep on top of the legislative bills pertaining to behavioral health and substance use disorder outpatient care. Hoping to keep top notch care on the frontline he added.

Reports from Members

Members gave reports from their respective counties regarding behavioral health happenings.

Comments from the Public

There were no comments from the public

Diversity, Racial Equity, and Inclusion (DREI) Workgroup Update/Strategic Plan

- Michelle Osborne, Toni Belcher, Nora Karena

The DREI consultants gave a presentation that included the update on the Strategic Plan as well as the efforts of the workgroup participants.

Regional Navigator Program (RNP) Update: James Dixon

- [Recovery Navigator Program \(RNP\) | North Sound BH-ASO \(nsbhaso.org\)](#)
- [Washington 2-1-1 | Search \(wa211.org\)](#)

Joe Valentine introduced James Dixon, North Sound BH-ASO's Regional Recovery Navigator Coordinator. He gave an update on the Regional Navigator Program as well as an overview of the Washington 2-1-1 services that are available.

Report from the Advisory Board

Pat O'Maley Lanphear (Advisory Board Chair) gave the report from the Advisory Board and answered questions from Board Members.

Report from the Finance Officer

Joe Valentine gave the report from the Finance Officer and answered questions.

Report from the Governance Operations Committee

- Joe Valentine announced his retirement and noted it will take place at the end of June. It was also noted that Board Members will be coordinating their efforts to recruit and interview applicants for his replacement. Board members spoke of their gratitude for Joe's highly effective contribution in leading the ASO for the past 11 years.
- The latest happenings with the Opioid Abatement Council (OAC) were discussed. Board members were asked to assist in moving the process forward in their respective counties; signatures on the MOU, and the selection process of the member who will sit on the OAC (one per county) as well as identifying one member from a city within each of the individual counties.

Joe Valentine gave a status on each of the counties. Below is the outcome as of today, February 9th:

- The **Snohomish County** Representative is Jason Biermann. The appointed city for Snohomish County is **Everett** and the representative is Julie Willie. The signed MOU has not been received by the ASO as of today.
- **Skagit County's** appointed city is **Sedro Woolley** and **Charlie Bush** will be the OAC city representative. The Skagit County rep has not been sent to the ASO as of yet. The signed MOU has not been received by the ASO as of today.
- **Whatcom County's** representative still needs to be received by the ASO, as well as the city rep. The signed MOU has been received.
- **San Juan County's** representative still needs to be received by the ASO, as well as the city rep. The signed MOU has been received.
- **Island County's** representative still needs to be received by the ASO, as well as the city rep. The signed MOU has not been received as of today.

The Chair added that it would be ideal to see this completed within the next 2 months.

- The Chair spoke about the Amendment to the Interlocal Agreement. The email from the ASO's attorney stated that the letter was sent out this week and awaiting return signatures.

The Chair added that it would be ideal to see this be completed within the month.

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

Motion #23-09

- To review and approve the North Sound Behavioral Health Administrative Services Organization claims paid from January 1st, 2023, through January 31st, 2023, in the amount of \$4,837,340.84.
- Payroll for the month of January in the amount of \$185,789.97 and associated employer benefits in the amount of \$81,241.39.

Jane Fuller moved the motion for approval, Darcy Cheesman seconded, all in favor, none opposed, motion #23-09 carried

Action Items

For Board Approval

Summary (Personnel):

At the December Board of Directors meeting a 5% COLA was approved for employees as part of the annual administrative budget. The Executive Director position serves at the will of the Board which requires a separate motion to approve the 5% COLA for the position.

Motion #23-10

- Approve a 5% COLA for the Executive Director position with an effective date of January 1, 2023.

Barry Buchanan moved the motion for approval, Perry Mowery seconded, all in favor, none opposed, motion #23-10 carried

Summary:

Vote for Chair and Vice Chair

Nominations received as of 2/8/2023 were for Peter Browning (Chair) and Barry Buchanan (Vice Chair)

Motion #23-11

- Approve Peter Browning as Chair and Barry Buchanan as Vice-Chair of the Board of Directors for 2023

A motion was made by Perry Mowery to approve Barry Buchanan as Vice Chair for 2023. The motion was seconded by Darcy Cheesman. All in favor, none opposed. Another motion was made by Barry Buchanan to approve Peter Browning as Chair, Darcy Cheesman seconded, all in favor none opposed. Motion #23-11 carried.

Report from the Executive Director

Joe Valentine gave the report from the Executive Director which including from the following topics:

- LEGISLATIVE UPDATE
- BEHAVIORAL HEALTH SERVICES COORDINATING COUNCIL
- NORTH SOUND BEHAVIORAL HEALTH NEEDS ASSESSMENT
- ISLAND COUNTY CO-RESPONDER PROGRAM
- APPLE HEALTH REDETERMINATIONS
- CRISIS SERVICES UPDATE
- MODIFICATION TO INTERLOCAL AGREEMENT TO ALLOW USE OF HYBRID MEETINGS

Adjourn: 2:42 p.m.

Next Meeting: March 9th, 2023



North Sound BH-ASO

2021 E. College Way, Suite 101, Mt. Vernon, WA 98273

Phone: (360) 416-7013 Fax: (360) 899-4754

www.nsbhaso.org

Board of Directors

2022 Annual Crisis Assessment – Key Findings and Opportunities

Executive Summary

[North Sound BH-ASO Crisis Annual Assessment 2022.pdf \(nsbhaso.org\)](http://www.nsbhaso.org)

2022 Key Findings

- Regional Crisis Line - RCL (Volunteers of America): Crisis calls remained historically high, averaging 4,139 calls a month. Our RCL meet key performance metrics (calls answered within 30sec/abandonment rate below 5%) – with significant improvements through Q4.
- Involuntary Treatment Act (ITA)/Designated Crisis Responders (DCRs): DCR dispatches/investigations had a slight decrease compared to 2021, DCR dispatches continued to outperformed response performance metrics (2-hr emergent response/24-hr emergent response).
- Crisis System Coordination: We continued an extensive array of stakeholder and partner planning structures (Interlocal leadership structure, Joint Operating Committee, integrated provider meetings and Crisis leadership meetings).
 - North Sound and our crisis agencies are fully integrated into HB 1477/988 implementation to include new crisis service enhancements and best practice models.
 - Continued a regional data sharing platform hosted by CMT that will allow Mobile Crisis Response staff to access treatment and crisis plan information on Medicaid members.
- Strategies to Improve the Crisis System:
 - Initiated a regional crisis system budget analysis that is evaluating funding and staffing needs to meet new state requirements for Mobile Crisis Response.
 - Maintained RCL funding and additional funding for suicide prevention follow up support with COVID block grant funds.
 - Executed our Child, Youth and Family Crisis Teams (CYFCT) contract and participated in Mobile Response and Stabilization Services (MRSS) best practice development.
 - Funded law enforcement and first responder co-response programs and initiated development of model program standards.
 - Targeted BH-ASO Behavioral Health Enhancement funds to support recruitment and retention of behavioral health staff with our Crisis Services agencies.
 - Continued to provide funding crisis stabilization/withdrawal management facilities to serve non-Medicaid persons in Snohomish, Skagit, and Whatcom counties.
 - Continued our high utilizer Care Management reports that identifies persons who have had frequent ITA investigations and/or detentions.
 - Updated North Sound BH-ASO's Regional Crisis Service Training Module.

2023 Opportunities

- North Sound BH-ASO's partnership with the state to fully implement new legislation for crisis services.
- Fully fund the expansion of crisis services to include the availability of community-based, multidisciplinary programming that meets best practice standards.

- Fully integrate our Diversity, Racial Equity and Inclusion (DREI) Strategic Plan into our 2023 planning for crisis services – Crisis Service Voice Project.
- Fully operationalize our Child, Youth and Family Crisis Teams (Mobile Response and Stabilization Services – MRSS).
- Continue to expand funding for co-responder programs embedding Behavioral Health professionals with law enforcement and first responders.
- Continue to fund Triage, Crisis Stabilization and Withdrawal Management facilities and encourage their use as a central access point for crisis services for first responders and others.
- Continue implementation of the new CMT data sharing platform to provide access to treatment and crisis plan information for crisis services staff.
- Continue providing care coordination and system support for our crisis agencies and other ASO funded outreach programs serving high need individuals.
- Continue to partner closely with the Department of Health (DOH) and HCA on Washington State’s 988 implementation and any future legislation for crisis services.

Crisis Service Voice Project 2023-2024

- As a follow-up to our 2020 and 2021 Crisis Annual Assessment, North Sound BH-ASO and our Advisory Board identified a needed action to develop a workplan to assess and incorporate individual and family voice for North Sound BH-ASO strategic plan for crisis services.
- This project and ongoing work will be coordinated with our DREI strategic plan and supports our region’s knowledge and action on key opportunities and to address inequalities in our system of care.
- Pat Morris, Morris Consulting, LLC, will provide an initial project overview at the 03.09.2023 Board of Directors meeting.



CRISIS SERVICE VOICE PROJECT

User Experience of Crisis Services

Pat Morris, Morris Consulting

Michael McAuley, Clinical Director

Mandy Iverson, Program Specialist

Overall Concept

- As a follow-up to our 2021-2022 Crisis Annual Assessment, North Sound BH-ASO and our Advisory Board identified an opportunity to develop and implement a strategy to assess and incorporate individual and family voice that helps defines the values and goals of our care crisis continuum.
- Developing a “Crisis Service Voice” workplan that leverages community stakeholder and partners that represent the diversity of our region.
- Outcomes/Actions of our Crisis Service Voice project can be incorporated in our strategic funding plan for enhanced crisis services.

SYSTEM GAPS AND CHALLENGES

- Comprehensive quantitative data for Crisis services is readily available
- Qualitative evidence from the individual or family's point of view is lacking
- Nationally the user experience and voice has been difficult to track
- Informed consent and confidentiality remains a barrier to proactive follow-up and customer surveys
- Customer service surveys are underused and oftentimes rated by the clinical staff, not user.

Initial Concept

- Convene stakeholder and partner groups that represent the diversity of the North Sound region to assess and develop a standardized survey method for community, family, and individuals to evaluate key aspects of the crisis system.
- Define our system's values, goals and intended outcome of a regional/coordinated crisis system.
- Partner with several regional behavioral health advocacy and system partners to establish a series of community forums ("local town halls") where individuals, family and community voice can be heard and integrated into our strategic planning
- Evaluate strategies and tools for crisis providers to assess and capture user experience following RCL and Mobile Crisis Response interventions.

Board of Directors and Advisory Board Input

- Ongoing input from North Sound BH-ASO's Advisory Board to help guide our planning, implementation and participating in regional community forums.
- Help to identify key crisis system values and goals
- Develop a vision of a gold standard crisis system

SUPPORTIVE RESEARCH AND CRISIS SYSTEM MEASUREMENT CONCEPTS

- [National Council for Mental Well Being](#) (Report January, 2023)
- HCA 2022: [Mobile Crisis Response Program Guide](#)
- SAMHSA “[Guidelines for Behavioral Health Crisis Care.](#)”
- [Establishing Standards](#) for the Assessment of Suicide Risk Among Callers to the National Suicide Prevention Lifeline (Joiner, 2007)
- Action Learning Explained (iedo.com)

CLIENT SATISFACTION SURVEYS REVIEWED

- Csq.pdf (recoveryanswers.org)
- Home (force.com)
- Measure: Client Satisfaction Questionnaire (force.com)

FURTHER PROJECT CONSIDERATIONS

- Ensure inclusion of people with lived experience in the project design
- Develop strategic partnerships with peer-led organizations
- Consider compensation for participation in town halls and other data gathering efforts
- Inclusion of people with lived experience in data analysis, report reviews and recommendations.

PROPOSED PROJECT TIMELINE

- 2023-Q1: Project introduction; Drafting initial scope and workplan
- 2023-Q2/Q3: Strategy on the program objectives
- 2023 Q4: Develop/coordinate Virtual Town Hall structure; Survey and Consolidation of community individual and family input
- 2024 Q4 – 2025 Q1: Develop and Finalize Crisis Service Voice 2023 Report and Recommendations.

QUESTIONS AND FEEDBACK

Pat Morris, Morris Consulting
pmconsulting33@gmail.com

Mandy Iverson, NSBH-ASO Program Specialist
Mandy_Iverson@nsbhaso.org

Michael McAuley, NSBH-ASO Clinical Director
Michael_McAuley@nsbhaso.org



Quality Measurement in **CRISIS SERVICES**

I. Introduction

Mental health crisis systems are becoming increasingly sophisticated and multimodal as localities invest in addressing issues such as emergency department boarding, unnecessary law enforcement involvement in responses to non-criminal health care crises, and inadequate and inequitable access to mental health care services. Crisis systems often share the goals of providing rapid access to care for individuals experiencing mental health challenges to alleviate distress as quickly, safely and effectively as possible. As these systems evolve, it is necessary to use performance metrics that can advance these goals in a consistent, measurable way.

All systems are essentially an aggregation of linked processes working in concert to achieve and consistently replicate specific, intended outcomes. However, they are prone to error (human and otherwise), and few are as complex as the web of services that make up a mental health crisis care continuum. Measuring processes and outcomes provides the means to determine how closely these systems are adhering to their intended function and goals and to determine when deviations occur, so they can be corrected.

As crisis systems mature across the US, there are increasing demands for measuring their quality, including:

- Reporting mandates tied to funding and accreditation.
- Demonstrating success and value (or the lack thereof).
- Identifying weaknesses to inform continuous quality improvement (CQI) and plan-do-see-act cycles.
- Maintaining a focus on the needs of service recipients based on their own recovery goals.

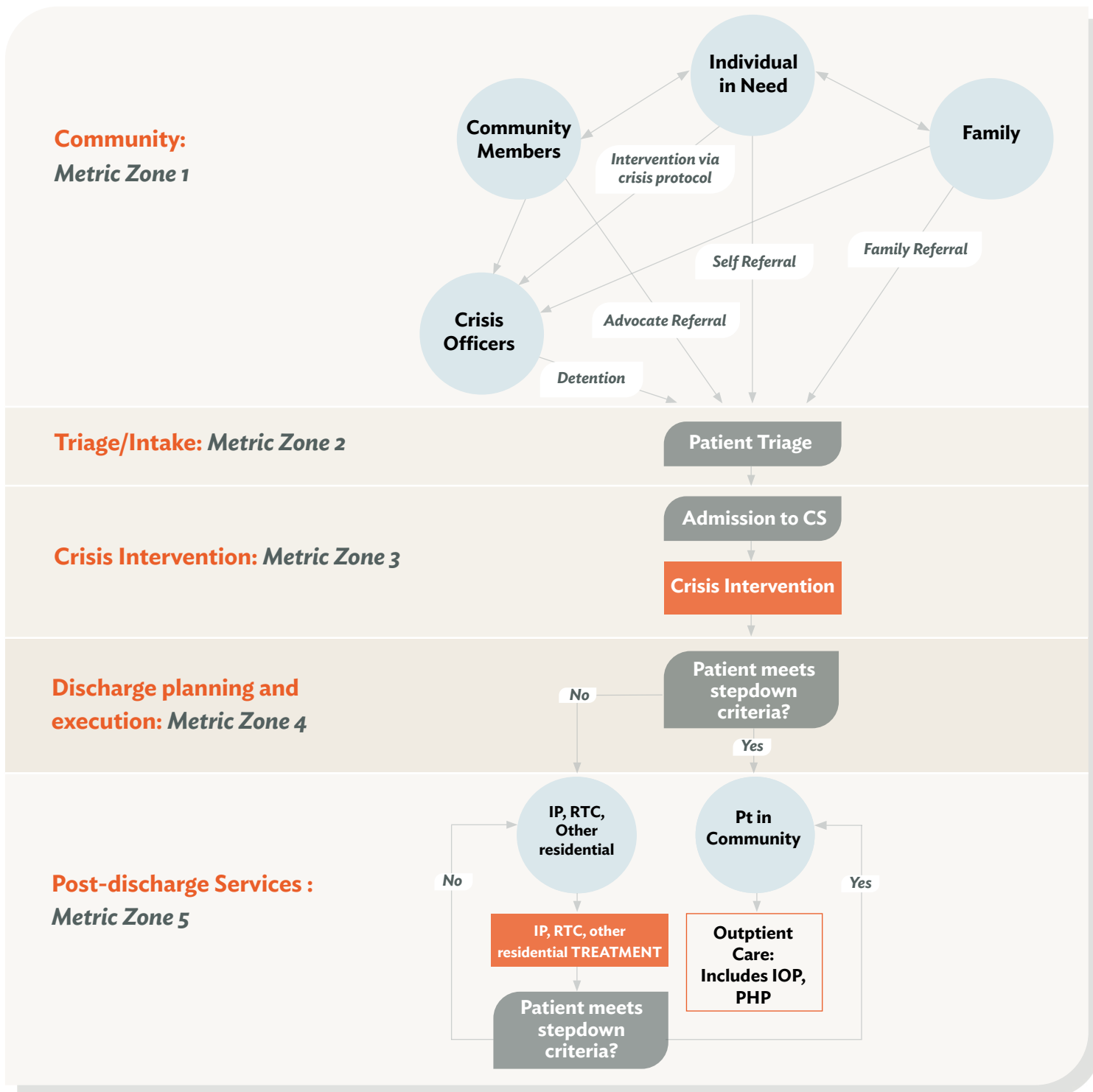
For optimal performance, crisis systems should employ a “balanced scorecard” approach, i.e., an approach to measuring success that tracks system performance across a combination of different types of metrics. This brief report provides a framework for developing a set of metrics.





II. A Conventional Framework for Crisis Metrics

Health care delivery has been distinctly late in adopting foundational human engineering principles to ensure quality outcomes. An objective view of current crisis service outputs, outcomes, gaps and best practices is a critical starting point for most communities. Whether enhancing crisis services or designing them “from scratch,” many funding streams, political pressures and community factors must be considered. In this section, we’ll use a workflow engineering orientation to broadly define the organizational and treatment inputs that support optimal patient outcomes.





Five distinct zones along the workflow display critical data groupings:



Community: Is the community aware of crisis services, and can they use the services easily?



Triage/intake: Does the triage function facilitate efficient entry into the appropriate intervention?



Crisis intervention: Is the intervention effective and expertly tailored to the patient's condition and circumstance?



Discharge planning and execution: Did the patient arrive at the post-crisis service venue safe, without delay in service continuity, and able to participate in the services of the new venue?



Post-discharge services (*This metric lays the groundwork for local health system adequacy determinations*):

- Are the available **service slots adequate** for the volume of crisis service discharge referrals?
- Is the **service intensity** array optimal for patient outcomes post-discharge from crisis services?
- Are **specialized services** available to facilitate optimal outcomes for crisis service patients post-discharge?

Metrics are also categorized and sorted:



Structural components and metrics include traditional infrastructure such as buildings/space, software, computers and space configuration. "Structural" also describes key functional areas with role-based accountabilities.



Process engineering and metrics refer to the design of workflows and automatic inputs as well as rapid, expert exception recognition and management.



Outcomes metrics refer to well-chosen, critical-to-success service result measures. Outcomes can be standalone items that are considered critical to the crisis program. The following categories are used to distinguish the types of outcomes commonly measured:

- **Clinical:** *Did both objective and subjective signs of the clinical condition(s) improve?*
- **Satisfaction:** *Did [stakeholder] find crisis services to be [positive attribute]?*
- **Efficiency:** *Were there fewer steps, transitions, later hospitalizations because of the service?*



III. Person-Centered Approach to Crisis Metrics

Crisis system metrics must look at the performance of the entire crisis system, as well as the performance of each individual service process or component. While they may follow the more conventional structure already described, there is a strong argument that measuring the quality of crisis services should be based on the experience of primary and secondary customers: the people served, their families and loved ones, first responders and other service providers with whom the crisis system collaborates.

By framing metrics from the customer’s perspective, the crisis system’s performance can be aligned with the values described by service recipients, as described in Table 1, which uses the mnemonic ACCESS TO HELP to describe a core set of measurement concepts that can guide metric development.

Table 1. When I (or the person I am involved with) experience a mental health or substance use crisis, I (we) experience ACCESS TO HELP.

	Value	Meaning	Examples
A	Accessible/ Affordable	I am welcomed wherever I go. I am not turned away.	<ul style="list-style-type: none"> Percentage of help-seekers who receive appropriate care vs. all who have sought care. Percentage of persons seeking care who are turned away due to lack of coverage vs declined due to not being able to afford care.
C	Collaborative	Helpers work in partnership with me, my family, my caregivers, and other responders.	<ul style="list-style-type: none"> The programs assess consumer/family satisfaction surveys and/or net promoter scores.
C	Comprehensive	I get help for all my issues that are part of the crisis.	<ul style="list-style-type: none"> Access to medical screening. Able to treat co-occurring substance use disorder (SUD), intellectual/developmental disorder (I/DD), etc.
E	Equitable	The quality of services I receive are not affected by my race, ethnicity, gender, sexual orientation, etc.	<ul style="list-style-type: none"> Stratify outcome metrics (e.g., return to crisis centers, access to care) by race/ethnicity and other key demographics (e.g., ZIP code). What percentage of poor outcomes are disproportionately influenced by performance in underrepresented populations?
S	Safe	My experience of help is safe and not harmful. I am never traumatized by asking for help.	<ul style="list-style-type: none"> What percentage of individuals presenting in crisis end up injured, hurt or killed while doing so?
S	Successful	The care I receive meets my needs.	<ul style="list-style-type: none"> Readmission rates. Symptom reduction.



	Value	Meaning	Examples
T	Timely	I get help quickly enough to meet my needs.	<ul style="list-style-type: none"> • Time to intervention (e.g., call answer times, mobile dispatch times, facility door-to-doctor times). • Abandonment rate (e.g., call abandonment, left without being seen, etc.). • Lag time between seeking care and receiving care.
O	Ongoing	I receive help to move from my crisis situation to ongoing support that wrap around me to help me thrive.	<ul style="list-style-type: none"> • Successful linkage to continuing care at adequate intensity: 3-, 7-, 30-, 60-, 90-day follow up.

	Value	Meaning	Examples
H	Hopeful	I am helped to feel more hopeful, and I make better decisions as a result.	<ul style="list-style-type: none"> • Decrease in suicide, violence, self-harm. • Personal Outcome Measures (POMS).
E	Engaging	I am treated as a valuable customer, with respect and dignity.	<ul style="list-style-type: none"> • Complaints, adverse incidents, escalation.
L	Least Intrusive	I receive help in a place that is designed to meet my needs.	<ul style="list-style-type: none"> • Avoidance of inappropriate emergency department use or arrest diversion, voluntary conversion.
P	Publicized	I know who to call and/or where to go.	<ul style="list-style-type: none"> • Information about call lines and walk in centers, increased use of 988 vs. 911.



IV. How to Select Crisis System Metrics

Given that every system is different and has its own values, and because crisis systems involve multiple systems and stakeholders, it is essential to begin by developing consensus in defining the system's values and desired outcomes. A useful process for building consensus follows:

- Convene a stakeholder group composed of all users (providers, payers, service users and their families, law enforcement, emergency medical services, hospital systems, crisis workers, call center leads, mental health system leads).
- Define and memorialize the system's values, goals and intended results. These will serve as a foundation and framework for the system's definition of quality benchmarks.
- Determine component pieces of the system.
- Determine optimal operational flow through the system. (Logic models can be very effective here.)
- Assess current gaps. (Process maps, such as Ishikawa charts, also called fishbone diagrams, can be very helpful in this regard.)
- Define success and agree on how it is to be measured. Goals and intended results should be specific, measurable, actionable, realistic and time-bound (SMART).

For example, in Philadelphia's crisis system redesign, the stated values for the system include:



Reducing trauma. Relevant metrics include the rate of law enforcement involvement in behavioral health crisis situations and the use of coercive treatment (e.g., involuntary commitment).



Achieving equity. Relevant measures include tracking disparity at all levels in the system.



Increased crisis resolution in the community. Relevant metrics include call center metrics such as call answer rate, percentage of calls resolved by speaking with a counselor, rates of referral to community mental health services such as, mental health outpatient services.



Mobile team-specific metrics. These include timeliness, as measured by the time from dispatch to engagement of the individual on the scene. Other relevant metrics include the number of dispatches that result in a resolution of the crisis as compared to those that result in referral to a higher level of care.



Crisis Center Metrics. These reflect the value of reducing trauma and resolving crises at the least-restrictive level of care. They include facility door-to-care time, average length of stay and rates of referral to higher-level services such as inpatient care.



Increased individual, family, community satisfaction with crisis response: Relevant metrics include the percentage of service users who rate services as being at least satisfactory (i.e., 3 on a 5-point Likert scale).



CASE EXAMPLE: CALL CENTER METRICS

Systems that value crisis resolution in the community might choose to engage individuals in crisis by phone. Evidence suggests that up to 80% of crises can be resolved telephonically. Such systems might choose to track metrics such as call type, frequency, answer rate and approximate measures of acuity such as call duration and outcome. Paired with quality assessment processes such as randomized review of recordings, this set of call-related metrics would permit that system to track the functioning of the system's telephonic resolution of crisis calls.

V. How metrics inform CQI and Plan-Do-Study-Act (PDSA) cycles

Implementing quality improvement begins with stakeholders' consensus on chosen metrics. Next steps include collecting and sharing metrics, selecting members of the quality committee, determining quality improvement methodology, piloting interventions to improve performance and reviewing pilot results.

Methods for obtaining and calculating metrics need to be transparent and communicated to all stakeholders in a timely manner. For metrics involving the wider crisis system, members of the quality committee should represent all involved services, such as first responders, mobile crisis services, crisis centers, inpatient providers, outpatient providers and care transition providers, among others. It should also include key staff, such as psychiatrists and medical directors, content experts and those doing the work at the ground level. Reviews of metrics should occur at a frequency that supports sound patient care and timely piloting of corrective interventions.

Although one type of quality improvement methodology is not superior to any other, sustained focus on the goal of improved care and a multi-dimensional analysis of root causes — before jumping to conclusions or corrective actions — is essential. In addition, the system may need to validate the quality of the metrics, collect new metrics and/or review individual charts to clarify the source of the problem.

A deeper discussion of using crisis services metrics to improve system performance (both for individual crisis programs and the system as a whole) will be addressed in a subsequent publication from this group.



VI. Complexity in Measurement

Crisis services are among the most intersectional areas of health care, with interfaces between emergency and mental health specialty call centers, emergency medical services, mobile crisis teams, police and jails, and many other agencies.

Determining how well we are serving our clients goes beyond defining metrics using existing data — we must consider novel approaches to linking data systems to strengthen informatics opportunities. Measuring the performance of a crisis system requires a robust ability to share, aggregate and manage information across multiple types of providers. Best practices for linkages include matching along key identifiers (name, date of birth, social security number), though these data are rarely collected in full by call centers. Therefore, systems need to implement call-specific IDs that bridge data systems to facilitate retrospective linkages that can traverse call center, mobile unit, health system and criminal justice data systems. Fortunately, recent and pending changes to HIPAA, Office of the National Coordinator for Health Information Technology (ONC)/Centers for Medicare & Medicaid Services (CMS) interoperability and 42 CFR part 2 and the common expanded permissions when the episode of care is an emergency make sharing information more feasible and efficient.

Such approaches allow for going beyond performance measures like response times and get into more meaningful process measures (e.g., post-crisis routine care utilization, post-crisis acute/crisis care reutilization, post-crisis arrest/jail entry, etc.) as well as actual outcomes (all-cause morbidity/mortality, housing status, patient-reported outcomes).

Interpreting such measures can be a complex task. Reutilization, for example, may be interpreted as a negative outcome since the crisis service was unable to divert from higher intensity care settings, but post-crisis acute service utilization for appropriate reasons (e.g., worsening symptoms, risky behaviors) should be encouraged. There is need to understand at a population level what a “reasonable” benchmark rate is for these key process outcomes. Furthermore, service providers may adopt practices akin to cherry-picking, in which certain groups are excluded from engaging with services; these practices can be accounted for in measurement with strategies such as risk adjustment.

Finally, equity must be an essential aim for crisis services measurement. To understand potential disparities in delivery of crisis care, it is necessary to routinely collect relevant demographic data such as gender identity, sexual orientation, race, ethnicity and language preferences. Reporting of metrics outcomes should be stratified by sub-groups to allow for identification of disparities and, when found, monitoring should ensure that remedies are effective at advancing equity in service delivery.

VII. Conclusion

Measuring the quality of care in crisis systems is no easy task. Fortunately, multiple approaches are available to systems that seek to ensure high-quality, person-centered, equitable delivery of crisis care. Whether using conventional or more person-centered approaches, systems can benefit from overcoming barriers to measurement and ensuring that they are employing CQI practices to improve crisis care for all.





VIII. Contributors from MDI Crisis Services Subcommittee

Matthew Goldman, MD (co-chair)

San Francisco Department of Public Health

Sosunmolu Shoyinka, MD (co-chair)

Department of Behavioral Health and Intellectual Disability Services

Brian Allender, MD

Behavioral Health and Recovery Division of King County

Margie Balfour, MD, PhD

Connections Health Solutions

Jeffrey Eisen, MD, MBA

Behavioral Health Network at MultiCare Health System

Ken Hopper, MD, MBA

Texas Christian University

Ken Minkoff, MD

Zia Partners, Inc.

Joe Parks, MD

National Council for Mental Wellbeing

Angela Pinheiro, MD

Community Mental Health of Central Michigan

Daniel Rosa, MD

Acacia Network

Billina Shaw, MD, MPH, FAPA

Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services

For more information, to request technical assistance, consulting or to contact the Crisis Services Subcommittee, please email communications@thenationalcouncil.org.



North Sound BH-ASO Annual Compliance Report

2022

Program Integrity

Prepared by Charles DeElena 3/2/2023

**NORTH SOUND BEHAVIORAL HEALTH
ADMINISTRATIVE SERVICES ORGANIZATION**

2021 East College Way, Suite 101 Mount Vernon, WA 98273
360.416.7013|800.864.3555|F: 360.899.4754

www.nsbhaso.org

North Sound Annual Compliance Report

2022

Table of Contents

Executive Summary	3
Data and Analysis.....	3
Compliance Training	3
Compliance Cases	4
Compliance Case Trend	4
Compliance Case Reported By	5
Compliance Case Reason	6
Compliance Hotline and Email Use	7
2022 Program Updates	7
Policies, Procedures, and Standards of Conduct.....	7
Compliance Officer and Compliance Committee	7
Compliance Training and Education	7
Effective Lines of Communication	8
Monitoring and Auditing.....	8
Discipline Guidelines.....	8
Investigation Process	8

North Sound Annual Compliance Report

2022

Executive Summary

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

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

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

2022 represented the third full calendar year in which North Sound BH-ASO operated as an administrative services organization. Since beginning operations as an ASO there has been a substantial decrease in network oversight for the organization. All concerns regarding Medicaid funded services are to be sent to the Managed Care Organization (MCO) responsible for providing the funding. The responsibilities of North Sound BH-ASO are outlined in contract with the Health Care Authority (HCA) and represent the updated responsibilities of an ASO in an integrated system.

Data and Analysis

Compliance Training

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

2022 Compliance Training

	North Sound BH-ASO Staff	Provider Agencies	North Sound BH-ASO BOD
Number to be Trained	23	28	23
Number Trained	23	22	16
Percentage Trained	100%	79%	70%

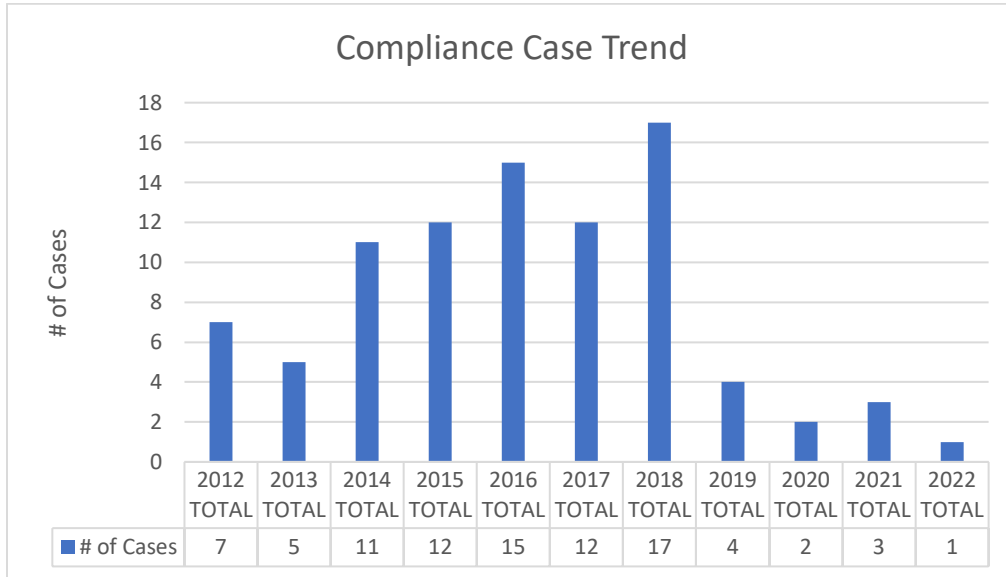
The expectation for conducting compliance training is 100% compliance annually. North Sound BH-ASO staff are at 100% compliance and will therefore need no action to be taken. Since provider agencies are at 79% compliance North Sound BH-ASO will need to implement corrective action with those agencies that did not provide training for 2022 as a condition of their contract. The remaining seven (7) members of the North Sound BH-ASO BOD will need to receive training as soon as possible to ensure compliance.

North Sound Annual Compliance Report 2022

Compliance Cases

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

Compliance Case Trend

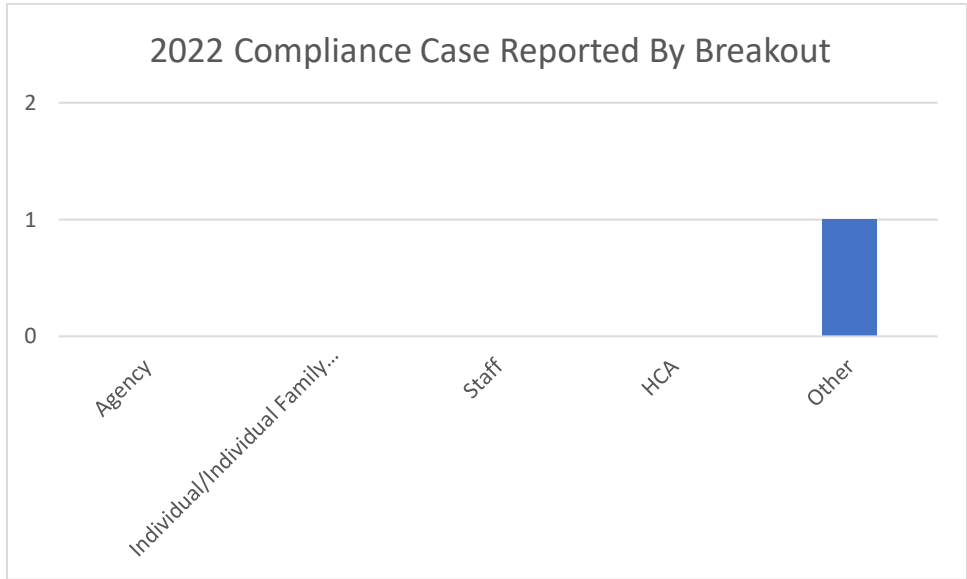


The graph above shows the compliance case trend from 2012 through 2022. In the last four (4) years there has been a significant decrease in the number of cases reported or investigated by the North Sound BH-ASO Compliance Officer. The change in reporting mirrors the shift to integrated managed care in July 2019. When this change occurred the level of oversight for behavioral health services provided in the region shifted to the Managed Care Organizations (MCOs). North Sound BH-ASO does not provide oversight for Medicaid funding and does not receive the number of reports for potential compliance concerns as it had in previous years.

North Sound Annual Compliance Report

2022

Compliance Case Reported By

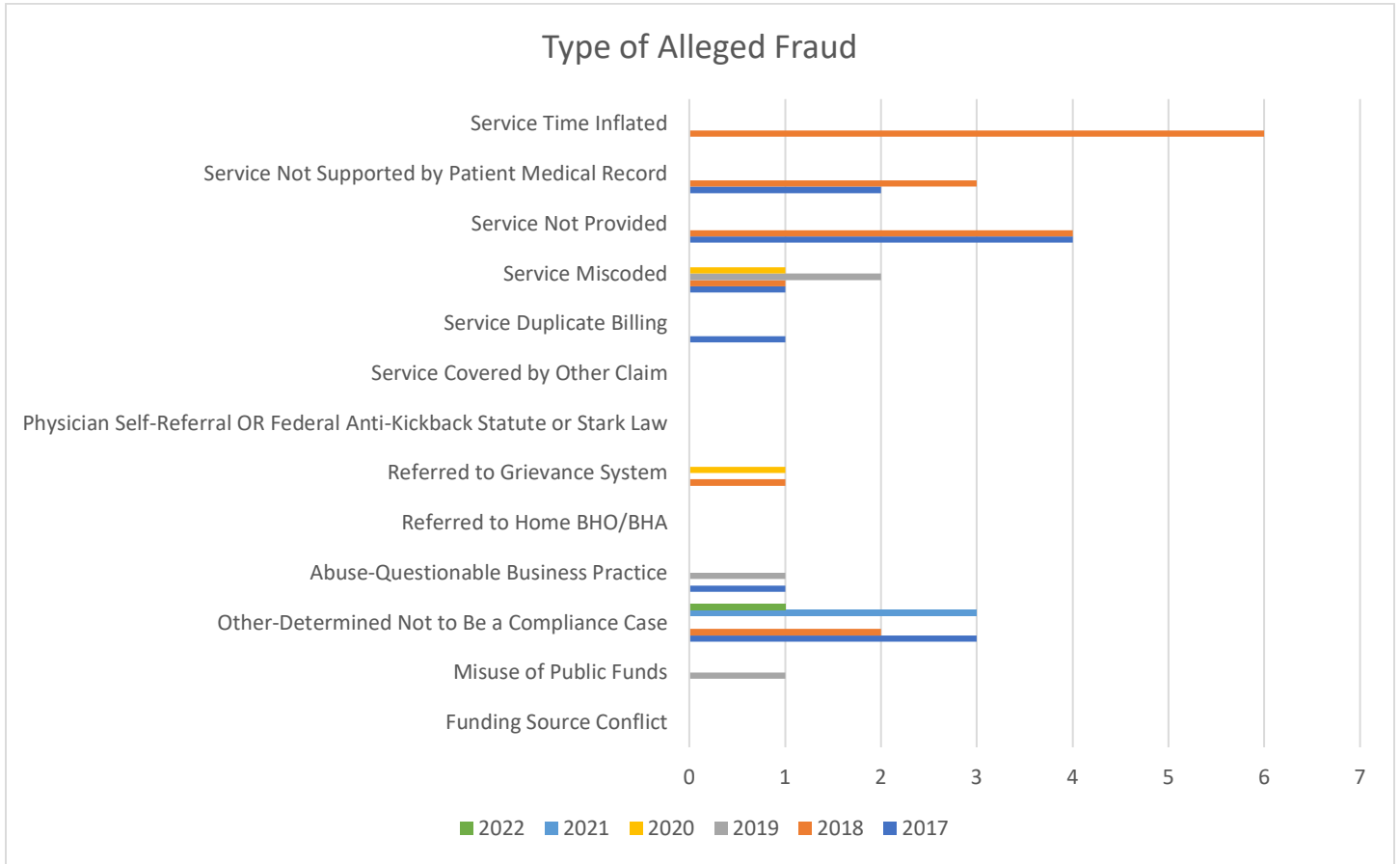


North Sound BH-ASO received one (1) reported compliance concern in 2022. The one (1) was reported by system advocates that had concerns with a particular agency’s use of funds. Staff reporting has been the primary reporting source for the past five (5) years. As staff conduct reviews and provide oversight monitoring for their programs, they may uncover concerns that are brought to the Compliance Officer.

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

North Sound Annual Compliance Report 2022

Compliance Case Reason

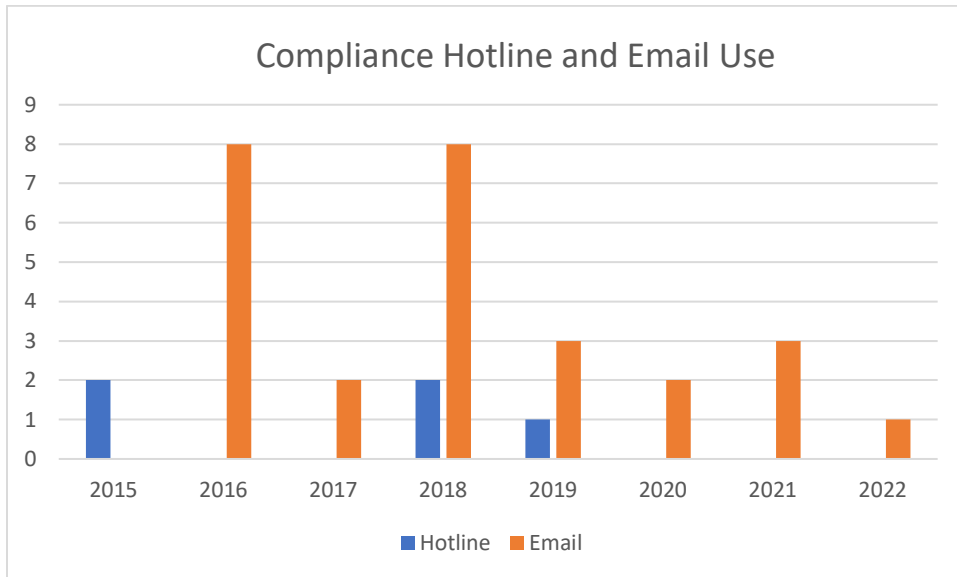


The graph above outlines the compliance case reasons for the past six (6) years. In 2022 there was one (1) case that fell primarily under the purview of contract adherence. Traditionally most cases reported have to do with service intensity and service provision. These were typical reasoning codes during the time of the Behavioral Health Organization (BHO) as Medicaid had strict guidelines on accurate billing and coding.

North Sound Annual Compliance Report

2022

Compliance Hotline and Email Use



The graph above outlines how reports are made to the Compliance Officer. The Compliance Program advertises two (2) main reporting streams for individuals, providers, and staff to use to report compliance concerns. The Compliance Hotline and Compliance Officer Email are the two (2) main avenues for reporting compliance concerns. The Compliance Officer will also receive concerns in person, through fax, or through written mail. All of the cases reported in 2022 were reported through the Compliance Officer Email. Having the ability to report through multiple mediums allows for an open-door approach to receiving compliance concerns.

2022 Program Updates

Policies, Procedures, and Standards of Conduct

North Sound BH-ASO had no policy changes during 2022. North Sound BH-ASO did not institute any new policies regarding Program Integrity in 2022.

North Sound BH-ASO will review and update, as necessary, the North Sound BH-ASO Program Integrity Plan and standards of conduct in 2023.

Compliance Officer and Compliance Committee

In 2022 there was no change to either the North Sound BH-ASO Compliance Officer or Compliance Committee. The North Sound BH-ASO Compliance Officer maintained certification as a Certified in Healthcare Compliance (CHC) professional in 2022 to represent a significant step in ensuring an effective Program Integrity program is in place. The North Sound BH-ASO Internal Quality Management Committee (IQMC) continues to serve as the Ethics and Compliance Committee for the organization.

Compliance Training and Education

North Sound BH-ASO is responsible for conducting annual compliance training to all staff and Board of Directors members to ensure they are up to date as to their role in reporting potential violations and how to identify issues of concern. There is an expectation to have 100% participation in the training annually. During 2022 it was difficult to get 100% participation by Board of Directors members due to competing priorities. North Sound BH-ASO will work with those members that did not complete the training to provide an alternative method in Quarter 1, 2023.

North Sound Annual Compliance Report

2022

North Sound BH-ASO provider agencies are required to submit an annual attestation stating they conducted compliance training with all of their staff. They are also required to keep records of the training in case an audit was to occur. Those agencies that did not submit the attestation will be placed in corrective action for non-compliance in Quarter 1, 2023.

Effective Lines of Communication

North Sound BH-ASO continues to have an open-door policy when it comes to reporting issues of concern for compliance. The North Sound BH-ASO Compliance Officer is available by phone, email, in person, or anonymous hotline. In 2022 there was one (1) case reported through the Compliance email. Due to the low number of cases, it is difficult to determine if the multiple mediums for reporting is effective. North Sound BH-ASO continuously promotes the use of the Compliance Hotline and email through the monthly provider bulletin in addition to the North Sound BH-ASO website. In 2023 the Compliance Officer will determine if further marketing of reporting methods is necessary.

Monitoring and Auditing

North Sound BH-ASO is on a bi-annual audit cycle and conducted a Program Integrity Audit on its three (3) contracted crisis providers in 2022. This included a review of their Compliance Program policies and procedures, a review of their monthly conducting of exclusionary checks, a review of their training documents, and a review of adherence to the seven (7) elements of an effective compliance program. These reviews required a submission of documents and a review of personnel files.

At the conclusion of all three (3) crisis provider reviews, North Sound BH-ASO determined that each agency was 100% compliant with the standards outlined in the North Sound BH-ASO Program Integrity review tool. Each agency had the opportunity to address any concerns noted during the review and did so prior to concluding the audit.

North Sound BH-ASO also conducts monthly exclusionary checks on all staff members, contractors, and vendors to ensure they are eligible to participate in the receipt of Federal and State funds. Throughout 2022 North Sound BH-ASO identified several potential matches but verified each individual to not be a match using personal identifiable information. North Sound BH-ASO providers are required to conduct monthly exclusionary checks on all of their employees and submit an attestation to the North Sound BH-ASO Compliance Officer. Any provider that does not submit their attestation for three (3) consecutive months is placed in remedial action.

North Sound BH-ASO will be conducting an updated risk assessment in 2023 to ensure we are adapting to newly identified threats. New consideration must be given for the change in funding due to the integration and the risk of working remotely due to the COVID-19 pandemic.

Discipline Guidelines

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

Investigation Process

The investigation process is outlined in the Program Integrity Plan and Policy 2001.00. These processes delineate the role of the North Sound BH-ASO Compliance Officer, Ethics and Compliance Committee, and HCA. The process in 2022 has not changed from previous years. The overall process will continue to be reviewed as updates come through North Sound BH-ASO contracts with HCA.



Advisory Board Brief

March 7, 2023

The Advisory Board met on March 7, and the following items were discussed:

— Advisory Board

- It was determined to continue with site visits. Depending on possible agency COVID restrictions, some agencies will not be able to have site tours.
- Members discussed possible themes for the community Visual Art and Poetry contest. Targeted population will be adult and youth.
- The Advisory Board Retreat will be held May 2nd, 2023. Location and facilitator are being researched. Ad Hoc Committee will be formed to create the retreat agenda.
- Members were encouraged to participate in the quarterly check in meeting with North Sound BH-ASO Leadership and HCA leadership on March 14. Members that are interested are Alan and Michele.
- Margaret attended to offer interest to members in serving on the Advisory Committee regarding the new residential treatment facility north. Members that are interested to serve are Rose, Michele, Pat, and Alan.

— Executive Director

- The Executive Director reported on
 - Legislative Update
 - Quarterly Check In Meeting with HCA Leadership
 - Crisis Services Update
 - 2022 North Sound Crisis Services Assessment
- The Action Item was passed and recommended to the Board of Directors for approval.

— Finance/Executive Committee

— The February Expenditures were passed and recommended to the Board of Directors for approval.

— **Advisory Board Resignation and Membership**

- Island County - No. Appointees 3/Target 2
 - 1 vacancy
- San Juan County – 3 vacancies/target 1
- Skagit County – 2 appointed/target 2
 - 2 vacancies
- Snohomish County – No. Appointees 5/Target 7
 - Newly appointee Mena Pebbles
 - 4 vacancies
- Whatcom County – 6 appointed/target 4
 - No vacancies

North Sound Behavioral Health Administrative Services Organization March 9th, 2023, Board of Directors Financial Notes

HIGHLIGHTS

1. The Budget to Actuals Looks pretty good. Our state funds are showing a large positive variance partially due to the 7% rate increase, this will slowly decrease until July when we get our annual proviso payments. Most of the large positive expense variances are due to programs not running yet. As a note we have received our ARPA funding budget which basically replaces the Covid block grant funds, the percentage has shifted more towards Mental Health and decreased the SABG allocation.
2. The Revenue and Expense statement is showing slight loss at the end of February, I think this is mainly related to some late MCO payments including some retro adjustment amounts we are expecting. I finished the 12/31/22 R&E report for the State, that analysis shows that most of our State fund balance is tied to Proviso dollars, our available fund balance increased from \$4,863,981.65 to \$5,867,801.05 mostly due to using more block grant and moving some Proviso dollars over that we earned through deliverables. Our Minimum Reserve requirement is \$3,090,242.00.
3. The one thing to note is the Medicaid fund balance, I adjusted it to the R&E balance at 12/31/22. I would guess that at this point the Medicaid fund balance is a lot closer to running even but we had an extra crisis billing this month and are still waiting to receive a couple of missing payments.
4. This month we added a worksheet showing the January to June projections. The main thing of note is that we are projecting an increase to our GFS fund balance which is partly due to our 7% rate increase. We project a GFS fund balance of \$8,103,099 at the end of June.

NOTES

1. We are presenting the financial statements for February 2023 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.

<u>REVENUES</u>	YTD		YTD	Variance
	2023	2023	2023	Favorable
Intergovernmental Revenues	Budget	Budget	Actual	(Unfavorable)
HRSA	\$ 333,333	55,556	0	(55,556)
MHBG	2,458,494	409,749	388,286	(21,463)
SABG	4,679,433	779,905	589,901	(190,004)
State Funds	27,132,680	4,522,113	4,755,234	233,121
Medicaid (MCO)	8,751,820	1,458,637	1,214,825	(243,811)
Total Intergovernmental Revenues	43,355,760	7,225,960	6,948,246	(277,714)
Misc. Revenue **	0	0	12,525	12,525
Interest Revenue	10,000	1,667	22,106	20,440
TOTAL REVENUES	\$ 43,365,760	\$ 7,227,627	\$ 6,982,877	\$ (244,749)

Missing a couple payments

EXPENDITURES

Inpatient Treatment	\$ 1,550,000	258,333	\$ 14,622	243,711	Received a large refund
ITA Judicial	2,700,000	450,000	403,477	46,523	
Crisis Services	13,107,246	2,184,541	2,620,669	(436,128)	Some late billings
Crisis Teams - Children & Youth	2,034,097	339,016	0	339,016	
Co-Responder	972,456	162,076	77,453	84,623	
MH Crisis Stabilization	1,950,000	325,000	355,191	(30,191)	
E&T Services	1,340,000	223,333	190,793	32,540	
E&T Discharge Planner	107,294	17,882	43,063	(25,180)	
Jail Services	367,536	61,256	52,061	9,195	
PACT Services	1,032,564	172,094	141,853	30,241	
Assisted Outpatient Treatment	236,844	39,474	0	39,474	
Trueblood	223,944	37,324	90,816	(53,492)	
BH Enhancement Funds	779,188	129,865	42,184	87,681	
HOST	1,205,100	200,850	192,085	8,765	
Peer Bridger	240,000	40,000	57,514	(17,514)	
MHBG Expenditures ***	511,644	85,274	192,397	(107,123)	Late PATH billings
HARPS Housing	616,440	102,740	162,315	(59,575)	
DOC Housing	1,366,830	227,805	339,100	(111,295)	
DMA County Contracts	581,292	96,882	105,616	(8,734)	
Recovery Navigator	2,541,340	423,557	371,350	52,207	
Opiate Dependency Outreach	816,632	136,105	137,546	(1,440)	
PPW Housing Support Services	492,038	82,006	105,286	(23,279)	
SABG Expenditures ****	1,616,767	269,461	194,373	75,089	
Withdrawal Management	1,358,000	226,333	216,517	9,816	
HRSA	301,416	50,236	59,351	(9,115)	
Juvenile Drug Court	139,800	23,300	33,570	(10,270)	
Other MH Services *****	513,008	85,501	184,212	(98,710)	Increased outpatient serv
Other SUD Services	238,017	39,670	19,676	19,993	
Advisory Board	19,996	3,333	182	3,150	
Subtotal - Services	38,959,488	6,493,248	6,403,270	89,978	
Administration	4,406,272	734,379	822,301	(87,923)	
TOTAL EXPENDITURES	\$ 43,365,760	\$ 7,227,627	\$ 7,225,572	\$ 2,055	

Excess of Revenues Over (Under) Expenditure. \$ (242,694)

* THIS IS AN UNAUDITED STATEMENT

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

** Room Rental Fees, Tribal Conference, Salish Contract

*** Includes COVID, PATH and other FBG services. Does not include Crisis or E&T

**** Includes Peer Pathfinder and other SABG expenses. Does not include Crisis

***** Includes CORS, FYSPT, Outpatient Services, PATH match

<u>REVENUES</u>	YTD 2022 Totals	YTD 2022 Medicaid	YTD 2022 State	YTD 2022 MHBG	YTD 2022 SABG	YTD 2022 HRSA
Intergovernmental Revenues						
HRSA	0					-
MHBG	388,286			388,286		
SABG	589,901				589,901	
State Funds	4,755,234		4,755,234			
Medicaid (MCO)	1,214,825	1,214,825				
Total Intergovernmental Revenues	6,948,246	1,214,825	4,755,234	388,286	589,901	0
Misc. Revenue **	12,525		12,525			
Interest Revenue	22,106		22,106			
TOTAL REVENUES	\$ 6,982,877	\$ 1,214,825	\$ 4,789,865	\$ 388,286	\$ 589,901	\$ -

EXPENDITURES

Inpatient Treatment	\$ 14,622		\$ 14,622			
ITA Judicial	403,477		403,477			
Crisis Services	2,620,669	1,455,790	1,017,865		147,015	
Crisis Teams - Children & Youth	0		0			
Co-Responder	77,453			52,877	24,576	
MH Crisis Stabilization	355,191		232,126	123,065		
E&T Services	190,793		190,793			
E&T Discharge Planner	43,063		43,063			
Jail Services	52,061		52,061			
PACT Services	141,853		141,853			
Assisted Outpatient Treatment	0		0			
Trueblood	90,816		90,816			
BH Enhancement Funds	42,184		42,184			
HOST	192,085		192,085			
Peer Bridger	57,514			57,514		
MHBG Expenditures ***	192,397			192,397		
HARPS Housing	162,315		162,315			
DOC Housing	339,100		339,100			
DMA County Contracts	105,616		105,616			
Recovery Navigator	371,350		371,350			
Opiate Dependency Outreach	137,546				137,546	
PPW Housing Support Services	105,286				105,286	
SABG Expenditures ****	194,373				194,373	
Withdrawal Management	216,517		150,963		65,554	
HRSA	59,351					59,351
Juvenile Drug Court	33,570		33,570			
Other MH Services *****	184,212		184,212			
Other SUD Services	19,676		19,676			
Advisory Board	182		182			
Subtotal - Services	6,403,270	1,455,790	3,787,929	425,853	674,348	59,351
Administration	822,301	186,951	627,728			7,622
TOTAL EXPENDITURES	\$ 7,225,572	\$ 1,642,741	\$ 4,415,657	\$ 425,853	\$ 674,348	\$ 66,973
Net Income	\$ (242,694)	\$ (427,915)	\$ 374,208	\$ (37,567)	\$ (84,447)	\$ (66,973)

Beginning Fund Balance 12/31/22	15,064,689	30,506	15,928,915	(187,767)	(653,818)	(53,147)
Ending Fund Balance	14,821,994	(397,409)	16,303,123	(225,334)	(738,265)	(120,120)
Flexible GFS balance at 12/31/22			5,867,801			

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

* THIS IS AN UNAUDITED STATEMENT

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

** Room Rental Fees, Tribal Conference, Salish Contract

*** Includes COVID, PATH and other FBG services. Does not include Crisis or E&T

**** Includes Peer Pathfinder and other SABG expenses. Does not include Crisis

***** Includes CORS, FYSPT, Outpatient Services, PATH match

NORTH SOUND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICE ORGANIZATION
PROJECTED REVENUE and EXPENSE STATEMENT for JANUARY to JUNE 2023*
BUDGET TO ACTUALS

REVENUES	2023	YTD	YTD	Variance
	Budget	Budget	Actual	(Unfavorable)
Intergovernmental Revenues				
HRSA	\$ 333,333	166,667	208,827	42,161
MHBG	2,458,494	1,229,247	1,327,274	98,027
SABG	4,679,433	2,339,716	2,307,120	(32,596)
State Funds	27,132,680	13,566,340	13,194,367	(371,973)
Medicaid (MCO)	8,751,820	4,375,910	4,277,847	(98,063)
Total Intergovernmental Revenues	43,355,760	21,677,880	21,315,436	(362,444)
Misc. Revenue **	0	0	0	-
Interest Revenue	10,000	5,000	35,777	30,777
TOTAL REVENUES	\$ 43,365,760	\$ 21,682,880	\$ 21,351,213	\$ (331,667)

EXPENDITURES	2023	YTD	YTD	Variance
	Budget	Budget	Actual	(Unfavorable)
Inpatient Treatment	\$ 1,550,000	775,000	\$ 621,088	153,912
ITA Judicial	2,700,000	1,350,000	1,052,660	297,340
Crisis Services	13,107,246	6,553,623	6,314,319	239,304
Crisis Teams - Children & Youth	2,034,097	1,017,048	0	1,017,048
Co-Responder	972,456	486,228	114,034	372,194
MH Crisis Stabilization	1,950,000	975,000	1,004,011	(29,011)
E&T Services	1,340,000	670,000	582,375	87,625
E&T Discharge Planner	107,294	53,647	99,634	(45,987)
Jail Services	367,536	183,768	157,864	25,904
PACT Services	1,032,564	516,282	313,930	202,352
Assisted Outpatient Treatment	236,844	118,422	0	118,422
Trueblood	223,944	111,972	197,720	(85,748)
BH Enhancement Funds	779,188	389,594	496,109	(106,515)
HOST	1,205,100	602,550	532,803	69,748
Peer Bridger	240,000	120,000	91,671	28,329
MHBG Expenditures ***	511,644	255,822	198,881	56,942
HARPS Housing	616,440	308,220	232,461	75,759
DOC Housing	1,366,830	683,415	1,175,501	(492,086)
DMA County Contracts	581,292	290,646	275,177	15,470
Recovery Navigator	2,541,340	1,270,670	660,292	610,378
Opiate Dependency Outreach	816,632	408,316	550,738	(142,422)
PPW Housing Support Services	492,038	246,019	181,226	64,793
SABG Expenditures ****	1,616,767	808,383	545,128	263,256
Withdrawal Management	1,358,000	679,000	766,384	(87,384)
HRSA	301,416	150,708	181,160	(30,452)
Juvenile Drug Court	139,800	69,900	90,784	(20,884)
Other MH Services *****	513,008	256,504	450,885	(194,381)
Other SUD Services	238,017	119,009	158,761	(39,753)
Advisory Board	19,996	9,998	6,787	3,211
Subtotal - Services	38,959,488	19,479,744	17,052,381	2,427,363
Administration	4,406,272	2,203,136	1,919,085	284,051
TOTAL EXPENDITURES	\$ 43,365,760	\$ 21,682,880	\$ 18,971,467	\$ 2,711,414

Excess of Revenues Over (Under) Expenditure. \$ 2,379,747

* THIS IS AN UNAUDITED STATEMENT

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

** Room Rental Fees, Tribal Conference, Salish Contract

*** Includes COVID, PATH and other FBG services. Does not include Crisis or E&T

**** Includes Peer Pathfinder and other SABG expenses. Does not include Crisis

***** Includes CORS, FYSPT, Outpatient Services, PATH match

NORTH SOUND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICE ORGANIZATION
PROJECTED REVENUE and EXPENSE STATEMENT for JANUARY to JUNE 2023*

REVENUES	YTD	YTD	YTD	YTD	YTD	YTD
	2023	2023	2023	2023	2023	2023
Intergovernmental Revenues						
HRSA	208,827					208,827
MHBG	1,327,274				1,327,274	
SABG	2,307,120					2,307,120
State Funds	13,194,367		8,672,184	4,522,183		
Medicaid (MCO)	4,277,847	4,277,847				
Total Intergovernmental Revenues	21,315,436	4,277,847	8,672,184	4,522,183	1,327,274	2,307,120
Misc. Revenue **	0	0	0	0	0	0
Interest Revenue	35,777		35,777			
TOTAL REVENUES	\$ 21,351,213	\$ 4,277,847	\$ 8,707,961	\$ 4,522,183	\$ 1,327,274	\$ 2,307,120

EXPENDITURES	YTD	YTD	YTD	YTD	YTD	YTD
	2023	2023	2023	2023	2023	2023
Inpatient Treatment	\$ 621,088		\$ 621,088			
ITA Judicial	1,052,660		986,480	66,180		
Crisis Services	6,314,319	3,385,338	1,363,221	137,190	738,878	689,693
Crisis Teams - Children & Youth	0		0			
Co-Responder	114,034				57,017	57,017
MH Crisis Stabilization	1,004,011		611,428		392,583	
E&T Services	582,375		582,375			
E&T Discharge Planner	99,634		45,987	53,647		
Jail Services	157,864			157,864		
PACT Services	313,930			313,930		
Assisted Outpatient Treatment	0		0			
Trueblood	197,720			197,720		
BH Enhancement Funds	496,109			496,109		
HOST	532,803			532,803		
Peer Bridger	91,671				91,671	
MHBG Expenditures ***	198,881				198,881	
HARPS Housing	232,461				232,461	
DOC Housing	1,175,501				1,175,501	
DMA County Contracts	275,177				275,177	
Recovery Navigator	660,292				660,292	
Opiate Dependency Outreach	550,738					550,738
PPW Housing Support Services	181,226					181,226
SABG Expenditures ****	545,128					545,128
Withdrawal Management	766,384		336,217	173,478		256,689
HRSA	181,160					181,160
Juvenile Drug Court	90,784			90,784		
Other MH Services *****	450,885		450,885			
Other SUD Services	158,761		158,761			
Advisory Board	6,787			6,787		
Subtotal - Services	17,052,381	3,385,338	5,156,443	4,569,921	1,479,030	2,280,490
Administration	1,919,085	380,988	1,316,220	187,283		34,594
TOTAL EXPENDITURES	\$ 18,971,467	\$ 3,766,325	\$ 6,472,663	\$ 4,757,204	\$ 1,479,030	\$ 2,280,490

Net Income \$ 2,379,747 \$ 511,522 \$ 2,235,298 \$ (235,021) \$ (151,755) \$ 26,631 \$ (6,926)

* THIS IS AN UNAUDITED STATEMENT

Beginning Fund Balance 12/31/22 15,064,689 30,506 5,867,801 10,061,114 (187,767) (653,818) (53,147)

Ending Fund Balance 17,444,435 542,028 8,103,099 9,826,092 (339,523) (627,187) (60,074)

* THIS IS AN UNAUDITED STATEMENT

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

** Room Rental Fees, Tribal Conference, Salish Contract

*** Includes COVID, PATH and other FBG services. Does not include Crisis or E&T

**** Includes Peer Pathfinder and other SABG expenses. Does not include Crisis

***** Includes CORS, FYSPT, Outpatient Services, PATH match

NORTH SOUND BH-ASO**Warrants Paid****February 2023**

Type	Date	Num	Name	Amount
Bill Pmt -Check	02/03/2023	558447	Bridgeways	-42,857.64
Bill Pmt -Check	02/03/2023	558465	Compass Health	-117,660.00
Bill Pmt -Check	02/03/2023	558467	Consejo Counseling	-4,098.50
Bill Pmt -Check	02/03/2023	558541	Lake Whatcom Center	-36,266.37
Bill Pmt -Check	02/03/2023	558546	Lifeline Connections	-155,268.96
Bill Pmt -Check	02/03/2023	558616	SHI	-136,002.82
Bill Pmt -Check	02/03/2023	558641	Telecare Corporation	-53,096.06
Bill Pmt -Check	02/03/2023	558648	Therapeutic Health Services	-4,342.82
Bill Pmt -Check	02/03/2023	558647	Tulalip Tribes	-6,911.14
Bill Pmt -Check	02/03/2023	558523	Valentine, Joe - Reimb	-27.60
Bill Pmt -Check	02/03/2023	558665	Volunteers of America	-29,934.00
Bill Pmt -Check	02/10/2023	558697	Access	-1,204.86
Bill Pmt -Check	02/10/2023	558724	Bridgeways	-91,096.47
Bill Pmt -Check	02/10/2023	558741	Comcast	-392.05
Bill Pmt -Check	02/10/2023	558742	Consejo Counseling	-3,418.96
Bill Pmt -Check	02/10/2023	558752	Davenport Group Inc	-424.32
Bill Pmt -Check	02/10/2023	558775	Firstline Communications (All Phase	-1,155.83
Bill Pmt -Check	02/10/2023	558799	Island County Human Services	-67,749.27
Bill Pmt -Check	02/10/2023	558825	Lake Whatcom Center	-9,000.00
Bill Pmt -Check	02/10/2023	558781	Lippman, Glenn	-4,156.25
Bill Pmt -Check	02/10/2023	558872	Morris Consulting	-700.00
Bill Pmt -Check	02/10/2023	558865	Office Depot	-70.66
Bill Pmt -Check	02/10/2023	558874	Pioneer Center	-13,761.13
Bill Pmt -Check	02/10/2023	558878	Providence-Everett	-2,449.40
Bill Pmt -Check	02/10/2023	558895	San Juan County Health & Comm. S	-16,560.12
Bill Pmt -Check	02/10/2023	558896	Sea Mar	-4,875.00
Bill Pmt -Check	02/10/2023	558920	Snohomish Co Human Services	-454,767.81
Bill Pmt -Check	02/10/2023	558924	SRS Property Management	-11,280.56
Bill Pmt -Check	02/10/2023	558933	T-Mobil	-818.73
Bill Pmt -Check	02/10/2023	558941	Tulalip Tribes	-2,172.90
Bill Pmt -Check	02/10/2023	558969	WA State Patrol	-11.00
Bill Pmt -Check	02/10/2023	558972	Whatcom Co Superior Court	-9,088.00
Bill Pmt -Check	02/10/2023	558973	Whatcom County Health Departmer	-29,224.88
Bill Pmt -Check	02/24/2023	559628	AT&T	-162.96
Bill Pmt -Check	02/24/2023	559639	Bridgeways	-69,373.78
Bill Pmt -Check	02/24/2023	559640	Brigid Collins	-10,296.43
Bill Pmt -Check	02/24/2023	559659	Community Action of Skagit Co	-42,416.12
Bill Pmt -Check	02/24/2023	559660	Compass Health	-428.00
Bill Pmt -Check	02/24/2023	559662	Consejo Counseling	-6,398.71
Bill Pmt -Check	02/24/2023	559910	Culligan NW	-43.02

NORTH SOUND BH-ASO

Warrants Paid

February 2023

Bill Pmt -Check	02/24/2023	559690	Evergreen Recovery	-147,223.44
Bill Pmt -Check	02/24/2023	559632	Fairfax Hospital	-38,463.66
Bill Pmt -Check	02/24/2023	559706	Greater Columbia BH-ASO	-937.59
Bill Pmt -Check	02/24/2023	559711	Harborview Medical Center	-5,502.70
Bill Pmt -Check	02/24/2023	559721	Island County Human Services	-2,603.86
Bill Pmt -Check	02/24/2023	559747	Lake Whatcom Center	-11,748.00
Bill Pmt -Check	02/24/2023	559753	Lifeline Connections	-40,505.98
Bill Pmt -Check	02/24/2023	559861	Maharaj-Lewis, Starleen	-105.00
Bill Pmt -Check	02/24/2023	559822	Percival/ROA Healthcare Advisors L	-12,000.00
Bill Pmt -Check	02/24/2023	559806	Providence-Everett	-678.49
Bill Pmt -Check	02/24/2023	559856	Snohomish Co Human Services	-178,281.18
Bill Pmt -Check	02/24/2023	559893	Valley Cities Counseling	-5,013.84
Bill Pmt -Check	02/24/2023	559908	WA State Ferries	-50.00
Bill Pmt -Check	02/24/2023	559915	Whatcom County Health Departmer	-17,152.63
Bill Pmt -Check	02/24/2023	IGT	Skagit County Auditor	-3,500.00
				<u>-1,903,729.50</u>
				<u>-1,903,729.50</u>
				<u>-1,903,729.50</u>



Island County Human Services

P.O. Box 5000, Coupeville, WA 98239

Summary of Proposal

Our partnership with the North Sound BH-ASO has strengthened many of our programs, thus assisting the residents of Island County. We are grateful for this partnership and appreciate the opportunity to partner again to improve quality management and care coordination with the Julota software system. We are requesting assistance with the one-time fee of \$22, 900.00 to support our start-up efforts in developing a care coordination system in our county using the Julota software platform. Our adoption of this software will be used to support our BH-ASO programs in Island County which include the Recovery Navigator Program, the Co-Responder Program, the Jail transition Program, and the Trueblood Behavioral Health Court Program. Additionally, the adoption of the software will enable us to partner with the other counties in our region, strengthening our ability to assist community members access services across the region. Whatcom County, Snohomish County, and Skagit County are also using Julota to connect resources and care management and report satisfaction with the software. Finally, Julota provides us the ability to coordinate with other county entities and partner agencies, to share referrals, collaborate, and provide quality care and long-term solutions for individuals.

North Sound BH ASO Executive Director's Report

March 9, 2023

1. LEGISLATIVE UPDATE – as of March 6, 2023

Bills Of High interest to ASOs

Bill	Title	Status
HB 1134	Implementation of the 988 behavioral health crisis response system	House Committee on Appropriations – passed February 24-referred to Rules. There is a large “striker” amendment to broaden the definition of crisis response teams to include current mobile crisis teams and co-responder teams
SB 5120	23-hour crisis relief centers	Passed by Senate and forwarded to the House
SB 5130	Assisted Outpatient Treatment	Passed by Senate and forwarded to the House
HTM House Bill 1515	Contracting and procurement requirements for behavioral health services in medical assistance programs [including network adequacy]	Passed by the House and forwarded to the Senate, Legislators continue to be interested talking about how we can identify “gaps”

Other Bills of Interest

Bill	Title	Status
1580	Creating a system to support children in crisis	Forwarded by House Rules and placed on 2 nd reading on March 1
5710	Providing access to behavioral health services to youth in rural and underserved areas	Passed by House – referred to the Senate
5440	Providing timely competency evaluation and restoration services [Trueblood]	Passed by Senate – referred to the House. The Governor's office is interested in input from the ASOs regarding the diversion provisions
1724	Workforce Bills Behavioral Health Associates	Placed on 3d reading – March 4

5189	B.H. Support Specialists	Passed by Senate-referred to House
------	--------------------------	------------------------------------

Legislative Calendar:

- **February 17 - Policy committee cutoff - house of origin**
- **February 24 - Fiscal committee cutoff - house of origin**
- March 8 - Floor cutoff - house of origin
- March 29 - Policy committee cutoff - opposite house
- April 4 - Fiscal committee cutoff - opposite house
- April 12 - Floor cutoff - opposite house
- April 23 - Sine Die

2. QUARTERLY CHECK IN MEETING WITH HCA LEADERSHIP

- The Quarterly check-in meeting with North Sound BH-ASO leadership and HCA leadership is scheduled for March 14 from 11-12.
- Both Board of Directors and Advisory Board members are welcome to participate. Please let Joe know if you have any agenda items you would like to discuss.

3. CRISIS SERVICES UPDATE

- The Weekly Crisis Capacity Indicator snapshot through February 25 is attached [Attachment 1].
- According to VOA, a relatively small number of calls to the new 988 line needed to be transferred to the Regional Crisis Line for follow up – about 20 a month in the last three months.
- In general, these lines seem to be serving a different need, and the increase in calls to the 988 line represent a different group of persons in need. The calls to the Regional Crisis Line on the other hand also continue to increase.

4. 2022 NORTH SOUND CRISIS SERVICES ASSESSMENT

- The new 2022 North Sound Crisis Services Assessment has been posted on our website at: : <https://www.nsbhaso.org/who-we-are/crisis-services>
- The Crisis Services Assessment provides a detailed analysis of the services that were provided, trends, challenges, successes, and opportunities.
- The list of “Opportunities” for 2023 includes:
 - Continue funding the expansion of crisis services to include the availability of community-based, multidisciplinary programming that meet best practice standards.
 - Fully integrate our DREI Strategic Plan into our 2023 planning for crisis services.
 - Fully operationalize our Child, Youth and Family Crisis Teams (Mobile Response and Stabilization Services – MRSS).
 - Continue to expand funding for co-responder programs embedding Behavioral Health professionals with law enforcement and first responders.

- Continue to fund Triage, Crisis Stabilization and Withdrawal Management facilities and encourage their use as a central access point for crisis services for first responders and others.
- Continue implementation of the new Collective Medical Technology data sharing platform to provide access to treatment and crisis plan information for crisis services staff.
- Continue providing care coordination and system support for our crisis agencies and other ASO funded outreach programs serving high need individuals.
- Continue to partner closely with the Department of Health (DOH) and HCA on Washington State’s 988 implementation and any future legislation for crisis services.

5. BEHAVIORAL HEALTH NEEDS ASSESSMENT – NEXT STEPS

- The March 3 meeting of the County Coordinators developed several recommendations for follow up advocacy based on the findings of the Behavioral Health Needs Assessment:
 - 1) Allow bidders to apply for a greater percentage of the capital funds needed to complete a project and to apply for additional funds in subsequent rounds of funding if needed and if the bidder can demonstrate that the additional funding will allow them to complete the project. The model that assumes that bidders can raise significant amounts of funding from other sources is no longer viable.
 - 2) Conduct more rigorous scrutiny of bidder abilities to actually complete the project they are requesting funding for. Assessment of bidder ability should include: do they have actual experience in building and operating the kind of facility they are apply for funding for, AND, do they have prior experience providing behavioral health services in the region where the project would be located.
 - 3) Conduct a broader assessment of the need for supportive housing to complement both outpatient and inpatient facilities. Consider funding more comprehensive projects combining supportive housing with both inpatient and outpatient facilities, e.g. the original model for the “Skagit Stabilization Campus”
 - 4) Develop a more regional based assessment of most critical areas of need for future funding rounds – target funding to regional needs – include counties, ASOs and providers in identifying what these needs are.
 - 5) Develop strategies to increase support for outpatient facilities including sufficient operational funding to serve more rural areas.

6. STANWOOD 90-180 DAY EVALUATION & TREATMENT CENTER

- A conditional use permit has been issued for the development of a 32 inpatient psychiatric facility in Stanwood [see Attachments 2 and 3].
- The facility is intended to serve persons who are civilly committed on 90-180 day orders. This is part of state’s plan to move civil commitment beds from Western State Hospital to the community.
- HCA will be initiating the procurement process for an operator and has asked us to assist in identifying representatives to provide input on the RFP. They are requesting technical assistance and persons with lived experience in our area.

- Several members of our Advisory Board have agreed to participate, and we will be reaching out to Snohomish County Human Services as well. We have also designated a BH-ASO clinical staff person whose role is to assist persons with transition out of Western State Hospital.

7. YOUTH INPATIENT NAVIGATOR PROGRAM

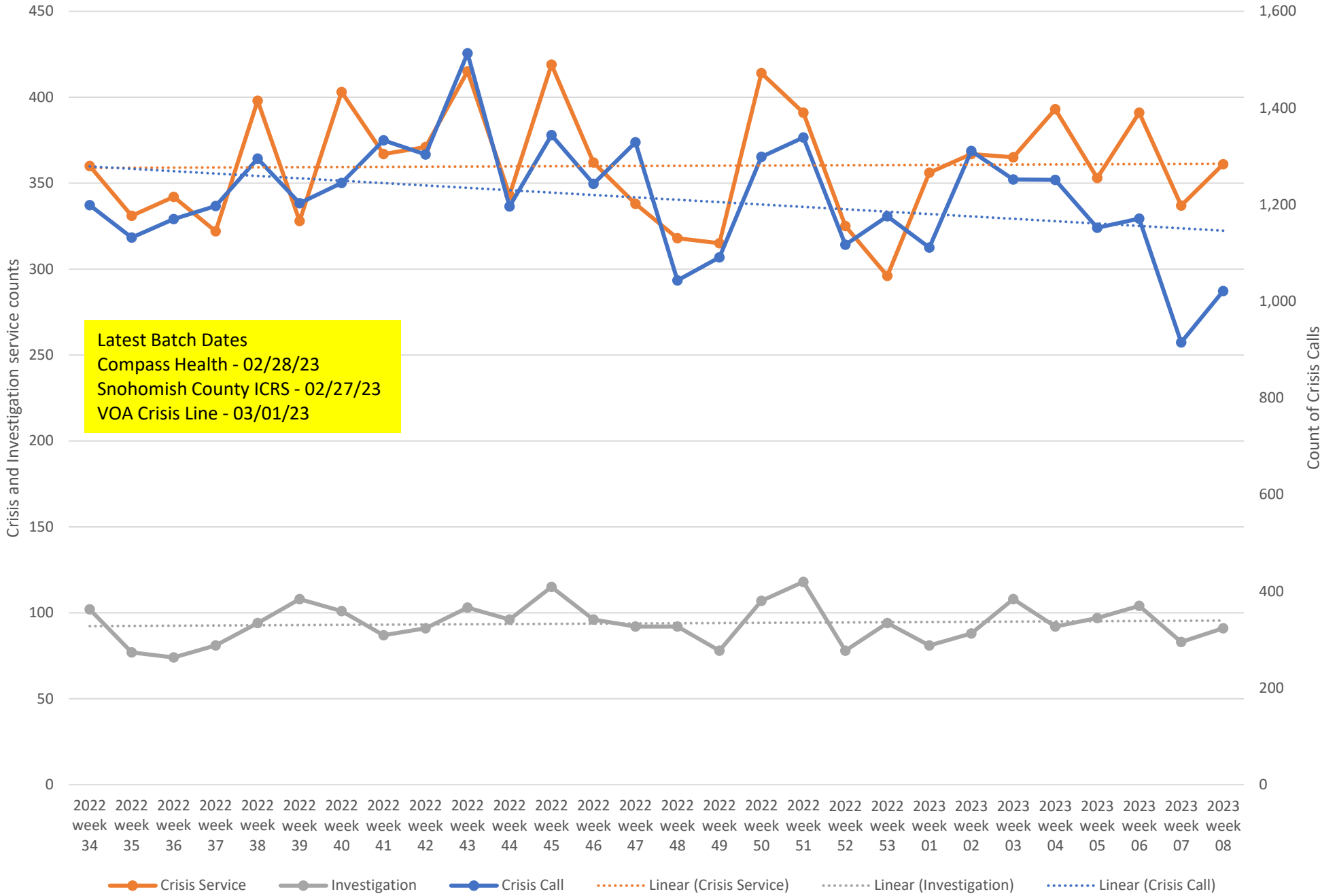
- HCA is phasing in the expansion of the “Youth Inpatient Navigator Program” funded in last year’s budget. This program establishes multi-disciplinary teams to work with youth who have been identified as in need of psychiatric hospitalization to coordinate placements or alternate treatment options.
- The program is based on a pilot in Pierce County. ASOs were given the option of implementing the program in 2022, 2023, or 2024. Along with King County we have chosen to wait until 2024 but will begin the internal planning process now. It is anticipated that the required planning can take up to a year to establish the necessary teams, stakeholder committees and referral processes.



Weekly Crisis Capacity Indicator Snapshot

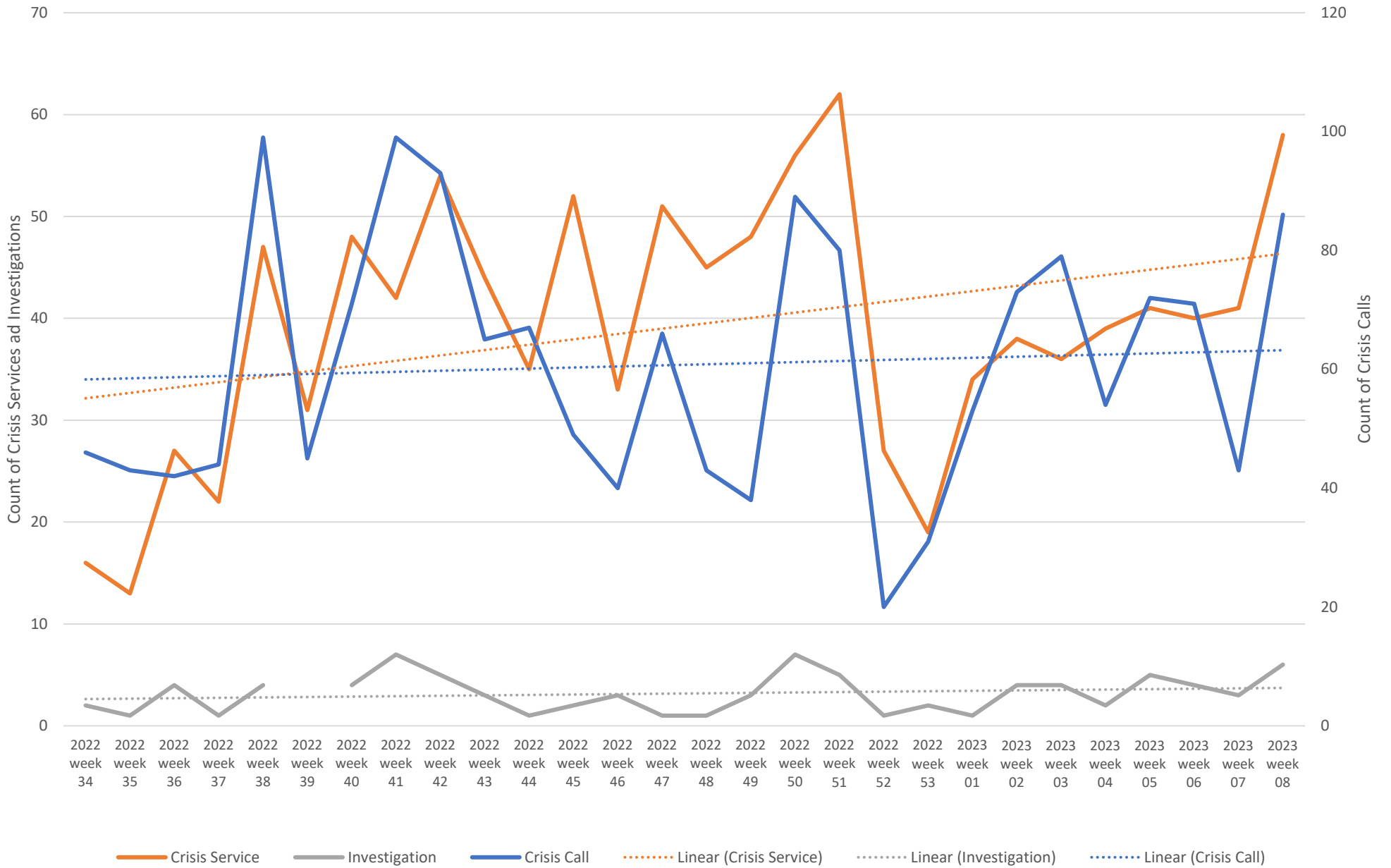
Page 2	Crisis Data - dates 08/14/22 to 02/25/23
Page 3	Crisis Data: Ages 0-17 - dates 08/14/22 to 02/25/23
Page 4	All DCR Dispatches - dates 08/14/22 to 02/25/23
Page 5	Weekly Staff Count - Staff providing Crisis or Investigation services 08/14/22 to 02/25/23
Page 6	Hospital placement locations (Invol and Vol) - No adjustment has been made for timely data - recent weeks likely low
Page 7	Telehealth only, crisis and investigation services from 08/14/22 to 02/25/23
Page 8	Crisis Service Unit Percent - Crisis Service units divided by Crisis units + Investigation units
Page 9	Washington State Indicators of Anxiety or Depression Based on Reported Frequency of Symptoms During Last 7 Days
Page 10	Place of Service -Crisis Services, percent of total by week
Page 11	Place of Service -Investigations, percent of total by week
Page 12	New COVID-19 Cases Reported Weekly per 100,000 population - 04/13/22 to 03/01/23
Page 13	New COVID-19 Deaths Reported Weekly per 1,000,000 population - 04/13/22 to 03/01/23
Page 14	Total Hospitalized Adults - COVID-19 (confirmed or suspected) 7 day average
Page 15	North Sound BH ASO Walkaway Chart 08/14/22 to 02/25/23

Crisis Data - dates 08/14/22 to 02/25/23

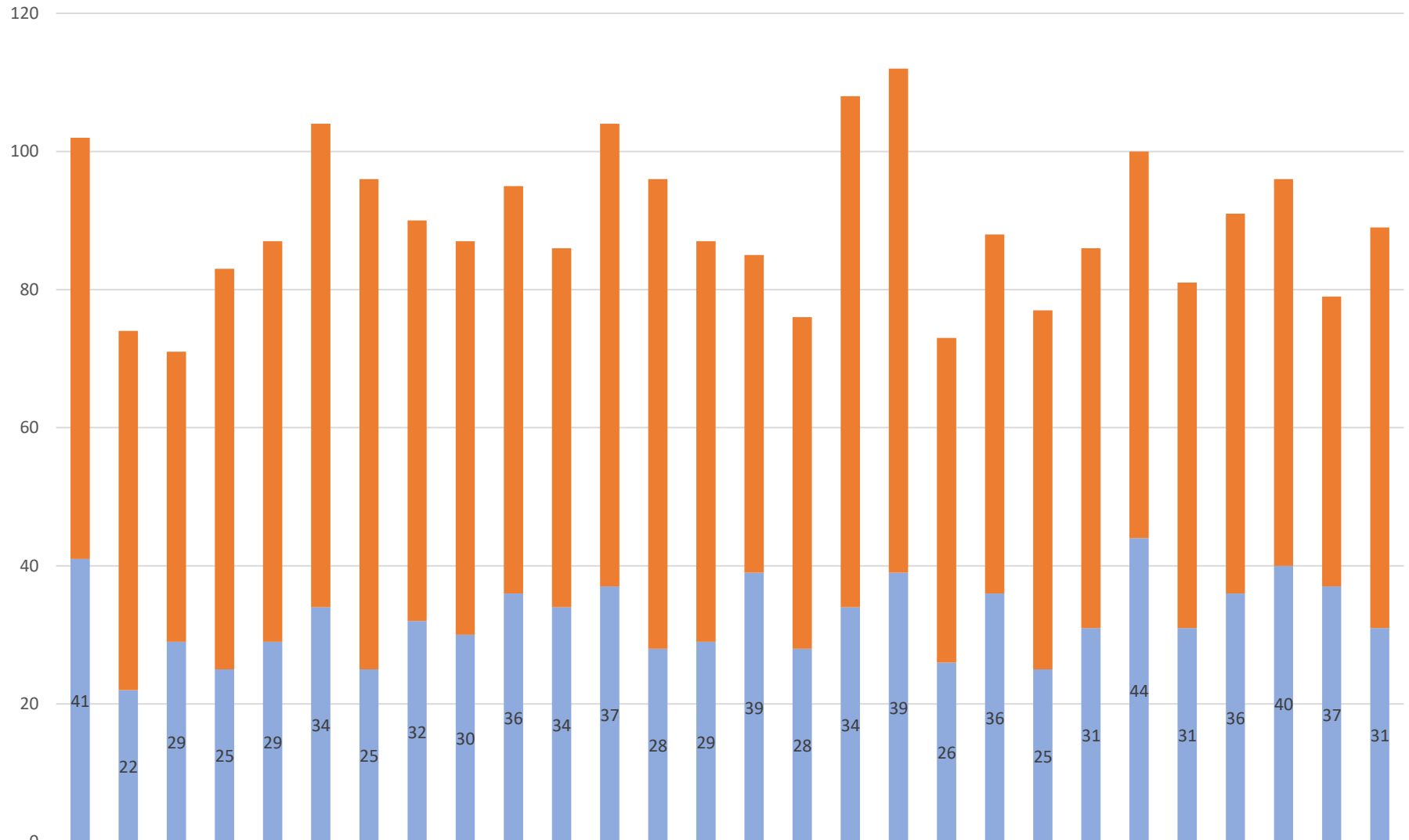


Latest Batch Dates
 Compass Health - 02/28/23
 Snohomish County ICRS - 02/27/23
 VOA Crisis Line - 03/01/23

Crisis Data: Ages 0-17 - dates 08/14/22 to 02/25/23

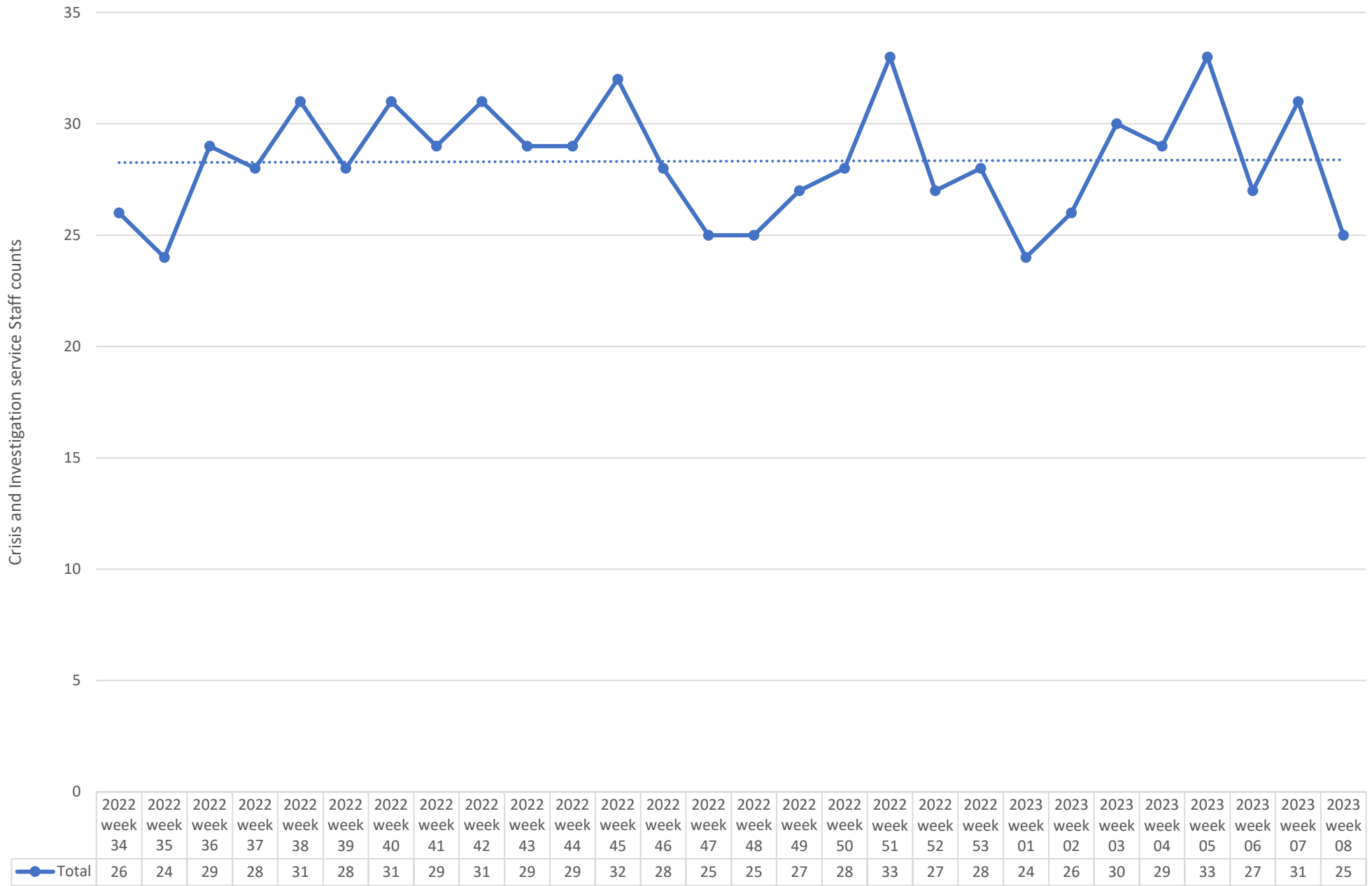


All DCR Dispatches - dates 08/14/22 to 02/25/23



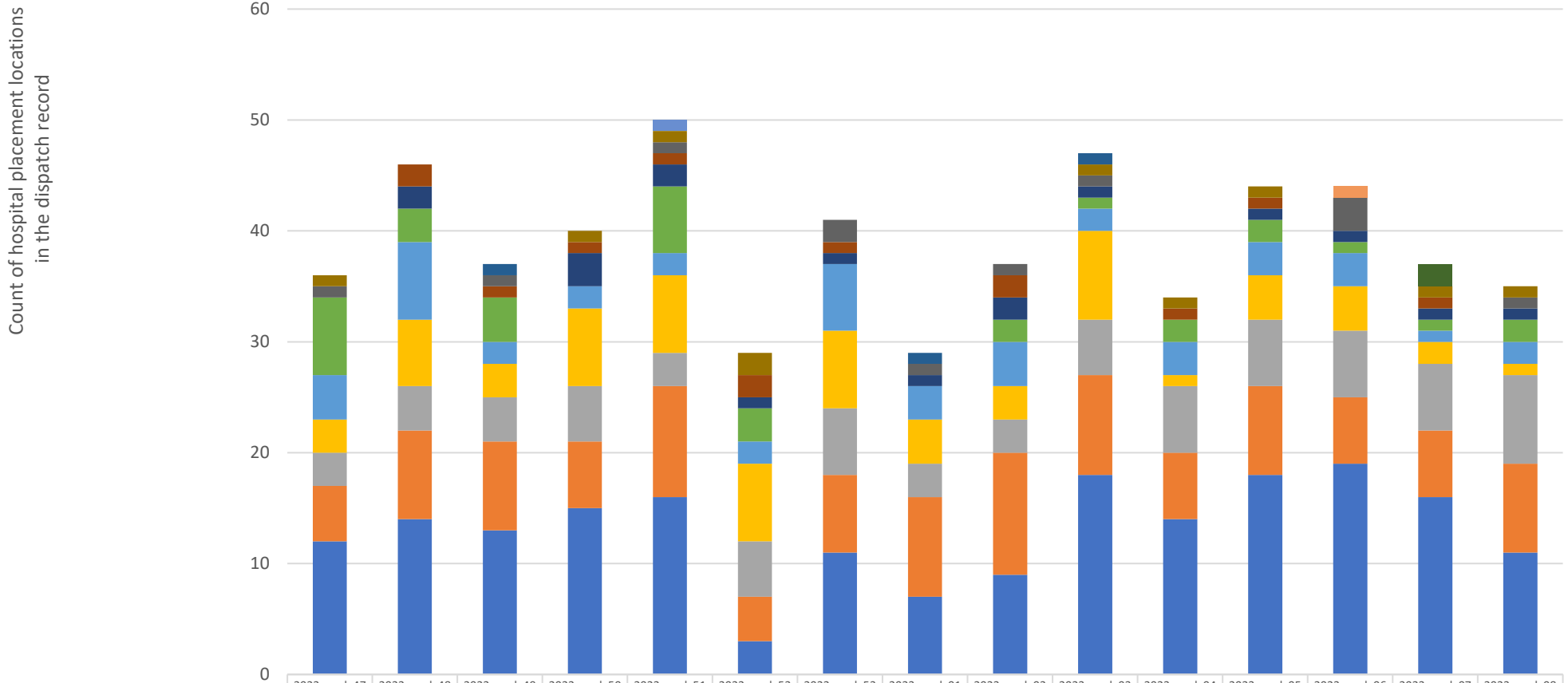
	2022 week 34	2022 week 35	2022 week 36	2022 week 37	2022 week 38	2022 week 39	2022 week 40	2022 week 41	2022 week 42	2022 week 43	2022 week 44	2022 week 45	2022 week 46	2022 week 47	2022 week 48	2022 week 49	2022 week 50	2022 week 51	2022 week 52	2022 week 53	2023 week 01	2023 week 02	2023 week 03	2023 week 04	2023 week 05	2023 week 06	2023 week 07	2023 week 08
dispatch resulting in other outcome	61	52	42	58	58	70	71	58	57	59	52	67	68	58	46	48	74	73	47	52	52	55	56	50	55	56	42	58
dispatch resulting in detention	41	22	29	25	29	34	25	32	30	36	34	37	28	29	39	28	34	39	26	36	25	31	44	31	36	40	37	31

Weekly Staff Count - Staff providing Crisis or Investigation services 08/14/22 to 02/25/23



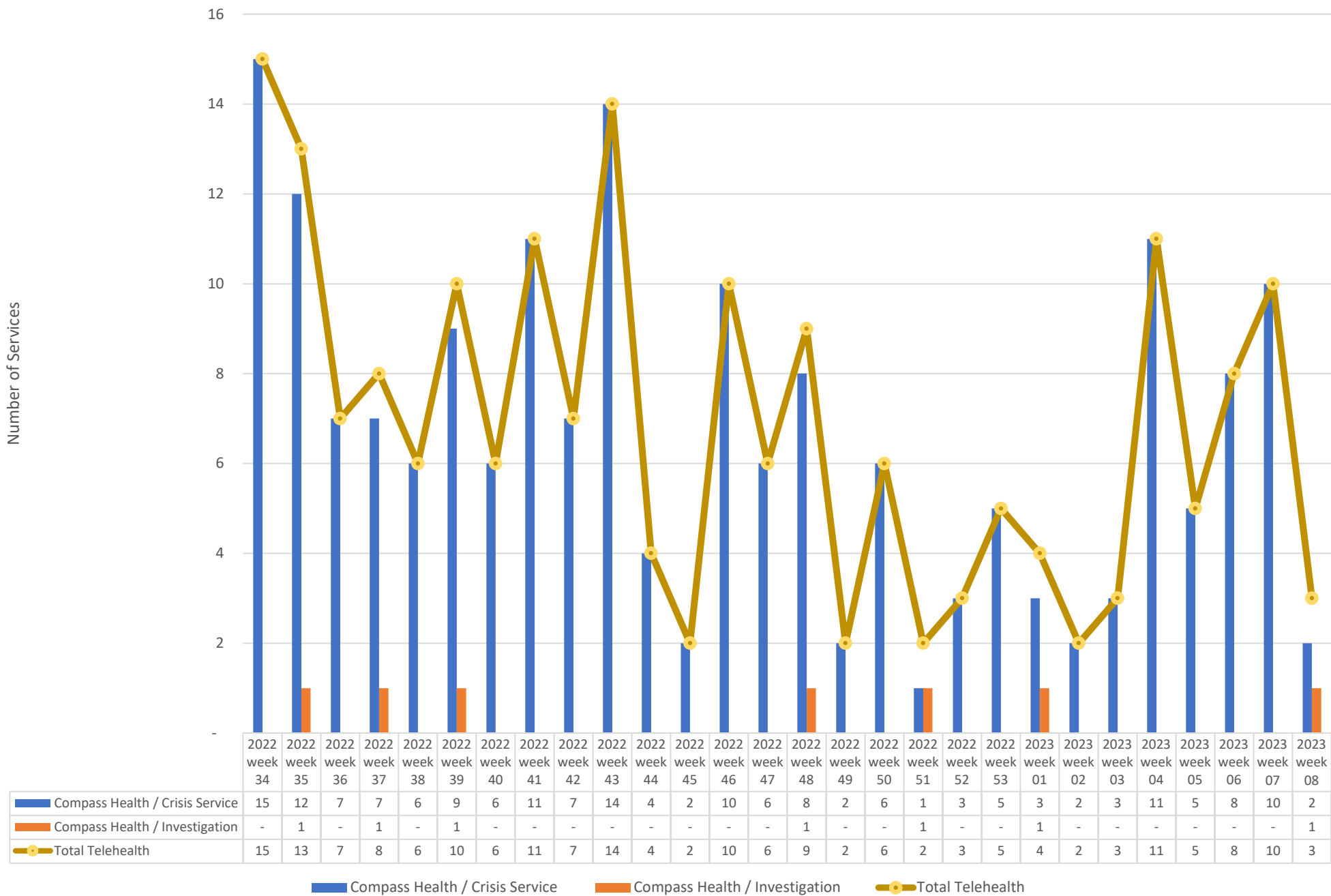
2023 week 08 ending 01/00/00

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

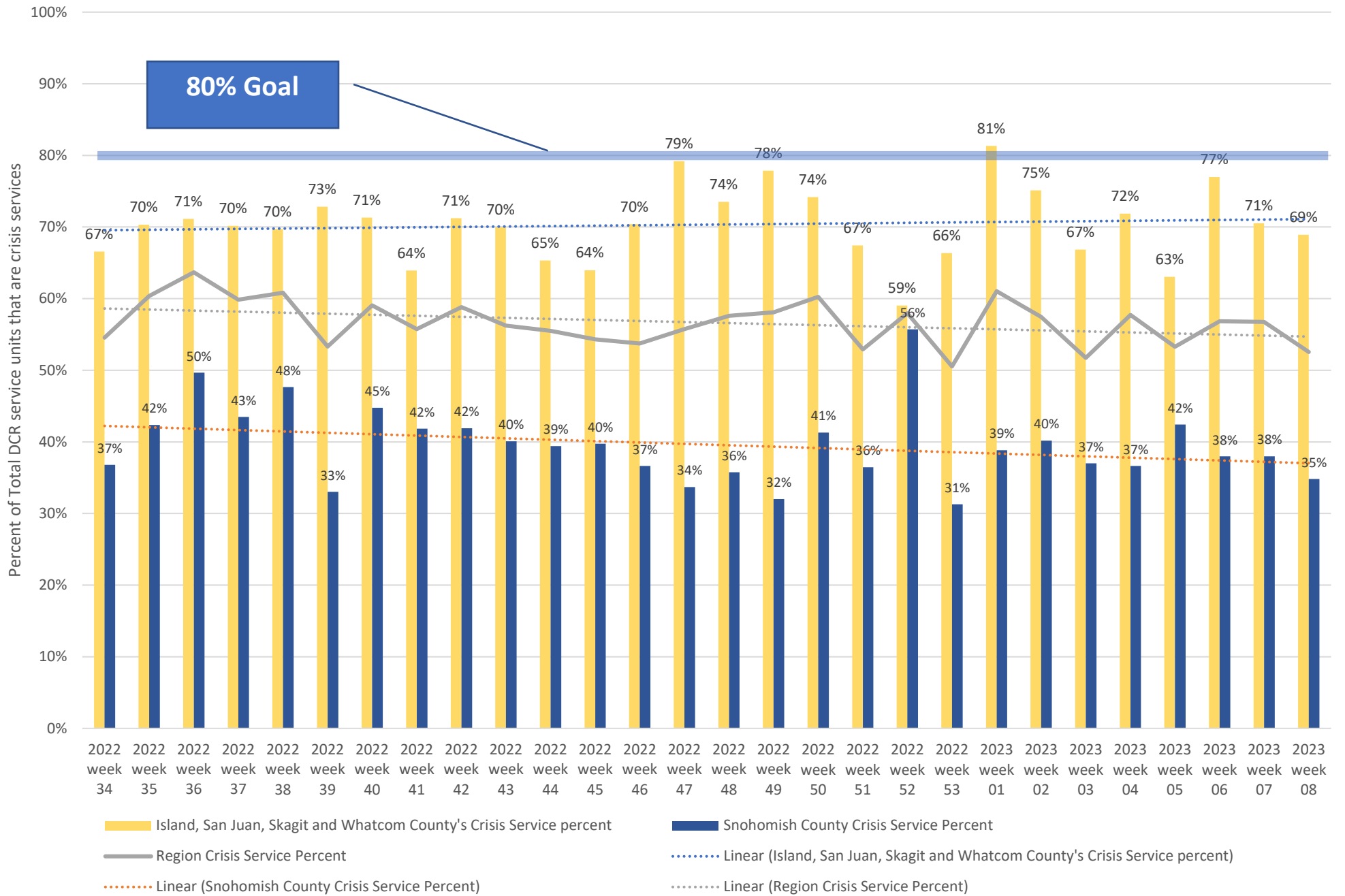


	2022 week 47	2022 week 48	2022 week 49	2022 week 50	2022 week 51	2022 week 52	2022 week 53	2023 week 01	2023 week 02	2023 week 03	2023 week 04	2023 week 05	2023 week 06	2023 week 07	2023 week 08
Cascade E&T Center													1		
THURSTON/MASON EandT FACILITY					1										
Cascade Behavioral Hospital LLC														2	
Valley Cities Counseling And Consultation			1					1		1					
ABHS Chehalis	1			1	1	2				1	1	1		1	1
VALLEY GENERAL HOSPITAL	1		1		1		2	1	1	1			3		1
Mukilteo		2	1	1	1	2	1		2		1	1		1	
Telecare North Sound Evaluation and Treatment		2		3	2	1	1	1	2	1		1	1	1	1
BHC Fairfax Hospital INC	7	3	4		6	3			2	1	2	2	1	1	2
SMOKEY POINT BEHAVIORAL HOSPITAL	4	7	2	2	2	2	6	3	4	2	3	3	3	1	2
Skagit Valley Hospital	3	6	3	7	7	7	7	4	3	8	1	4	4	2	1
Peacehealth Bellingham	3	4	4	5	3	5	6	3	3	5	6	6	6	6	8
SWEDISH EDMONDS	5	8	8	6	10	4	7	9	11	9	6	8	6	6	8
Providence Everett	12	14	13	15	16	3	11	7	9	18	14	18	19	16	11

Telehealth only, crisis and investigation services from 08/14/22 to 02/25/23



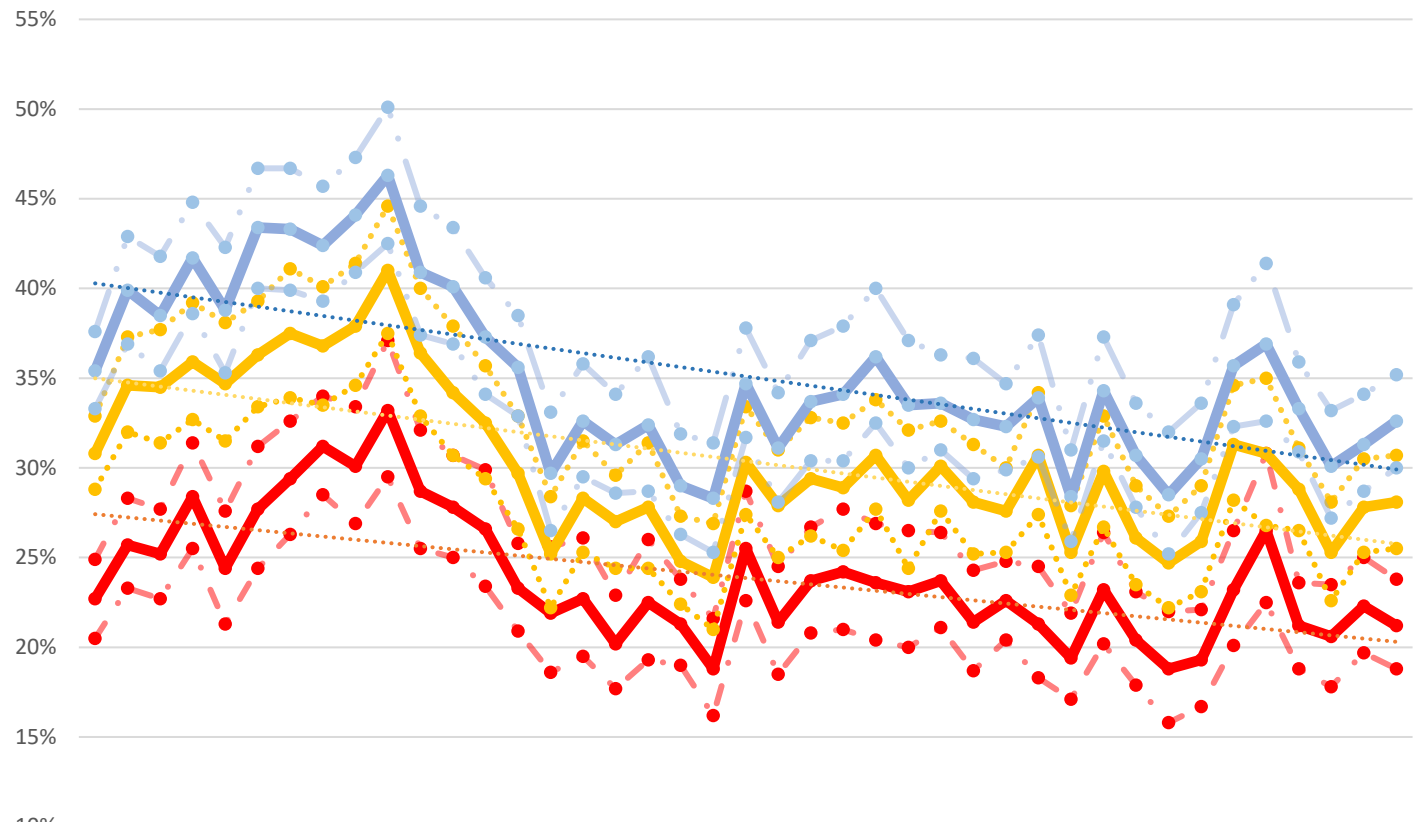
Crisis Service Unit Percent - Crisis Service units divided by Crisis units + Investigation units



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

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

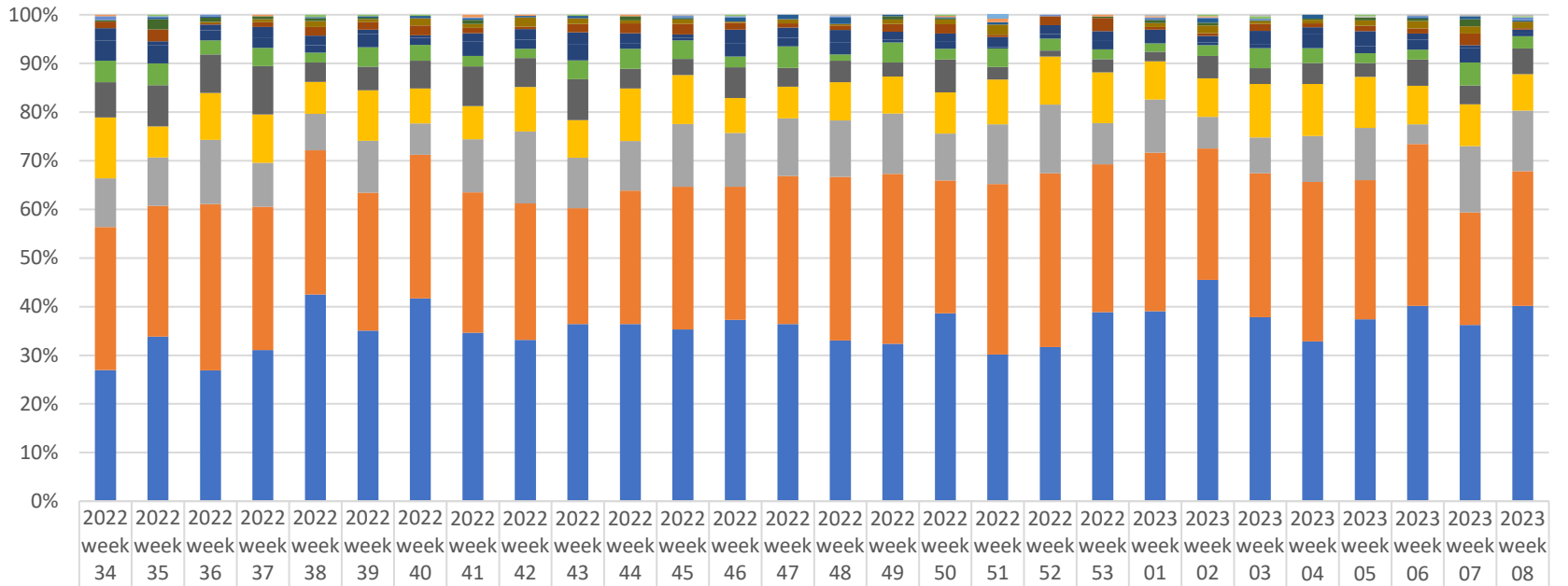
<https://data.cdc.gov/NCHS/Indicators-of-Anxiety-or-Depression-Based-on-Reported-Frequency-of-Symptoms-During-Last-7-Days>



Date	02 Sep '14	16 Sep '14	30 Sep '14	14 Oct '14	28 Oct '14	11 Nov '14	25 Nov '14	09 Dec '14	06 Jan '15	20 Jan '15	03 Feb '15	17 Feb '15	03 Mar '15	17 Mar '15	14 Apr '15	28 Apr '15	12 May '15	26 May '15	09 Jun '15	23 Jun '15	21 Jul '15	04 Aug '15	18 Aug '15	01 Sep '15	15 Sep '15	29 Sep '15	01 Oct '15	29 Oct '15	26 Nov '15	02 Dec '15	30 Dec '15	27 Jan '16	01 Feb '16	29 Feb '16	27 Mar '16	14 Apr '16	05 May '16	02 Jun '16	29 Jun '16	27 Jul '16	14 Aug '16	05 Sep '16	02 Oct '16	29 Nov '16	27 Dec '16	24 Jan '17	01 Feb '17
------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------	------------

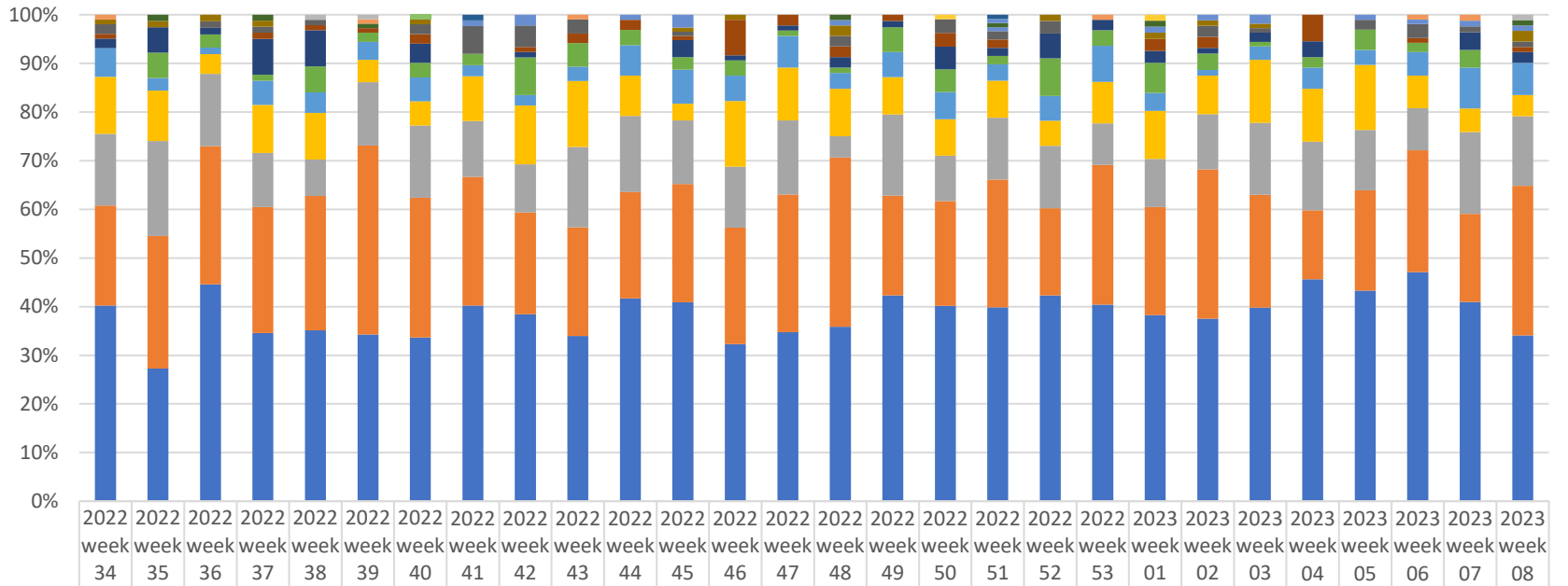
% with Symptoms of Depressive Disorder low conf. level	21%	23%	23%	26%	21%	24%	26%	29%	27%	30%	26%	25%	23%	21%	19%	20%	18%	19%	19%	16%	23%	19%	21%	21%	20%	20%	21%	19%	20%	18%	17%	20%	18%	16%	17%	20%	23%	19%	18%	20%	19%	
% with Symptoms of Depressive Disorder value	23%	26%	25%	28%	24%	28%	29%	31%	30%	33%	29%	28%	27%	23%	22%	23%	20%	23%	21%	19%	26%	21%	24%	24%	24%	23%	24%	21%	23%	21%	19%	23%	20%	19%	19%	23%	27%	21%	21%	22%	21%	
% with Symptoms of Depressive Disorder high conf. level	25%	28%	28%	31%	28%	31%	33%	34%	33%	37%	32%	31%	30%	26%	26%	26%	23%	26%	24%	22%	29%	25%	27%	28%	27%	27%	26%	24%	25%	25%	22%	26%	23%	22%	22%	27%	31%	24%	24%	25%	24%	
% with Symptoms of Anxiety Disorder low conf. level	29%	32%	31%	33%	32%	33%	34%	34%	35%	38%	33%	31%	29%	27%	22%	25%	28%	27%	28%	25%	24%	30%	28%	29%	29%	31%	28%	30%	28%	28%	31%	25%	30%	26%	25%	26%	31%	31%	29%	25%	28%	28%
% with Symptoms of Anxiety Disorder value	31%	35%	35%	36%	35%	36%	38%	37%	38%	41%	36%	34%	33%	30%	25%	28%	27%	28%	25%	24%	30%	28%	29%	29%	31%	28%	30%	28%	28%	31%	25%	30%	26%	25%	26%	31%	31%	29%	25%	28%	28%	
% with Symptoms of Anxiety Disorder high conf. level	33%	37%	38%	39%	38%	39%	41%	40%	41%	45%	40%	38%	36%	33%	28%	32%	30%	31%	27%	27%	33%	31%	33%	33%	34%	32%	33%	31%	30%	34%	28%	33%	29%	27%	29%	35%	35%	31%	28%	31%	31%	
% with Symptoms of Anxiety or Depressive Disorder low conf. level	33%	37%	35%	39%	35%	40%	40%	39%	41%	43%	37%	37%	34%	33%	27%	30%	29%	29%	26%	25%	32%	28%	30%	30%	33%	30%	31%	29%	30%	31%	26%	32%	28%	25%	28%	32%	33%	31%	27%	29%	30%	
% with Symptoms of Anxiety or Depressive Disorder value	35%	40%	39%	42%	39%	43%	43%	42%	44%	46%	41%	40%	37%	36%	30%	33%	31%	32%	29%	28%	35%	31%	34%	34%	36%	34%	34%	33%	32%	34%	28%	34%	31%	29%	31%	36%	37%	33%	30%	31%	33%	
% with Symptoms of Anxiety or Depressive Disorder high conf. level	38%	43%	42%	45%	42%	47%	47%	46%	47%	50%	45%	43%	41%	39%	33%	36%	34%	36%	32%	31%	38%	34%	37%	38%	40%	37%	36%	36%	35%	37%	31%	37%	34%	32%	34%	39%	41%	36%	33%	34%	35%	

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



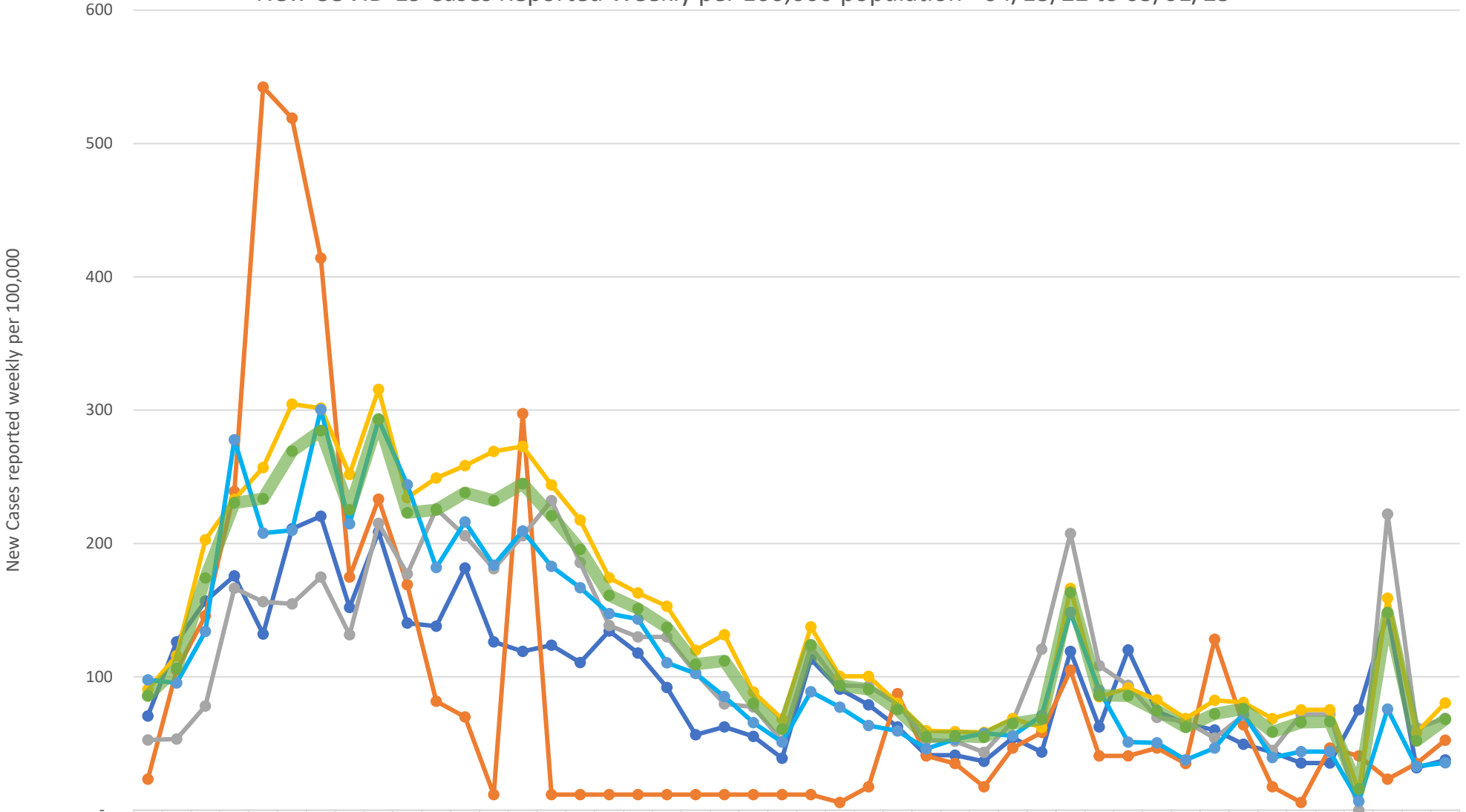
	2022 week 34	2022 week 35	2022 week 36	2022 week 37	2022 week 38	2022 week 39	2022 week 40	2022 week 41	2022 week 42	2022 week 43	2022 week 44	2022 week 45	2022 week 46	2022 week 47	2022 week 48	2022 week 49	2022 week 50	2022 week 51	2022 week 52	2022 week 53	2023 week 01	2023 week 02	2023 week 03	2023 week 04	2023 week 05	2023 week 06	2023 week 07	2023 week 08
Custodial Care Facility				1			1																			1		
Skilled Nursing Facility																		3										
Community Mental Health Center												1			1						1		1		1	1	1	1
On Campus Outpatient Hospital		1			1	1				1			1				1					1	2					1
Nursing Facility	1			1				2	1		1						1	3		1	1	1						
Psych. Residential	3	1	1					1				1	1		1				1		1	1	1			1		2
Group Home		1	1		1	1	2	1	1	2		1	3	3	4	1	1	2			1	3		3		1	2	1
Homeless Shelter	1	7	3	2	2	1		3			3	1				2	1			1	2	2	1	1	2	2	5	
School			1	2	5	2	6	3	7	5	2	4	1	3	1	3	4	8			3	6	2	3	4	6	5	5
Inpatient Hospital	5	8	1	3	7	5	8	4	2	7	7	9	5	3	3	5	8	2	6	8	2	2	5	3	4	4	8	1
Inpatient Psychiatric Facility	9	3	4	7	8	3	2	6	8	10	7	3	10	7	8	5	7	8	6	6	7	5	10	6	11	5	2	3
Telehealth	15	12	7	7	6	9	6	11	7	14	4	2	10	6	8	2	6	1	3	5	3	2	3	11	5	8	10	2
Prison Correctional Facility	16	15	10	12	8	13	13	8	7	16	14	16	8	15	4	13	9	15	8	6	6	8	15	12	7	8	16	9
Assisted Living Facility	26	28	27	32	16	16	23	30	22	35	14	14	23	13	14	9	28	10	4	8	7	17	12	17	10	21	13	19
Emergency Room Hospital	45	21	33	32	26	34	29	25	34	32	37	42	26	22	25	24	35	36	32	31	28	29	40	42	37	31	29	27
Home	36	33	45	29	30	35	26	40	55	43	35	54	40	40	37	39	40	48	46	25	39	24	27	37	38	16	46	45
Other Place of Service	106	89	117	95	118	93	119	106	104	99	94	123	99	103	107	110	113	137	116	90	116	99	108	129	101	130	78	100
Office	97	112	92	100	169	115	168	127	123	151	125	148	135	123	105	102	160	118	103	115	139	167	138	129	132	157	122	145

Place of Service -Investigations, percent of total by week



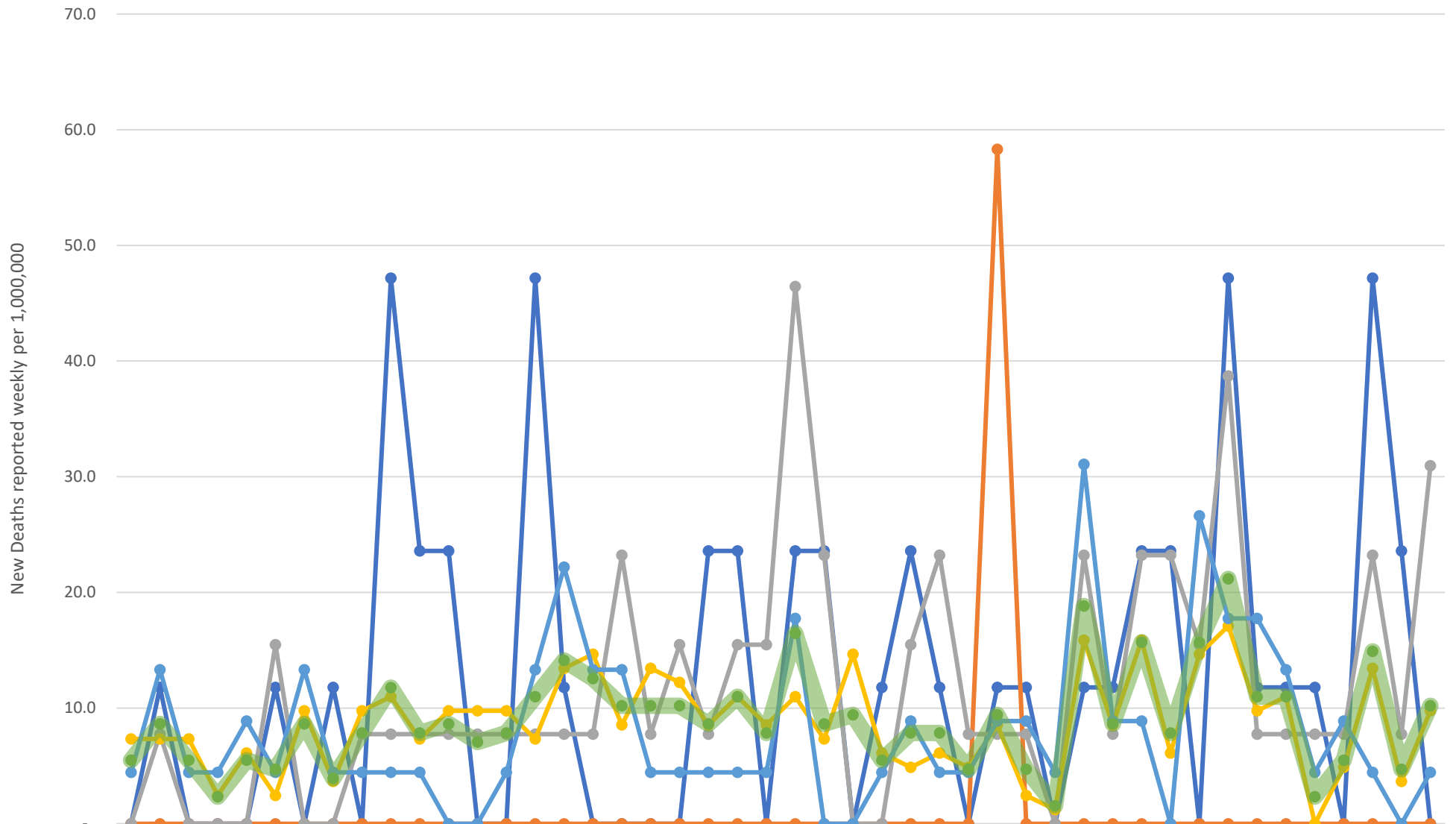
	2022 week 34	2022 week 35	2022 week 36	2022 week 37	2022 week 38	2022 week 39	2022 week 40	2022 week 41	2022 week 42	2022 week 43	2022 week 44	2022 week 45	2022 week 46	2022 week 47	2022 week 48	2022 week 49	2022 week 50	2022 week 51	2022 week 52	2022 week 53	2023 week 01	2023 week 02	2023 week 03	2023 week 04	2023 week 05	2023 week 06	2023 week 07	2023 week 08
Custodial Care Facility							1																					
Skilled Nursing Facility								1										1										
Nursing Facility																	1					1						
On Campus Outpatient Hospital					1	1																						1
Homeless Shelter	1					1				1										1						1	1	
School								1	2		1							1					1				1	
Telehealth		1		1		1									1			1			1							1
Community Mental Health Center												3			1			1			1		2		1	1		1
Psych. Residential	1	1	1	1			1					1	1		2				1		1	1	1					2
Assisted Living Facility	2		1	1	1		2	5	4	3		1			2		3	2	2			2	1		2	3	1	1
Group Home	1			1	1	1	2		1	2	2	1	7	2	2	1	3	2			2	2		5		1		1
Home	2	4	1	6	7		4		1			4	1	1	2	1	5	2	4	2	2	1	2	3			3	2
Office		4	2	1	5	2	3	2	7	5	3	3	3	1	1	4	5	2	6	3	5	3	1	2	4	2	3	
Inpatient Hospital	6	2	1	4	4	4	5	2	2	3	6	8	5	6	3	4	6	4	4	7	3	1	3	4	3	5	7	6
Inpatient Psychiatric Facility	12	8	3	8	9	5	5	8	11	14	8	4	13	10	9	6	8	9	4	8	8	7	14	10	13	7	4	4
Prison Correctional Facility	15	15	11	9	7	14	15	10	9	17	15	15	12	14	4	13	10	15	10	8	8	10	16	13	12	9	14	13
Other Place of Service	21	21	21	21	26	42	29	23	19	23	21	28	23	26	32	16	23	31	14	27	18	27	25	13	20	26	15	28
Emergency Room Hospital	41	21	33	28	33	37	34	35	35	35	40	47	31	32	33	33	43	47	33	38	31	33	43	42	42	49	34	31

New COVID-19 Cases Reported Weekly per 100,000 population - 04/13/22 to 03/01/23



	2022 Week 15	2022 Week 16	2022 Week 17	2022 Week 18	2022 Week 19	2022 Week 20	2022 Week 21	2022 Week 22	2022 Week 23	2022 Week 24	2022 Week 25	2022 Week 26	2022 Week 27	2022 Week 28	2022 Week 29	2022 Week 30	2022 Week 31	2022 Week 32	2022 Week 33	2022 Week 34	2022 Week 35	2022 Week 36	2022 Week 37	2022 Week 38	2022 Week 39	2022 Week 40	2022 Week 41	2022 Week 42	2022 Week 43	2022 Week 44	2022 Week 45	2022 Week 46	2022 Week 48	2022 Week 49	2022 Week 50	2022 Week 51	2022 Week 52	2023 Week 01	2023 Week 02	2023 Week 03	2023 Week 04	2023 Week 05	2023 Week 06	2023 Week 07	2023 Week 08	2023 Week 09
Island	71	126	157	176	132	211	220	152	209	140	138	182	126	119	124	111	134	118	92	57	62	55	39	113	91	79	62	41	41	37	54	44	119	62	120	74	65	60	50	44	35	35	75	147	32	38
San Juan	23	105	146	239	542	519	414	175	233	169	82	70	12	297	12	12	12	12	12	12	12	12	12	12	6	17	87	41	35	17	47	58	105	41	41	47	35	128	64	17	6	47	41	23	35	52
Skagit	53	53	78	166	156	155	175	132	215	177	226	206	181	206	232	186	139	130	130	103	80	77	52	122	94	93	80	53	52	43	67	121	207	108	94	70	67	54	71	45	72	72	-	222	62	69
Snohomish	91	116	203	233	257	305	301	252	316	234	249	258	269	273	244	218	174	163	153	120	132	89	68	137	100	100	80	60	59	58	69	62	166	85	92	83	69	82	81	69	75	75	14	159	58	80
Whatcom	98	95	134	278	208	210	300	215	293	244	182	216	184	209	183	167	147	143	111	103	85	66	51	89	77	63	59	46	53	58	56	71	148	90	51	51	38	47	72	40	44	44	7	76	33	36
Region	86	106	174	230	234	269	285	225	293	223	225	238	232	245	221	196	161	151	137	110	112	80	61	124	94	91	75	55	56	55	65	68	163	86	86	75	62	72	76	59	66	66	16	148	52	68

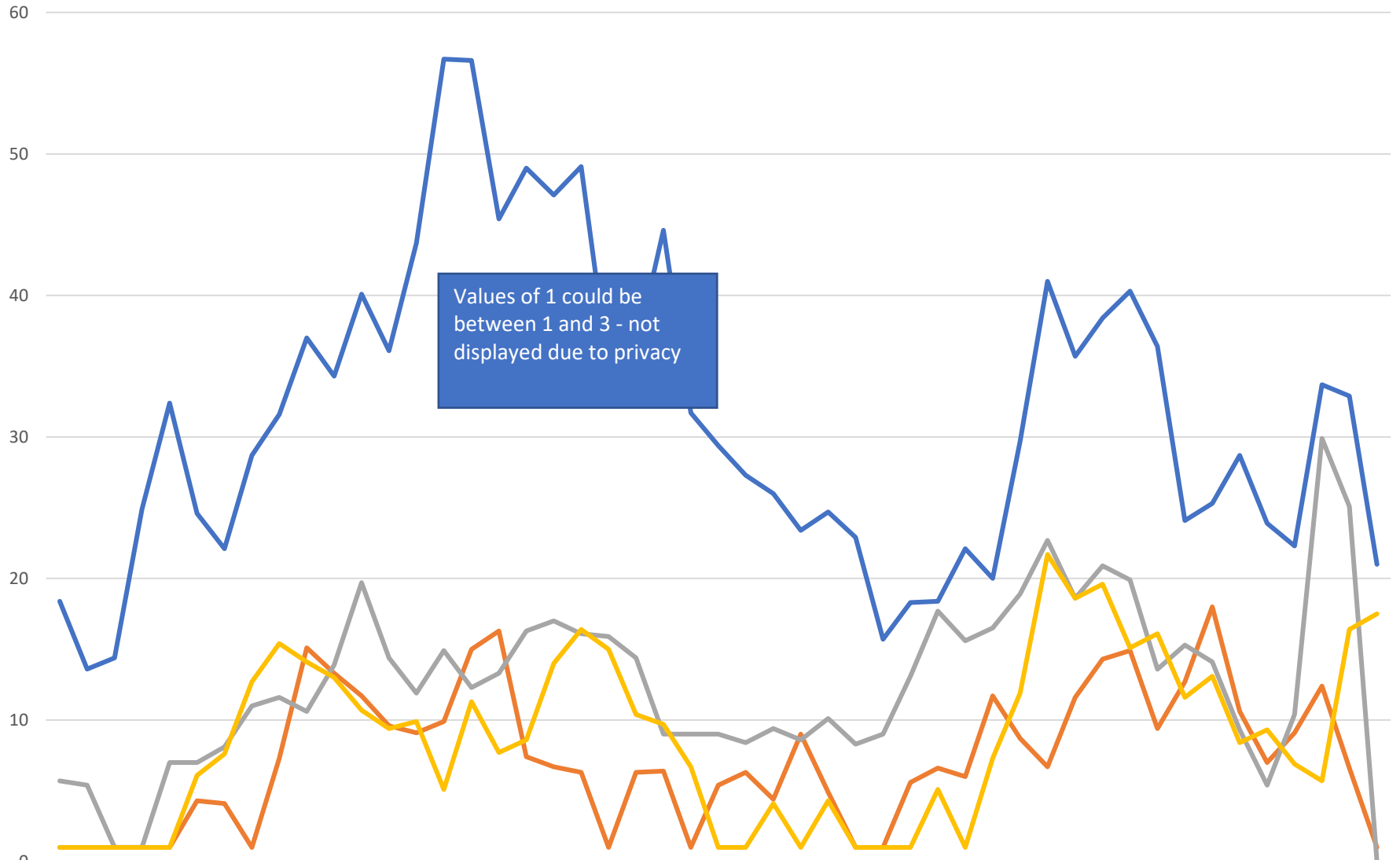
New COVID-19 Deaths Reported Weekly per 1,000,000 population - 04/13/22 to 03/01/23



	2022 Week 15	2022 Week 16	2022 Week 17	2022 Week 18	2022 Week 19	2022 Week 20	2022 Week 21	2022 Week 22	2022 Week 23	2022 Week 24	2022 Week 25	2022 Week 26	2022 Week 27	2022 Week 28	2022 Week 29	2022 Week 30	2022 Week 31	2022 Week 32	2022 Week 33	2022 Week 34	2022 Week 35	2022 Week 36	2022 Week 37	2022 Week 38	2022 Week 39	2022 Week 40	2022 Week 41	2022 Week 42	2022 Week 43	2022 Week 44	2022 Week 45	2022 Week 46	2022 Week 48	2022 Week 49	2022 Week 50	2022 Week 51	2022 Week 52	2023 Week 01	2023 Week 02	2023 Week 03	2023 Week 04	2023 Week 05	2023 Week 06	2023 Week 07	2023 Week 08	2023 Week 09
Island	-	11.8	-	-	-	11.8	-	11.8	-	47.2	23.6	23.6	-	-	47.2	11.8	-	-	-	-	23.6	23.6	-	23.6	23.6	-	11.8	23.6	11.8	-	11.8	11.8	-	11.8	11.8	23.6	23.6	-	47.2	11.8	11.8	11.8	-	47.2	23.6	-
San Juan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	58.3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Skagit	-	7.7	-	-	-	15.5	-	-	7.7	7.7	7.7	7.7	7.7	7.7	7.7	7.7	7.7	23.2	7.7	15.5	7.7	15.5	15.5	46.4	23.2	-	-	15.5	23.2	7.7	7.7	7.7	-	23.2	7.7	23.2	23.2	15.5	38.7	7.7	7.7	7.7	7.7	23.2	7.7	31.0
Snohomish	7.3	7.3	7.3	2.4	6.1	2.4	9.8	3.7	9.8	11.0	7.3	9.8	9.8	4.4	13.3	13.4	14.7	8.6	13.4	12.2	8.6	11.0	8.6	11.0	7.3	14.7	6.1	4.9	6.1	4.9	8.6	2.4	1.2	15.9	8.6	15.9	6.1	14.7	17.1	9.8	11.0	-	4.9	13.4	3.7	9.8
Whatcom	4.4	13.3	4.4	4.4	8.9	4.4	13.3	4.4	4.4	4.4	4.4	-	-	4.4	13.3	22.2	13.3	13.3	4.4	4.4	4.4	4.4	4.4	17.8	-	-	4.4	8.9	4.4	4.4	8.9	8.9	4.4	31.1	8.9	8.9	-	26.6	17.8	17.8	13.3	4.4	8.9	4.4	-	4.4
Region	5.5	8.6	5.5	2.4	5.5	4.7	8.6	3.9	7.8	11.8	7.8	8.6	7.1	7.8	11.0	14.1	12.5	10.2	10.2	10.2	8.6	11.0	7.8	16.5	8.6	9.4	5.5	7.8	7.8	4.7	9.4	4.7	1.6	18.8	8.6	15.7	7.8	15.7	21.2	11.0	11.0	2.4	5.5	14.9	4.7	10.2

● Island
 ● San Juan
 ● Skagit
 ● Snohomish
 ● Whatcom
 ● Region

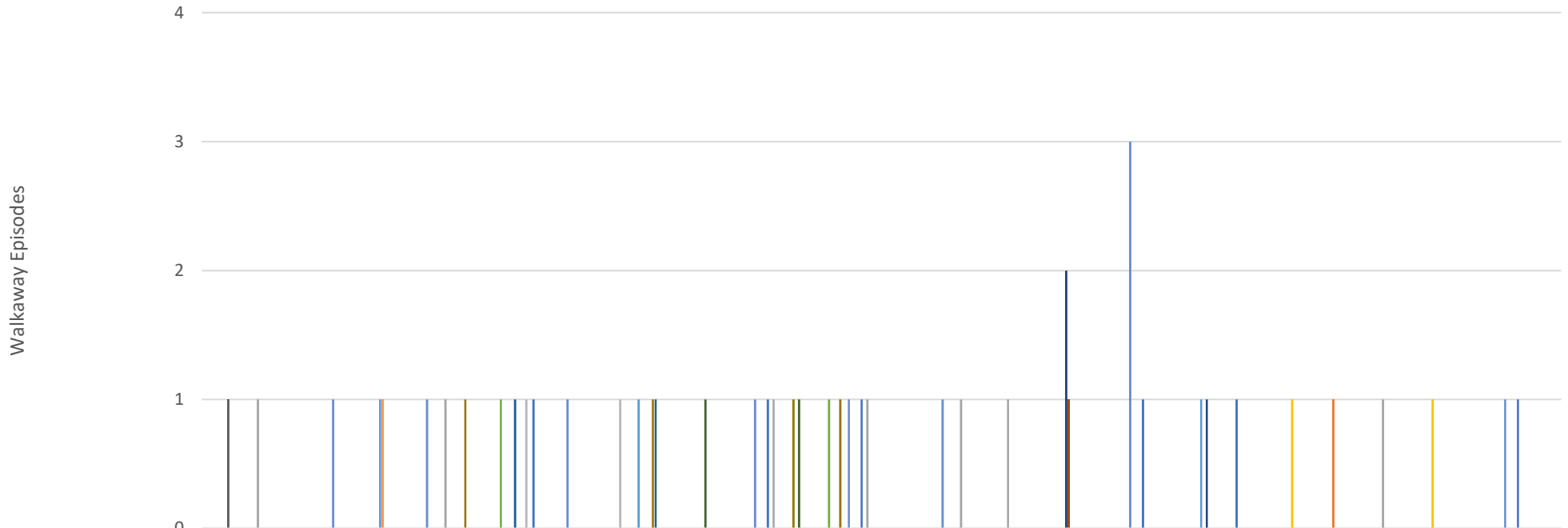
Total Hospitalized Adults - COVID-19 (confirmed or suspected) 7 day average



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

	3/2 5/2 022	4/1 202	4/8 202	4/1 5/2 022	4/2 2/2 022	4/2 9/2 022	5/6/ 202	5/1 3/2 022	5/2 0/2 022	5/2 7/2 022	6/3/ 202	6/1 0/2 022	6/1 7/2 022	6/2 4/2 022	7/1/ 202	7/8/ 202	7/1 5/2 022	7/2 2/2 022	7/2 9/2 022	8/5/ 202	8/1 2/2 022	8/1 9/2 022	8/2 6/2 022	9/2 202	9/9/ 202	9/1 202	9/2 6/2 022	9/2 3/2 022	9/3 0/2 022	10/ 7/2 022	10/ 14/ 202	10/ 21/ 202	10/ 28/ 202	11/ 4/2 022	11/ 11/ 202	11/ 18/ 202	11/ 25/ 202	12/ 2/2 022	12/ 9/2 022	12/ 16/ 202	12/ 23/ 202	12/ 30/ 202	1/6/ 202	1/1 3/2 023	1/2 0/2 023	1/2 7/2 023	2/3/ 202	2/1 0/2 023	2/1 7/2 023	2/2 4/2 023
Prov. Everett	18.4	13.6	14.4	24.9	32.4	24.6	22.1	28.7	31.6	37	34.3	40.1	36.1	43.7	56.7	56.6	45.4	49	47.1	49.1	34.7	36.1	44.6	31.7	29.4	27.3	26	23.4	24.7	22.9	15.7	18.3	18.4	22.1	20	29.7	41	35.7	38.4	40.3	36.4	24.1	25.3	28.7	23.9	22.3	33.7	32.9	21	
SVH	1	1	1	1	4.3	4.1	1	7.3	15.1	13.3	11.7	9.6	9.1	9.9	15	16.3	7.4	6.7	6.3	1	6.3	6.4	1	5.4	6.3	4.4	9	4.9	1	1	5.6	6.6	6	11.7	8.7	6.7	11.6	14.3	14.9	9.4	12.7	18	10.6	7	9.1	12.4	6.6	1		
ST Joe	5.7	5.4	1	1	7	7	8.1	11	11.6	10.6	13.9	19.7	14.4	11.9	14.9	12.3	13.3	16.3	17	16.1	15.9	14.4	9	9	9	8.4	9.4	8.6	10.1	8.3	9	13.1	17.7	15.6	16.5	18.9	22.7	18.6	20.9	19.9	13.6	15.3	14.1	9.3	5.4	10.4	29.9	25.1	0	
Swedish Edmonds	1	1	1	1	1	6.1	7.6	12.7	15.4	14.1	13	10.7	9.4	9.9	5.1	11.3	7.7	8.6	14	16.4	15	10.4	9.7	6.7	1	1	4.1	1	4.3	1	1	1	5.1	1	7.3	11.9	21.7	18.6	19.6	15.1	16.1	11.6	13.1	8.4	9.3	6.9	5.7	16.4	17.5	

North Sound BH ASO Walkaway Chart 08/14/22 to 02/25/23



	2022 Week 15	2022 Week 16	2022 Week 17	2022 Week 18	2022 Week 19	2022 Week 22	2022 Week 24	2022 Week 25	2022 Week 26	2022 Week 27	2022 Week 28	2022 Week 30	2022 Week 32	2022 Week 33	2022 Week 37	2022 Week 39	2022 Week 40	2022 Week 41	2022 Week 43	2022 Week 45	2022 Week 47	2022 Week 48	2022 Week 49	2022 Week 50	2022 Week 51	2022 Week 53	2023 Week 02	2023 Week 04	2023 Week 05
Cascade Valley Hospital								1					1		1						1		1						1
Island Health																										1			
Island Hospital		1				1							1		1		1	1									1		
Peace Health United																								1			1		
Peace Island Health										1												1							
Providence						1								1															
Providence, Everett																			2			1							
San Juan Co Jail																			1										
Skagit Valley	1																												
St. Joseph						1				1			1	1															
Swedish Edmonds						1				1																			
Swedish Mill Creek											1		1																
United General			1	1	1				1			1		1		1					3							1	
Whidbey Health				1																									
Whidbey Health ED						1		1																					



**Snohomish County
Office of Hearings Administration**

3000 Rockefeller Ave., M/S 405
Everett, WA 98201
(425) 388-3538
Hearing.Examiner@snoco.org
www.snoco.org

Peter Camp
Hearing Examiner

DECISION of the SNOHOMISH COUNTY HEARING EXAMINER

I. SUMMARY

DATE OF DECISION: March 7, 2023

PROJECT NAME: Residential Treatment Facility North

APPLICANT: Tulalip Tribes
6406 Marine Drive
Tulalip, Washington 98271

LOCATION: 7800 block of 300th St.
Stanwood, Washington 98292

OWNER: Tulalip Tribes
6406 Marine Drive
Tulalip, Washington 98271

FILE NO.: 22-102230 CUP

REQUEST: Conditional use permit to construct and operate a secure civil behavioral health services facility (level II health and social services facility)

DECISION SUMMARY: Conditional use permit to construct and operate a secure civil behavioral health services facility (level II health and social services facility) is approved with conditions

II. TABLE OF CONTENTS

1	I. SUMMARY.....	1
2	II. TABLE OF CONTENTS	2
3	III. SITE SUMMARY	4
4	IV. FINDINGS OF FACT	4
5	A. Regulatory Review and Vesting	4
6	B. Open Record Hearing	5
7	C. The Record.....	5
8	D. Public Notice.....	5
9	E. Background Information.....	5
10	1. Proposal.....	5
11	2. Site Description and Surrounding Uses.....	5
12	3. Site Visit.....	6
13	4. Concerns.....	6
14	F. Conditional Use Permit (Chapter 30.42C SCC)	8
15	1. Consistency with Comprehensive Plan (SCC 30.42C.100(1)(a))	8
16	2. Compliance with Title 30 SCC (SCC 30.42C.100(1)(b)).....	9
17	a. General Zoning Standards (Chapters 30.22 through 30.26 SCC)	9
18	i. Conditional Use Allowed in Zone (Chap. 30.22 SCC)	9
19	ii. Height, Setback, Bulk, and Lot Dimensions (Chap. 30.23 SCC).....	9
20	iii. Parking (SCC 30.26.030(1))	9
21	iv. Landscaping (SCC 30.25.025)	9
22	b. Environmental Review (SEPA) (Chapter 30.61 SCC).....	9
23	c. Critical Areas Regulations (Chapters 30.62A, 30.62B, and 30.62C SCC)	10
24	d. Drainage and Grading (Chapters 30.63A, 30.63B, and 30.63C SCC)	10
25	e. Impact Mitigation Fees (Chaps. 30.66A, 30.66B, and 30.66C SCC).....	11
26	f. Transportation (Title 13 SCC, EDDS §3-02, and SCC 30.66B.420)	11
27	i. Area Transportation	11
28	ii. Project Site.....	13
29	3. Not Materially Detrimental to Nearby Uses or Property	15
30	4. Compatibility with Site and Surrounding Property	15
31	V. CONCLUSIONS	16
32	VI. DECISION	16

Residential Treatment Facility North

22-102230 CUP

Decision Approving Conditional Use Permit with Conditions

Page 2 of 27

1	VII. Conditions.....	16
2	A. Operating Conditions	16
3	B. Development Conditions.....	18
4	1. General	18
5	2. Prior to Commencement of Any Work.....	18
6	3. Prior to Combustible Construction.....	21
7	4. Prior to Final Inspection of the Land Disturbing Activity Permit	21
8	5. Building Permits	22
9	6. Prior to Occupancy	23
10	C. Termination and Expiration.....	24
11	VIII. EXPLANATION OF RECONSIDERATION AND APPEAL PROCEDURES	25
12	Reconsideration	25
13	Appeal.....	26

Residential Treatment Facility North

22-102230 CUP

Decision Approving Conditional Use Permit with Conditions

III. SITE SUMMARY

LOCATION:	78xx 300 th St. NW Stanwood, Washington 98292
TAX PARCEL NOS.:	320418-001-001-00 320418-001-014-00
ACREAGE:	4.66 acres
COMPREHENSIVE PLAN DESIGNATION:	Local Commercial Farmland
ZONING:	R-5
UTILITIES:	
Water:	City of Stanwood
Sewer:	Not in a sewer district
Electricity:	Snohomish County PUD No. 1
SCHOOL DISTRICT:	Stanwood-Camano School District No. 401
FIRE DISTRICT:	North County Regional Fire Authority
PDS STAFF RECOMMENDATION:	Approve the proposed behavioral health facility with conditions

1 Based on a preponderance of the evidence in the record, the Hearing Examiner finds the following
2 facts and makes the following conclusions of law.

3 **IV. FINDINGS OF FACT**

4 ***A. Regulatory Review and Vesting***

5 Applicant Tulalip Tribes of Washington, a federally recognized Indian tribe and native sovereign
6 nation, applied to Snohomish County Planning and Development Services department (PDS) on
7 January 31, 2022 for a conditional use permit to construct and operate a secure civil behavioral
8 health services facility. PDS determined the application to be complete for vesting as of the date of
9 submittal. Tulalip Tribes submitted additional information on June 27, 2022 and August 22, 2022.

1 **B. Open Record Hearing**

2 An open record hearing was held on January 24, 2023 and January 26, 2023. The record was left
3 open until February 3, 2023 for the limited purpose of allowing PDS and Tulalip Tribes to respond
4 to public comments and provide additional information regarding traffic and whether patients could
5 walk out of the facility's doors when the civil order confining the patient expires.

6 **C. The Record**

7 The Hearing Examiner considered exhibits A.1 through M.28, O.1, O.3, P.5 and P.6.¹ The Hearing
8 Examiner did not consider exhibit U.1, which was a public comment submitted after the record
9 closed to public comment. The Hearing Examiner also considered the testimony of the witnesses
10 at the open record hearing. A recording of the hearing is available in the Office of Hearings
11 Administration.

12 **D. Public Notice**

13 PDS notified the public of the open record hearing, threshold determination, and concurrency and
14 traffic impact fee notifications.²

15 **E. Background Information**

16 **1. Proposal**

17 Tulalip Tribes proposes to construct and operate a 32-bed secure civil behavioral health facility for
18 adults, consisting of two buildings with 16 beds each. Tulalip Tribes will provide parking for 60
19 vehicles. The facility is intended to serve patients who are involuntarily committed by court order
20 pursuant to chap. 71.05 RCW for stays between 90 and 180 days and patients who voluntarily
21 commit themselves to inpatient treatment. The patient population will be medically stable and not
22 involved in the criminal justice system.

23 **2. Site Description and Surrounding Uses**

24 The site is zoned R-5 and was created by a boundary line adjustment of a 30-acre site to create a
25 parcel of approximately 4.66-acres and parcel of approximately 25 acres. The latter parcel will not
26 be developed under this proposal. The parcel is undeveloped pasture. Surrounding properties are
27 rural residential properties on five or more acres.

¹ Exhibits O.1, O.3, P.5, and P.6 were submitted by SEPA appellants. The Hearing Examiner dismissed the SEPA appeal, but considers the appeal documents as public comments.

² Exhibits F.1 through F.14.

1 **3. Site Visit**

2 The Hearing Examiner visited the site unaccompanied and viewed the area from public rights of
3 way on Wednesday, February 15, 2023. H. Ex. Rule of Proc. 1.9 (2021).

4 **4. Concerns**

5 Many community concerns were raised in written comments and testimony in the open record
6 hearing. The concerns range from public safety to protection of the environment to the impact on
7 the rural character of the community. Concerns were raised, too, about the appropriateness of the
8 location for such a facility.

9 Some of the public worried that the facility would house patients accused or convicted of crimes.
10 However, the facility will not be part of the criminal justice system and will not house patients
11 charged with or convicted of crimes.³ The facility is for civil commitment pursuant to chap. 71.05
12 RCW and for patients who voluntarily place themselves in the facility for care.

13 Some testified that other locations with closer proximity to public transportation would be more
14 appropriate for the proposed facility. However, the purpose of these proceedings is not to
15 determine the optimal location for the facility or whether another location may be better, but to
16 evaluate this application against county code requirements. County code does not authorize the
17 Hearing Examiner to reject an application because he thinks another location would be more
18 suitable for a proposed development. The proposed use is explicitly permitted by county code and
19 can only be rejected if it cannot be sufficiently conditioned to mitigate its impact on the
20 neighborhood.

21 County code and associated regulations protect critical areas such as wetlands. Health department
22 regulations protect wellheads and public welfare by requiring approval of the design, location, and
23 installation of on-site sewer systems. Setback, building height, and landscaping requirements
24 mitigate a development's impact on the surrounding properties.

25 Although the county drainage manual's default preference is for infiltration of stormwater, it is not
26 required when subsurface conditions make infiltration infeasible. Here, subsurface exploration
27 demonstrated the infeasibility of infiltration due to a shallow low permeability layer. Stormwater
28 from hard surfaces such as roofs and the parking area will be collected, detained, receive
29 enhanced water quality treatment, and be discharged at its historic, natural discharge location at a
30 rate and volume designed to maintain the hydroperiod of the on-site wetlands.

³ It is possible that a patient could have been convicted of a crime in the past. The facility will not serve those currently in the criminal justice system.

1 Neighbors expressed concern regarding the impact of the facility on their water wells, but the
2 facility will not draw from the aquifer used by the neighbors and instead will obtain water from the
3 city of Stanwood.

4 Perhaps most importantly, the community is deeply concerned about safety—a secure civil
5 behavioral health facility is specifically designed to treat patients who are a grave danger to
6 themselves and possibly others. The facility is secure; patients cannot just walk out the door.
7 Elopements (escapes) of patients subject to court-ordered treatment are rare and almost always
8 occur away from the facility, such as when a patient visits a health care provider. Between January
9 2018 and December 2022, 60,000 people entered treatment at similar facilities, but less than one-
10 tenth of 1% eloped.⁴

11 Some raised the specter of patients refusing care and simply walking out the door into the rural
12 neighborhood. This is extremely unlikely for several reasons. First, a court ordered the patient to
13 be held in a secure facility so they may receive treatment and begin to recover their health. If they
14 refuse care (including refusal to participate in planning their discharge), they are very unlikely to be
15 freed by expiration of a court order; a further court order would usually be entered to maintain them
16 in a secure treatment facility until such time as the patient sufficiently improves or, in the worst
17 case scenario, is transferred to a different facility better able to care for the patient on a long-term
18 basis. Second, approval will be conditioned on prohibiting discharge directly into the rural
19 community. Discharge planning will include transportation to the patient’s next residence, whether
20 taken there by a friend or family in a car or by taxi or shared ride service.

21 Some expressed concern about calls for emergency services. The patient population is not likely to
22 be medically fragile as in a skilled nursing facility.⁵ Patients who are not medically stable will be
23 kept at an acute care facility and not transferred to this facility unless and until they are medically
24 stable.

25 Community members worried that the facility would look “institutional” or like a prison and therefore
26 be inconsistent with the character of the neighborhood. Some even worried that the facility would
27 be ringed with barbed wire. However, the facility is not designed to look institutional, or like a
28 prison, or have barbed wire. The buildings will be one-story with sloped metal roofs like many
29 residential and agricultural buildings in the area.⁶ The siding of buildings will have residential
30 treatments and fenced areas will be secured without looking like a prison.⁷

⁴ 59 elopements out of 60,000 detentions. Testimony of Dr. Waterland.

⁵ If the patients were medically fragile, it is unlikely they would be moved from an acute care facility to this facility, which is not designed or equipped to provide acute medical care.

⁶ E.g., ex. B.4.

⁷ E.g., exhibits M.3 and M.4.

Residential Treatment Facility North

22-102230 CUP

Decision Approving Conditional Use Permit with Conditions

1 Some expressed concerns about the impact of the facility on area property values. The record
2 does not contain sufficient legal basis to reject the application. Generalized concerns over impact
3 of a development on area property values do not constitute substantial evidence sufficient to deny
4 the application. See *Omnipoint Corp. v. Zoning Hearing Bd. of Pine Grove Twp.*, 181 F.3d 403, 409
5 (3d Cir. 1999), citing *Cellular Tel. Co. v. Town of Oyster Bay*, 166 F.3d 490, 496 (2d Cir. 1999).
6 The record demonstrates that impact on property values is equivocal at best.⁸

7 **F. Conditional Use Permit (Chapter 30.42C SCC)**

8 An application for a conditional use permit must meet the following criteria:⁹

- 9 a. The proposal must be consistent with the county's comprehensive plan;
- 10 b. The proposal must comply with the applicable requirements of title 30 SCC;
- 11 c. The proposal will not be materially detrimental to the uses or property in the immediate
12 vicinity; and
- 13 d. The proposal is compatible with, and incorporates specific features, conditions, or revisions
14 that ensures it responds to, the existing or intended character, appearance, quality of
15 development, and physical characteristics of the site and surrounding property.

16 **1. Consistency with Comprehensive Plan (SCC 30.42C.100(1)(a))**

17 The comprehensive plan designates the area as Local Commercial Farmland and is zoned Rural
18 5-acre. Tulalip Tribes obtained a boundary line adjustment of the approximately 30-acre site to
19 carve out 4.66 acres for the facility and leave the remaining 25 acres for agricultural use. While
20 less than 5 acres will be removed from agricultural use, county code explicitly permits the proposed
21 use if conditioned to mitigate its impact on the immediate community. Further, the loss must be
22 balanced against other community needs and comprehensive plan goals and objectives. The
23 comprehensive plan explicitly supports public health initiatives like this.¹⁰ No one disputed that
24 more facilities such as this are needed. The proposal is consistent with the comprehensive plan.

⁸ Ex. M.25.

⁹ SCC 30.42C.100(1) (2012).

¹⁰ Comprehensive Plan, Objective IC(1)(G).

1 **2. Compliance with Title 30 SCC (SCC 30.42C.100(1)(b))**

2 ***a. General Zoning Standards (Chapters 30.22 through 30.26 SCC)***

3 ***i. Conditional Use Allowed in Zone (Chap. 30.22 SCC)***

4 The proposed project is a level II health and social services facility, which is a permitted use with
5 conditions in the R-5 zone.

6 ***ii. Height, Setback, Bulk, and Lot Dimensions (Chap. 30.23 SCC)***

7 The proposed structure and ground support equipment comply with height, setback, bulk, and lot
8 dimension requirements.

9 ***iii. Parking (SCC 30.26.030(1))***

10 County code requires PDS to determine an appropriate number of parking stalls. SCC 30.26.035.
11 A parking study¹¹ prepared at PDS' request estimated peak parking hours, parking space demand,
12 and turnover. Although the number of staff will vary depending on patient census and visits by
13 providers, case workers, family, and friends, Tulalip Tribes proposed a ratio of 1.88 parking stalls
14 per bed, resulting in 30 stalls per building and 60 stalls total. The day shift will likely see
15 approximately 25 employees per building at full census. This is likely to be an adequate amount of
16 parking.

17 ***iv. Landscaping (SCC 30.25.025)***

18 County code typically requires a 20-foot-wide type A landscaping buffer along the perimeter of a
19 conditional use permit site, although it requires a 20-foot type B landscaping buffer for critical areas
20 and a 10-foot type B landscaping buffer along a road frontage.¹² Tulalip Tribes proposes to install
21 perimeter landscaping consistent with these requirements.

22 ***b. Environmental Review (SEPA) (Chapter 30.61 SCC)***

23 PDS issued a threshold determination of non-significance.¹³ An appeal from the threshold
24 determination was filed on October 3, 2022,¹⁴ and dismissed on December 21, 2022.¹⁵

¹¹ Ex. C.6.

¹² SCC 30.25.025(1) (2018).

¹³ Ex. E.1.

¹⁴ Ex. O.1.

¹⁵ E. T.3.

1 **c. Critical Areas Regulations (Chapters 30.62A, 30.62B, and 30.62C SCC)**

2 Three wetlands lie on the site. All three are category III wetlands. One has a habitat score of 6,
3 requiring a buffer of 150 feet, and the other two have habitat scores of 5, requiring buffers of 80
4 feet. Tulalip Tribes will use mitigation measures to reduce the buffers from 150 to 110 feet and
5 from 80 feet to 60 feet. Tulalip Tribes will also use buffer averaging allowed by SCC
6 30.62A.320(1)(g)(i) in the eastern portion of the buffers. The buffer will be reduced by 12,610 sq. ft.
7 and replaced by the same amount between the on-site wetlands. The maintenance road,
8 stormwater facilities, and septic drain field line will suffer temporary and permanent impacts, but
9 will be mitigated at an enhanced ratio as provided in SCC 30.62A.320.

10 Douglas Creek is approximately 500 feet east of the northeastern corner of the site. An on-site
11 swale converges with Douglas Creek approximately one-quarter mile south of the site, but the
12 swale does not meet the definition of a regulated stream for at least 550 feet south of the site.

13 **d. Drainage and Grading (Chapters 30.63A, 30.63B, and 30.63C SCC)**

14 Full infiltration of stormwater is not feasible at the site because of relatively low permeability and
15 the fine-grained nature of lodgement till at a shallow depth. Stormwater will therefore be collected
16 and conveyed to a detention vault. Enhanced water quality treatment will be provided by a
17 Department of Ecology approved filter plus a bioretention system. Stormwater will be discharged at
18 a rate, volume, and duration mimicking predeveloped forested conditions to the existing discharge
19 location to maintain the hydroperiod of the on-site wetlands.

20 Grading quantities are expected to be approximately 8,500 cubic yards of cut and 10,000 cubic
21 yards of fill.

	Description	How Fulfilled?
1	Stormwater Site Plan	The targeted drainage report and preliminary civil drawings satisfy this requirement. ¹⁶
2	Stormwater Pollution Prevention Plan (SWPPP)	Tulalip Tribes submitted a SWPPP that is adequate for preliminary approval.
3	Water pollution source control for new development or redevelopment	Tulalip Tribes must comply with source best management practices.
4	Preservation of natural drainage systems	Natural drainage systems will be preserved to the extent feasible. Stormwater will be discharged at the natural location with an approved dispersion

¹⁶ Exhibits B.2 and C.2.

		device. No impact to downstream drainage is expected based upon analysis of downstream conditions.
5	On-site stormwater management	On-site stormwater management will be adequate as described in the stormwater site plan and drainage narrative.
6	Runoff treatment	Enhanced water quality treatment will be provided by two modular wetland systems for parking, the drive aisle, and fire turnaround. A bioretention cell will provide treatment for roadway runoff from 300 th St. NW.
7	Flow control requirements for new development or redevelopment	Flow control will be provided by a detention vault.
8	Detention or treatment in wetlands or wetland buffers	Stormwater discharge will meet wetland hydroperiod protection criteria.
9	Inspection, operation, and maintenance requirements	Tulalip Tribes provided sufficient operation and maintenance information for preliminary approval.

1 ***e. Impact Mitigation Fees (Chaps. 30.66A, 30.66B, and 30.66C SCC)***

2 The project is not defined as development under SCC 30.91D.200 (2005) and is therefore not
3 subject to parks and recreation impact mitigation fees otherwise required by chapter 30.66A SCC.
4 School impact mitigation fees will not be assessed because the project is not a development as
5 defined by SCC 30.91D.220 (2005).

6 ***f. Transportation (Title 13 SCC, EDDS §3-02, and SCC 30.66B.420)***

7 i. Area Transportation

8 *a. Concurrency Determination (SCC 30.66B.120)*

9 County ordinances prescribe the measures and tests with which a development must comply. This
10 project meets those measures and tests. The project must be approved if it does not affect a
11 county arterial unit in arrears or cause a county arterial to go into arrears, i.e., fall below the
12 minimum level of service established by ordinance.¹⁷ Transportation Service Area (TSA) A had no

¹⁷ SCC 30.66B.120(1) (2003). Public Works deemed the proposed development concurrent as of August 8, 2022.

1 arterial units in arrears or at ultimate capacity as of the date of submittal. The development will not
2 likely generate more than 50 peak-hour trips.¹⁸

3 b. Inadequate Road Conditions (IRC) (SCC30.66B.210)

4 Irrespective of the existing level of service, a development which adds at least three evening peak
5 hour trips to a place in the road system that has an Inadequate Road Condition (IRC) must
6 eliminate the IRC to be approved. The development will not affect any IRCs in TSA A with three or
7 more evening peak hour trips, nor will it create an IRC. Therefore, it is expected that mitigation will
8 not be required with respect to IRC and no restrictions to issuance of building permits, certificates
9 of occupancy, or final inspection will be imposed under SCC 30.66B.210.

10 c. Impact Fees

11 i. County

12 The proposed development must mitigate its impact upon the future capacity of the county's road
13 system by paying a road system impact fee.¹⁹ The road system impact fee will be the product of
14 the average daily trips (ADT)²⁰ created by the development multiplied by the amount per trip for
15 TSA D identified in SCC 30.66B.330. Based on the average daily trips projected for the facility,
16 Tulalip Tribes must pay \$49,104.32 for impacts to the county road system.

1	Number of Beds	32
2	ADT per Bed	8.87
3	New ADT (line 1 x line 2)	283.84
4	ADT Credit for Existing Trips	-0-
5	Net New ADT (line 3 – line 4)	283.84
6	TSA A mitigation fee per ADT	\$173.00
7	Total Road System Impact Fee (line 5 x line 6)	\$49,104.32
8	Number of new square feet to be constructed	31,000
9	Impact Fee per square foot (line 7 ÷ line 8)	\$1.58

¹⁸ 32 beds x 0.91 AM peak-hour trips/beds = 29.12 net new morning peak-hour trips. 32 beds x 0.67 PM peak-hour trips/bed = 21.44 net new evening peak-hour trips.

¹⁹ SCC 30.66B.310 (2003).

²⁰ Public Works accepted the ADT calculation using sample data from five similar sites.

Residential Treatment Facility North

22-102230 CUP

Decision Approving Conditional Use Permit with Conditions

1 *ii. Other Jurisdictions*

2 *a. State Highway Impacts (SCC 30.66B.710)*

3 When a development's road system includes a state highway, mitigation requirements will be
4 established using the county's SEPA authority consistent with the terms of the interlocal agreement
5 between the county and the WSDOT. This is consistent with the county's SEPA policy²¹ through
6 which the county designates and adopts by reference the formally designated SEPA policies of
7 other affected agencies for the exercise of the county's SEPA authority.

8 No state highway mitigation payment will be required because no projects on Exhibit C of the
9 interlocal agreement between WSDOT and the county will be affected by three or more directional
10 trips from the development.

11 *b. Cities (SCC 30.66B.710)*

12 The county has reciprocal traffic mitigation interlocal agreements with the cities of Arlington and
13 Stanwood. The proposed project will not sufficiently affect the road network of the city of Stanwood
14 as defined by the interlocal agreement to require a mitigation payment to the city.

15 With respect to Arlington, Tulalip Tribes contends that project will not trigger any mitigation fees
16 under the interlocal agreement. Arlington disagreed and requested mitigation based upon the use
17 of mitigation measure two's mitigation zone map. However, an applicant can choose between
18 mitigation measure one or mitigation measure two. Measure one requires a mitigation impact
19 payment if one percent or more the development's evening peak-hour trips affect any
20 improvements identified in the comprehensive plan. Tulalip Tribes chose mitigation measure one
21 and no planned Arlington improvements will be affected by one percent or more of the
22 development's peak-hour trips. Therefore, Arlington's requested mitigation based on measure two
23 is not reasonably related to the impacts of the development as defined by the interlocal agreement
24 and will not be imposed.

25 ii. Project Site

26 a. Access

27 The development site will access the public road network on 300th St. NW. Sight distance at the
28 access point to the west is adequate, but sight distance to the east is not.²² Tulalip Tribes applied
29 for a deviation from the Engineering Design and Development Standards (EDDS) §3-08.²³ Tulalip

²¹ SCC 30.61.230(9) (2012).

²² Ex. C.7, p.5.

²³ PDS file no. 22-102225 WMD.

1 Tribes proposed restricting the access to right-in only from eastbound 300th St. NW and right-out
2 only from the development on to 300th St. NW. The County Traffic Engineer approved the
3 deviation, conditioned on installation of a median island to restrict turning movements.²⁴

4 b. Right of Way

5 The site fronts on 300th St. NW, a minor arterial usually requiring 40 feet of right of way on each
6 side of the center line. Only 35 feet exists on the development's side of the center line. An
7 additional five feet of right of way will be required. The additional right of way will not be credited
8 against the road mitigation payment because 300th St. NW is not in the impact fee's cost basis.

9 c. Internal Road System

10 No new public roads will be created within the development. A private commercial access and fire
11 lane will provide internal vehicular circulation.

12 d. Frontage Improvements (SCC 30.66B.410)

13 Full urban frontage improvements are usually required where the project abuts a public road.²⁵
14 Approval will be conditioned installation of asphalt concrete pavement 12 feet wide from the center
15 line with an eight-foot-wide paved shoulder. This work will not be credited against the county's road
16 impact mitigation fee because 300th St. NW is not in the impact fee's cost basis.

17 ADA ramps at the intersections of all the roads of the development must comply with minimum
18 ADA standard requirements for grades and landings as detailed in the current EDDS §4-05 D and
19 WSDOT Standard Plans F-40 series. A detail of each ADA ramp will be required in the
20 construction plans.

21 A horizontal clear/control zone is required along the parcel's frontage.²⁶ Existing or proposed fixed
22 object obstructions must be removed or relocated from this buffer for motorist safety, including
23 utility poles. The clear zone must be established as part of the frontage improvements which must
24 be implemented before the earlier of (a) approval of the final plat or (b) issuance of any occupancy
25 certificate. The clear zone will be addressed during construction plan review.

26 e. Bicycle

27 The site borders a bicycle route shown on the county-wide bicycle facility system map. The
28 frontage improvements will provide the needed bicycle path.

²⁴ Ex. G.1.

²⁵ Snohomish County Department of Public Works Rule 4222.020(1).

²⁶ EDDS §§4-15, 8-03; WSDOT Utility Manual.

1 f. Signing and Striping

2 Approval will be conditioned on payment by Tulalip Tribes to the county for signing and striping
3 installed or applied by county forces.

4 **3. Not Materially Detrimental to Nearby Uses or Property**

5 The facility is not physically detrimental to uses or property in the immediate facility, nor is the
6 proposed use materially detrimental. The facility will be set back from the property lines and
7 visually screened by landscaping buffers. The architectural elements of the proposed facility are
8 consistent with the area.²⁷ The buildings are a single story with sloped roofs and residential style
9 window design and spacing. The buildings are therefore architecturally consistent with area
10 development and not detrimental to nearby uses or property. External speakers or public address
11 systems will not be allowed, nor will exterior light fixtures without full cut-off features that prevent
12 glare and light pollution. Parking will be behind the buildings; it will not look a strip mall was
13 transplanted from the suburbs to a rural area. Water will be provided by the city of Stanwood and
14 the facility will not impair any neighboring wells or the aquifer. Too, the on-site sewer system will be
15 designed and installed consistent with health department requirements that will protect wellheads
16 of other property in the area.

17 **4. Compatibility with Site and Surrounding Property**

18 As found above, the proposed facility is visually compatible with the site and surrounding property.
19 The buildings are consistent with the scale of barns, landscaping will screen them visually, and
20 parking will be hidden from view. The wetlands will be protected by a recorded critical area site
21 plan and buffers. Stormwater will be collected, detained, treated, and discharged at its historic
22 location at a rate and volume to maintain the hydroperiod of the wetlands.

²⁷ Ex. B.4.

1 **V. CONCLUSIONS**

2 1. The Hearing Examiner has authority to approve conditional use permits. SCC 30.42C.020
3 (2003); SCC 30.42C.100 (2012); SCC 30.70.025 (2021); SCC 30.72.025 (2012).

4 2. The proposal is consistent with the county’s comprehensive plan, complies or can comply
5 with the applicable requirements of title 30 SCC, will not be materially detrimental to the uses or
6 property in the immediate vicinity, and is compatible with, and incorporates specific features,
7 conditions, or revisions that ensures it responds to, the existing or intended character, appearance,
8 quality of development, and physical characteristics of the site and surrounding property.²⁸

9 2. The Hearing Examiner concludes that Tulalip Tribes met its burden of showing the criteria
10 established by county code have been met. The proposal is consistent with the comprehensive
11 plan, county codes, the type and character of land use permitted on the project site, and applicable
12 design and development standards, subject to the conditions described below.

13 3. The Hearing Examiner concludes that adequate public services exist to serve the proposed
14 project.

15 4. The proposed project will make adequate provisions for public health, safety, and general
16 welfare with conditions as described below.

17 5. Any finding of fact in this decision which should be deemed a conclusion of law is hereby
18 adopted as a conclusion of law.

19 6. Any conclusion of law in this decision which should be deemed a finding of fact is hereby
20 adopted as a finding of fact.

21 **VI. DECISION**

22 Based on the foregoing findings of fact and conclusions of law, the Hearing Examiner hereby
23 approves the conditional use permit, subject to the following conditions:

24 **VII. CONDITIONS**

25 ***A. Operating Conditions***

26 1. The facility and its operation shall comply with all applicable federal and state laws and
27 regulations, including those of the Washington State departments of Social and Health Services
28 and Health. If applicable state or federal standards and regulations change, the facility and its

²⁸ SCC 30.42C.100(1) (2012).

1 operation shall comply with the changed regulation within the timelines required by the revised
2 regulation.

- 3 2. The use of external speakers or an external public address system is prohibited.
- 4 3. Patients shall not be discharged as pedestrians at the facility's location. Discharge plans shall
5 include transportation from the facility to the patient's next residence. For example, a patient
6 should not be allowed to walk out the facility's doors on discharge except to a waiting vehicle
7 that will transport them to their next residence, such as a friend, family, or caregiver's vehicle,
8 medical transport vehicle, taxi, or shared ride service vehicle.
- 9 4. Tulalip Tribes will develop written procedures for notification of the public in case of elopement.
10 The procedures will be developed in consultation with law enforcement and with due regard for
11 privacy and safety of the patient and community. The procedures may provide for different
12 notification procedures and recipients for different situations. The procedures will be available
13 to the public upon request and a copy provided to PDS. The procedures shall be finalized prior
14 to occupancy and shall be updated no less often than every three years.
- 15 5. The facility will be staffed at a ratio of at least one clinical staff per four patients, unless
16 subsequent standards or best practices identify a higher ratio of staff to patients.
- 17 6. All approved landscaping shall be maintained after installation. Dead or significantly damaged
18 plants and other landscaping material shall be replaced within three months of the death or
19 damage. PDS may authorize delay in replacement up to 180-days when plant death or damage
20 occurs outside the normal planting season.
- 21 7. Buildings shall be equipped with NFPA 13 automatic sprinkler systems and NFPA 72 fire alarm
22 systems, which shall be maintained in good working order.
- 23 8. All exterior lighting installed initially or in the future shall prevent glare and light pollution on
24 adjacent properties by being shielded, directed downward, and have full-cutoff features. All site
25 area lighting shall be equipped with (a) motion sensors and (b) integral photocells for dusk to
26 dawn operation. All building-mounted exterior lighting shall be controlled by dusk to dawn
27 sensors.
- 28 9. Access from and to 300th St. NW shall be restricted to right-in/right-out only, as required by the
29 EDDS deviation approved by the County Traffic Engineer.²⁹
- 30 10. Minor and major revisions to the administrative site plan shall be subject to SCC 30.70.210 or
31 30.70.220.

²⁹ PDS file no. 22-102225 WMD.

1 11. Nothing in this approval excuses Tulalip Tribes, an owner, lessee, agent, successor or assigns
2 from compliance with any other federal, state, or local statutes, ordinances, or regulations
3 applicable to this project.

4 ***B. Development Conditions***

5 **1. General**

6 12. Exhibit B.1 received by PDS on August 22, 2022 shall be the official site plan. No changes to
7 the scope or configuration are permitted without prior PDS approval. Any discrepancies
8 between the approved site plan and title 30 SCC shall be resolved in favor of title 30 SCC.

9 13. Exhibit B.3 received by PDS on August 22, shall be the approved preliminary landscaping
10 plan. Any discrepancies between the approved site plan and title 30 SCC shall be resolved in
11 favor of title 30 SCC.

12 **2. Prior to Commencement of Any Work**

13 14. No on-site construction activity other than surveying and marking is authorized unless and until
14 the required plan approvals have been obtained.

15 15. Boundary line adjustment 22-104576 BLA shall be recorded, and the recording number shall be
16 provided to PDS.

17 16. Tulalip Tribes shall have installed advance warning signs that warn drivers of construction
18 vehicles entering and exiting the site. The signs and locations shall be approved by the county.
19 The signs shall remain in place until the access point is restricted to right-in and right-out only.

20 17. A landscape maintenance security may be required in accordance with SCC 30.84.150 if
21 Tulalip Tribes requests a planting delay and PDS concurs with the suitability of the delay.

22 18. Tulalip Tribes must temporarily mark the boundary of all Critical Area Protection Areas (CAPAs)
23 required by chapter 30.62A SCC and the limits of the proposed site disturbance outside of the
24 CAPA, using methods and materials acceptable to the county.

25 19. A right-of-way use permit is required for work within the county road right-of-way.

26 20. Tulalip Tribes shall obtain the permits required for the facility, including a land disturbing activity
27 permit required by chapters 30.63A and .63B SCC.

28 21. The application for a land disturbing activity permit shall include:

- 29 a. A proposed final landscaping plan generally consistent with the approved preliminary
30 landscaping plan. The final landscaping plan shall include specifications for design and
31 locations for CAPA signs and split rail fencing.

Residential Treatment Facility North

22-102230 CUP

Decision Approving Conditional Use Permit with Conditions

Page 18 of 27

- b. Revised civil and landscape plans that correctly identify the wetlands as wetlands A, B, and C and are consistent with the approved *Wetland Buffer Mitigation Plan* written by Widener and Associates and *Wetland and Fish and Wildlife Habitat Assessment Report* written by Soundview Consultants, LLC dated January 26, 2022.
- c. A final mitigation plan based on the approved mitigation plan contained in the *Wetland Buffer and Mitigation Plan* written by Widener and Associates dated June 16, 2022, and revised August 19, 2022. The mitigation plan shall be included as a plan sheet(s) in the land disturbing activity plan set. Any temporary or permanent impacts resulting to Wetlands A and B from the proposed culvert replacement shall be accounted for in the final mitigation plan. Culvert designs and specifications shall be provided in the land disturbing activity construction plans.
- d. The landscape plan review fee. SCC 30.86.145(1).
- e. A full drainage plan pursuant to chapters 30.63A and 30.63B SCC.

22. The land disturbing activity permit shall include:

- a. Conditions that incorporate the inadvertent discovery protocols contained in the Cultural Resources Assessment for a Proposed 32-Bed Behavioral Health Center, prepared by Drayton Archaeology, dated January 5, 2022.
- b. The following text required by SCC 30.32B.210:³⁰

Your real property is on, adjacent to, or within 1,300 feet of designated farmland; therefore, you may be subject to inconveniences or discomforts arising from agricultural activities, including but not limited to, noise, odors, fumes, dust, smoke, the operation of machinery of any kind (including aircraft), the storage and disposal of manure, the application by spraying or otherwise of chemical or organic fertilizers, soil amendments, herbicides and pesticides, hours of operation, and other agricultural activities.

Snohomish County has adopted an Agricultural Lands Regulations (chapter 30.32B SCC) which may affect you and your land. You may obtain a copy of chapter 30.32B SCC from Snohomish County.

A provision of chapter 30.32B SCC provides that "agricultural activities conducted on designated farmland in compliance with acceptable agriculture

³⁰ SCC 30.32B.210(2) (2018) requires the disclosure in all development permits. Although "development permit" is undefined in county code, and "development" is defined in chap. 30.91D SCC in a way that does not include this work, the definition of "development activity" includes land disturbing activity. SCC 30.91D.240 (2003).

1 practices are presumed to be reasonable and shall not be found to constitute a
2 nuisance unless the activities have a substantial adverse effect on the public
3 health or safety."

4 This disclosure applies to the real property upon any development or building
5 permit approval; or, in the case of real property transfers, the disclosure applies
6 to the subject property as of the date of the transfer. This disclosure may not be
7 applicable thereafter if areas designated as farmland are changed from the
8 farmland designation.

9 Prior to issuance of the land disturbing activity permit:

10 23. Tulalip Tribes shall obtain approval of its on-site sewer system design from the Health
11 Department and provide a copy of the design and approval to PDS.

12 24. Tulalip Tribes shall record the following with the County Auditor and provide PDS with a copy of
13 the recorded document and Auditor's file number:

- 14 a. Stormwater facility easement.
- 15 b. Off-site septic easement.
- 16 c. Declaration of covenant for maintenance of the pre-treatment system of the on-site sewer
17 system.³¹
- 18 d. A Critical Areas Site Plan (SCC 30.62.160) that designates critical areas and their buffers
19 as Critical Area Protection Areas (CAPAs). A copy of the recorded plan and the Auditor's
20 recording file shall be provided to PDS. The plan must identify areas which are currently
21 being used for other purposes (e.g., mowed fields). The plan must contain the following
22 restrictive language:

23 Except as provided herein All CRITICAL AREA PROTECTION AREAS shall be
24 left permanently undisturbed in a substantially natural state. No clearing, grading,
25 filling, building construction or placement, or road construction of any kind shall
26 occur except: non-ground disturbing interior or exterior building improvements;
27 routine landscape maintenance of established, ornamental landscaping; non-
28 ground disturbing normal maintenance or repair; felling or topping of hazardous
29 trees based on review by a qualified arborist; removal of noxious weeds
30 conducted in accordance with chapter 16-750 WAC; maintenance or
31 replacement that does not expand the affected area of septic tanks and

³¹ See testimony of Evan Haines.

1 drainfields, wells, or individual utility service connections; data collection by non-
2 mechanical means; and non-mechanical survey and monument placement.

3 e. An executed land use permit binder.

4 25. Tulalip Tribes shall have paid:

5 a. A landscape site inspection fee consistent with SCC 30.86.145(3).

6 b. The amount required by the county for installation of signs and striping. SCC 13.10.180.

7 **3. Prior to Combustible Construction**

8 26. Tulalip Tribes shall have provided PDS with a final certificate of water availability that verifies all
9 hydrants have been installed, are charged and operational, and the minimum required fire flow
10 can be met.

11 **4. Prior to Final Inspection of the Land Disturbing Activity Permit**

12 27. The high decorative screen fence detailed on sheet L-520 of the approved preliminary
13 landscape plan must be satisfactorily installed adjacent to the parking lot, as depicted on
14 sheets L-210, L-211, and L-212 of the preliminary landscape plan.

15 28. All CAPA boundaries shall have been permanently marked on the site prior to final inspection
16 by the county, with both CAPA signs and adjacent markers which can be magnetically located
17 (e.g., rebar, pipe, or 20 penny nails). Tulalip Tribes may use other permanent methods and
18 materials if they are approved by the county before installation. Where a CAPA boundary
19 crosses another boundary (e.g., lot, tract, plat, or road), a rebar marker with surveyors' cap and
20 license number must be placed at the line crossing.

21 29. CAPA signs shall have been placed no greater than 100 feet apart around the perimeter of the
22 CAPA. Minimum placement shall include one Type 1 sign per wetland, and at least one Type 1
23 sign shall be placed in any lot that borders the CAPA, unless otherwise approved by the county
24 biologist. The design and proposed locations for the CAPA signs shall be submitted to PDS for
25 review and approval prior to installation.

26 30. The final mitigation plan shall have been implemented to the satisfaction of the county.

27 31. Mitigation maintenance and warranty security shall have been provided in accordance with the
28 mitigation and warranty security requirements of chapter 30.84 SCC to ensure that the
29 mitigation meets the performance requirement targets contained in the approved mitigation
30 plan.

31 32. Split-rail fencing shall be satisfactorily installed around the boundary of CAPA.

Residential Treatment Facility North

22-102230 CUP

Decision Approving Conditional Use Permit with Conditions

Page 21 of 27

1 **5. Building Permits**

2 33. The architectural plans submitted for building permit review shall comply with all applicable
3 building and fire code requirements and with conditions 7 (automatic fire sprinklers and alarms)
4 and 8 (exterior lighting).

5 34. Prior to building permit issuance:

- 6 a. Tulalip Tribes shall provide PDS with a copy of the Snohomish County Department of
7 Health's approval of the on-site sewer system installation.
- 8 b. Tulalip Tribes shall pay an impact fee to Snohomish County for traffic impacts on the
9 county's road system in the amount of \$49,104.32. The impact fee shall be distributed to
10 each Transportation Service Area in accordance with SCC 30.66B.340, as indicated in the
11 allocation table below. This payment may be made proportionately with each building
12 permit.

Road System Impact Fee Allocation Table	
To TSA	Total Amount
TSA A	\$16,312.46
TSA B	\$4,556.88
TSA C	\$373.19
TSA D	\$21,055.93
TSA E	\$2,293.17
TSA F	\$4,512.69
Total Owed: \$49,104.32	

- 13
- 14 c. Tulalip Tribes shall have deeded five feet as right of way along the property frontage on
15 300th Street NW for a total of 40 feet from the center line of the right of way, or as determined
16 by the Department of Public Works.

17 35. As required by SCC 30.32B.210, the following disclosure language of SCC 30.32B.220 shall be
18 included on the commercial building permit:

19 Your real property is on, adjacent to, or within 1,300 feet of designated farmland;
20 therefore, you may be subject to inconveniences or discomforts arising from
21 agricultural activities, including but not limited to, noise, odors, fumes, dust, smoke,
22 the operation of machinery of any kind (including aircraft), the storage and disposal
23 of manure, the application by spraying or otherwise of chemical or organic fertilizers,
24 soil amendmets, herbicides and pesticides, hours of operation, and other
25 agricultural activities.

Residential Treatment Facility North

22-102230 CUP

Decision Approving Conditional Use Permit with Conditions

1 Snohomish County has adopted an Agricultural Lands Regulations (chapter 30.32B
2 SCC) which may affect you and your land. You may obtain a copy of chapter 30.32B
3 SCC from Snohomish County.

4 A provision of chapter 30.32B SCC provides that "agricultural activities conducted on
5 designated farmland in compliance with acceptable agriculture practices are
6 presumed to be reasonable and shall not be found to constitute a nuisance unless
7 the activities have a substantial adverse effect on the public health or safety."

8 This disclosure applies to the real property upon any development or building permit
9 approval; or, in the case of real property transfers, the disclosure applies to the
10 subject property as of the date of the transfer. This disclosure may not be applicable
11 thereafter if areas designated as farmland are changed from the farmland
12 designation.

13 **6. Prior to Occupancy**

14 36. The elopement notification procedures required by condition 4 shall be finalized and a copy
15 provided to PDS.

16 37. Prior to installation of the proposed monument sign, Tulalip Tribes shall obtain a sign permit.
17 The proposed monument sign shall substantially match the proposed monument sign on the
18 conditional use application signage plan and be located as shown on the approved site plan.

19 38. All required landscaping, including perimeter, parking, and site, shall be installed, and a
20 qualified landscape designer shall certify to PDS that the installation complies with county code
21 and the approved plans.

22 39. All fire hydrants shall have been equipped with the following:

23 a. A 4-inch Storz steamer port.

24 b. The top of the hydrant shall be painted pursuant to the level of service provided. The tops
25 of the hydrants shall be painted blue because the level of service provided is greater than
26 1,500 gpm.

27 40. Tulalip Tribes shall have installed blue street reflectors hydrant side of the center line to assist
28 approaching emergency vehicles apparatus to locate the hydrant.

29 41. Tulalip Tribes shall have installed all fire lane pavement striping per the approved site plan. The
30 fire lane shall be labeled "No Parking Fire Lane" every 50 feet.

31 42. Tulalip Tribes shall have constructed rural frontage improvements along the parcel's frontage
32 on 300th Street NW to the satisfaction of the county.

Residential Treatment Facility North

22-102230 CUP

Decision Approving Conditional Use Permit with Conditions

Page 23 of 27

1 43. The access point shall be restricted to right-in/right-out only and the construction of this access
2 restriction will be to the satisfaction of the county

3 **C. Termination and Expiration**

4 44. This conditional use permit shall expire:

5 a. Five years from the date of this approval if the proposed use has not commenced (SCC
6 30.70.140); or

7 b. One year after the site ceases to be used as a secure inpatient behavioral health facility.

8 45. This conditional use permit shall terminate if:

9 a. Conditions of this permit are violated and not promptly corrected;

10 b. Conditions of this permit are repeatedly violated, even if promptly corrected;

11 c. Any license or permit required by state or other law or regulation for operation of the facility
12 expires or is terminated; or

13 d. Applicable federal, state, or local laws or regulations are violated and not promptly corrected.

Decision issued this 7th day of March, 2023.

Peter B. Camp

Peter B. Camp
Hearing Examiner

1 **VIII. EXPLANATION OF RECONSIDERATION AND APPEAL PROCEDURES**

2 The decision of the Hearing Examiner is final. Any party of record petition the Hearing Examiner to
3 reconsider the decision and any party of record may appeal the decision to the County Council.
4 However, reconsideration by the Hearing Examiner may also be sought by a party of record. The
5 following paragraphs summarize the reconsideration and appeal processes. For more information
6 about reconsideration and appeal procedures, please see chapter 30.72 SCC and the respective
7 Hearing Examiner and Council Rules of Procedure.

8 ***Reconsideration***

9 Any party of record may request reconsideration by the Hearing Examiner from the date of this
10 decision. A petition for reconsideration must be filed in writing with the Office of Hearings
11 Administration, 2nd Floor, Robert J. Drewel Building, 3000 Rockefeller Avenue, Everett,
12 Washington, (Mailing Address: M/S No. 405, 3000 Rockefeller Avenue, Everett WA 98201) by
13 hand delivery, US mail, or email³² **on or before March 17, 2023**. There is no fee for filing a petition
14 for reconsideration. The petitioner for reconsideration shall mail or otherwise provide a copy of the
15 petition for reconsideration to all parties of record on the date of filing. SCC 30.72.065.

16 A petition for reconsideration does not have to be in a special form but must contain the name,
17 mailing address and daytime telephone number of the petitioner, the signature of the petitioner or
18 of the petitioner’s attorney, if any; identify the specific findings, conclusions, actions and/or
19 conditions for which reconsideration is requested; state the relief requested; and, where applicable,
20 identify the specific nature of any newly discovered evidence and/or changes proposed by the
21 applicant.

22 The grounds for seeking reconsideration are limited to the following:

- 23 (a) The Hearing Examiner exceeded his jurisdiction;
- 24 (b) The Hearing Examiner failed to follow the applicable procedure in reaching his decision;
- 25 (c) The Hearing Examiner committed an error of law;
- 26 (d) The Hearing Examiner’s findings, conclusions and/or conditions are not supported by the
27 record;
- 28 (e) New evidence is discovered which could not reasonably have been produced at the hearing
29 and which is material to the decision; or

³² Hearing.Examiner@snoco.org.

1 (f) The applicant proposed changes to the application in response to deficiencies identified in
2 the decision.

3 Petitions for reconsideration will be processed and considered by the Hearing Examiner pursuant
4 to the provisions of SCC 30.72.065. Please include the county file number in any correspondence
5 regarding this case.

6 ***Appeal***

7 An appeal to the County Council may be filed by any aggrieved party of record **on or before**
8 **March 21, 2023**. Where the reconsideration process of SCC 30.72.065 has been invoked, no
9 appeal may be filed until the reconsideration petition has been decided by the hearing examiner.

10 An aggrieved party need not file a petition for reconsideration but may file an appeal directly to the
11 County Council. If a petition for reconsideration is filed, issues subsequently raised by that party on
12 appeal to the County Council shall be limited to those issues raised in the petition for
13 reconsideration.

14 Appeals shall be addressed to the Snohomish County Council but shall be filed in writing with the
15 Department of Planning and Development Services, 2nd Floor, County Administration-East
16 Building, 3000 Rockefeller Avenue, Everett, Washington (Mailing address: M/S No. 604, 3000
17 Rockefeller Avenue, Everett, WA 98201), and shall be accompanied by a filing fee in the amount of
18 five hundred dollars (\$500.00) for each appeal filed; PROVIDED, that the fee shall not be charged
19 to a department of the County. The filing fee shall be refunded in any case where an appeal is
20 summarily dismissed in whole without hearing under SCC 30.72.075.

- 21 1. Scan the original manually signed (handwritten) copy of the appeal document;
- 22 2. Send your appeal as an email attachment to epermittech@snoco.org. Please include your
23 phone number where you can be reliably reached.
- 24 3. Staff will call you to collect your credit card information and process your payment.
- 25 4. Mail the original to Snohomish County PDS, 3000 Rockefeller M/S 604, Everett, WA 98201.

26 An appeal must contain the following items in order to be complete: a detailed statement of the
27 grounds for appeal; a detailed statement of the facts upon which the appeal is based, including
28 citations to specific Hearing Examiner findings, conclusions, exhibits or oral testimony; written
29 arguments in support of the appeal; the name, mailing address and daytime telephone number of
30 each appellant, together with the signature of at least one of the appellants or of the attorney for
31 the appellant(s), if any; the name, mailing address, daytime telephone number and signature of the
32 appellant's agent or representative, if any; and the required filing fee.

33 The grounds for filing an appeal shall be limited to the following:

- 34 (a) The decision exceeded the Hearing Examiner's jurisdiction;
- 35 (b) The Hearing Examiner failed to follow the applicable procedure in reaching his decision;
- 36 (c) The Hearing Examiner committed an error of law; or

Residential Treatment Facility North

22-102230 CUP

Decision Approving Conditional Use Permit with Conditions

1 (d) The Hearing Examiner’s findings, conclusions and/or conditions are not supported by
2 substantial evidence in the record. SCC 30.72.080

3 Appeals will be processed and considered by the County Council pursuant to the provisions of
4 chapter 30.72 SCC. Please include the county file number in any correspondence regarding the
5 case.

6 Staff Distribution:

7 Department of Planning and Development Services: Rebecca Samy

8 The following statement is provided pursuant to RCW 36.70B.130: “Affected property owners may
9 request a change in valuation for property tax purposes notwithstanding any program of
10 revaluation.” A copy of this Decision is being provided to the Snohomish County Assessor as
11 required by RCW 36.70B.130.

	Name	Address	City	State	Zip	E-Mail	Concerns	
POR & Agency List	22-102230-CUP	Residential Treatment Facility North	Hearing: Jan 24, 25 & 26 2023, 9:00 a.m. and 6:00 p.m. on Jan 26, 2023					
PUBLIC COMMENTS	Allen Saunders					allen.saunders@comcast.net	Comments/Opposition	
	Allie Perry					sheparda@hotmail.com	Comments/ Opposition	
	Allison Warner	316 Dove Drive	Camano Isla	WA	98282	allisivy@gmail.com	Comments/Support	
	Amy Bergemeier					abergemeier@yahoo.com	Comments/ Opposition	
	Anna Nepomuceno	1107 NE 45th St, Suite 330	Seattle	wa	98105	anepomuceno@namiwa.org	Comments/Support	
	Anne Jones	7607 Stauffer Rd	Stanwood	WA	98292	anniewaynorth@yahoo.com /ajones@sno-i	Comments/ Opposition	
	Brent Koos					brentkoos@gmail.com	POR/Comments	
	Bruce Collins					bruceposu@frontier.com	Comment/Opposition	
	Bruce & Peggy Kitting	7229 286th Pl NW	Stanwood	WA	98292	peggypooh321@yahoo.com	POR/Opposition	
	Candace Trautrman	1025 Aqua Vista Lane	Camano Isla	WA	98282	philandcandy@wavecable.com	Comments/Support	
	Carol Dvorak Volkman					caroldvorak@outlook.com	Comments/support	
	Carol Korpi					korpcj1@gmail.com	Comments/Support	
	Catherine Carpenter	5128 Happy Hollow Road	Stanwood	WA	98292	uryurhere@earthlink.net	Comments/Opposition	
	Chris Davis					cdavisbusiness@yahoo.com	POR/Comments	
	Chris Larson					captlarski1@gmail.com	POR/Opposition	
	Christi Bell					christibell@yahoo.com	Comments/Opposition	
	Christina Gravin					cgarvin86@gmail.com	Comments/Opposition	
	Christina Robertson					moosetales@aol.com	Comments/Opposition	
	Claudia Davidson					claudia@mainstreeyarn.com	Comments/Support	
	CM Nate Nehring					nate.nehring@co.snohomish.wa.us	Comments	
	Darren and Alyona Franz					izbushka.llc@gmail.com	Comments/Opposition	
	David Fugate	Mount Baker Meadows				mountbakermeadows@gmail.com	POR/Comments	
	Dean Van Vleet					dean.namiskagit@gmail.com	POR	
	Deana Ottum					kezo@comcast.net	POR/Comments/Support	
	Deb Hubenthal					deborahhubenthal@gmail.com	POR	
	Debbie Jadwin					djadwin53@gmail.com	Comments/Opposition	
	Dee Shishido	31707 West Lake Ketchum Road	Stanwood	WA	98292	tangles39@hotmail.com	POR/Opposition	
	Delbert Fox	7229 300th St. NW	Stanwood	WA	98292		Comments/Support US Mail	
	Diana Perry					diventuresinc@aol.com	Comments/Opposition	
	Dinah Aldrich					dinahaldrich@gmail.com	Comments/Support	
	Donna Knight					errymor@gmail.com	Comments	
	Donna Olson	Board Chair for Take the Next Step				donnaolson@gmail.com	Comments/Support	
	Elizabeth Reed	31522 West Lake Ketchum Road	Stanwood	WA	98292	elizabeth@interfacetechnw.com	Comments	
	Frederic Berg	8202 317th Pl NW	Stanwood	WA	98292	fredericpberg@msn.com	POR Request/General Opposition	
	Garry Olson	273rd Street NW	Stanwood	WA		stanwoodstumpy@hotmail.com	Comments/Opposition	
	Gay-Lynn Beighton					gay-lynnb@namisnohomishcounty.org	POR Request/Comments	
	Ganelle Swindler	4621 191st Pl NE	Arlington	WA	98223	swindler_gan@LIVE.COM	Comments/opposition	
	G.L. DeBortole	30432 80th Ave NW	Stanwood	WA	98292	Geno6860@gmail.com	Comments/Opposition	
	Gregg Small					gregg.small@wsu.edu	Comments/opposition	
	Gretchen Saari					gsaari@msn.com	Comments/support	
	Gwen Phillips					mcinlineq@gmail.com	Comments/Opposition	
	Hank Tingler	7420 300th St NW	Stanwood	WA	98292	brownshooo@earthlink.net	POR Request	
	Harvey Stackhouse					hstackhouse1948@gmail.com	Comments, safety, response times. Etc.	
	James Hamilton	9718 271ST ST NW	Stanwood	WA	98292		Comments/opposition US Mail	

Jan Iverson					janiverson4950@gmail.com	Comments/Opposition
Janet Graafstra					graafstrajan@gmail.com	Comment/Opposition
Jayson Russell					jaysonrussell@outlook.com	Comment/Opposition
Jeremiah Bauman					jeremiah.r.bauman@gmail.com	Comment/Support
Jessica Gilman					jessicamarie0125@aol.com	Comment/Opposition
Jim Bloss					jbloss132@gmail.com	POR request
Jim Dolan	10027 269th Place NW	Stanwood	WA	98292	jbdolan@jbdolan.com	comment/support
Joan Andrews	28130 Lund Hill Rd	Stanwood	WA	98292	andfre65@yahoo.com	POR/General Opposition
Joan Rave					fedheads@hotmail.com	Comment/Support
Joseph Chartier					jac98270@comcast.net	Comments/Support
Joseph Wilson					joeyw206@gmail.com	Comments/Support
Julia Katzenmaier					j_katzenmaier@icloud.com	Comments/Road Improvements
Julie Melville					julielmelville@gmail.com	POR Request/Comments Support
Kaitlenn Donham					kkaters20@aol.com	Comments/ Opposition
Kandyce Hansen	30627 87th AVE NW	Stanwood	WA	98292	kandycehansen1@gmail.com	Comments/Opposition
Kara Dineen	202 South Sams Street	Monroe	WA	98272	kara@ttns.org	Comments/Support
Karen Dickson					kranmom@hotmail.com	Comments/Opposition
Karen Schilde	5012 West View Drive	Everett	WA	98203	schildek@comcast.net	Comments/Support
Kathleen Chiles	21423 55th Ave SE	Woodinville	WA	98072	k.chiles22@live.com	Comments/Support
Kathleen McKee	PO Box 121	Stanwood	WA	98292	mckee.kdm@gmail.com	POR request
Kathy Richarson					kathymrichardson@yahoo.com	POR/Questions
Katie & Ed Farrey	27313 Pioneer Hwy	Stanwood	WA	98292	kffarrey@gmail.com	Comments/Support
Katie Mahoney					katie.a.mahoney@gmail.com	Comments/Support
Katie Weeks	32030 76th Ave NW	Stanwood	WA	98292	klweeks@gmail.com	Comments/Opposition
Kelsey Edwardsen					kelseyedwardsen@gmail.com	POR request
Kelsi Opland					KelsiOpland@hotmail.com	Comments/Opposition
Kevin & Jenell Jones					jordannursery@yahoo.com	Comments
Kiley Casey					caseykiley@me.com	Comments/Opposition
Kimberly Acuff					kimberly.acuff@gmail.com	Comments/Opposition
Kip Litehiser & Margo Townsend					litetown@frontier.com	Comments/Opposition
Konni Kasemeier					katokon@aol.com	Comment/Opposition
Kris Cimino					kriscimino@comcast.net	Comments/Opposition
Laura Oltman					horsenerd801@gmail.com	Comments/ Opposition
Lauren Simonds	1107 NE 45th St, Suite 330	Seattle	WA	98105	LSimonds@namiwa.org	POR/supportive
Leanna Partridge					leannapartridge@gmail.com	Comments/Opposition
Liliana Uribe					lilianadelourdes@yahoo.com	Support comment
Linda Godwin					lgodwin5601@gmail.com	Comments/support
Lynn White					ldaviswhite@yahoo.com	POR/Opposition
Lynne Donovan					lynne51donovan@yahoo.com	POR/Opposition
Marcy Imus					deterow@aol.com	Comments/ Opposition
Maria Arreola					Maria_arreola@nsbhaso.org	POR
Mark Schinman	8324 300th St NW	Stanwood	WA	98292	mark@schinman.com	Comments/Opposition
Marsha J. Hicks	6705 57th Steet NE	Marysville	WA	98270	marjon.hicks@gmail.com	Comments/Support
Mary Anne Osborn	PO Box 670	Edmonds	WA	98020	mawosborn@msn.com	Comments/Support
Mary Gage					meliz50@hotmail.com	Comments
MaryAnn Kridler	8120 300th Street NW	Stanwood	WA	98292	mi.cha.el9.mk@gmail.com	Comments/Opposition
Meagen Watne					meagen.watne@gmail.com	Comment

Meg McClure					megmclure234@gmail.com	Comments/Support
Megan Tucker					malone812003@yahoo.com	Comments/Opposition
Melanie & Paul Sobotta					paulandmelanie@wavecable.com	Comments/Opposition
Melissa Walstad					braaten794@icloud.com	Comments
Michael Carmichael	28807 80th Av NW	Stanwood	WA	98292	stokewood33@yahoo.com	POR /Comments
Michael James					mfj62@yahoo.com	POR
Michele Meaker					michelem@namisnohomishcounty.org	Comments/Support
Mike Buckland					bucklandmike@hotmail.com	Comments/Support
Mike Hayslip					mikejenhayslip@hotmail.com	Comments/Support
Murphy Russell	7314 300th St NW	Stanwood	WA	98292	jnmr0617@gmail.com	Comments/Opposition
Nora Davis					lowcforme@gmail.com	Comments/support
North Stanwood Concerned Citizens					northstanwoodconcernedcitizens@gmail.com	Comments/Support
Pam Reeves	29106 68th Ave Nw	Stanwood	WA	98292	preevesrq@gmail.com	Comments
Pamela Thompson	29330 46th Drive NW	Stanwood	WA	98292	dogday@myfrontiermail.com	Comments/Opposition
Pat Wilder	8305 311th St NW	Stanwood	WA	98292	fanta002@aol.com	POR Request/Comments
Patrick & Heidi Wade					pjwade_454@yahoo.com	Comments
Patty Tingler					animalfancy@gmail.com	Comments
Paul & Candice Amrine	31009 76th Ave. NW	Stanwood	WA	98292	candipaul@aol.com	Comments/Opposition
Paul Miller	30733 76th Ave NW	Stanwood	WA	98292	millerpaulcutler@gmail.com	POR request
Paula Segale					PaulaSegale@msn.com	POR/Opposition
Peggy Kitting	7229 286th PI NW	Stanwood	WA	98292	peggypooh321@yahoo.com>	Comments/Opposition
Peggy Miller	30733 76th Ave NW	Stanwood	WA	98292	pfmiller.49@gmail.com	POR Request/Comments/Opposition
Rachelle Cummings					rachellecummings92@gmail.com	POR/Opposition
Ralph & Amy Esary	4626 Village Road	Stanwood	WA	98292	esary5@frontier.com	Comments/Opposition
Ramona Snowden					ramona.thepest@frontier.com	Comments/Opposition
Richard Moparman					richardmoparman@aol.com	Comments/Opposition
Richard Vaughan					windenrayn@yahoo.com	POR
Rick Flores					rick.d.flores@gmail.com	POR/Questions
Rob Gilden					robgilden@yahoo.com	Comment/Opposition
Robert and Gloria Drury					drurylane1@yahoo.com	Comment
Robert James					lovelychevytruck@gmail.com	Comment/Opposition
Robin Carmichael					robinwood333@yahoo.com	Comments/Opposition
Robyn Gibson	8217 313th PI NW	Stanwood	WA	98292	gibsonrobyn9@gmail.com	POR/Comments
Ron Howell					rhowell@wavecable.com	Comment/Opposition
Rose Dennis					roseden21@hotmail.com	Comment/Support
Roy Everett					royamy@wavecable.com	POR/Comments
Sam Keller					sam_c_Keller@hotmail.com	POR request
Sandra E. Sanford					sandysanford@comcast.net	Comments/Support
Sarah Gibson					s.j.gibs1@gmail.com	Comments/ Opposition
Saranne Moersch					saranne.moersch@gmail.com	Comments/Support
Sean Gillespie					omalley1537@yahoo.com	Comments/ Opposition
Sharon Swift					sharonbuddy@wavecable.com	Comments/support
Sheila Harrington	3520 214th St SW	Brier	WA	98036	sheharr@aol.com	Comment/Support
Shirley O					zocs@comcast.net	Comment/Support
Sid Roberts	10220 270th St NW	Stanwood	WA	98292	sid.roberts@stanwoodwa.org	Comments
Skyler Malan					Skyler.Malan@snoco.org	Comments/support
Sonya Johnson					sjohnson409@gmail.com	Comments/Support

	Stacy Moore				stacyamoore@ymail.com	comments/support
	Stan Burwell	8627 Myrtle Road	Stanwood	WA	98292 stanburwell78@gmail.com	Comments/Opposition
	Stephen Hendrickson	29206 64th Ave NW	Stanwood	WA	98292 steve@hendricksonhomestead.com	POR
	Steve Snowden				steve.snowden@frontier.com	Comments/Opposition
	Stuart Heady	851 Westview Court	Stanwood	WA	98282 stuart.HEADY@gmail.com	POR/Supportive Comments
	Sue Keller	PO Box 601	Stanwood	WA	98292 sjkeller61@gmail.com	POR request
	Susann E Hendrickson				suehenhome@gmail.com	Comments/Opposition
	Teresa Buckland				bucklandmike@hotmail.com	Comments/Support
	Tim Schmitt	26910 92nd Ave NW, Suite C5, Box 115	Stanwood	WA	98292 lethalwit@hotmail.com	POR request/questions
	Tina Sharp				myemail2tina@yahoo.com	Comments/Opposition
	Toni Reading				toni.reading@gmail.com	Comments/POR support
	Tracy Sellers				tracy271wa@yahoo.com	POR request/questions
	Trisha Pearce	PO Box 121	Stanwood	WA	98292 tpearcern@yahoo.com	Comments
	Tyler Shellenberg				tyler.shellenberg@outlook.com	Comments/support
	Vicki Russell	PO Box 626	Stanwood	WA	98292 vmrranch@msn.com	POR/Opposition
	Vivian Henderson				vmail@cedarcomm.com	Comment/Support
AGENCIES/TRIBAL	Amy Rusko	Ci of Arlington			arusko@arlingtonwa.gov	
	Mary Wicklund for Mark Flury	PUD - electrical			MLWicklund@SNOPUD.com	
	Roland Storme	WSDOT			stormer@wsdot.wa.gov	
	Tansy Schroeder	Ci of Stanwood			Tansy.Schroeder@ci.stanwood.wa.us	
	Kevin Hushagen	Ci of Stanwood Public Works			kevin.hushagen@ci.stanwood.wa.us	
	Antonia Weiss	Health Department			antonia.weiss@snoco.org	
	Lucas Larson	Health Department			lucas.larson@snoco.org	
	Ian Huri	Sno Co Sheriffs Office			ian.huri@co.snohomish.wa.us	
	Scott Robertson	Sno Co Sheriffs Office			Scott.Robertson@co.snohomish.wa.us	
	Steve Goforth	North County EMS			sgoforth@northcountyfireems.com	
	Rebecca Samy	Sno Co Pland & Dev Svcs			rebecca.samy@snoco.org	
	Doug McCormick	Sno Co DPW			Doug.McCormick@so.snohomish.wa.us	
	Shelley Klasse	Stanwood -Camano School District			rklasse@stanwood.wednet.edu	
	Ann C. House	Staff Attorney for Snoqualmie Tribe			ann.harrie@snoqualmietribe.us	wetland information request
	Gene Enick	Tulalip Tribe Cultural Division			genick@tulaliptribes-nsn.gov	Requesting Cultural Assessment
	Todd Gray	Tulalip Tribe Environmental Division			toddgray@tulaliptribes-nsn.gov	Comments/Wetlands
	Kelsey Payne	Snoqualmie Tribe/Water Quality Manager			kelsey.payne@snoqualmietribe.us	wetland information request
	Richard Young	Tulalip Tribes Cultural Division			ryoung@tulaliptribes-nsn.gov	
MEDIA	Hannah Furfaro	Seattle Times			hfurfaro@seattletimes.com	POR Request
	Izzie Lund	Stanwood Camano News			ilund@scnews.com	POR Request
	Jacqueline Allision	Everett Herald			jacqueline.allison@soundpublishing.com	Inquiry for Hearing Date
APPLICANT/OWNER CONTACT PERSON	Kelsey Edwardson	Tulalip Tribes			kelsey@wenahagroup.com	
	Christine Phillips	BCRA			cphillips@bcradesign.com	
	Evan Haines	Korsmo			ehaines@korsmo.com	
	Keith Banes	Wenaha Group representing Tulalip Tribes			KeithB@wenahagroup.com	
	Zachary Crum	BCRA			zcrum@bcradesign.com	
	Dr. Charissa Fotinos	HCA			charissa.fotinos@hca.wa.gov	
	Dr. Keri Waterland	HCA			keri.waterland@hca.wa.gov	

Jim Wolch
Aaron Van Aken

BCRA
Heath and Associates

jwolch@bcradesign.com
avanaken@heathtraffic.com

SEPA APPEAL (Dismissed 12/21/22)

APPEAL

Applicant

Christine Phillips, BCRA (Applicant) BCRA
Evan Haines, Korsmo (Applicant) Korsmo
Keith Banes, Wenaha Group (Applic Wenaha Group representing Tulalip Tribes
Jim Wolch, BCRA (Applicant) BCRA
Rhylee Marchand, Tulalip Tribes (A Counsel for Tulalip Tribes
Lisa Koop, Tulalip Tribes (Applicant) Counsel for Tulalip Tribes
Tyler Eastman, Tulalip Tribes (Applic Counsel for Tulalip Tribes

cphillips@bcradesign.com
ehaines@korsmo.com
KeithB@wenahagroup.com
jwolch@bcradesign.com
rmarchand@tulaliptribes-nsn.gov
lkoop@tulaliptribes-nsn.gov
teastman@tulaliptribes-nsn.gov

PDS

Rebecca Samy, PDS
Laura Kisielius, PDS
David Irwin, PDS
Erin Harker, PDS
Kenneth Crossman, PDS
Caleb Duhnke, PDS
Seth Henderson, PDS
Tom Barnett, PDS
Michael Dobesh, PDS
Mohammad Uddin, PDS
Douglas McCormick, PDS

rebecca.samy@snoco.org
Laura.Kisielius@co.snohomish.wa.us
David.Irwin@co.snohomish.wa.us
Erin.Harker@co.snohomish.wa.us
Ken.Crossman@co.snohomish.wa.us
Caleb.Duhnke@co.snohomish.wa.us
Seth.Henderson@co.snohomish.wa.us
Tom.Barnett@co.snohomish.wa.us
Michael.Dobesh@snoco.org
Mohammad.Uddin@co.snohomish.wa.us
DMcCormick@co.snohomish.wa.us

Health Dist

Antonia Weiss, SnoHD
Lucas Larson, SnoHD

antonia.weiss@snoco.org
lucas.larson@snoco.org

Appellant

Kathy Richardson, Appellant

kathymrichardson@yahoo.com

Snohomish County residential treatment facility

Frequently asked questions – March 2022

What kind of facility is being built in Snohomish County?

The residential treatment facility will provide 16-beds for inpatient evaluation and treatment services. The Health Care Authority will provide ongoing maintenance of the facility. A second 16-bed facility may be built on the site in the future.

The facility will serve individuals who are civilly committed on 90- or 180-day orders, and it will enable people to receive mental health treatment close to their home, family, and community. The purpose is for this facility to become a part of the community as a resource, a partner, and a good neighbor.

Who will this facility serve?

This location will serve people ages 18 and older who are court-ordered for long-term civil commitment for up to 180 days under the state's [Involuntary Treatment Act](#). These are community members who are experiencing mental health needs such as mood and thought disorders. They may also have substance use disorders as a secondary diagnosis. **These are not individuals involved in the criminal court system.**

Most commonly, individuals are placed in treatment this way when a loved one calls a crisis line or 911 and is connected with a designated crisis responder (DCR). The DCR assesses whether the individual meets civil commitment criteria. If the individual does meet the criteria:

- The individual will be committed to a hospital for a 120-hour evaluation.
- Discharge planning begins as soon as the patient is admitted.
- If needed, subsequent court hearings can result in additional commitments of 14, 90 or 180 days.
- **The Snohomish County community-based facility will only treat people for 90-or-180-day commitments.**
- The goal is to stabilize the patient sufficiently so that they can return to the community as quickly as possible.

Why is this facility being built in Snohomish County?

For one of the largest counties in the state, Snohomish does not have adequate capacity to serve community members with behavioral health needs. As of March 2022, there are only six beds in the county available to provide this type of treatment. People who get inpatient behavioral health services closer to home have a better support network and are more successful in recovery.

This is part of a statewide effort to build community-based behavioral health capacity. We need a continuum of services that can prevent individuals from being committed to state hospitals and can support people in their recovery after treatment.

What is the Tulalip Tribes of Washington involvement?

As a result of a settlement between the State of Washington and The Tulalip Tribes of Washington, the Tulalip Tribes is building the 16-bed facility for the State, with a potential for the State to build a second facility in the future. Once the building is constructed, the State of Washington, through the Health Care Authority, will be the owner and procure a provider to operate the Residential Treatment Facility.

What kind of treatment will this facility provide?

Treatment is individualized and may include counseling, medication management, and other rehabilitative services (for example, independent living skills).

What does it mean that this is a secure facility?

Individuals who are getting treatment under the Involuntary Treatment Act will not be able to leave the facility on their own. The facility will be secure and locked, with all appropriate policies and procedures to ensure safety of the residents, staff, and community.

Individuals receiving treatment here may be considered a danger to themselves or unable to take care of their own needs. They are more likely to be victims of crime than perpetrators.

All residents will reside and receive treatment within the facility. Staff may escort them to a medical appointment in the community. Additional safety and security features of these facilities:

- All entry and exit points are secured by a combination of an electronic card reader and a physical key. Entrances and exits will be controlled by staff.
- Outdoor time and recreational activities are scheduled within the secured and fenced courtyard enclosed by a no-climb fence.
- No patient will have access outside the facility except for scheduled appointments. Two staff members will escort each patient on outside appointments. Offsite trips might include trips to a hospital, medical appointments, or housing appointments.
- 24/7 staffing and video cameras will ensure that residents are monitored and accounted for throughout the day and evening.
- The building will not be accessible to the public. Visitors may include family and friends of the residents during scheduled visitation hours if those visits aid in recovery. The visits will only occur within areas of the building supervised by staff.
- Policies, procedures, and staff training will be in place to ensure all safety measures are followed and all staff are held accountable for their actions.

What happens to people once they complete their treatment?

The treatment team at the facility will work with the residents to create individualized discharge plans to ensure their needs are met in their community. Discharge plans include linkages with outpatient counseling, medication management, case management, and medical care, as well as housing supports, when needed.

The facility team, managed care hospital liaisons, and peer bridgers work with discharging residents and their loved ones to help ensure a well-coordinated handoff to a pre-arranged housing location, typically close to their original county residences.

What is the timeline for this project?

The project team is seeking conditional use permit approval by mid-2022. We plan for the facility to open in 2024.

How will this impact traffic?

This is a long-term civil commitment facility with minimal visits to and from the facility during the individual's treatment. We anticipate traffic impacts to be minimal.

How do I learn more?

Visit www.hca.wa.gov/snohomish-facility. HCA is committed to providing opportunities for the community to learn more and ask questions throughout the building process.