# North Sound Behavioral Health Advisory Board

## Agenda

## January 5, 2021

## 1:00 p.m. – 3:00 p.m.

**Call to Order and Introductions**

**Revisions to the Agenda**

**Approval of December Minutes**

**Announcements**

**Brief Comments or Questions from the Public**

**Executive/Finance Committee Report**

- **Approval of December Expenditures**

**Senate Bill 5720 – Involuntary Treatment Act – Michael McAuley; North Sound BH-ASO; Clinical Manager**

- Washington State Legislature

**Community Integration at Skagit Valley College – Jere LaFollette and Aaron Kirk**

**Executive Director's Report**

**Executive Director's Action Items**

**Old Business**

- **2021 Advisory Board Goals**
- **County Coordinators Follow Up Discussion**

**New Business**

- **2021 Pre-Meeting Continuance**
- **Advisory Board Legislative Priorities**

**Report from Advisory Board Members**

**Reminder of Next Meeting**

**Adjourn**

**North Sound Behavioral Health Administrative Services Organization**
**Advisory Board Budget**
**Dec-2020**

| | Total | All Conferences | Board Development | Advisory Board Expenses | Stakeholder Transportation | Legislative Session | Video Contest | Contest Support |
|---|---|---|---|---|---|---|---|---|
| | | Project # 1 | Project # 2 | Project # 3 | Project # 4 | Project # 5 | Project # 6 | Project # 7 |
| Budget | **$ 20,000.00** | $ 4,500.00 | $ 1,000.00 | $ 10,200.00 | | $ 1,200.00 | $ 3,100.00 | $ 700.00 |
| Expense | (3,840.92) | (725.00) | | (1,626.47) | | (1,139.45) | (350.00) | |
| Under / (Over) Budget | $ 16,159.08 | $ 3,775.00 | $ 1,000.00 | $ 8,573.53 | $ - | $ 60.55 | $ 2,750.00 | $ 700.00 |
| | | All expenses to attend Conferences | Advisory Board Retreat/Summit | Costs for Board Members (meals mileage, misc.) | Non- Advisory Board Members, to attend meetings and special events | Shuttle, meals, hotel, travel | All Expenses for Video Contest | Any Funding Received for the Video Contest |

# North Sound Behavioral Health Advisory Board

December 1, 2020

1:00 – 3:00

Meeting Minutes



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

**Members Present on Phone GoToMeeting Platform:**

- **Island County: Candy Trautman**
- **San Juan:**
- **Skagit County: Duncan West, Patti Bannister, Jere LaFollete, Ron Coakley**
- **Snohomish County: Marie Jubie, Fred Plappert, Pat O'Maley-Lanphear, Jack Eckrem, Joan Bethel**
- **Whatcom County: Arlene Feld, Kara Mitchell, Michael Massanari, Mark McDonald**

**Members Excused:**

- **Island County: Chris Garden**
- **San Juan County: Diana Porter**
- **Skagit County:**
- **Snohomish County: Jennifer Yuen**
- **Whatcom County:**

**Members Absent:**

- **Island County: Brittany Wright**
- **San Juan County:**
- **Skagit County:**
- **Snohomish County:**
- **Whatcom County:**



**North Sound BH-ASO Staff: Joe Valentine, Maria Arreola (Recording)**

**Managed Care Organization Representation:**

- **United Healthcare: Allan Fischer**
- **Coordinated Care: Naomi Herrera**
- **Molina Healthcare: Kelly Anderson**
- **Community Health Plan of Washington [CHPW]: Marci Bloomquist**

**Guests: Kala Buchanan [Ombuds]**

## Pre-Meeting Training

Naomi Herrera spoke to the Board about the North Sound region and state Peer services, efforts, and Peer resources.

**Call to order and Introductions**

The meeting was called to order by Chair O'Maley-Lanphear at 1:05 p.m.

**Revisions to the Agenda**

No revisions mentioned

**Approval of November Minutes**

Motion made for the approval of the November meeting minutes as written, motion seconded, all were in favor, motion carried.

**Announcements**

Chair O'Maley-Lanphear spoke on the sock drive proposal. The Board is unable to move forward with this in the community due to the use of budget restrictions. Members were encouraged to donate to local shelters and agencies in need.

Maria is working with Joe and Charles to establish communication between the Internal Quality Management Oversight Committee and the Board regarding metrics updates.



**Brief Comments from the Public**

None

**Executive Directors Report**

Joe reported on

- Crisis Services
- Behavioral Health Impact of COVID-19
- Update on BHO Closeout Liability
- Quality Management Annual Review
- MCO Free Cell Phone Programs

**Executive Director's Action Items**

Joe presented the Action Items that will be presented to the Board of Directors. Motion made to approve the Action Items to be forwarded to the Board of Directors for approval, motion seconded, all in favor, motion carried.

**Executive/Finance Committee Report**

The November Expenditures were reviewed and discussed. Chair O'Maley-Lanphear moved the motion for approval, motion seconded, all in favor, motion carried.

**Old Business**

**North Sound BH-ASO 2021 Strategic Goals**

Motion made to move the North Sound BH-ASO 2021 Strategic Goals to the Board of Directors for approval. Motion seconded. All in favor. Motion carried.

**2021 North Sound BH-ASO Proposed Budget**

Motion made to move the 2021 North Sound BH-ASO Proposed Budget to the Board of Directors for approval. Motion seconded. All in favor. Motion carried.

**2021 Advisory Board Proposed Operating Budget**

Motion made to approve the 2021 Advisory Board Proposed Operating Budget. Motion seconded. All in favor. Motion carried.

**Visual Art and Poetry Contest**

Due to the move of the North Sound BH-ASO office location, Maria will update the community flyer to reflect the new address.



**New Business**

**Advisory Board Membership**

Chair O'Maley Lanphear announced the resignation of Brittany Wright, Island County member. Currently the Board has 17 members. All county vacancies were reviewed. Discussion took place on how the Board can support County Coordinators in efforts in recruitment of new members. Joe will place this as a discussion topic on the next County Coordinators meeting agenda. Joe will report back during the January meeting.

**Advisory Board Holiday Social Hour**

Maria will be at the office during certain hours to distribute the holiday cookies. Members were instructed to call Maria when members arrive at the office. Maria will meet members in the parking lot. The Holiday Social Hour is arranged for December 7th from 2:00 – 3:00. Maria will send out the GoToMeeting invitation. The virtual holiday social hour is in lieu of the annual holiday potluck. During the virtual holiday celebration members can enjoy the holiday cookies and have time to share holiday cheer.

**2021 Advisory Board Advocacy Goals**

Members reviewed the 2020 goals as a platform to begin discussion for the 2021 advocacy goals. Members were encouraged to bring back their prospective goals to the January meeting. Further determination will begin during the January meeting.

**2021 Advisory Board Chair and Vice-Chair Announcement**

The Nominating Committee Candy and Michael met prior to the meeting. Votes were counted and verified. Candy, Chair of the Nominating Committee announced the new Chair, Duncan West and Vice-Chair Arlene Feld. Maria will contact Duncan and Arlene to inform them of their responsibilities. Pat and

Ron were recognized for their 3 years of leadership serving as Chair and Vice-Chair. Both served with brilliance, integrity, and confidence. During the 3 years of service as Chair and Vice-Chair their vision of keeping the system person-centered did not waiver as they paved the way during the change of times.

**Report from Advisory Board Members**

None

**Reminder of Next Meeting**

Tuesday, January 5, 2021 via GoToMeeting Platform

**Adjourn**

Chair O'Maley-Lanphear adjourned the meeting at 2:55 p.m.

# Senate Bill 5720

## Key Changes to the Washington's Involuntary Treatment Act RCW 71.05 & 71.34

# Overview

- Involuntary Treatment – RCW 71.05 & 71.34
- SB 5720 – High level Changes
- SB 6259 – Indian Behavioral Health System
- Resources
- Q&A

This is intended as a brief outline of key changes.  We recommend reviewing SB 5720 and other resources provide at the end of this presentation in full.

# Overview

- SB 5720 is a board omnibus bill amending RCW 71.05 (adults) and RCW 71.34 (minors).
- SB 5720 creates a workgroup to evaluate the implementation of the act, including expansion of the initial detainment period (Report due January 1, 2021 and June 30, 2022).
  - Potential representatives:
    - Department of Social and Health Services (DSHS), Health Care Authority (HCA), Department of Health (DOH)
    - Inpatient Providers
    - At least two (2) Behavioral Health Peers
    - Office of Attorney General, prosecuting and defense attorneys
    - Family members and advocates
    - Managed Care Organizations (MCO), Administrative Service Organizations (ASO), and Designated Crisis Responders (DCRs)
    - Law Enforcement

# Involuntary Treatment ACT (ITA) RCW 71.05 & 71.34

RCW 71.05 – Adults (18+)

- Mental Illness or Substance Use Disorder (Danger to Self, Others, Other's property or serious harm due to Grave Disability

RCW 71.34 – Adolescent/Minors (13-17 years old)

- Involuntary Treatment – Similar process and timelines to 71.05 (adults)
- Mental Illness or Substance Use Disorder (Danger to Self, Others, Other's property or serious harm due to Grave Disability
- Adolescent Initiated Treatment, Family Initiated Treatment (FIT) – Resource links available

# SB 5720 – Implementation

**June 2020**

- Many changes were implemented in June 2020

**January 1st, 2020:**

- Initial ITA hold (120 hours) excluding weekends/holidays
- DCR notification to Law Enforcement – suspension of firearms
- Some RCW definition changes are contingent on HCA defined targets – such as Single Bed Certification (SBC) and average wait time for Children's Long-Term Inpatient (CLIP)

**July 1, 2026:**

- SUD detentions – would be allowed to be placed under a Single Bed Certification

# SB 5720 – Key Changes

*Initial Detention Period*

- Initial Detention Period expanded from 72-Hours (3 days) to 120 Hours (5 days) excluding weekend/holidays
- 120 Hours (5 days) is the maximum amount of time a person may be held for evaluation and treatment prior to a probable cause hearing
- Hospitals are not required to use the full 120  hours – though they are permitted

# SB 5720 – Key Changes

- Behavioral Health Disorder and Behavioral Health Professional
  - Incorporates Mental Disorder, Mental Health Professional, Substance Use Disorder, Substance use Disorder Professional
- Expanded Detention Criteria – Gravely Disabled and Likelihood of Serious Harm
  - Implementation dependent on Single Bed Certification (SBC) and Children's Long-Term Inpatient (CLIP) utilization
- Video – Defines the use of Video for initial ITA evaluation for Adults
  - Requires a licensed health care professional or professional person present in the room with the person
- Involuntary Medications
  - Minors may be compelled
  - Adults and Minors may be compelled for involuntary medications pursuant to a Less Restrictive Alternative (LRA) order

# SB 5720 – Key Changes

## *Patient Rights*

Existing Rights under 71.05.217 have not changed

SB 5720 requires:

- Right to Individualized Care and Adequate Treatment, discuss treatment plans and decisions
- Right to not be denied access to treatment by spiritual means  in addition to the treatment otherwise proposed
- Right to reasonable choice of available physician, physician assistant, psychiatric ARNP or other professional

# SB 5720 – Key Changes

## *71.34 - Minors*

**Aligns RCW 71.34 (Minors) with RCW 71.05 (Adults)**

- Aligns definitions
- Aligns detention and commitment criteria
  - Expands Likelihood of serious harm to include threats of physical safety or history of violent acts
- Requirements for DCR to consider behavioral health history – 5 years
- Incorporates Joel's law proceedings
  - Family, guardian or conservator petition filed within 10 calendar days

# SB 5720 – Key Changes

## *Notice of Firearm Suspension*

- Amendments to existing 6-month suspension of firearm following initial 72 hour hold on the grounds the individual presents a likelihood of serious harm
- Amendments:
  - DCR shall notify the sheriff of the county or the chief of police of the municipality in which the person is domiciled of the 6-month suspension
  - Law Enforcement shall verify with the prosecuting attorney's office or the DCR prior to returning firearms that the individual has not been previously or subsequently committed for involuntary treatment

# SB 6259 – Key Changes

**SB 6259 – Indian Behavioral Health System**
*Amendments to RCW 43.71, 71.24, 70.02, 71.05*

- Designated Crisis Responder:
  - A Mental Health Professional appointed by the county, by an entity appointed by the county, or by the authority in consultation with a federally recognized Indian tribe or after meeting and conferring with an Indian health care provider, to perform the duties specified in this chapter."
- DCR shall notify the tribe or Indian Health Care provider of petition for detention or Involuntary Outpatient no later than 3 hours. Subject to 42 C.F.R Part 2
- Notification of Discharge – facility notification to DCR office responsible for the initial commitment
- HCA-Tribal Protocols\Guidelines for Culturally appropriate evaluations of AI/AN – June 30, 2021

# SB 5720 – Additional Changes

**Additional RCW 71.05 & 71.34 Changes**

- Involuntary hold continuances are repealed
- Some mandatory court appearances are repealed
- Hospitals accepting out of county transfer are request to file petition paperwork
- “Felony Flips” are subject to 90/180 More Restrictive orders
- DCR’s have a 12-hour window to complete investigation does not include time to establish medical clearance

# Resources

**Existing Laws**
71.05 – Involuntary Treatment Act
71.34 – Behavioral Health Services for Minors

**New Laws**
SB 5720 – Involuntary Treatment Act
HB 2099 - Use of Video Technology

**COVID-19**
Washington Supreme Court Order – Civil Commitment proceedings

**Washington State Hospital Association**
Various webinars and resources for Hospital providers

**Joel's Law**
HCA Guidance Document – *how to file a petition for involuntary detention of a family member.*

**Ricky's Law**
HB 1713 – Aligns 71.05 & 71.34 with SUD

# Questions?

Michael McAuley, MA
Clinical Manager

**Community Integration at Skagit Valley College – Providing Educational Opportunity for Students Living with Criminal History**

For the past ten years navigation, instructional, and administrative staff at Skagit Valley College have been working on campus and in the community to expand reentry opportunities for those who have been incarcerated. The range of specialized programs to meet the needs of students living with a criminal history include:

- **Reentry Navigation** – At the heart of our efforts, a skilled Reentry Navigator provides direct student services and program coordination. The Navigator is the primary point of contact for new students and serves students throughout their course of study at SVC, from pre-enrollment to graduation. The Navigator offers academic advising, case management, supervises student workers, serves as the advisor for the student club, and coordinates program efforts within the college and with our community partners. Off campus the Reentry Navigator provides outreach to State Prisons and participates in the Statewide Reentry Navigator Network.

- **Student (Peer) Reentry Navigation** - Assists new students in adjusting to college life. May assist with admissions, financial aid, registration, locating resources on campus, etc. These are college paid positions and enhanced opportunities for experienced student navigators and new students alike!

- **Outreach Efforts –** Both staff and students are actively involved in SVC outreach on campus and in the community! Efforts include presentations to local drug courts, treatment centers, jails, and DOC field offices. Presentations and other contacts with other SVC instructional and support staff occur regularly.

- **Breaking Free Student Club –** Meets weekly and builds a supportive community for persons with criminal histories and their allies!

In line with COVID 19 restrictions in place at Skagit Valley College we have had to adapt services to on-line models of communication. For example, our Breaking Free Club meetings continue weekly, but have shifted to a Zoom format. SVC staff working on the Community Integration program continue to meet with students and potential students however this has now shifted to on-line and telephone consultation formats.

Our program's strong linkages with community resources supports education opportunities for our students. Our partners include the Skagit County Community Justice Center, the Island County Jail, the Mount Vernon DOC Field Office, Pioneer Human Services, Community Action, Skagit WorkSource, and Skagit County Drug Court!

OUR MESSAGE – Your past is your past, but you are here now. We welcome you to our college! We have services to support your successful college experience! We have

staff with special expertise and knowledge to insure every resource at our college is at your disposal! Our instructors are looking forward to seeing you in our classrooms!

For more information about this innovative program please contact:

Aaron Kirk MSW
SVC Community Integration Navigator
Skagit Valley College
360-416-7849
aaron.kirk@skagit.edu

**North Sound BH ASO Executive Director's Report**

**January 5, 2021**

## GOVERNOR'S BUDGET

- The Governor released his proposed 2021-2022 Budget on December 17. It continues existing funding for BH-ASO services, and also includes proposed funding for six youth mobile crisis teams, funding for mental health professionals to be on "co-responder' teams and expanding mobile crisis response teams.
- It also proposes to move ahead with planning and implementation of increasing inpatient treatment capacity in community behavioral health settings.

## CRISIS SERVICES

- During the month of December, COVID continued to have a significant impact on the need for crisis Services, especially on the Crisis Line.
- Here are some of the key metrics pulled from our two regular Crisis Services reports:

  *Weekly Crisis Capacity* ***Indicator Report*** – through **December 26 [**attachment #1]

  *North Sound Crisis* ***Metrics Report Excerpt*** for November **[**attachment #2]

| **Service** | **Metric** | **Source** |
|---|---|---|
| Calls to the Crisis Line | Calls continue to trend steadily upwards in spite of the dip in calls the week of December 21.<br>Calls to the Crisis line in November 2019 were **1,880**. In November of this year, they were **4,582** | Indicator Report – Page 2<br>Metrics Report-Page 2-5 |
| Percentage of Abandoned Calls and Answer Time | Call Answer Time has dropped back down under the target level of 30 seconds.<br>Abandonment rate has once again dropped down, now at 5.9% in spite of the significant increase in call volume.<br>**See note #1 below** | Metrics Report – Page 4 |
| Crisis Services | The number of total crisis service dispatches also continues to trend upwards in spite of a similar dip in numbers the week of December 21. | Indicator Report – page 2 |
| Crisis Services to persons 0-17 | Dennis is now tracking the subset of crisis services being provided to persons under 18. There has been an alarming increase in both calls and crisis service | Indicator Report – page 3 |

| | | |
|---|---|---|
| | dispatches in the last 3 weeks prior to the week of December 21. | |
| Detentions and Commitments | The total number of detentions for the year is higher than the last 6 years, but in the last months have dropped down to average levels<br>The percentage of all crisis service dispatches that result in detentions has dropped in the last 3 months – perhaps as a result of the recent expansions in voluntary mobile outreach services. | Metrics Report-Pages 6&7 |
| Average Dispatch Time | In the last few weeks, average dispatch time has dropped back under the target metric of 2 hours, except for a few outliers. | Indicators Report–Page 6 |

**CRISIS SERVICES ANNUAL ASSESSMENT**

- The HCA Contract for BH-ASOs requires that we conduct and report an annual assessment of the crisis services system by January 31.
- Supporting an ongoing process improvement of our Crisis Services System is also one of our Strategic Plan Goals [Goal #2].
- The HCA assessment is to include:

    i. A summary, analysis, and findings of all crisis metrics in the previous calendar year.

    ii. An analysis of coordination with regional MCO's, community court system, First Responders, criminal justice system, inpatient/residential service providers, and outpatient behavioral health providers to operate a seamless crisis system and acute care system that is connected to the full continuum of health services, consistent with ASO Contract 16.1.2.3

    iii. An analysis of Consumer crisis prevention plans to reduce unnecessary crisis system utilization and maintain the Consumer's stability, consistent with ASO Contract 16.1.2.4.

    iv. The identification, development, and implementation of any strategies to improve the crisis system over time, consistent with ASO Contract 16.1.2.5

- In addition, to reviewing the results of the Crisis Metrics reports from the last 12 months, we also conducted a survey of both key stakeholders and crisis services staff. We'll be using the results of this survey to target areas for improvement.
- Our efforts to expand crisis services voluntary outreach, including expanded partnerships with first responders, as well as to provide non-Medicaid funding for crisis stabilization

facilities, including the new ones coming on-line, will hopefully address some of the stakeholder concerns expressed.

- In addition, our continued work to develop a system for sharing crisis plans and to develop care coordination protocols between crisis services staff and MCO care coordinators will also hopefully address some of the concerns identified by our crisis services staff.
- Attached are summaries of both the stakeholder survey and the crisis agency survey [attachments 3 & 4]

## JANUARY CHANGES IN ITA LAWS

- SB 5720 which was passed in 2020 made a number of significant changes to the Involuntary Treatment Act [ITA].
- Some of these changed included:
  1) Increasing the period of initial detention from 72 hours to 120 hours;
  2) Requiring the DCR to notify law enforcement of a person's suspension of firearm rights under the provisions of the ITA act in the county where the person resides
  3) Allowing a court to authorize involuntary medication as part of an LRA order if the person was provided involuntary medication during their involuntary commitment period.
- Michael McAuley will provide a brief overview of the changes and the local discussions related to them.

## UPDATE ON BEHAVIORAL HEALTH FACILITIES

- Four of the Five new behavioral health facilities which the North Sound region and counties were successful in developing and obtaining funding for are planned to come online in 2021. Ground has been broken and work has begun on the 5th.
- Here is a brief status update on each:

| **Facility** | **Tentative Opening Date** | **Behavioral Health Agency** |
|---|---|---|
| Whatcom County Triage | January 4, 2021 | Compass Health |
| Whatcom County Withdrawal Management [Detox] | January 4, 2021 | Pioneer Human Services |
| Tri-County Crisis Stabilization [Oak Harbor] | February 1, 2021 | Pioneer Human Services |
| North Sound Behavioral Health SUD Treatment Facility [Denny Juvenile Justice Center] | July, 2021 | Pioneer Human Services |
| North Sound E&T [Sedro Wooley] | Fall of 2021 | RFP for operator to be released in Spring 2021 |

## COMMUNITY BEHAVIORAL HEALTH ENHANCEMENT FUNDS

- One of the legislative requirements tied to the "Community Behavioral Health Enhancement Funds" proviso dollars [formally called the "6032" dollars] is to submit a plan during the first week of January to cover the January – July 2021 6-month period.
- The plan is to describe how we will disburse funds to strengthen behavioral health agency workforce recruitment and retention.
- To ensure our plan is targeted to what providers identify as their needs, we conducted a survey in October.
- As reported in the November Executive Director Report, many of the recommendations received were for actions that fell outside of the scope of the BH-ASO. Consequently, we followed up again with a more targeted request in December.
- Each of the responding agencies identified different strategies, so we'll be developing a proposal to proportionately allocate funds to each agency wishing to receive them. They will in turn have to convert their recommendations into a specific plan and report back to us on a quarterly basis.

## BEHAVIORAL HEALTH IMPACT OF COVID-19

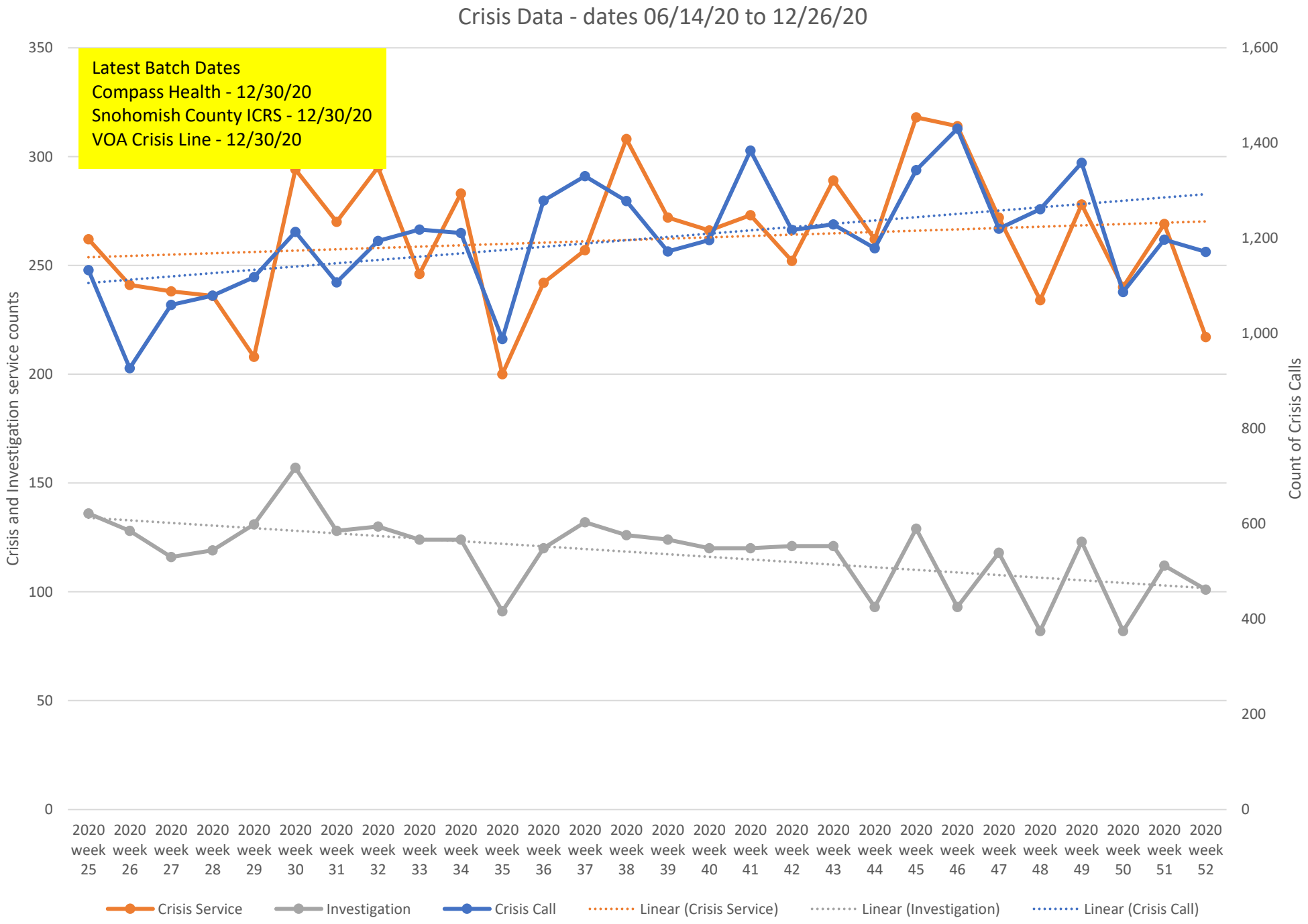
- The most recent Behavioral Health Impact Situation Report" from the Department of Health was for the week of December 21.
- It shows an increase up to "warning" levels for all five of the **syndromic** indicators that they have been tracking for the 2nd week in a row: psychological distress, suicidal ideation, suicide attempts, all drugs, and alcohol.
- It contained two alerts related to suspected suicide attempts for youth ages 5-17 and persons who identified as "other race".
- The weekly Behavioral Health Situation Reports can be found at the link below [scroll down to 'Reports/Weekly Situation Reports]
- https://www.doh.wa.gov/Emergencies/COVID19/HealthcareProviders/BehavioralHealthResources

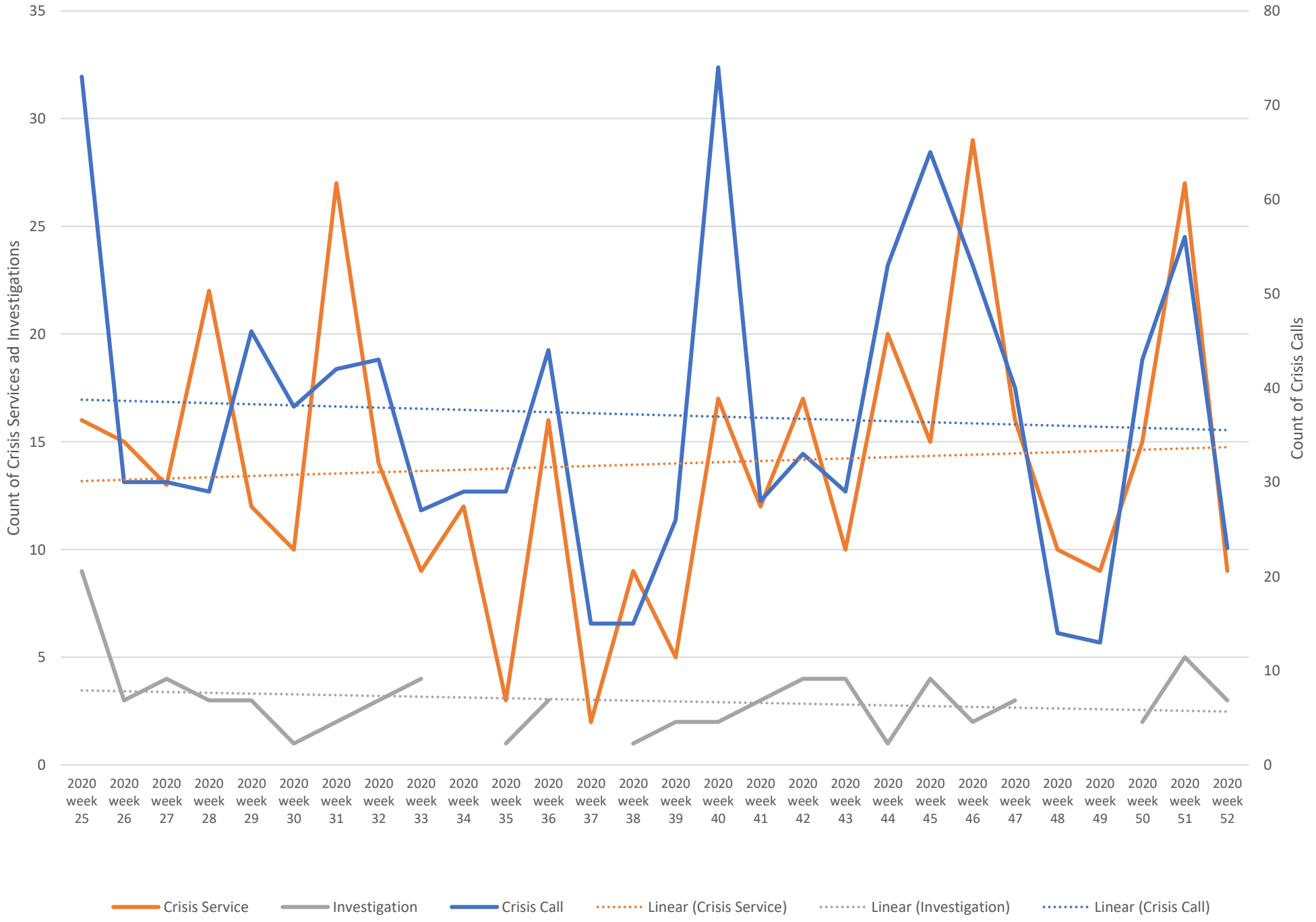
## UPDATE ON BHO CLOSE OUT LIABILITY

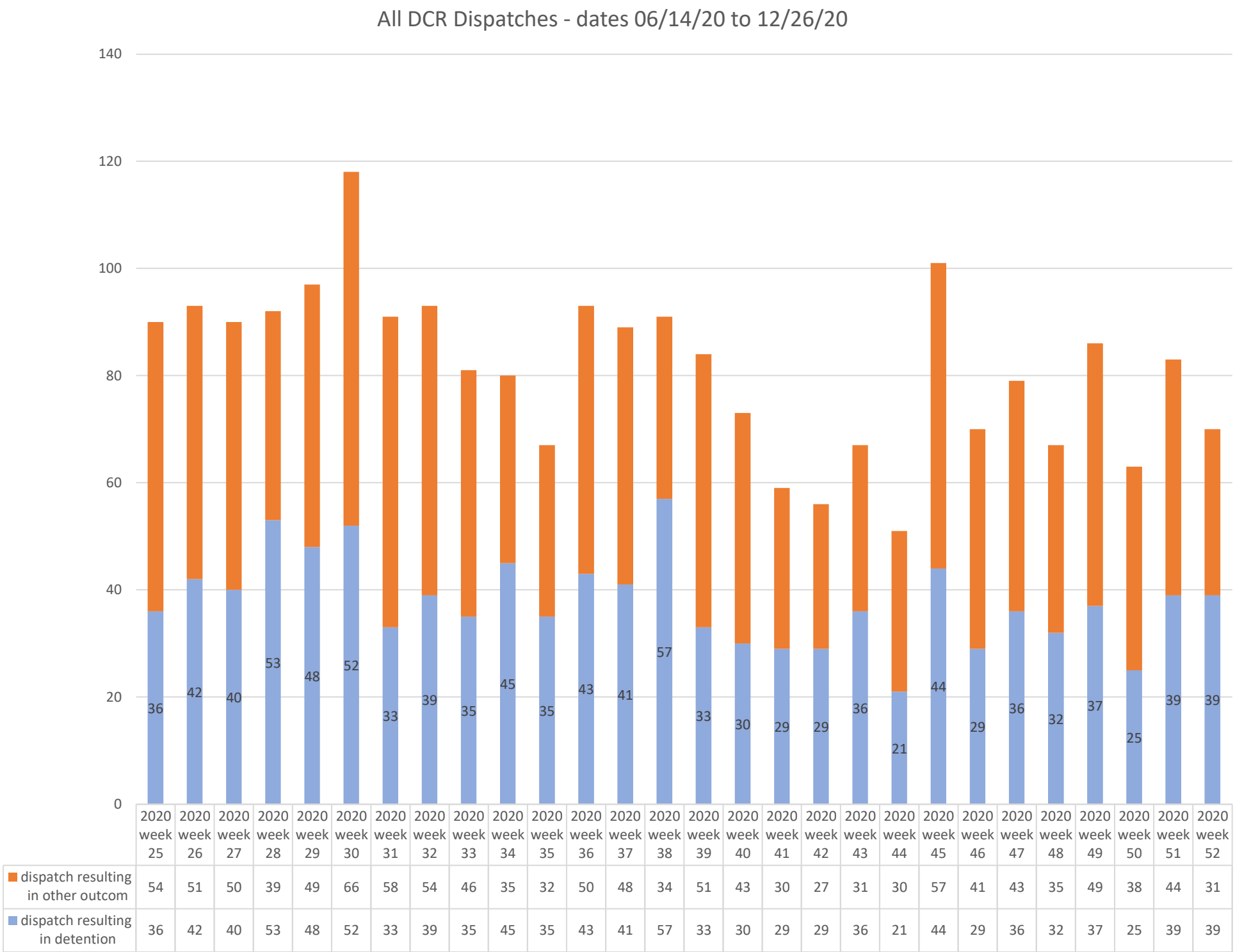
- As I reported last month, on December 8, myself and Commissioner Johnson had a phone call with Health Care Authority Medicaid Director MaryAnn Lindeblad and HCA fiscal staff regarding HCA's position regarding the residual BHO "Close-Out Liability".
- At the end of this call, the following next steps were agreed to:
  1) HCA staff will have an internal conversation to re-consider all of the points we made. They will re-review the hospital billing statements to clarify how much our liability should be.
  2) HCA will provide a follow up memo on how much the North Sound's remaining liability is. They will try to get this to us by the end of the week. They'll then schedule another follow up call with to discuss next steps.

3) HCA will also consider the suggestion made about the ASO reimbursing the BHO for the seed funding that was provided for the new behavioral health facilities.

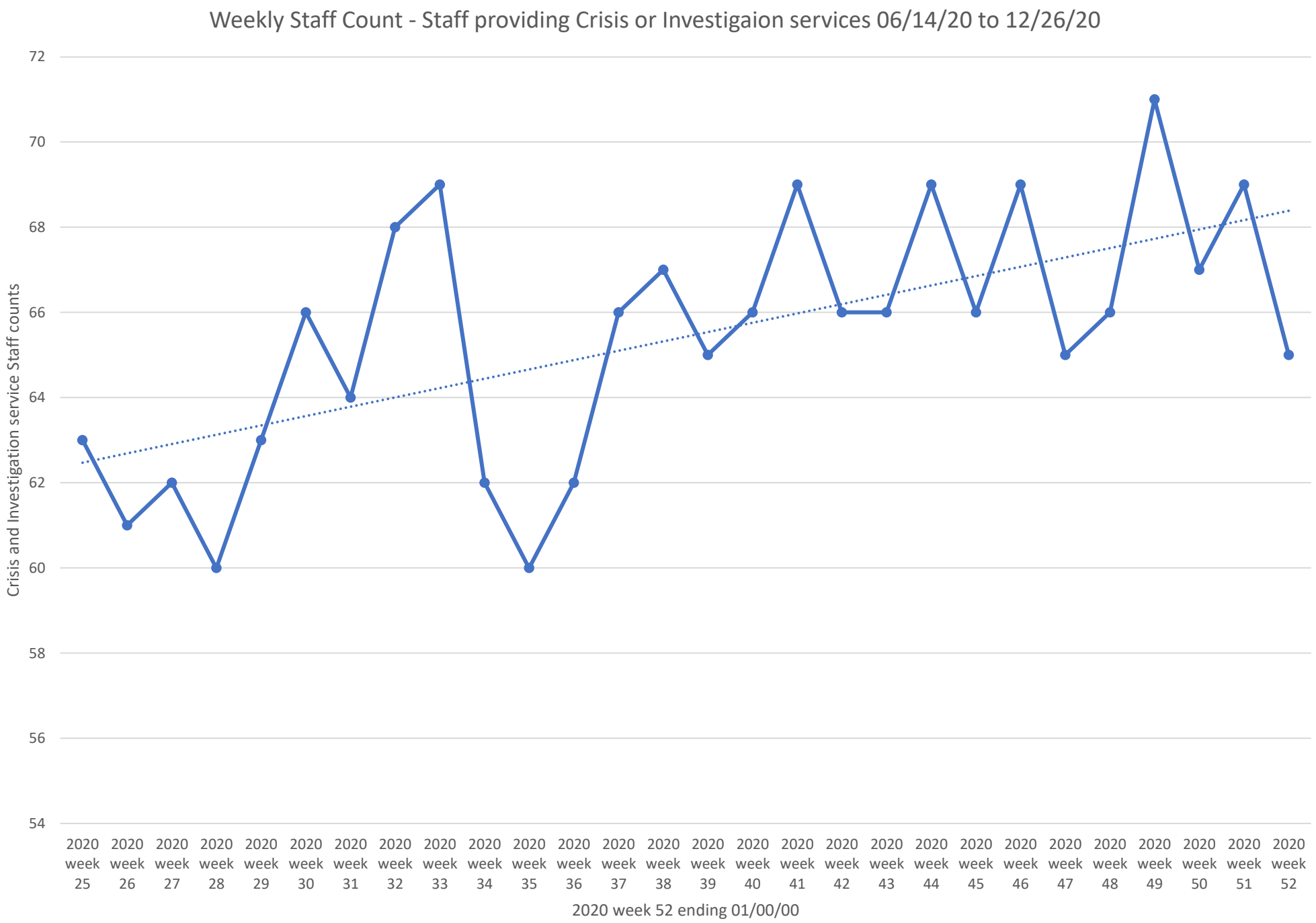
# Weekly Crisis Capacity Indicator Snapshot

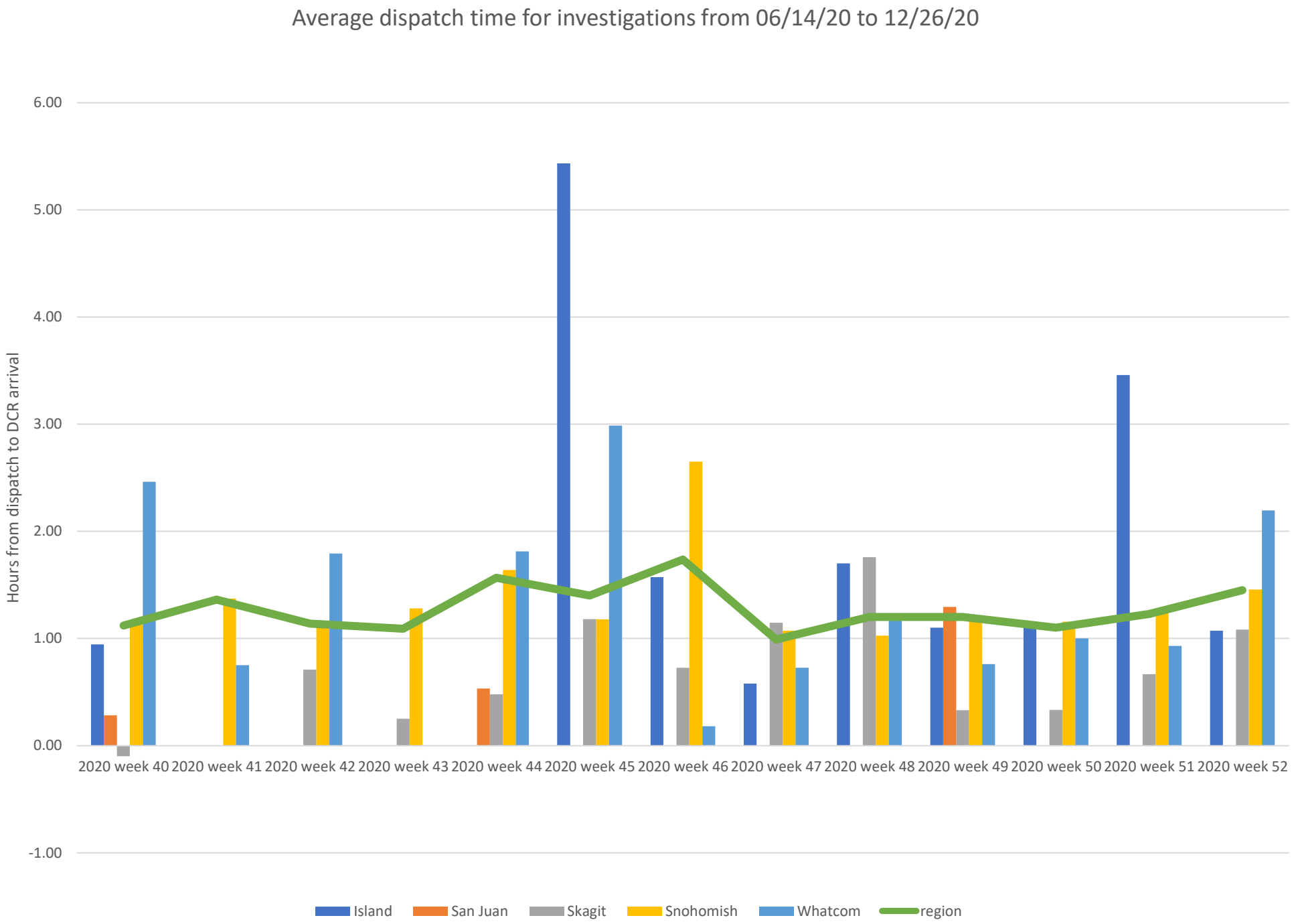

Crisis Data - dates 06/14/20 to 12/26/20
Latest Batch Dates
Compass Health - 12/30/20
Snohomish County ICRS - 12/30/20
VOA Crisis Line - 12/30/20
Crisis and Investigation service counts
Count of Crisis Calls
350
300
250
200
150
100
50
0
1,600
1,400
1,200
1,000
800
600
400
200
0
2020 week 25
2020 week 26
2020 week 27
2020 week 28
2020 week 29
2020 week 30
2020 week 31
2020 week 32
2020 week 33
2020 week 34
2020 week 35
2020 week 36
2020 week 37
2020 week 38
2020 week 39
2020 week 40
2020 week 41
2020 week 42
2020 week 43
2020 week 44
2020 week 45
2020 week 46
2020 week 47
2020 week 48
2020 week 49
2020 week 50
2020 week 51
2020 week 52
Crisis Service
Investigation
Crisis Call
Linear (Crisis Service)
Linear (Investigation)
Linear (Crisis Call)


Crisis Data: Ages 0-17 - dates 06/14/20 to 12/26/20
Count of Crisis Services ad Investigations
Count of Crisis Calls
0
5
10
15
20
25
30
35
0
10
20
30
40
50
60
70
80
2020 week 25
2020 week 26
2020 week 27
2020 week 28
2020 week 29
2020 week 30
2020 week 31
2020 week 32
2020 week 33
2020 week 34
2020 week 35
2020 week 36
2020 week 37
2020 week 38
2020 week 39
2020 week 40
2020 week 41
2020 week 42
2020 week 43
2020 week 44
2020 week 45
2020 week 46
2020 week 47
2020 week 48
2020 week 49
2020 week 50
2020 week 51
2020 week 52
Crisis Service
Investigation
Crisis Call
Linear (Crisis Service)
Linear (Investigation)
Linear (Crisis Call)

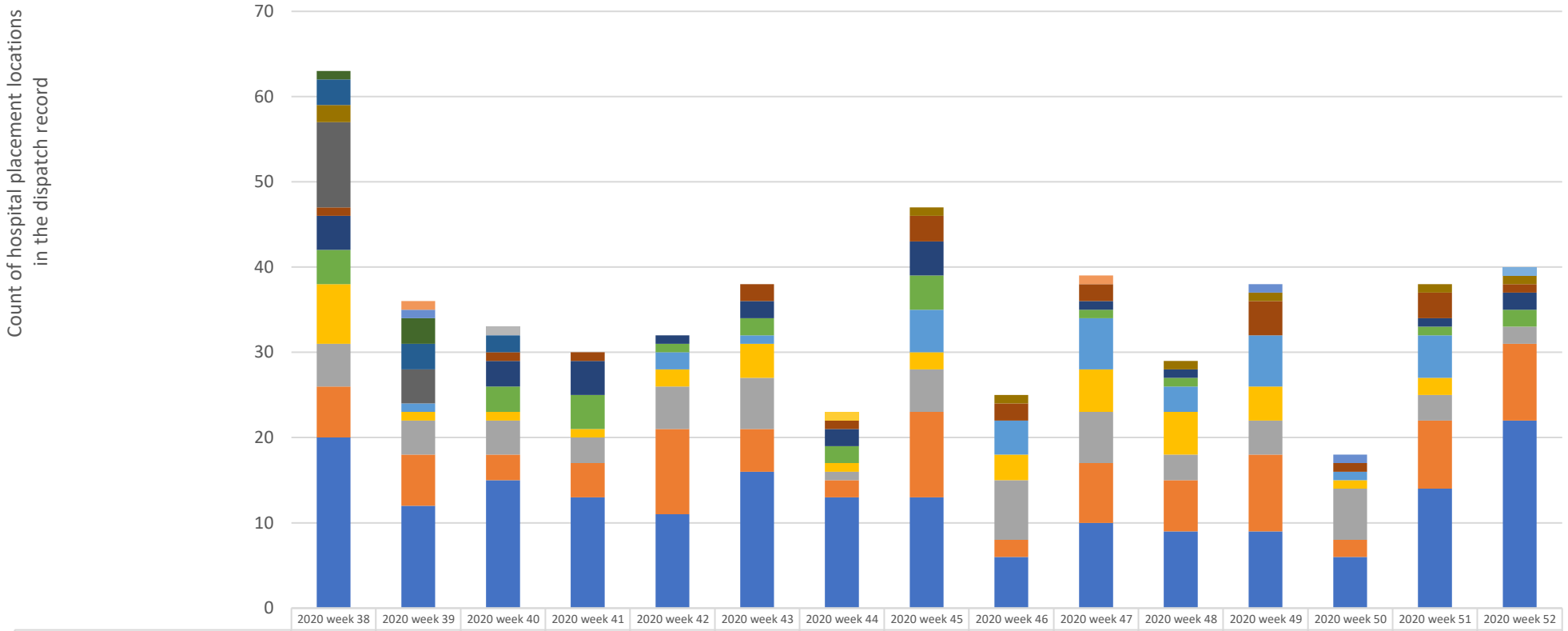



| | 2020 week 25 | 2020 week 26 | 2020 week 27 | 2020 week 28 | 2020 week 29 | 2020 week 30 | 2020 week 31 | 2020 week 32 | 2020 week 33 | 2020 week 34 | 2020 week 35 | 2020 week 36 | 2020 week 37 | 2020 week 38 | 2020 week 39 | 2020 week 40 | 2020 week 41 | 2020 week 42 | 2020 week 43 | 2020 week 44 | 2020 week 45 | 2020 week 46 | 2020 week 47 | 2020 week 48 | 2020 week 49 | 2020 week 50 | 2020 week 51 | 2020 week 52 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| dispatch resulting in other outcom | 54 | 51 | 50 | 39 | 49 | 66 | 58 | 54 | 46 | 35 | 32 | 50 | 48 | 34 | 51 | 43 | 30 | 27 | 31 | 30 | 57 | 41 | 43 | 35 | 49 | 38 | 44 | 31 |
| dispatch resulting in detention | 36 | 42 | 40 | 53 | 48 | 52 | 33 | 39 | 35 | 45 | 35 | 43 | 41 | 57 | 33 | 30 | 29 | 29 | 36 | 21 | 44 | 29 | 36 | 32 | 37 | 25 | 39 | 39 |

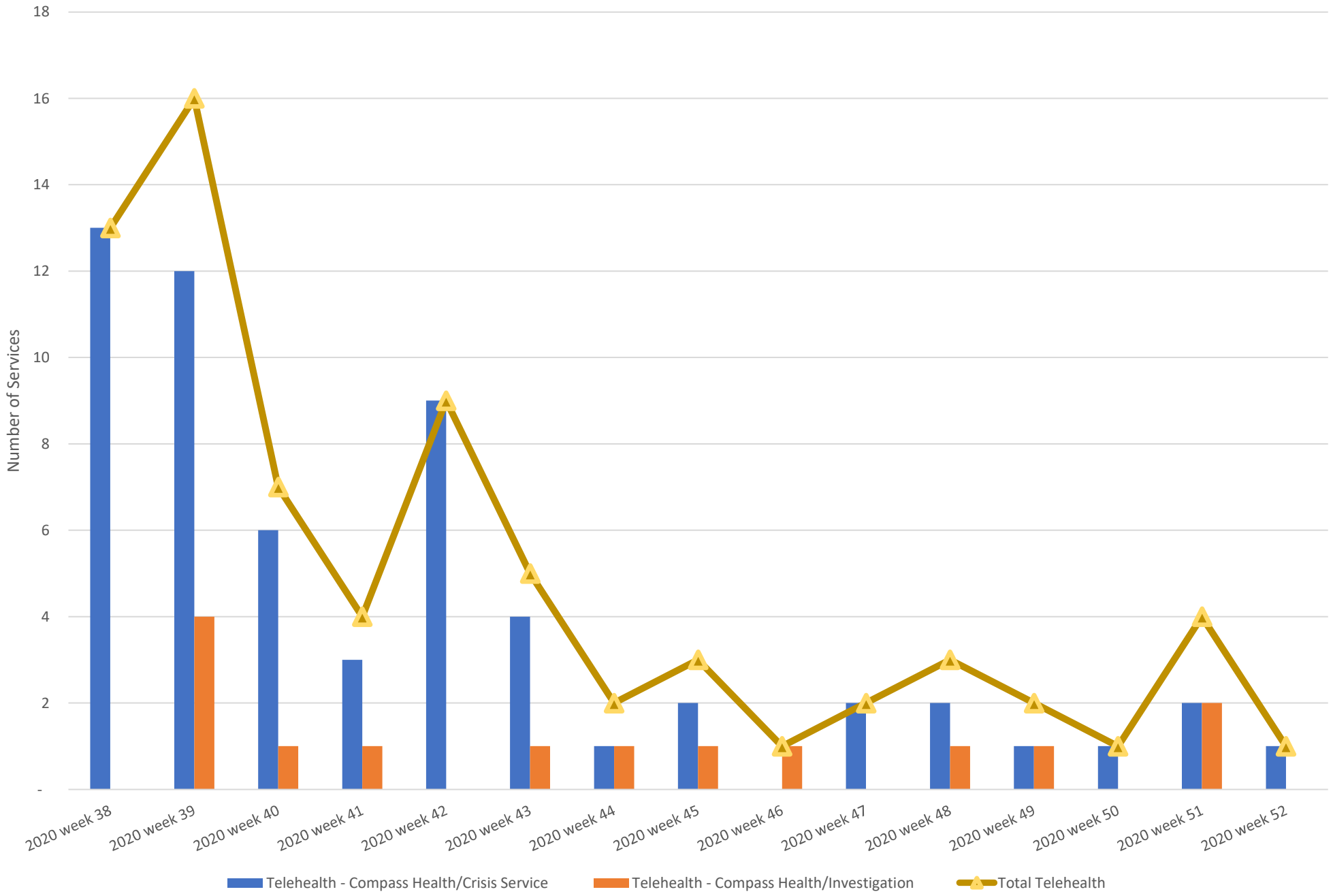

Weekly Staff Count - Staff providing Crisis or Investigaion services 06/14/20 to 12/26/20
Crisis and Investigation service Staff counts
72
70
68
66
64
62
60
58
56
54
2020 week 25
2020 week 26
2020 week 27
2020 week 28
2020 week 29
2020 week 30
2020 week 31
2020 week 32
2020 week 33
2020 week 34
2020 week 35
2020 week 36
2020 week 37
2020 week 38
2020 week 39
2020 week 40
2020 week 41
2020 week 42
2020 week 43
2020 week 44
2020 week 45
2020 week 46
2020 week 47
2020 week 48
2020 week 49
2020 week 50
2020 week 51
2020 week 52
2020 week 52 ending 01/00/00

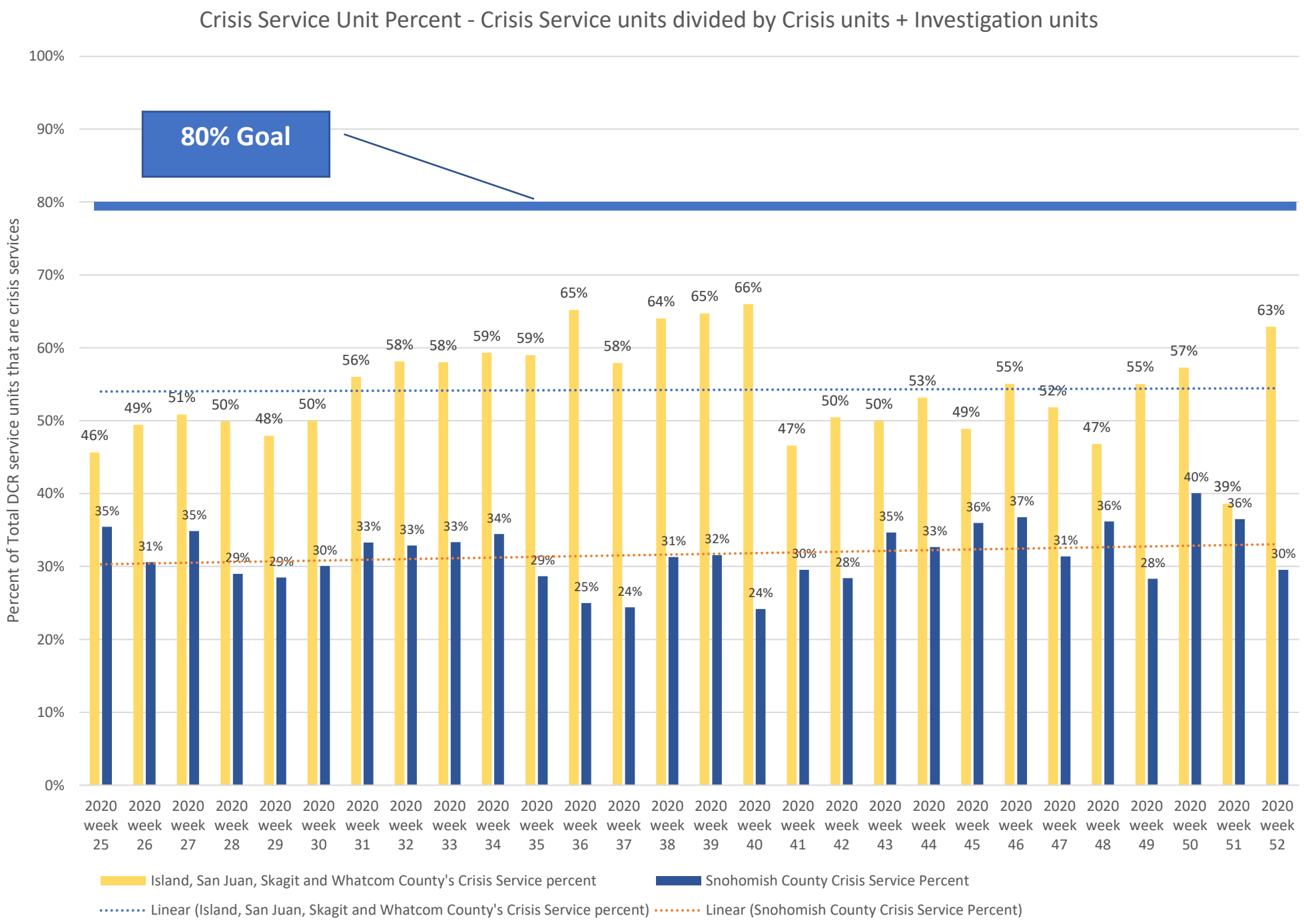

Average dispatch time for investigations from 06/14/20 to 12/26/20
Hours from dispatch to DCR arrival
6.00
5.00
4.00
3.00
2.00
1.00
0.00
-1.00
2020 week 40
2020 week 41
2020 week 42
2020 week 43
2020 week 44
2020 week 45
2020 week 46
2020 week 47
2020 week 48
2020 week 49
2020 week 50
2020 week 51
2020 week 52
Island
San Juan
Skagit
Snohomish
Whatcom
region

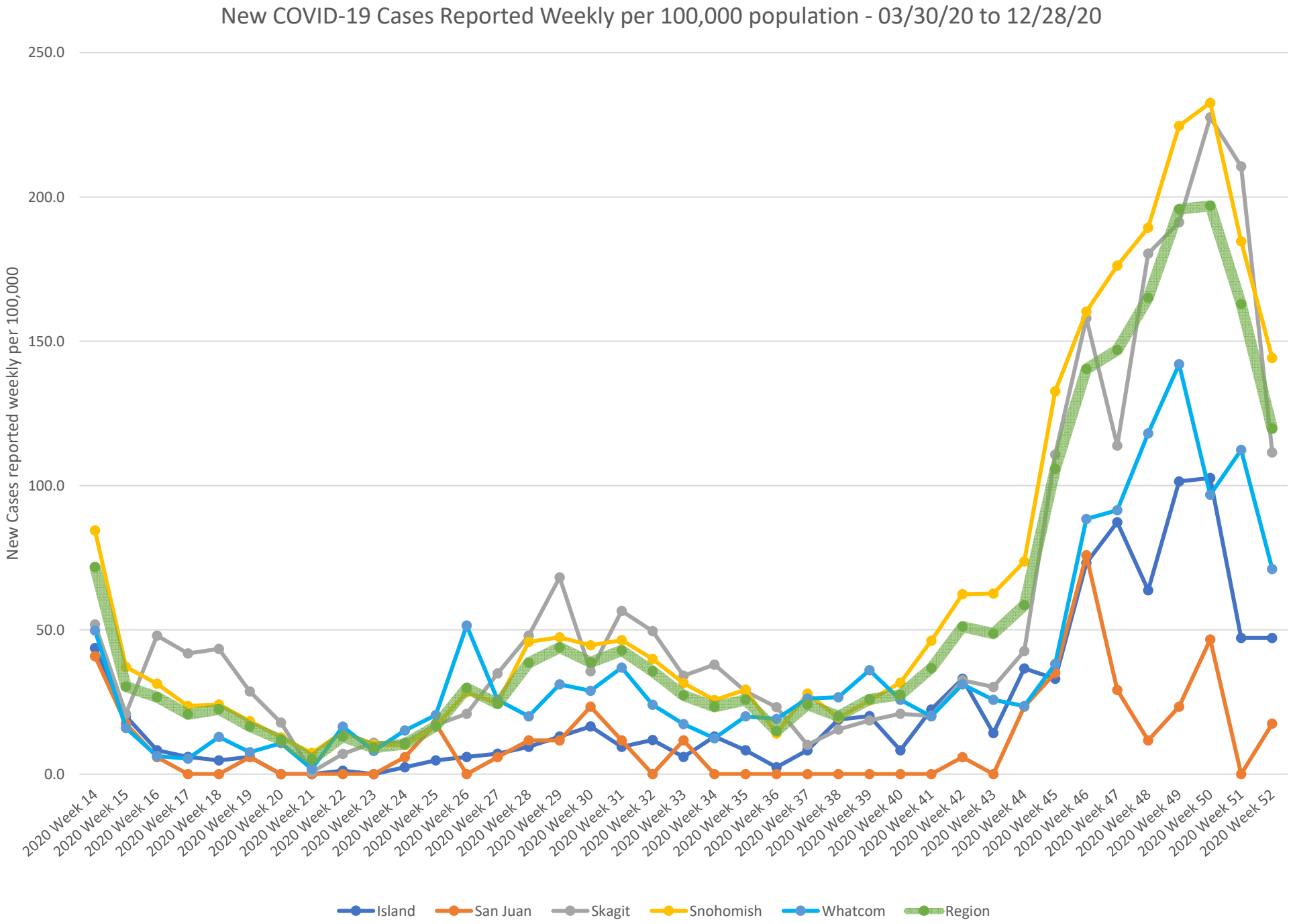
## Hospital placement locations (Invol and Vol) - No adjustment has been made for timely data - recent weeks likely low




| | 2020 week 38 | 2020 week 39 | 2020 week 40 | 2020 week 41 | 2020 week 42 | 2020 week 43 | 2020 week 44 | 2020 week 45 | 2020 week 46 | 2020 week 47 | 2020 week 48 | 2020 week 49 | 2020 week 50 | 2020 week 51 | 2020 week 52 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ABHS Chehalis | | | | | | | | | | | | | | | 1 |
| Valley General Hospital | | | | | | | 1 | | | | | | | | |
| Metro Dev Council | | | 1 | | | | | | | | | | | | |
| ABHS Spokane | | 1 | | | | | | | | 1 | | | | | |
| Cascade Behavioral Hospital LLC | | 1 | | | | | | | | | | 1 | 1 | | |
| Telecare - North Sound E&T | 1 | 3 | | | | | | | | | | | | | |
| St. Joseph Hospital - Bellingham | 3 | 3 | 2 | | | | | | | | | | | | |
| VALLEY CITIES COUNSELING AND CONSULTATION | 2 | | | | | | | 1 | 1 | | 1 | 1 | | 1 | 1 |
| Affiliated Health (Skagit) | 10 | 4 | | | | | | | | | | | | | |
| Telecare NS E&T | 1 | | 1 | 1 | | 2 | 1 | 3 | 2 | 2 | | 4 | 1 | 3 | 1 |
| Mukilteo | 4 | | 3 | 4 | 1 | 2 | 2 | 4 | | 1 | 1 | | | 1 | 2 |
| Compass - Mukilteo E&T | 4 | | 3 | 4 | 1 | 2 | 2 | 4 | | 1 | 1 | | | 1 | 2 |
| Skagit Regional Psychiatry | | 1 | | | 2 | 1 | | 5 | 4 | 6 | 3 | 6 | 1 | 5 | |
| BHC Fairfax Monroe | 7 | 1 | 1 | 1 | 2 | 4 | 1 | 2 | 3 | 5 | 5 | 4 | 1 | 2 | |
| Smokey Point Behavioral Hospital | 5 | 4 | 4 | 3 | 5 | 6 | 1 | 5 | 7 | 6 | 3 | 4 | 6 | 3 | 2 |
| Swedish - Edmonds | 6 | 6 | 3 | 4 | 10 | 5 | 2 | 10 | 2 | 7 | 6 | 9 | 2 | 8 | 9 |
| Providence - Everett | 20 | 12 | 15 | 13 | 11 | 16 | 13 | 13 | 6 | 10 | 9 | 9 | 6 | 14 | 22 |


Telehealth only, crisis and investigation services from 09/13/20 to 12/26/20
Number of Services
18
16
14
12
10
8
6
4
2
-
2020 week 38
2020 week 39
2020 week 40
2020 week 41
2020 week 42
2020 week 43
2020 week 44
2020 week 45
2020 week 46
2020 week 47
2020 week 48
2020 week 49
2020 week 50
2020 week 51
2020 week 52
Telehealth - Compass Health/Crisis Service
Telehealth - Compass Health/Investigation
Total Telehealth

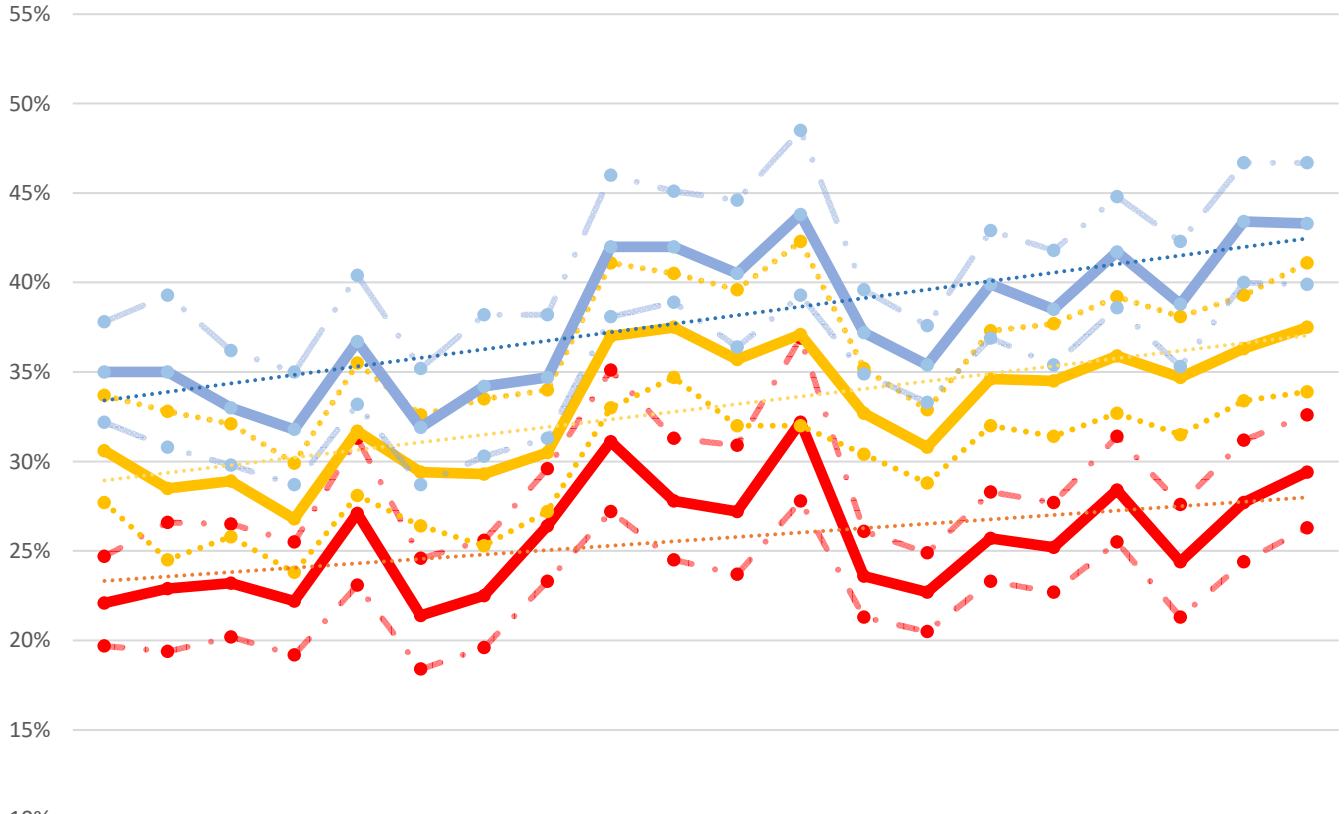

Crisis Service Unit Percent - Crisis Service units divided by Crisis units + Investigation units
80% Goal
Percent of Total DCR service units that are crisis services
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
46% 49% 51% 50% 48% 50% 56% 58% 58% 59% 59% 65% 58% 64% 65% 66% 47% 50% 50% 53% 49% 55% 52% 47% 55% 57% 39% 63%
35% 31% 35% 29% 29% 30% 33% 33% 33% 34% 29% 25% 24% 31% 32% 24% 30% 28% 35% 33% 36% 37% 31% 36% 28% 40% 36% 30%
2020 week 25
2020 week 26
2020 week 27
2020 week 28
2020 week 29
2020 week 30
2020 week 31
2020 week 32
2020 week 33
2020 week 34
2020 week 35
2020 week 36
2020 week 37
2020 week 38
2020 week 39
2020 week 40
2020 week 41
2020 week 42
2020 week 43
2020 week 44
2020 week 45
2020 week 46
2020 week 47
2020 week 48
2020 week 49
2020 week 50
2020 week 51
2020 week 52
Island, San Juan, Skagit and Whatcom County's Crisis Service percent
Snohomish County Crisis Service Percent
Linear (Island, San Juan, Skagit and Whatcom County's Crisis Service percent)
Linear (Snohomish County Crisis Service Percent)


New COVID-19 Cases Reported Weekly per 100,000 population - 03/30/20 to 12/28/20
New Cases reported weekly per 100,000
250.0
200.0
150.0
100.0
50.0
0.0
2020 Week 14
2020 Week 15
2020 Week 16
2020 Week 17
2020 Week 18
2020 Week 19
2020 Week 20
2020 Week 21
2020 Week 22
2020 Week 23
2020 Week 24
2020 Week 25
2020 Week 26
2020 Week 27
2020 Week 28
2020 Week 29
2020 Week 30
2020 Week 31
2020 Week 32
2020 Week 33
2020 Week 34
2020 Week 35
2020 Week 36
2020 Week 37
2020 Week 38
2020 Week 39
2020 Week 40
2020 Week 41
2020 Week 42
2020 Week 43
2020 Week 44
2020 Week 45
2020 Week 46
2020 Week 47
2020 Week 48
2020 Week 49
2020 Week 50
2020 Week 51
2020 Week 52
Island
San Juan
Skagit
Snohomish
Whatcom
Region

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

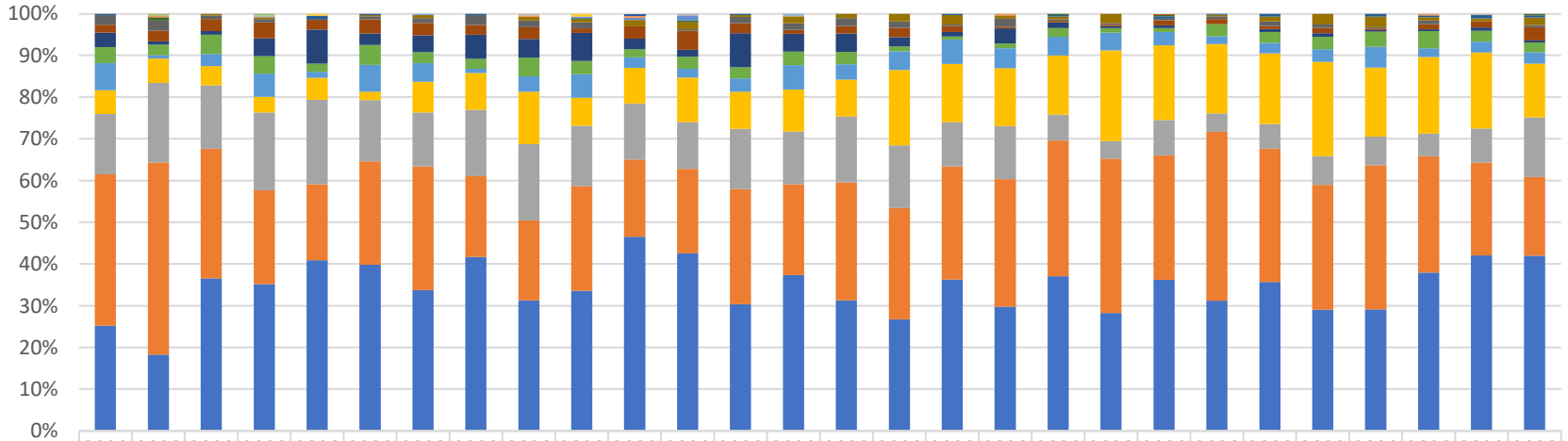
The U.S. Census Bureau, in collaboration with five federal agencies, launched the Household Pulse Survey to produce data on the social and economic impacts of Covid-19 on American households. The Household Pulse Survey was designed to gauge the impact of the pandemic on employment status, consumer spending,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

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




| | Apr 23 - May 5 | May 7 - May 12 | May 14 - May 19 | May 21 - May 26 | May 28 - June 2 | June 4 - June 9 | June 11 - June 16 | June 18 - June 23 | June 25 - June 30 | July 2 - July 7 | July 9 - July 14 | July 16 - July 21 | Aug 19 - Aug 31 | Sep 2 - Sep 14 | Sep 16 - Sep 28 | Sep 30 - Oct 12 | Oct 14 - Oct 26 | Oct 28 - Nov 9 | Nov 11 - Nov 23 | Nov 25 - Dec 7 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| % with Symptoms of Depressive Disorder low conf. level | 20% | 19% | 20% | 19% | 23% | 18% | 20% | 23% | 27% | 25% | 24% | 28% | 21% | 21% | 23% | 23% | 26% | 21% | 24% | 26% |
| % with Symptoms of Depressive Disorder value | 22% | 23% | 23% | 22% | 27% | 21% | 23% | 26% | 31% | 28% | 27% | 32% | 24% | 23% | 26% | 25% | 28% | 24% | 28% | 29% |
| % with Symptoms of Depressive Disorder high conf. level | 25% | 27% | 27% | 26% | 31% | 25% | 26% | 30% | 35% | 31% | 31% | 37% | 26% | 25% | 28% | 28% | 31% | 28% | 31% | 33% |
| % with Symptoms of Anxiety Disorder low conf. level | 28% | 25% | 26% | 24% | 28% | 26% | 25% | 27% | 33% | 35% | 32% | 32% | 30% | 29% | 32% | 31% | 33% | 32% | 33% | 34% |
| % with Symptoms of Anxiety Disorder value | 31% | 29% | 29% | 27% | 32% | 29% | 29% | 31% | 37% | 38% | 36% | 37% | 33% | 31% | 35% | 35% | 36% | 35% | 36% | 38% |
| % with Symptoms of Anxiety Disorder high conf. level | 34% | 33% | 32% | 30% | 36% | 33% | 34% | 34% | 41% | 41% | 40% | 42% | 35% | 33% | 37% | 38% | 39% | 38% | 39% | 41% |
| % with Symptoms of Anxiety or Depressive Disorder low conf. level | 32% | 31% | 30% | 29% | 33% | 29% | 30% | 31% | 38% | 39% | 36% | 39% | 35% | 33% | 37% | 35% | 39% | 35% | 40% | 40% |
| % with Symptoms of Anxiety or Depressive Disorder value | 35% | 35% | 33% | 32% | 37% | 32% | 34% | 35% | 42% | 42% | 41% | 44% | 37% | 35% | 40% | 39% | 42% | 39% | 43% | 43% |
| % with Symptoms of Anxiety or Depressive Disorder high conf. level | 38% | 39% | 36% | 35% | 40% | 35% | 38% | 38% | 46% | 45% | 45% | 49% | 40% | 38% | 43% | 42% | 45% | 42% | 47% | 47% |

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




| | 2020 week 25 | 2020 week 26 | 2020 week 27 | 2020 week 28 | 2020 week 29 | 2020 week 30 | 2020 week 31 | 2020 week 32 | 2020 week 33 | 2020 week 34 | 2020 week 35 | 2020 week 36 | 2020 week 37 | 2020 week 38 | 2020 week 39 | 2020 week 40 | 2020 week 41 | 2020 week 42 | 2020 week 43 | 2020 week 44 | 2020 week 45 | 2020 week 46 | 2020 week 47 | 2020 week 48 | 2020 week 49 | 2020 week 50 | 2020 week 51 | 2020 week 52 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| School | | | | | | | | | | | | | | | | | | | | | 1 | | | | | | |
| Residential SUD | | | | | | | | | | | 1 | | | | | | | | | | | | | | | | | |
| Psych. Fac.-Partial Hosp | | 1 | | 1 | | | | | | | | | | | | | | | | | | | | | | | | |
| Psych. Residential | | | | | | | 1 | | | | | | | 1 | | | | | | | | | | | | | | |
| Custodial Care Facility | | | | | 1 | | | | | 2 | | | | | | | | | | | | | | | | | | |
| Nursing Facility | | | | 1 | | | | | 1 | | | 1 | | 1 | | | | | | | | | | | | | 1 | |
| On Campus Outpatient Hospital | | 1 | | | | | | | 1 | | 1 | | | | | | | 1 | | | | | | | | 1 | | |
| Skilled Nursing Facility | | | | | | | | | | 1 | 1 | 3 | | | | | | | | | | | | | | | | |
| Community Mental Health Center | | 2 | | | | | | | | 1 | | 1 | | | | | | | 1 | | 1 | | | | | | | 1 |
| Group Home | 1 | | | | 2 | 1 | | 1 | | | | | 1 | | | | 1 | | 1 | | 2 | 1 | 2 | | 2 | 1 | 2 | 1 |
| Homeless Shelter | | | 1 | 1 | | 1 | 2 | | 2 | 2 | 3 | 4 | 1 | 5 | 3 | 5 | 6 | 2 | 2 | 6 | | 1 | 3 | 6 | 7 | 2 | 2 | 4 |
| Assisted Living Facility | 6 | 6 | 2 | 2 | | 2 | 3 | 7 | 4 | 4 | | 1 | 4 | 5 | 5 | 4 | 1 | 5 | 1 | 1 | 1 | 2 | 3 | 2 | 1 | 2 | | 1 |
| Prison Correctional Facility | 5 | 6 | 7 | 9 | 5 | 10 | 8 | 7 | 7 | 3 | 6 | 11 | 6 | 3 | 5 | 6 | 4 | 1 | 1 | 1 | 4 | 4 | 2 | 3 | 1 | 3 | 4 | 7 |
| Telehealth | 9 | 2 | 2 | 10 | 17 | 8 | 11 | 17 | 11 | 19 | 5 | 4 | 21 | 13 | 12 | 6 | 3 | 9 | 4 | 1 | 2 | | 2 | 2 | 1 | 1 | 2 | 1 |
| Inpatient Psychiatric Facility | 10 | 6 | 11 | 10 | 4 | 14 | 7 | 7 | 11 | 9 | 4 | 7 | 7 | 10 | 8 | 3 | 2 | 3 | 6 | 3 | 3 | 9 | 7 | 7 | 10 | 10 | 7 | 5 |
| Inpatient Hospital | 17 | 2 | 7 | 13 | 3 | 19 | 12 | 3 | 9 | 16 | 5 | 5 | 8 | 18 | 10 | 12 | 16 | 12 | 13 | 11 | 10 | 6 | 7 | 7 | 14 | 5 | 7 | 6 |
| Home | 15 | 14 | 11 | 9 | 11 | 6 | 20 | 26 | 31 | 19 | 17 | 26 | 23 | 31 | 24 | 48 | 38 | 35 | 41 | 57 | 57 | 52 | 46 | 53 | 46 | 44 | 49 | 28 |
| Emergency Room Hospital | 38 | 46 | 36 | 44 | 42 | 43 | 35 | 47 | 45 | 41 | 27 | 27 | 37 | 39 | 43 | 40 | 29 | 32 | 18 | 11 | 27 | 14 | 16 | 16 | 19 | 13 | 22 | 31 |
| Other Place of Service | 95 | 111 | 74 | 53 | 38 | 73 | 80 | 57 | 47 | 71 | 37 | 49 | 71 | 67 | 77 | 71 | 74 | 77 | 94 | 97 | 95 | 127 | 87 | 70 | 96 | 67 | 60 | 41 |
| Office | 66 | 44 | 87 | 83 | 85 | 117 | 91 | 123 | 77 | 95 | 93 | 103 | 78 | 115 | 85 | 71 | 99 | 75 | 107 | 74 | 115 | 98 | 97 | 68 | 81 | 91 | 113 | 91 |

# North Sound Crisis Metric and Reporting

## Call Center, DCR dispatch and Crisis Services

Crisis Calls, Triage Calls, Dispatches, Investigations and Crisis Services

Prepared By Dennis Regan 12/8/2020

NORTH SOUND BEHAVIORAL HEALTH
ADMINISTRATIVE SERVICES ORGANIZATION

301 Valley Mall Way, Suite 110, Mt. Vernon, WA 98273

360.416.7013|800.864.3555|F: 360.416.7017

www.nsbhaso.org

## Executive Summary

### Crisis System Metric Dashboards

**North Sound Crisis Calls**

**Period From Nov-19 To Nov-20**

| | crisis calls | Calls Answered | Calls LT 30 sec | Average answer | Calls |
|---|---|---|---|---|---|
| Prior 12 mo. Avg | 2,576 | 2,418 | 2,203 | 0:00:20 | 157 |
| Min | 1,880 | 1,825 | 1,778 | 0:00:09 | 55 |
| Max | 4,291 | 3,969 | 3,660 | 0:00:33 | 322 |
| St dev | 613 | 541 | 478 | 0:00:08 | 85 |
| Nov-20 | 4,291 | 3,969 | 3,660 | 0:00:26 | 322 |
| Current Month | ✗ | ✗ | ✗ | ✓ | ✓ |

**North Sound Investigations**

**Period From Nov-19 To Nov-20**

| | invest. | detentions | MH invest. | SUD invest. | MH and SUD invest. | Referred from Law Enforcement | avg dispatch response time hrs. |
|---|---|---|---|---|---|---|---|
| Prior 12 mo. Avg. | 373 | 176 | 224 | 17 | 132 | 48 | 1.64 |
| Min | 258 | 122 | 145 | 12 | 94 | 31 | 1.23 |
| Max | 439 | 203 | 259 | 25 | 155 | 61 | 2.91 |
| Standard dev. | 47 | 24 | 29 | 4 | 19 | 9 | 0.48 |
| Nov-20 | 329 | 144 | 197 | 11 | 120 | 22 | 1.24 |
| Current Month | ✓ | ✓ | ✓ | ✓ | ✓ | ✗ | ✓ |

| | Detentions and Commitments | Less Restrictive Options MH | No Detention Due to Issues | Voluntary MH Treatment | Other |
|---|---|---|---|---|---|
| Prior 12 mo. Avg. | 193 | 3 | 4 | 106 | 67 |
| Min | 135 | 0 | 1 | 80 | 38 |
| Max | 227 | 11 | 7 | 123 | 87 |
| Standard dev. | 26 | 3 | 2 | 14 | 13 |
| Nov-20 | 157 | 2 | 5 | 114 | 51 |
| Current Month | ✓ | ✓ | ✓ | ✓ | ✓ |

✓ Inside 2 stdev
! at 2 stdev
✗ outside 2 stdev

### Areas outside limits

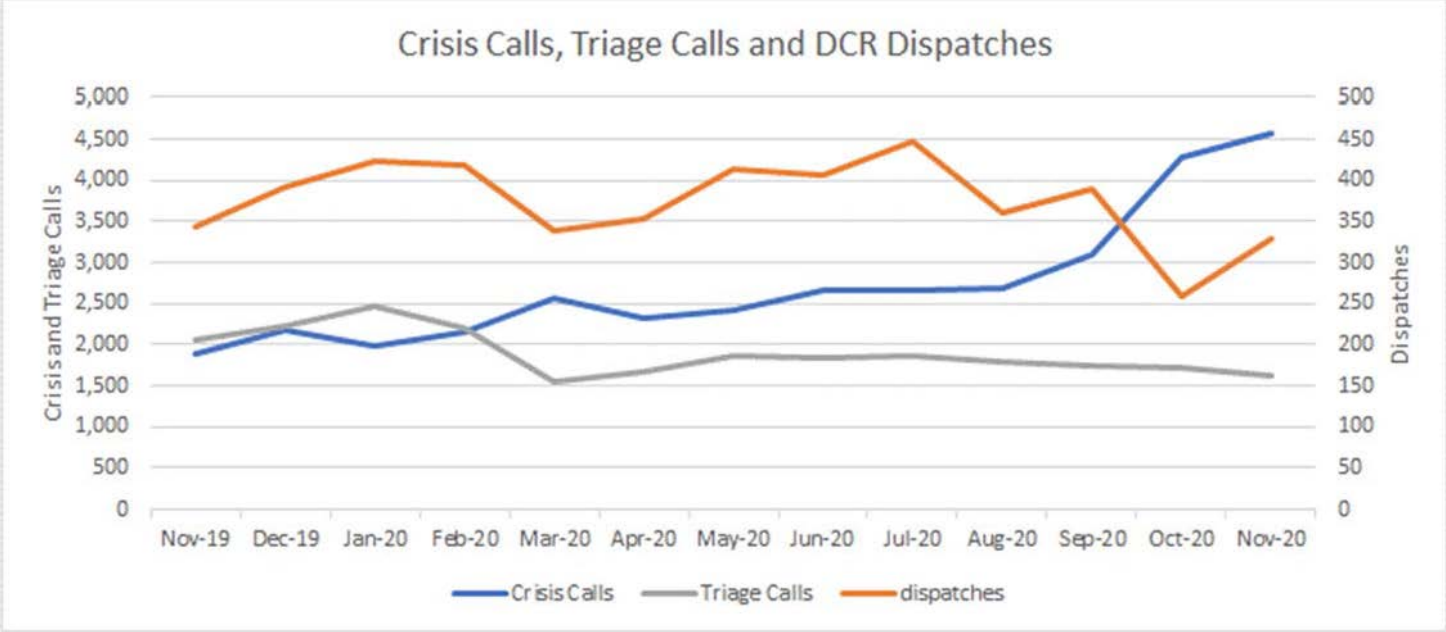
#### Crisis Calls metrics outside limits

Crisis Calls, Calls Answered, Calls and Calls LT 30 sec have increased beyond 2 standard deviations of the average. Calls abandoned are 5.9% down from 7.5% last month, the one year average is 5.8%. The contract performance goal is 5%. Calls answered in 30 seconds or less is 85.4% (90% goal) in November.

#### Investigation metrics outside limits

Investigations are down across the board, the referrals from law enforcement category is outside the 2 std dev limit.

## Crisis Calls, Triage Calls and DCR Dispatches




Crisis Calls: Inbound public calls or outbound/follow up calls related to care management activities.

Triage Calls: Primarily used as a Professional line for triaging and coordinating Mobile Crisis Outreaches Services.

## Crisis Call Center

Volunteers of America is the contractor for crisis calls and triage calls.

The Crisis Call Center is not meeting the 90% goal for calls answered in less than 30 seconds for a one year average (86.2%). The current month is 85.4% - up from 85.3% last month.

The Crisis Call Center one year average is not meeting the contract required 5.0% Call Abandonment rate, the one year average is (5.8%) . The current month is not meeting the goal (5.9%) but is much improved from 7.5% last month.

**Crisis Calls**

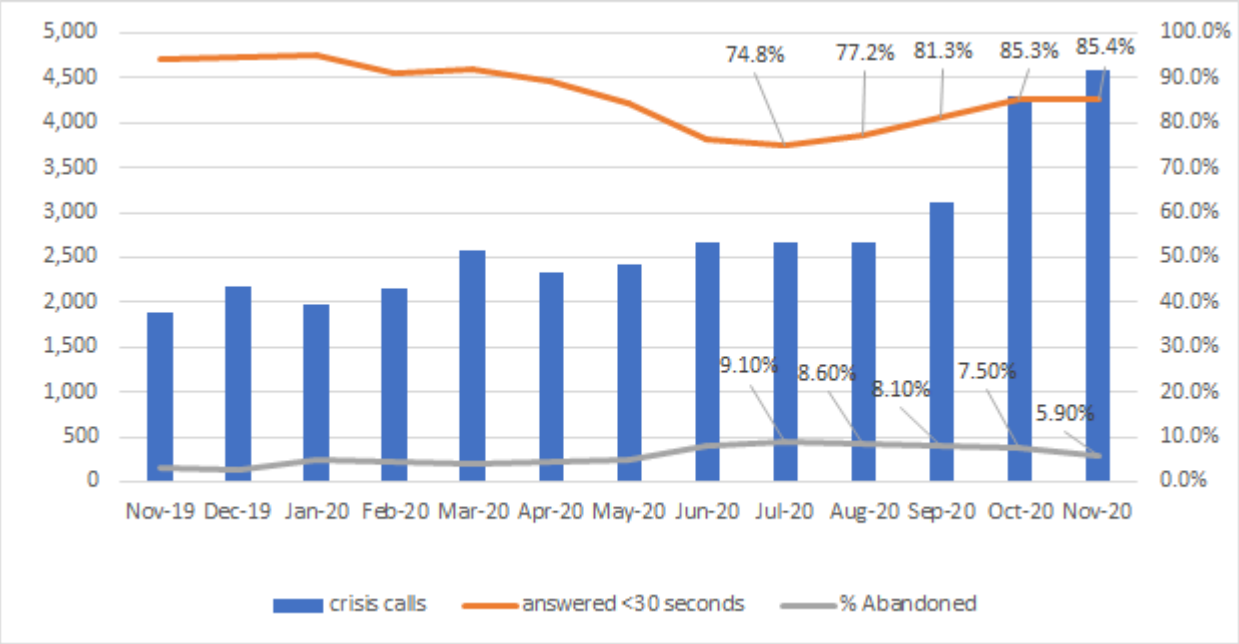
**Period From Nov-19 To Nov-20**

| | Avg Monthly calls | Avg % answered < 30 | Avg % abandoned |
|---|---|---|---|
| Nov-20 | 4,582 | 85.4% | 5.9% |
| Average | 2,730 | 86.2% | 5.8% |
| Min | 1,880 | 74.8% | 2.7% |
| Max | 4,582 | 95.0% | 9.1% |

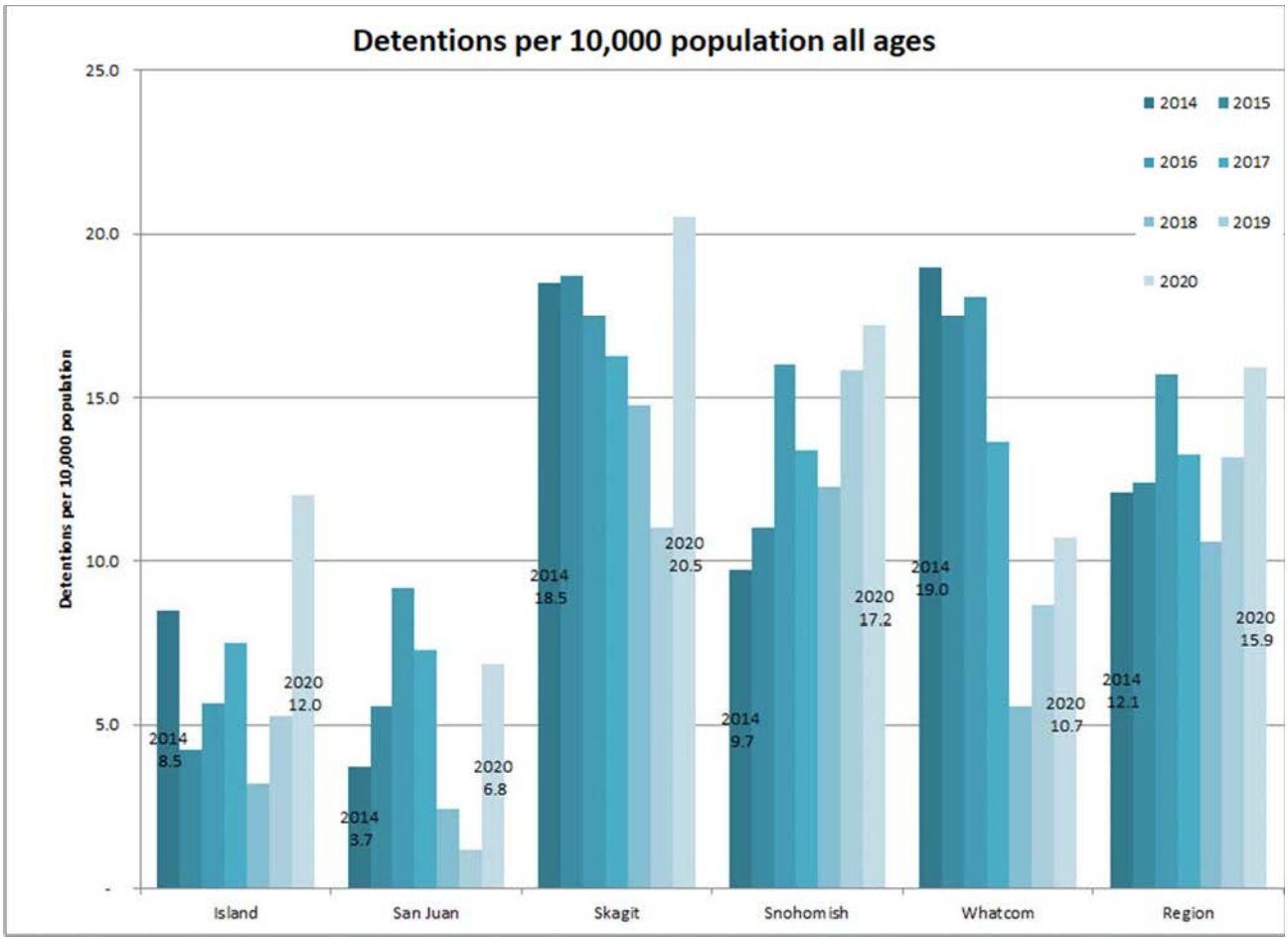
### Monthly Crisis Call metrics

| Month | crisis calls | answered <30 seconds | % Abandoned |
|---|---|---|---|
| Nov-19 | 1,880 | 94.6% | 2.90% |
| Dec-19 | 2,173 | 94.8% | 2.70% |
| Jan-20 | 1,982 | 95.0% | 5.00% |
| Feb-20 | 2,159 | 90.9% | 4.30% |
| Mar-20 | 2,566 | 91.7% | 4.10% |
| Apr-20 | 2,326 | 89.4% | 4.30% |
| May-20 | 2,414 | 84.2% | 4.90% |
| Jun-20 | 2,666 | 76.5% | 7.90% |
| Jul-20 | 2,664 | 74.8% | 9.10% |
| Aug-20 | 2,676 | 77.2% | 8.60% |
| Sep-20 | 3,109 | 81.3% | 8.10% |
| Oct-20 | 4,291 | 85.3% | 7.50% |
| Nov-20 | 4,582 | 85.4% | 5.90% |

## Crisis Calls monthly comparison



## Dispatches, Detentions and Detention RatesPer Capita Detention Rates



### North Sound Crisis Dispatch Metrics

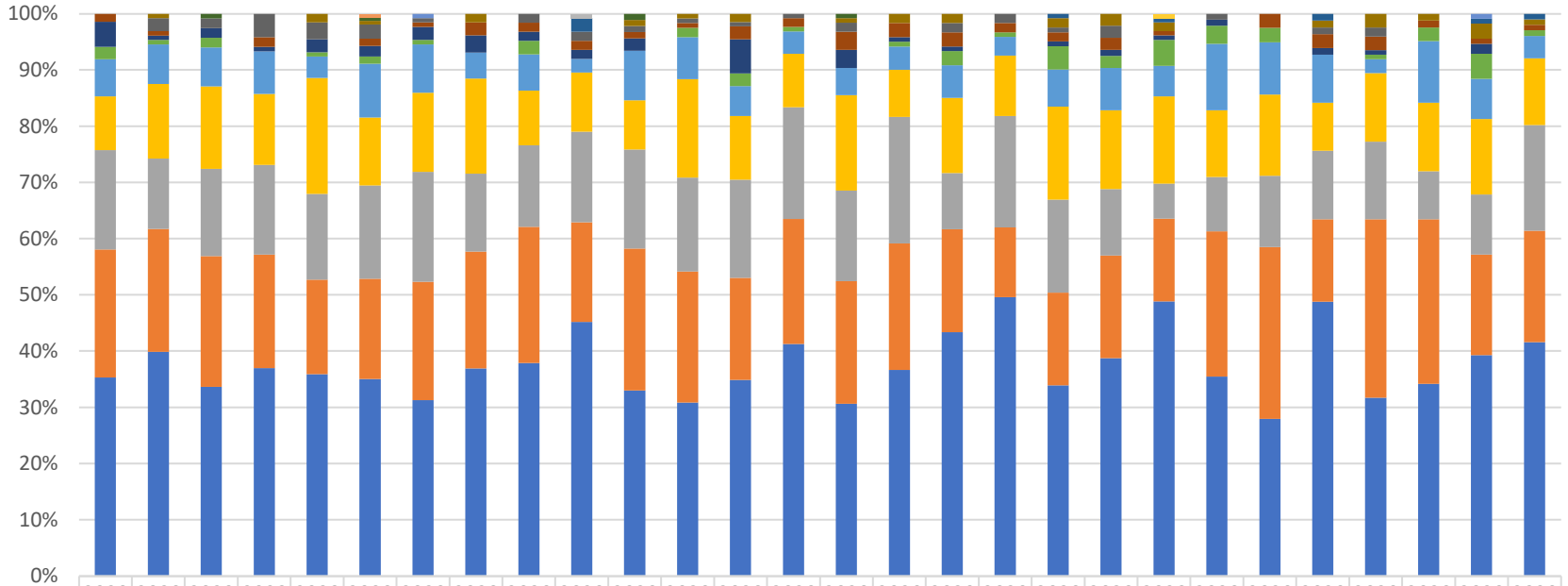
The North Sound Investigation data is captured in the North Sound ASO data system through the ICRS contact sheet data submitted by Designated Crisis Responders (DCR's).

### Current Investigation Data Used

*Total Investigations/detentions/response and LE referral*

| month | invest. | detentions | avg dispatch response time hrs. | Referred from Law Enforcement | detention percent |
|---|---|---|---|---|---|
| Nov-19 | 340 | 153 | 1.4 | 51 | 45% |
| Dec-19 | 383 | 170 | 1.3 | 60 | 44% |
| Jan-20 | 411 | 180 | 2.9 | 56 | 44% |
| Feb-20 | 411 | 170 | 2.3 | 61 | 41% |
| Mar-20 | 334 | 148 | 1.5 | 48 | 44% |
| Apr-20 | 348 | 203 | 1.5 | 41 | 58% |
| May-20 | 403 | 203 | 1.3 | 44 | 50% |
| Jun-20 | 405 | 202 | 1.6 | 39 | 50% |
| Jul-20 | 439 | 200 | 1.6 | 56 | 46% |
| Aug-20 | 359 | 178 | 1.3 | 42 | 50% |
| Sep-20 | 387 | 186 | 1.7 | 44 | 48% |
| Oct-20 | 258 | 122 | 1.2 | 31 | 47% |
| **Nov-20** | **329** | **144** | **1.2** | **22** | **44%** |
| prior 12 mo. avg. | 373 | 176 | 1.6 | 48 | 47% |
| min | 258 | 122 | 1.2 | 31 | 41% |

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




| | 2020 week 25 | 2020 week 26 | 2020 week 27 | 2020 week 28 | 2020 week 29 | 2020 week 30 | 2020 week 31 | 2020 week 32 | 2020 week 33 | 2020 week 34 | 2020 week 35 | 2020 week 36 | 2020 week 37 | 2020 week 38 | 2020 week 39 | 2020 week 40 | 2020 week 41 | 2020 week 42 | 2020 week 43 | 2020 week 44 | 2020 week 45 | 2020 week 46 | 2020 week 47 | 2020 week 48 | 2020 week 49 | 2020 week 50 | 2020 week 51 | 2020 week 52 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Non residential SUD Facility | | | | | | | | | | | | | | | | | | | | | 1 | | | | | | | |
| Custodial Care Facility | | | | | | | | | | 1 | | | | | | | | | | | | | | | | | | |
| Nursing Facility | | | | | | 1 | | | | | | | | | | | | | | | | | | | | | | |
| Psych. Residential | | | | | | | 1 | | | | | | | | | | | | | | | | | | | | 1 | |
| Homeless Shelter | | | 1 | | | 1 | | | | | 1 | | | | 1 | | | | | | | | | | | | | |
| Community Mental Health Center | | | | | | | | | | 3 | | | | | | | | | 1 | | 1 | | | 1 | | | 1 | 1 |
| Group Home | | 1 | | | 2 | 1 | | 2 | | | 1 | 1 | 2 | | 1 | 2 | 2 | | 2 | 2 | 2 | | | 1 | 3 | 1 | 3 | 1 |
| Office | | 3 | 2 | 5 | 4 | 4 | 1 | | 2 | 2 | 1 | 1 | 1 | 1 | 2 | | 2 | 2 | 1 | 2 | | 1 | | 1 | 2 | | | |
| Assisted Living Facility | 2 | 1 | | 2 | | 2 | 1 | 3 | 2 | 2 | 1 | 1 | 3 | 2 | 4 | 3 | 3 | 2 | 2 | 2 | 1 | | 3 | 2 | 3 | 1 | 1 | 1 |
| Telehealth | 6 | 1 | 2 | 1 | 3 | 3 | 3 | 4 | 2 | 2 | 2 | | 8 | | 4 | 1 | 1 | | 1 | 1 | 1 | 1 | | 1 | 1 | | 2 | |
| Home | 3 | 1 | 2 | | 1 | 2 | 1 | | 3 | | | 2 | 3 | 1 | | 1 | 3 | 1 | 5 | 2 | 6 | 3 | 3 | | 1 | 2 | 5 | 1 |
| Prison Correctional Facility | 9 | 9 | 8 | 9 | 5 | 15 | 11 | 6 | 8 | 3 | 8 | 9 | 7 | 5 | 6 | 5 | 7 | 4 | 8 | 7 | 7 | 11 | 11 | 7 | 3 | 9 | 8 | 4 |
| Other Place of Service | 13 | 17 | 17 | 15 | 27 | 19 | 18 | 22 | 12 | 13 | 8 | 21 | 15 | 12 | 21 | 10 | 16 | 13 | 20 | 13 | 20 | 11 | 17 | 7 | 15 | 10 | 15 | 12 |
| Inpatient Hospital | 24 | 16 | 18 | 19 | 20 | 26 | 25 | 18 | 18 | 20 | 16 | 20 | 23 | 25 | 20 | 27 | 12 | 24 | 20 | 11 | 8 | 9 | 15 | 10 | 17 | 7 | 12 | 19 |
| Inpatient Psychiatric Facility | 31 | 28 | 27 | 24 | 22 | 28 | 27 | 27 | 30 | 22 | 23 | 28 | 24 | 28 | 27 | 27 | 22 | 15 | 20 | 17 | 19 | 24 | 36 | 12 | 39 | 24 | 20 | 20 |
| Emergency Room Hospital | 48 | 51 | 39 | 44 | 47 | 55 | 40 | 48 | 47 | 56 | 30 | 37 | 46 | 52 | 38 | 44 | 52 | 60 | 41 | 36 | 63 | 33 | 33 | 40 | 39 | 28 | 44 | 42 |


# North Sound Regional Annual Crisis System Assessment

## Stakeholder Survey Report

Prepared 1/4/2021

NORTH SOUND BEHAVIORAL HEALTH
ADMINISTRATIVE SERVICES ORGANIZATION

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

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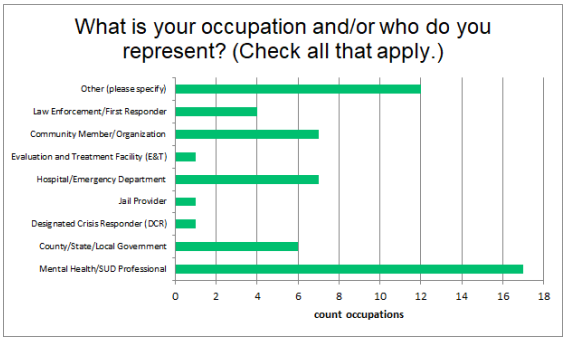
## Executive Summary

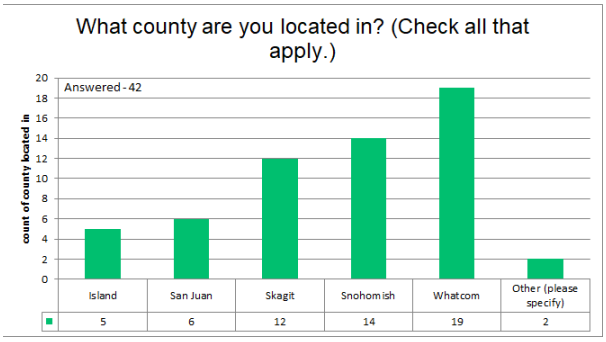
North Sound Behavioral Health Administrative Service Organization (North Sound BH-ASO) received 42 responses from system stakeholders between 11/12/20 and 12/03/20. Positions and titles from responses are included below:

Assistant Manager of Crisis Services
Behavioral Health Director
Behavioral Health Lead
Behavioral Health Program Coordinator
Billing Specialist
Captain
Captain Community Paramedic
Clinical Director
Clinical Manager
Clinical Manager of Mental Health Center
Clinical Nurse Manager
Crisis Services Manager
DCR
Deputy
Director
Director of Administrative Svs
Director of Behavioral health
Director, Healthcare Svcs/CM
ED manager
Embedded Social Worker
EMS Manager
Executive Director
Homeless Outreach Team Coordinator
Housing and Healthcare Integration Manager
Housing Program Manager
Human Services Manager
Intensive Services Director
LMHC/SUDP
Manager - Social Work
Medical Director
Mental Health Coordinator
NW Director of Housing Operations
Outreach Coordinator
Program Director Behavioral Health Services
Program Manager
Threat Assessment Coordinator
VP Behavioral Health & Partner Operations
WHSC Director

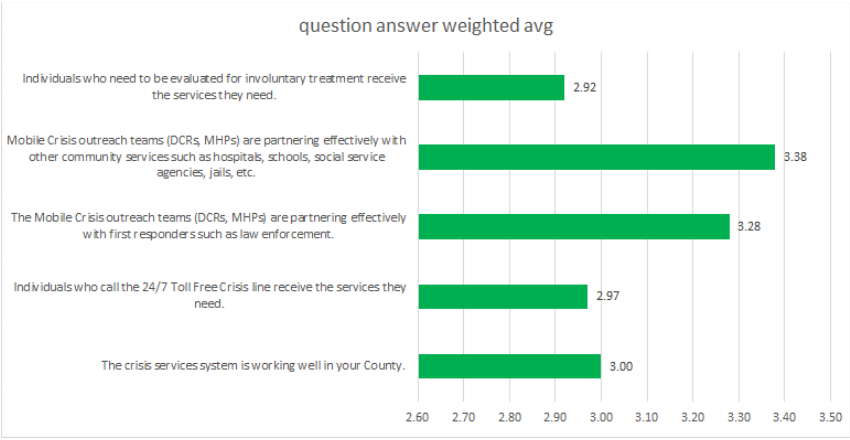
### Occupations and systems represented:




### Counties Represented

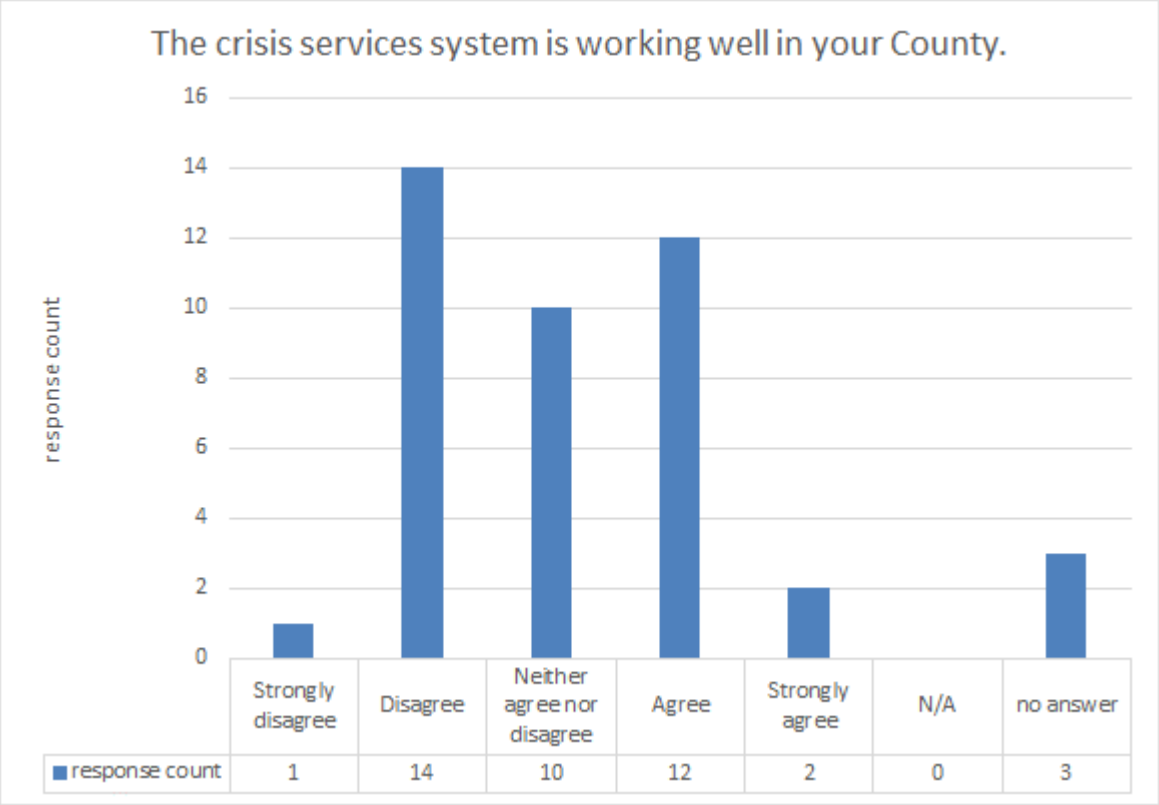



Mobile outreach teams partnering effectively received the most positive response (3.38). Individuals who need to be evaluated receive the service they need had the least positive response (2.92).



## Question answers

### The crisis services system is working well in your County




### Comments

*I think the crisis system is working well; we have more work to do on data sharing between ASO/VOA/MCOs*

*I've been off work on extended medical and haven't heard the latest since my return. We are very greateful for the additional staffing and the willingness of NSBHO to consider creative solutions during an especially challenging time for our provider agency.*

*Changes in insurance has led to decreased amount of information shared among community providers*

*It works, but it is the only thing robustly avaialable. It feels like our community has to decomponsate/get to crisis before services become avaialble.*

*The outreach is plentiful, but there is little mental health and substance abuse facilities.*

*There is often a 3+hour wait for someone to come out and speak to someone in crisis and sometimes VOA screens out our calls without ever sending someone when there is a true and legitimate crisis occurring*

*People taken by LE to St. Joseph's ER on an ITA are not always even being evaluated by a menthal health professional. Our hospital is using the RCW loophole and ER Physicians are turning people loose based on their assessment. These people are being released without services or any additional support and the victims or those involved are not being notified of their release either. Also, we have had situations where people are not detained for suicidal ideation because they are refusing the medical screening.*

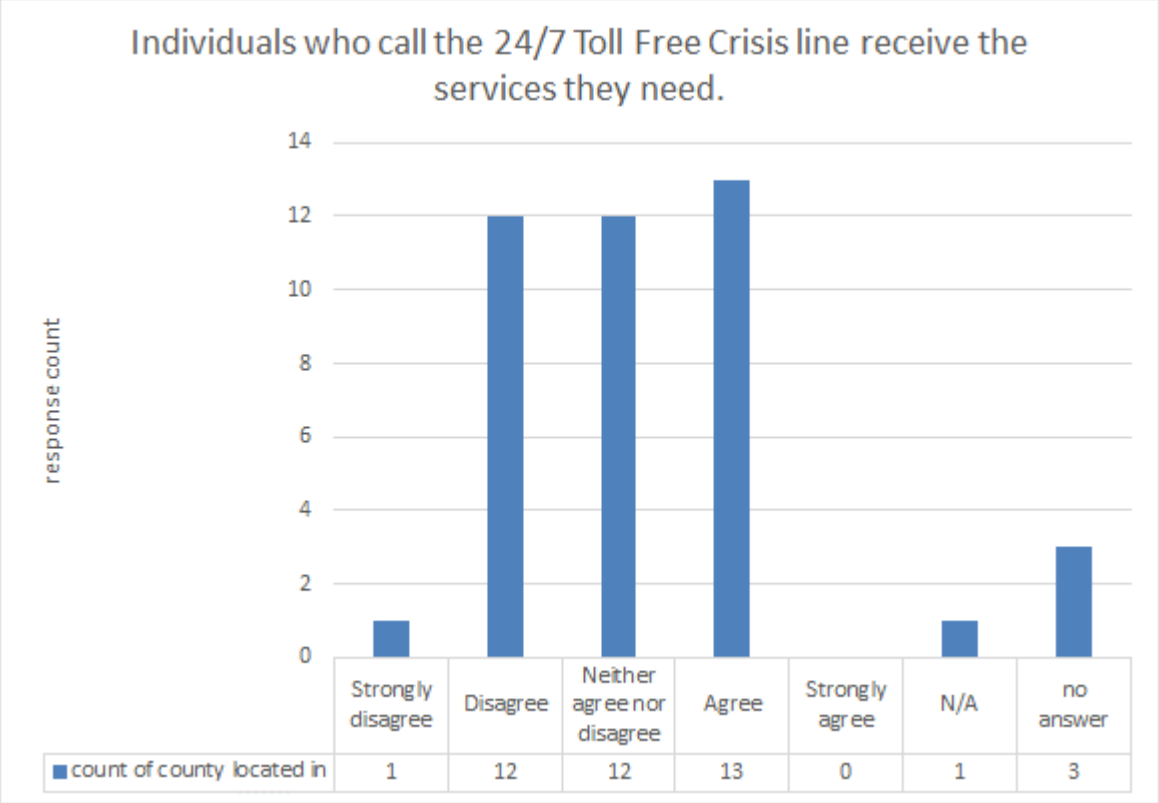
*Whatcom County is experiencing significant challenges with our ITA process. Some of this is due to COVID and changes resulting from this, in addition to political climate impacting how our police/sheriff interact with pick-up orders.*

*Crisis systems are typically overwhelmed, and systems will often not respond, downplay severity, or rely on law enforcement/ED to manage crisis.*

*I think it works well for many, but not so well for others. It seems situational and users lack clarity about expectations of the system*

*We need more services, and more services w/less barriers to accept and assist even more clients. The services are clunky, providers need to communicate between agencies, and we have folks that are denied care due to their needs being too high for most agencies to handle.*

## Individuals who call the 24/7 Toll Free Crisis line receive the services they need.




## Comments

*More often than not patients in crisis report that their needs are not met with calls to the crisis line.*

*Unsure at this time due to constraints in the system due to COVID*

*We define their crisis. Many people feel like they don't get what they need.*

*Other than Snohomish, that promoted the use of 211, other counties are confused as the direct linkages to services that 211 provides!*

*Sometimes the response is excellent. Sometimes, the Crisis Line operators tell our staff a DCR is not needed when we feel one is needed.*

*Willing participants are put in touch with appropriate resources. However, it is those who do not believe they need resources and are in psychosis who are falling between the cracks because all of our mental health services are designed for willing participants.*

*Frequent complaints of being placed on hold for an indefinite amount of time*

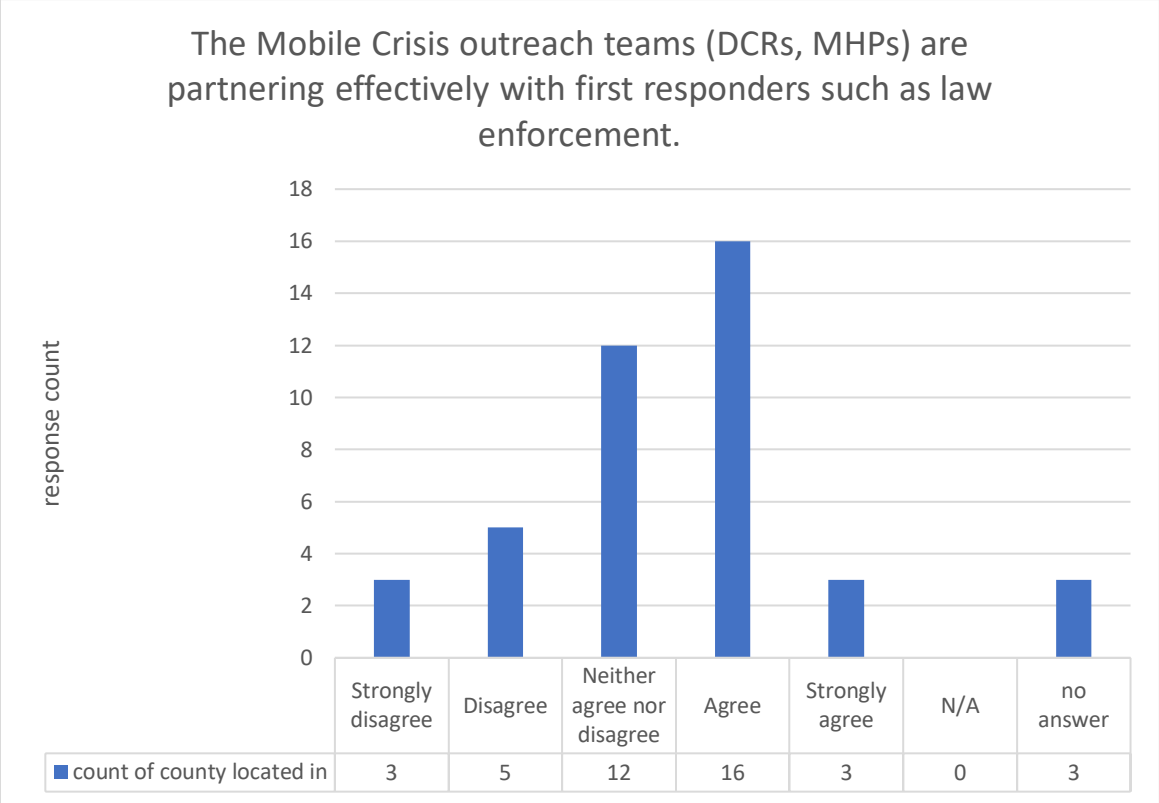
*Individuals in our community tend to utilize 911 instead of VOA crisis line. Agency coordination and collaboration for supporting individuals who are accessing Crisis Line is limited due to changes with information exchange barriers, which changed when we moved to MCOs.*

*it's spotty*

*The feedback I get is that some do and some don't or that the communication about how need is determined is unclear. Does the person NEED MCOT? Does the person NEED a caring follow up call in 24 hours? Does the caller agree with the screened assessment?*

*Phone crisis services provide resources, but resources are not always up to date, and some services offered are not easily accessible in Whatcom County.*

## The Mobile Crisis outreach teams (DCRs, MHPs) are partnering effectively with first responders such as law enforcement




## Comments

*This is done inconsistently depending on the DCR*

*The one case I have worked on where this was successful was in relation to a youth community member being supported by the school she was attending. Largely this has been challenging, as there is often considerable lag time between reaching out for support and getting support services to the locations most needed.*

*With the system constraints we did not have a DCR show up in our facility when called nor a call back explaining the reason behind a no show*

*I don't have enough details/first hand exposure. But I've heard good things...*

*many patients are still coming to the ED for DCR services, i do not believe LE calls them from the scene or patients residence*

*I think law enforcement officers could call the DCRs more readily/more frequently.*

*There needs to be more collaboration*

*I believe LE has a great working relationship with DCRs and MHPs in our county. The failure of people getting resources is not due to their lack of trying; they are handicapped by our RCWs and state regulations.*

*We were told that the police had a direct line to DCRs. We have had several times when staff have called for crisis response just to be told to call 911. When police respond, they advise to call crisis response. The person in crisis gets little to no help in the moment of a crisis.*

*I do not have any first hand experience as a professional for with a client*

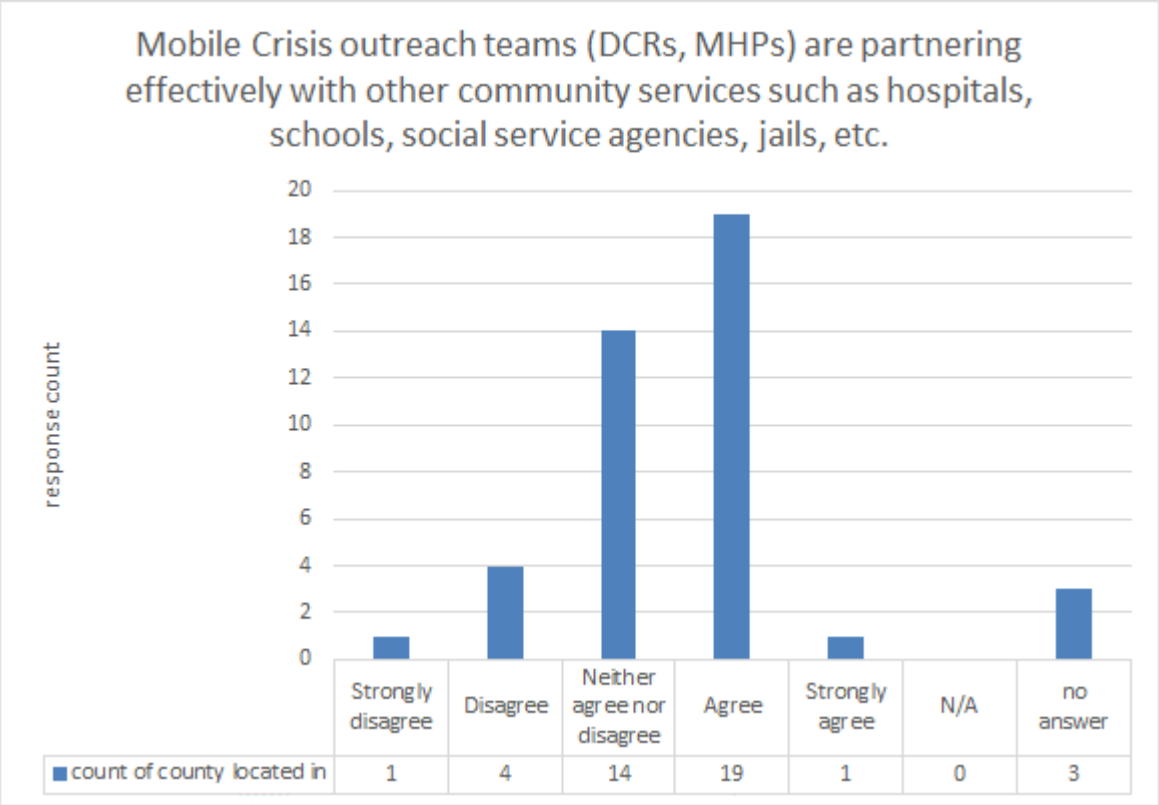
*Law enforcement has implemented changes resulting in significant difficulties with pick-up orders being followed under the ITA process.*

*They are doing th best they can*

*This effort is welcome. I believe that more people need the outreach than are getting it. Community does not understand who and how to refer, IF they even know this outreach exists.*

*MCOT would benefit from trying to get more folks into services, instead of simply acting as a stand-by assist. Although we have laws about detainments in WA State, DCR's need to complete ACCURATE assessments of folks, and remember, those that continue to be frequent fliers of DCR services KNOW WHAT TO DO AND SAY when they see a DCR, and this prevents them from being detained. Also, DCRs and MCOT staff need to think outside the box when attempting to help clients. A successful detainment takes work, and DCR's and MCOT staff have continued to present their inability to effectively detain individuals.*

## Mobile Crisis outreach teams (DCRs, MHPs) are partnering effectively with other community services such as hospitals, schools, social service agencies, jails, etc.




### Comments

*Not been my experience. We have had cases of community members in crisis where the hospitals have confirmed that they have reached out, only to discover upon shift change that this is not the case. In addition, there have been times that we have sent community members in crisis to the hospital for evaluation and again the hospitals have not seen the need to call for evaluation which typically leads to the individual choosing to discharge.*

*Speaking for the hospitals, yes.*

*Would be a beneficial partnership with schools!*

*it was more efficient when DCR could physically come see the pt, its difficult to get a full story of a pt over a tablet*

*I'm not certain how often MCOT is used by those agencies*

*I cannot speak from experience, but I know I have heard positive comments about our DCRs and MHPs from other services.*

*Our agency has a hard time forming relationships with the DCRs. We get no information when clients are released from 72 hour holds. We don't get copies of LROs when people are released to our housing programs.*

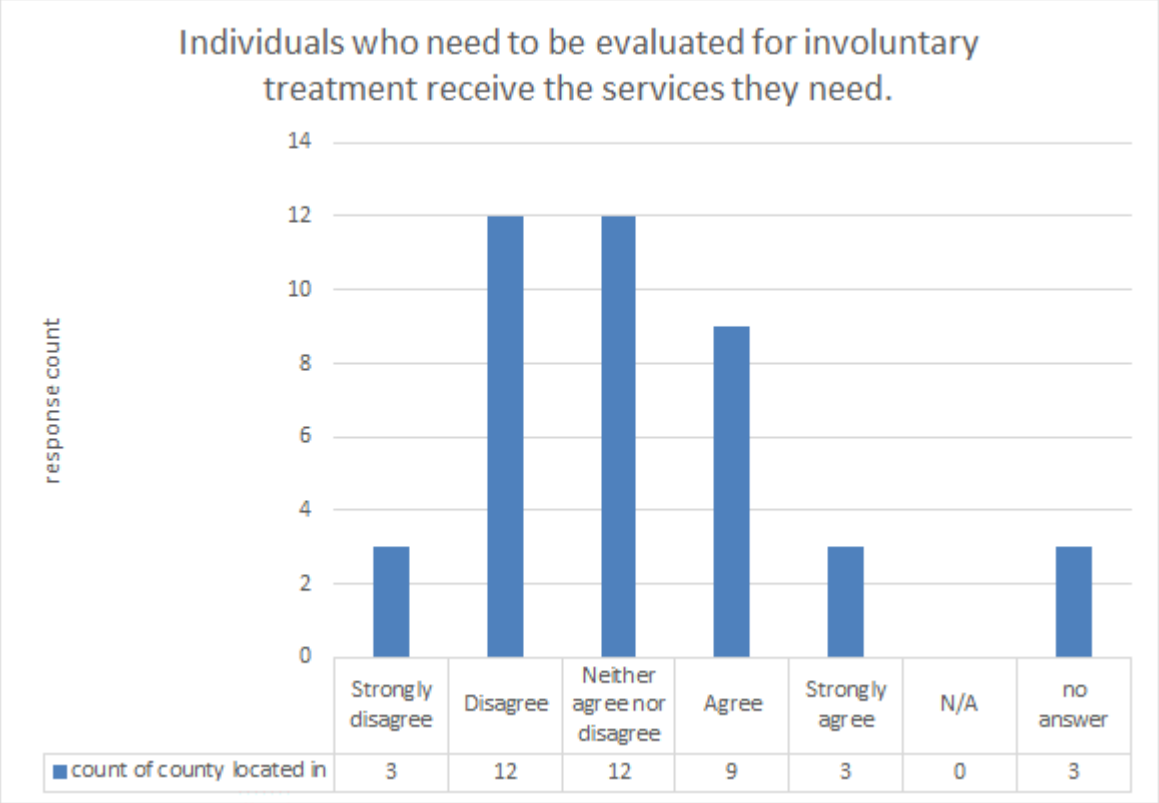
*Better utilized than law enforcement*

*They are doing the best they can*

*There are plenty of examples of both effective partnering and misaligned goals, values and system process. I appreciate that the Crisis Oversight Committee work helps to surface these issues and builds understanding that works toward increased alignment.*

*Homeless Outreach Team continues to stay in close contact w/partner providers and takes on extra tasks to ensure client needs are met. DCR's need to restructure how they conduct assessments for effective and safe detainments, and MHP's are great, but also need to pay attention to partner-provider reports to ensure clients are being granted much needed services.*

## Individuals who need to be evaluated for involuntary treatment receive the services they need




## Comments

*Community members in need of ITA evaluation are more often than not either evaluated and released by the DMHP's or the hospital makes the determination that the evaluation is not necessary even through they do not have the context or history on the case.*

*Especially when they don't qualify for inpatient services-the wait to see a psychiatrist can be 3 months.*

*not all the time, no beds, or DCR deems the pt not meeting criteria, we deal with alot of "walk aways"*

*I think that the MCOT and DCRs try their best to get clients the services that are needed but insurance companies and lack of placement options get in the way.*

*Sometimes DCRs determine someone does not need to be detained when our staff strongly feel that they do. It's hard when the DCRs only get a point in time snapshot of the behaviors and we work with people daily and see the changes in behavior over time.*

*AFter multiple calls and visits. I feel that statements from social service workers should hold more weight when it comes to getting our clients the help they need*

*As I mentioned above, our local hospital is not ensuring that every ITA is evaluated by an MHP or DCR. In fact a few months ago I called in to do follow up regarding someone a Deputy had ITA'd and a nurse told me, just because it's the opinion of law enforcement that someone needs to be evaluated (referencing our completing an ITA affidavit) doesn't mean we're going to keep them against their will.*

*Response time takes so long that many times when we call the person in crisis leaves and can't be evaluated.*

*DCR's only evaluate at hospital once medically cleared and getting ind. to hospitals are barrier-- hospitals often discharge individuals before DCR evaluates*

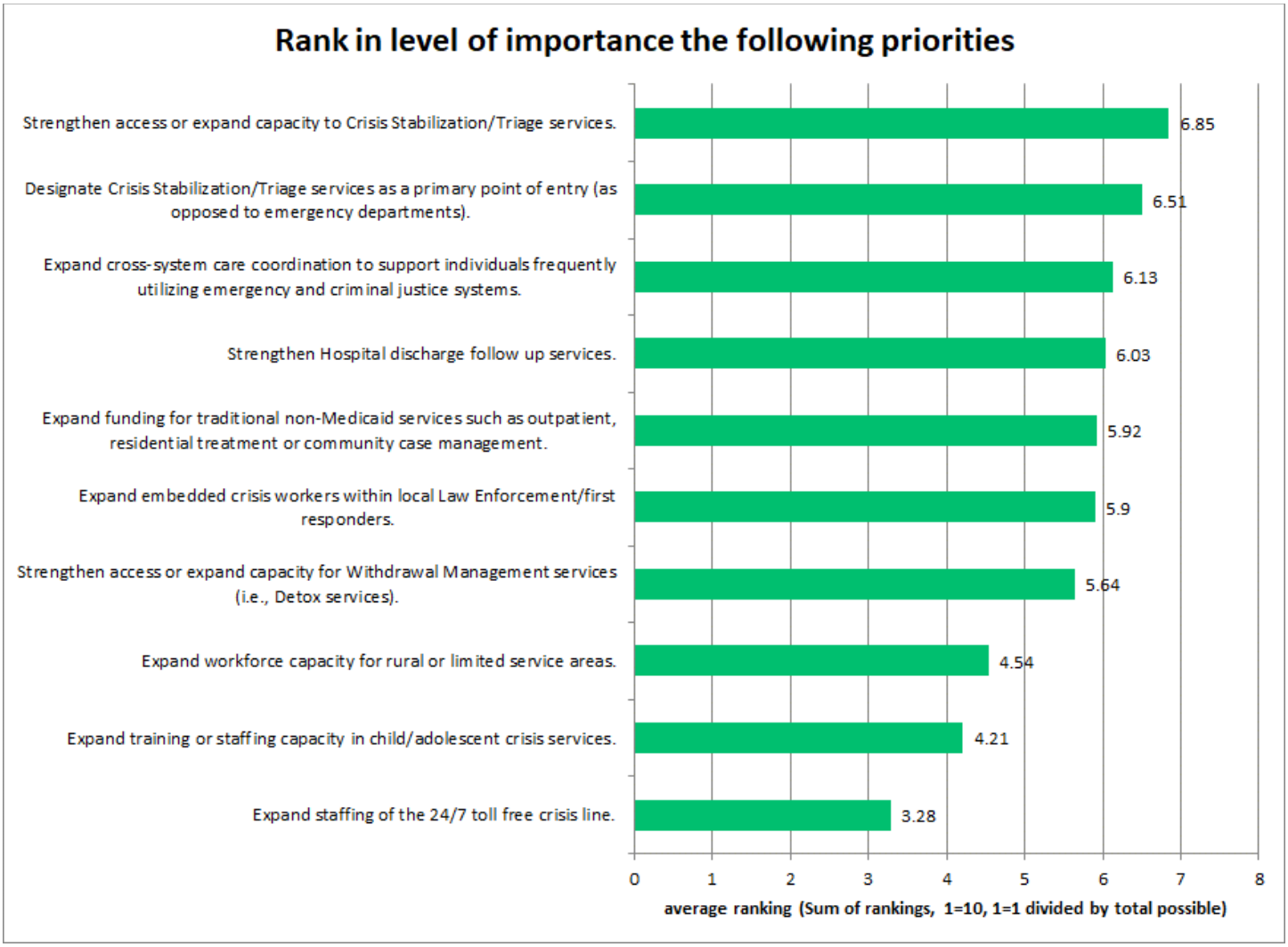
*There are significant challenges in individuals being able to access and remain in inpatient settings (WSH not accepting clients, limited beds available at E&Ts/hospitals, etc)*

*Depends on how busy the system is at that time*

*I do believe this is true for the immediate situation, however follow up and sustained services and support seem more challenging to ensure.*

*Some clients have their needs met, but client rights can drastically change all efforts made to bring a client to services. Also, some are not detained due to MHP's and DCR's reporting past histories of clients, which can prevent a client from getting properly assessed.*

## Priority Rankings




## Are there any other comments or suggestions you would like to make?

*A better approach to agency cooperation and communication is needed. Persons in crisis should not be hit and miss for help. A clear path from the crisis to the solution is needed. An example would be someone asking for treatment. They go to the ER and get medically cleared IF there is a detox bed they then go there (If not bed they are released back into the crisis), then IF there is a treatment bed they go to treatment, otherwise, they are released back into the crisis while they wait for a bed. Once they are completed with the treatment they are then released back to (in our case) homelessness or into their old influences. The path needs to be from the Crisis to detox, to treatment to housing and a support system to help them.*

*Being remote and subject to waterways our county has unique challenges*

*Engage in serious and purposeful conversations to address ongoing issues.*

*Funding for inpatient units should be a priority*

*Housing is such a significant need that doesn't have many solutions.*

*I believe the crisis team is doing the best they can, but the system needs more resources all around.*

*I have yet to have a positive experience with getting an individual evaluated without barriers working in Skagit County 15 years*

*I hear from staff that they would like improved access to DCR's to consult about cases - some of which are complex.*

*I work in homeless services and it is concerning to encounter our gravely ill clients continually either discharged to the street or not detained.*

*I would like to say that cooperation and collaboration among providers has grown but could still use some focus*

*In Whatcom County, there is a large majority of our population who are high utilizers due to lack of appropriate housing resources.*

*Increased training on trauma informed approaches to mental health/mental wellbeing frameworks, strategies and mindsets is needed for ALL clinicians, law enforcement, VOA staff, community orgs and community residents. Breaking stigma about this entire issue with compassionate response may be what moves us.*

*looking forward to the opening of the Crisis Stabilization center in Whatcom!!*

*Need more community-based services.*

*Outreach teams work very hard to help those in need of services. However, so many partner-providers end up working against each other due to differences in policy and procedure. Finally, laws affect how easily someone can be detained, and changes in insurance are preventing a good number of folks from getting the care they need, with MCO's pushing people into services that are not a high enough level of intensity to ensure client success.*

*Part of the most significant challenges we experience in working with community members in crisis, and the systems available for support within the community is a significant lack of timely communication. Often if an individual seeks crisis services the first call we receive to coordinate is a call from the discharge coordinator- typically day of or day before discharge which leaves little time to come up with a supportive and cohesive multi system plan of support.*

*Support stable staffing at Compass Health SJC for the Medicaid population it is contracted to serve.*

*The emergency department still remains the primary site for BH crisis intervention. We are in desperate need of increased mobile response, triage/ stabilization, and alternative Trauma Informed*

*Care BH crisis sites in our community. Although these resources exist they are not nearly robust enough to meet the need prior to covid. Post covid I am really worried about community capacity.*

*"--The need for a centralized agency that is able to collect crisis, CMH information/crisis plans, and real time information for clients, and relay that information to crisis workers 24/7*

*--The ability to have funding/services for clients that are not enrolled with a MCO or on Medicaid (including a care coordinator for a CMH agency for LR orders)."*

*There are significant systemic challenges related to the legal components of our crisis response system that requires legislative changes and advocacy.*

*This is always a difficult situation, I feel we all do the best we can with what we have but there is room for improvement*

*VOA 211, is anyone at the BH-ASO working with expansion efforts, including utilization of the program? Thanks!*

*we have a Local Oversight Committee meeting this Friday which will*

*We need more focus and funding for mental health care. There a little to no help for those who have cooccurring issues. The state has one mental health care hospital, and its underfunded and understaff. Washington States mental health and substance abuse care is pathetic. Even when one of my clients finally want treatment, all of their options in this state say the pt is above their level of care.*

*We need to make expending our geriatric services a priority. We have MANY Whatcom County residence who are experiencing early dementia symptoms, or even just late life issues, who are on Medicare and we struggle getting them the services they need.*

*We work with many folks who are in crisis but they systems are so restrictive that people in crisis have difficulty accessing the services when they need them. As a service provider we get little to no information on how to support people after they have been detained and are returning home.*

*We would love to work with DCRs as much as possible to come up with creative solutions for our clients.*

## Sources and Reports

### Stakeholder Survey Data

**\\w2k16-file\Shared\Quality_Management\IQMC\Annual Review\Crisis Annual Review\2020\Survey\Stakeholder Survey_All Responses Summary.xlsx**

### Working Word Document

**\\w2k16-file\departments\Quality Specialists\Reports\UM_Reports\SurveyReports\SurveyReportStkHldr_2020.docx**

### PDF Report

**\\w2k16-file\Shared\Reports\DataRequests\Survey\SurveyReportStkHldr_2020.pdf**


# North Sound Regional Annual Crisis System Assessment

## Crisis Agency Survey Report

Prepared 1/4/2021

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ADMINISTRATIVE SERVICES ORGANIZATION

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

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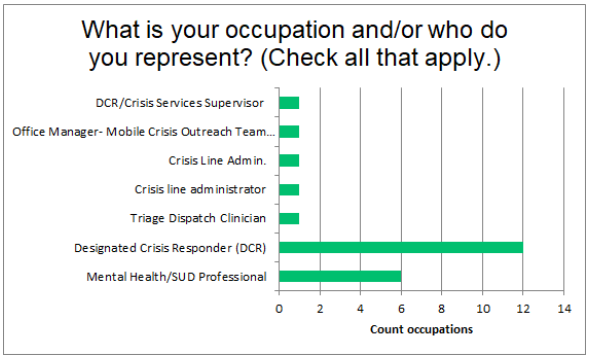
## Executive Summary

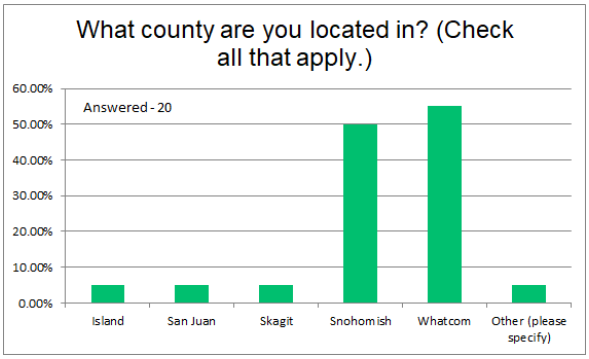
North Sound Behavioral Health Administrative Service Organization (North Sound BH-ASO) received 20 responses from Crisis Agency personnel between 11/12/20 and 11/20/20. Positions and titles from responses are included below:

| | |
|---|---|
| Assistant Director | 1 |
| Clinician II | 3 |
| Crisis Services Supervisor | 1 |
| DCR | 11 |
| Mental Health Professional | 1 |
| Office Manager- Mobile Crisis Outreach Team (MCOT) | 1 |
| Senior Program Manager | 1 |
| Whatcom MCOT Manager | 1 |

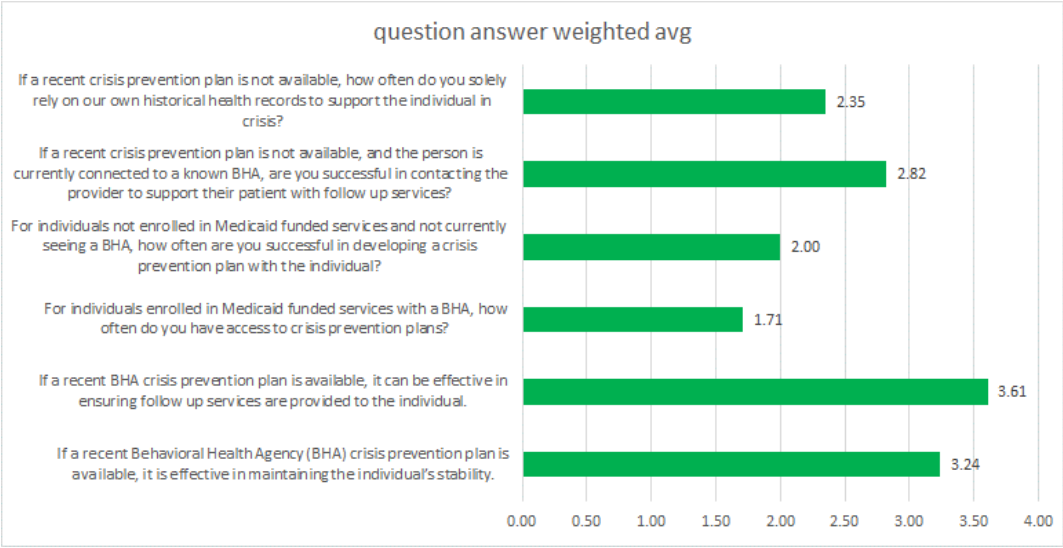
Occupations and systems represented:




Counties Represented

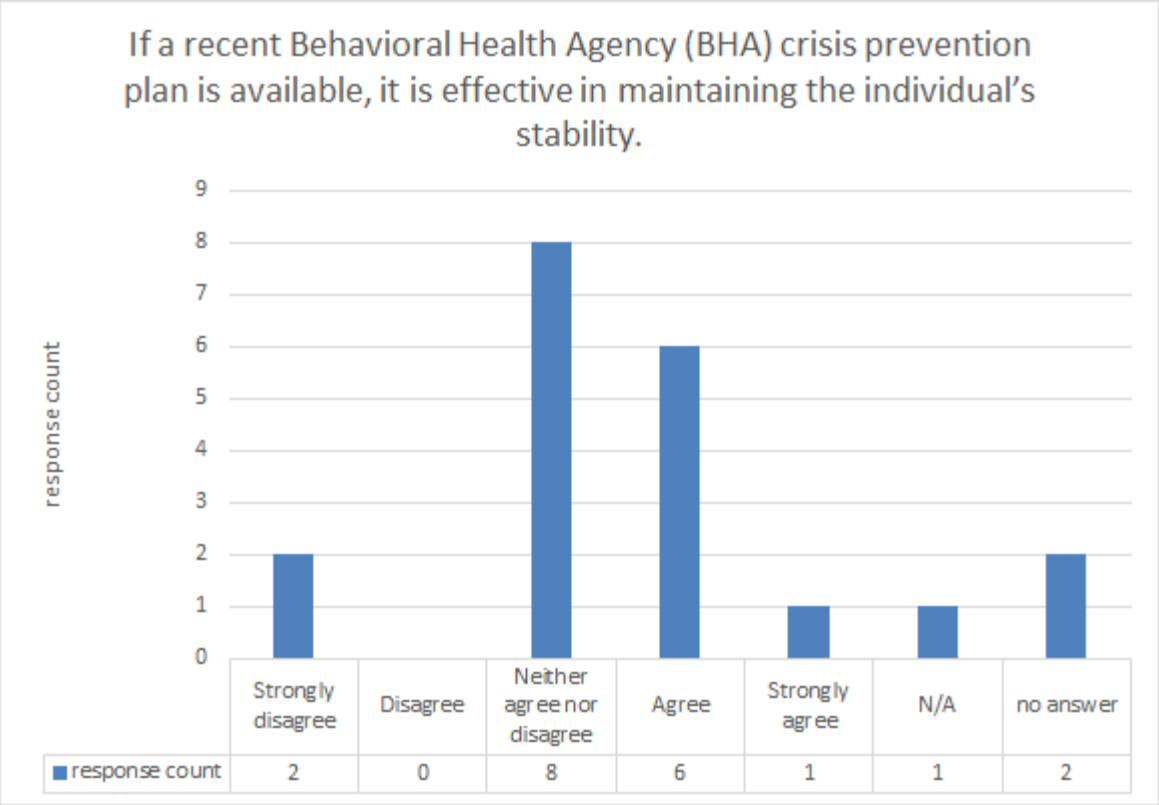



Crisis Plan effectiveness received the most positive response (3.61). Crisis plan availability for Medicaid enrolled with BHA had the least positive response (1.71).



## Question answers

### If a recent Behavioral Health Agency (BHA) crisis prevention plan is available, it is effective in maintaining the individual's stability.



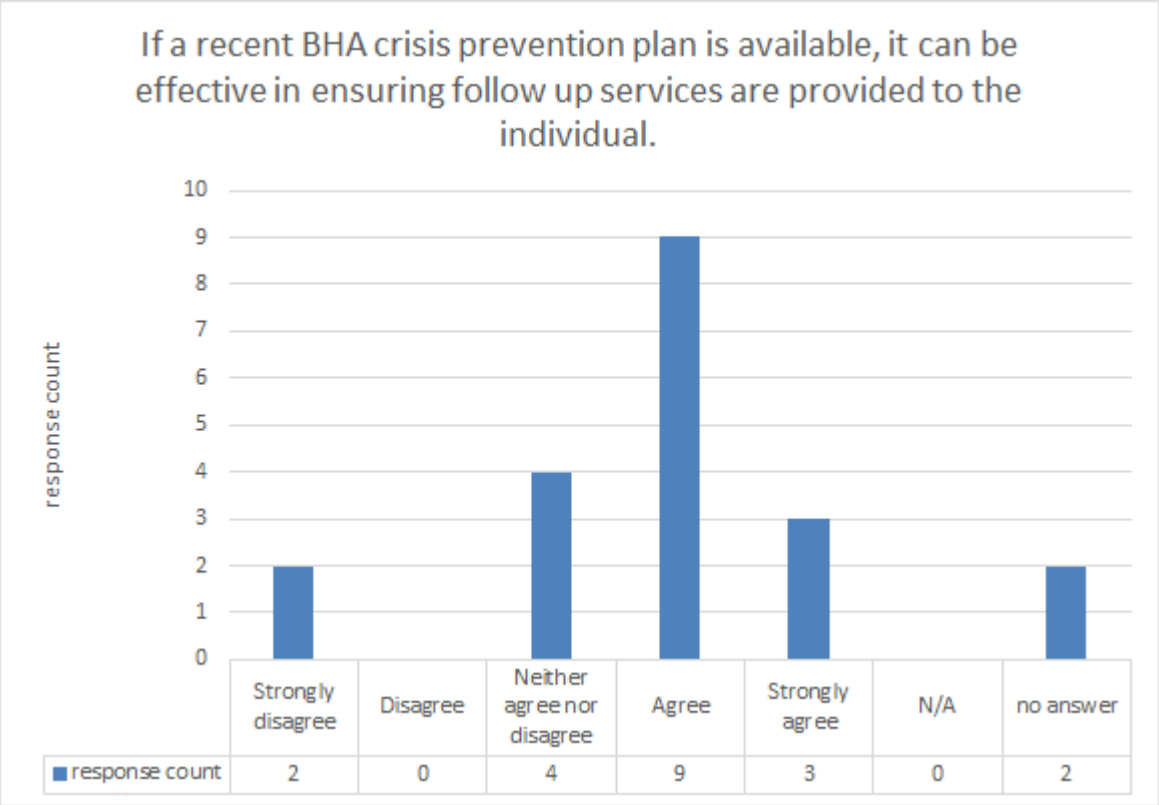

### Comments

*It really depends on the level of decompensation that the individual is currently displaying, and how up to date the plan is*

*They are usually outdated or not available*

*Crisis plans are often outdated or unavailable to DCRs responding to crisis calls*

If a recent BHA crisis prevention plan is available, it can be effective in ensuring follow up services are provided to the individual.

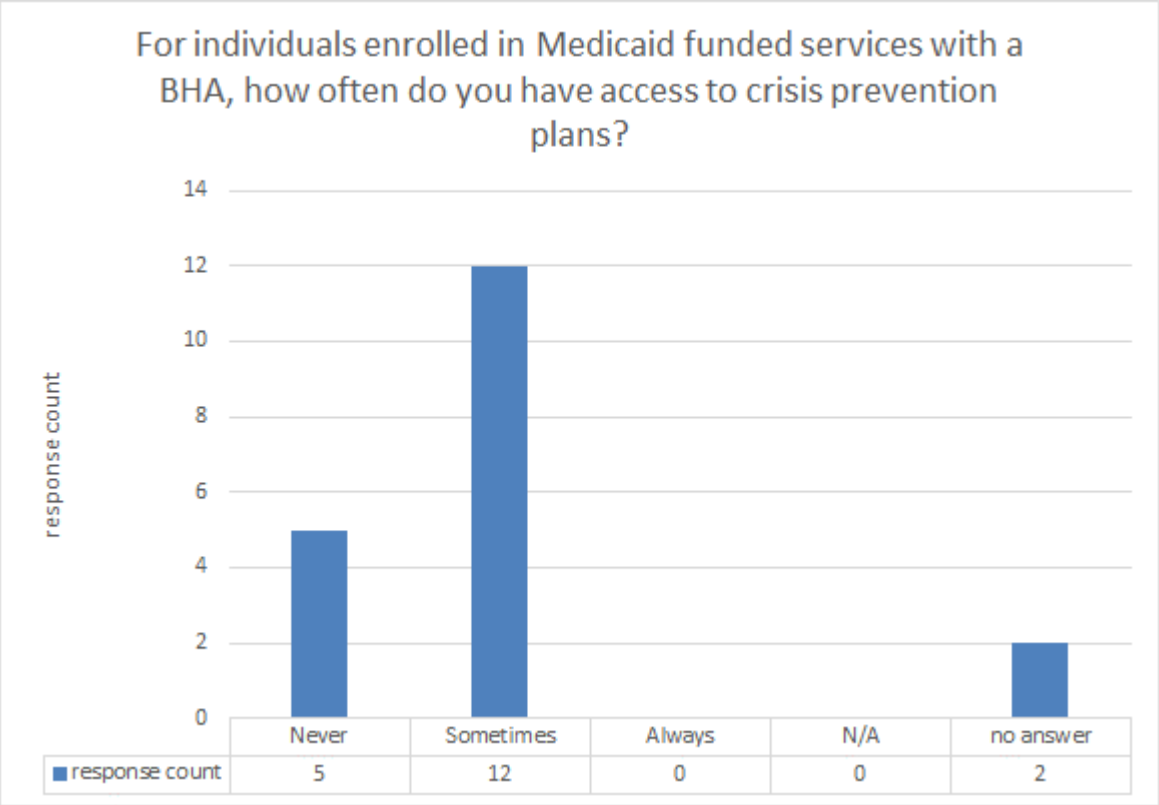



Comments

*As a clinician with the Mobile Crisis Outreach Team (MCOT), I'm not familiar with BHA crisis prevention plans.*

*If the outpatient agency actually follows up*

## For individuals enrolled in Medicaid funded services with a BHA, how often do you have access to crisis prevention plans?




## Comments

*almost never*

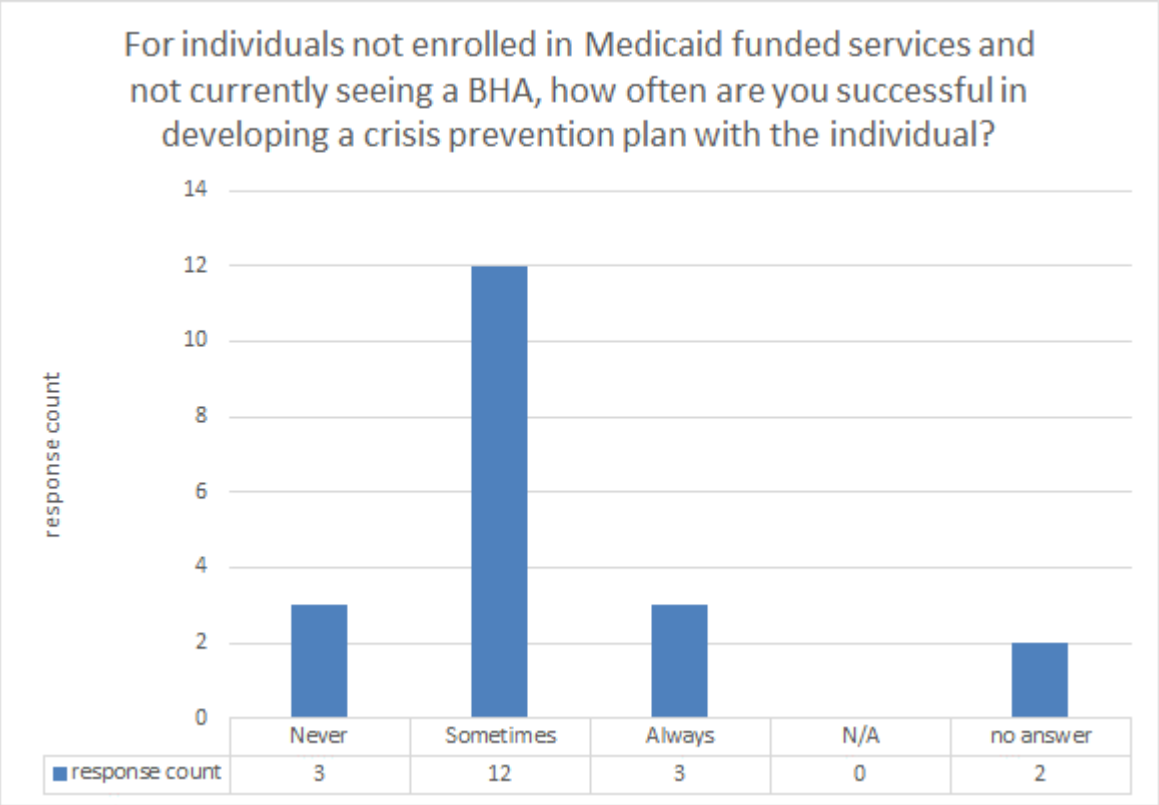
*I occasionally have access to crisis prevention plans developed b/t therapist and client in the outpatient setting.*

*With some BHA facilities they do not provide active crisis prevention plans to the crisis mobile teams which would be extremely helpful with interactions and de-escalations*

*many times they are not up to date or not done*

*Rarely, Maybe 1 out of every 25 cases*

## For individuals not enrolled in Medicaid funded services and not currently seeing a BHA, how often are you successful in developing a crisis prevention plan with the individual?



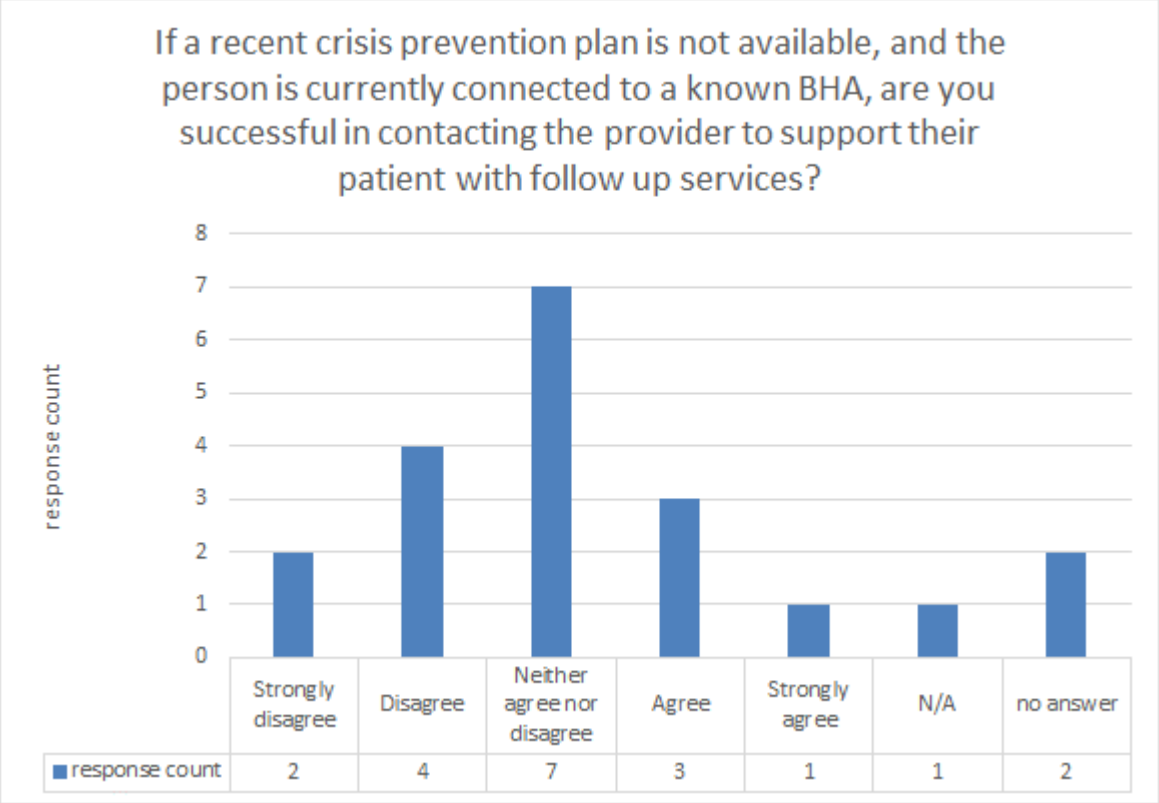

## Comments

*If a client is able and willing to engage, a crisis prevention plan is always developed as a component of MCOT services.*

*This is always dependent on the participate and their level of ability to participate as well as level componence to be able to comprehend functionality of the planning development module*

*At times brief interim crisis/safety plans are created with people who are voluntary or not being detained*

## If a recent crisis prevention plan is not available, and the person is currently connected to a known BHA, are you successful in contacting the provider to support their patient with follow up services?




## Comments

*If a client consents to ROI, contacting their outpatient provider is a standard MCOT practice.*

*This is be a huge barrier for our outreach teams, where we know a client is linked up with BHA provider but we are unsuccessful with connecting in order to create a good wrap around for the clients continued care*

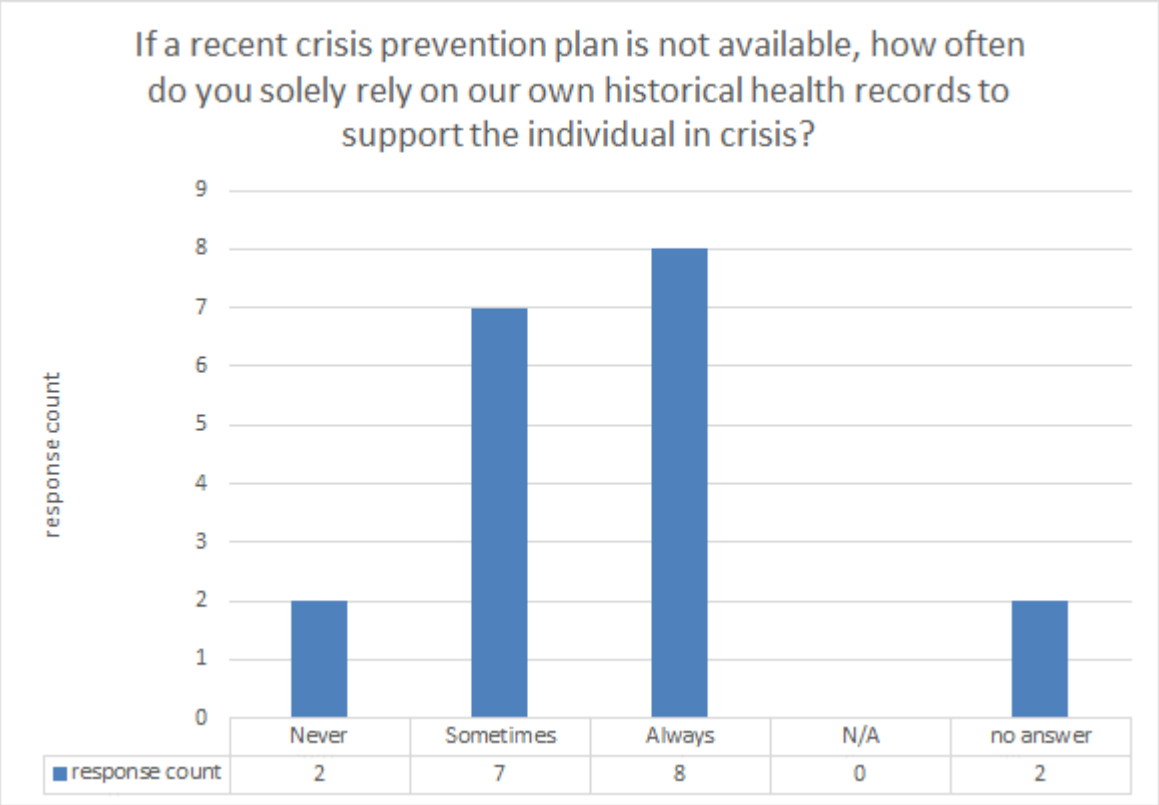
*I feel over the years this has improved*

*Sometimes, but it is often outdated and incorrect information*

*50/50 As a swing shift DCR I often leave voicemails for primary clinicians and/or providers*

*We were able to do this prior to integration*

## If a recent crisis prevention plan is not available, how often do you solely rely on our own historical health records to support the individual in crisis?




## Comments

*Records are not available as they were in the past. This is a problem. Also Criminal histories are no longer available to DCR. This is also a huge concern*

*This is depends on case by case, with mobile outreach we generally have several levels of individuals involved and can gather information in order to create a comprehensive crisis prevention plan that is conducive to the clients care needs to that time of service*

## Sources and Reports

### Crisis Agency Survey Data

**\\w2k16-file\Shared\Quality_Management\IQMC\Annual Review\Crisis Annual Review\2020\Survey\Agency Survey_All Responses Summary.xlsx**

### Working Word Document

**\\w2k16-file\departments\Quality Specialists\Reports\UM_Reports\SurveyReports\SurveyReportCrisisAgency_2020.docx**

### PDF Report

**\\w2k16-file\Shared\Reports\DataRequests\Survey\SurveyReportCrisisAgency_2020.pdf**

**For Board Ratification:**

**Health Care Authority Contracts**

**Summary**

- This HCA amendment provides State General Funds for Non-Medicaid individuals participating in the Whatcom County PACT program.
- This is the HCA ASO contract for 2021-2022, the State General/Proviso funding is for a six (6) month period, January-June 2021 and the Federal Block Grant Funding (FBG) is for a twelve (12) month period, January – December 2021.
    - GF-S in the amount of $9,151,879
    - FBG in the amount of $4,715,470

**Motion #XX-XX**

HCA-NS BH-ASO-K-4159 PACT-20 Amendment 4 providing funding for the Non-Medicaid individuals served in the PACT program in the amount of $58,430 for a six-month period.

HCA-NS BH-ASO-K4949-21 provides GF-S funds for the period of January – June 2021 and FBG funding for the period of January 1, 2021 through December 31, 2021 for a total amount of $13,867,349 for the two time periods. The term of the contract is January 1, 2021 through December 31, 2022.

**Lifeline Connections PACT Contract**

**Summary**

- This is the downstream contact with Lifeline Connections for funding to serve Non-Medicaid individuals in the Whatcom PACT program.

**Motion #XX-XX**

- NS BH-ASO-Lifeline Connections-ICN-19-21 Amendment 2 to provide funds in the amount of $58,430 to serve Non-Medicaid individuals in the Whatcom County PACT program. The contract term is July 1, 2019 through June 30, 2021 with an automatic one-year renewal on July 1, 2021 based on continued compliance with the terms of the contract.

**For Board Approval**

**Triage Contracts**

**Summary**

- Pioneer Human Services is providing sub-acute detox services in Island, Skagit and Whatcom Counties. The continued funding is for the period of January-June 2021 is as follows:
    - Island County Crisis Center in the amount of $82,000 in proviso funds
    - Skagit County Crisis Center in the amount of $100,000 in GF-S ASO funds
    - Whatcom County Triage in the amount of $125,000 in Proviso funds and $205,452 in GF-S ASO funds.

- Compass Health is providing Crisis Stabilization services Snohomish and Whatcom counties. The continued funding for the period of January-June 2021 is as follows:
    - Snohomish County Triage Center in the amount of $348,000 in GF-S ASO funds
    - Whatcom County Triage Center in the amount of $125,00 in proviso funds and $143,750 in GF-S ASO funds

**Motion #XX-XX**

NS BH-ASO-PHS-ICN-19-21 Amendment 5 to provide funding for the period of January 1, 2021 through June 30, 2021 in the amount of $512,452. The contract term of the contract is July 1, 2019 through June 30, 2021 with an automatic one-year renewal on July 1, 2021 based on continued compliance with the terms of the contract.

NS BH-ASO-COMPASS HEALTH-ICCN-19-21 Amendment 5 to provide funding for the period of January 1, 2021 through June 30, 2021 in the amount of $616,750. The contract term of the contract is July 1, 2019 through June 30, 2021 with an automatic one-year renewal on July 1, 2021 based on continued compliance with the terms of the contract.

**Community Action of Skagit County-Ombuds and Opioid Outreach Services**

**Summary**

- This amendment is providing funding for the period of January-June 2021 for Regional Ombuds services and Opioid Outreach services in Skagit County.
    - Regional Ombuds services in the amount of $22,500 of GF-S Funds
    - Regional Ombuds services in the amount of $85,500 of MCO funds
    - Skagit County Opiate Outreach services in the amount of $87,088.50 in FBG funds

**Motion #XX-XX**

NS BH-ASO-CASC-Ombuds-19-21 Amendment 4 to provide funding for Ombuds services and Opiate Outreach services in the amount of $195,088.50. The contract term of the contract is July 1, 2019 through June 30, 2021 with an automatic one-year renewal on July 1, 2021 based on continued compliance with the terms of the contract.

# North Sound Behavioral Health Advisory Board

# 2021 Advocacy Priorities



1) Supportive housing to support stabilization and recovery of persons in crisis

2) Crisis Services – expand follow-up services for those in frequent crisis

3) Transition services back into the community

   a) From Western State Hospital

   b) From jails and prisons (Community Responsibility Program)

   c) From Residential Treatment Facilities

4) Funding for low-income, uninsured persons who need behavioral health services

   a) Create a continuum of community based behavioral health services for low-income, uninsured persons

5) Fund the true costs of ITA court hearings and associated treatment

   a) Set clear guidelines for what courts can charge for ITA court hearings

      i) Budget funding for associated treatment

      ii) Provide sufficient funding to cover actual ITA court hearing costs based on accurate and realistic projections for future costs rather than allowing funding to lag behind

# 2020 Pre-Meetings, Site Visits, Conferences and Legislative Visits

| Date | Pre-Meeting Topics | Note |
|---|---|---|
| January | VOA Crisis Line | Pat Morris |
| February | PPW - Brigid Collins Whatcom County | Jenn Lockwood |
| March | MAT - PDOA | Linda Crothers and James Dixon |
| April | Hospitalizations/Western State Hospital | Michael McAuley |
| May | Designated Crisis Responders - Functions in the crisis system | Pat Morris |
| June | MCO Board Representation Update | MCO AB Representations |
| July | *Retreat/No Pre-Meeting* | |
| August | BH-ASO Crisis System Update | Michael McAuley |
| September | Board of Directors - Elected Officials | |
| October | Snohomish County Opioid Outreach Program | |
| November | Island County Opioid Outreach Program | |
| December | Holiday Potluck - TBD | |
| | | |
| | | |
| | PPW - Evergreen Recovery | |
| | Tribal 7.01 | |
| | Tribal Behavioral Health | |
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| Date | Site Visits | Note |
|---|---|---|
| **TBD** | Smokey Point Behavioral Health | |
| **TBD** | Pioneer Center North | |
| **TBD** | Friday Harbor - Compass Health | |
| **TBD** | Brigid Collins Skagit or Whatcom Locations | |

| Date | Advocacy | Note |
|---|---|---|
| February 5-6 | Olympia Legislative Session | Met with 25 legislators |

| Date | Conferences | Location |
|---|---|---|
| June 17 - 19 | WA Behavioral Healthcare Conference | Kennewick |
| April 1-2 | 19th Annual North Sound Tribal Behavioral Health Conference and Opioid Symposium | Skagit Resort Conference Center, Bow |
| | | |
| | | |

DRAFT not approved by Advisory Board

# NORTH SOUND BEHAVIORAL HEALTH ADVISORY BOARD
# ~~2020~~2021 LEGISLATIVE PRIORITIES

## 1. HOUSING

- Provide legislative recognition of the fact that safe, affordable housing and housing support services are an essential part of the behavioral health treatment system.
- Provide flexible funding to support persons ready for discharge from the state hospitals or psychiatric inpatient facilities to pay for essential community-based services that would support their successful transition back to the community. These services would include additional supports for Adult Family Homes or Residential Treatment facilities, PACT or other intensive outpatient services, and transitional "step-down" facilities.[1]
- This should include funding for both Medicaid enrollees and low-income non-Medicaid persons.
- Continue to support and expand "HARPS" housing vouchers and housing support services for low-income non-Medicaid persons and link these to new affordable housing projects providing behavioral health supportive services.

## 2. OPERATING SUPPORT FOR NORTH SOUND REGION'S NEW BEHAVIORAL HEALTH FACILITIES

- Ensure there is sufficient operating support for the new Crisis Stabilization and Substance Use Disorder [SUD] treatment facilities which the North Sound counties have invested local dollars in and secured additional Department of Commerce administered state capital fund dollars for.
- The North Sound counties initiated the development of new behavioral health facilities based on a detailed needs assessment and multi-year plan that addressed the significant shortages in crisis stabilization and SUD treatment beds in the North Sound region.
- Counties are now at financial risk if there is insufficient ongoing operating support for services in these facilities. Sufficient operating support includes both sustainable Medicaid reimbursement rates from the Managed Care Organizations and adequate state general fund appropriations for serving low-income, non-Medicaid persons.
- In 2019, the Legislature allocated $500,00 annually to the Whatcom County crisis stabilization center to provide both sub-acute withdrawal management services and mental health crisis stabilization services to person who are not eligible for Medicaid.
- A similar level of support for the other new facilities that Island, Skagit and Snohomish counties are bringing online would meet this need.

[1] This is similar to the recommendation being made by the Health Care Authority in response to the directive of ESSSB 5432, Section 1003 (3)

3. **ITA HEARING COURT COSTS**
   - Provide a separate legislative appropriation for Involuntary Treatment Act [ITA] Court Hearing costs and related expenses: this would include clear criteria for what the courts could charge for these services. Reimbursements to courts would be limited to the level of the legislative appropriation.
   - Behavioral Health Administrative Services Organizations [BH-ASOs] are required to reimburse counties for all costs associated with Involuntary Treatment Act [ITA] court hearings.
   - This funding comes from the same state general fund appropriation that is used to pay for crisis services, Evaluation and Treatment services, inpatient hospitalization and other treatment services for low-income non-Medicaid persons. As the costs to courts, and the ASOs, for ITA court hearings have increased there has been proportionately less money to pay for treatment services.

4. **RESIDENTIAL TREATMENT "TRANSITION" SERVICES**
   - Expand the availability of short-term "step-down" residential treatment services to facilitate the discharge of persons from the state hospitals or psychiatric inpatient facilities for both Medicaid and low-income non-Medicaid persons.
   - Persons who are ready for discharge from psychiatric inpatient facilities often need a temporary placement back on the community while longer term placement options are being explored.