



North Sound Behavioral Health Advisory Board

Agenda

July 7, 2020

1:00 p.m. – 3:00 p.m.

Call to Order and Introductions

Revisions to the Agenda

Approval of June Minutes

Announcements

Brief Comments or Questions from the Public

Executive/Finance Committee Report

— **Approval of June Expenditures**

Executive Director's Report

Old Business

— **None**

New Business

— **Visual Art and Poetry Contest Theme**

— **2020 Co-Occurring Disorders and Treatment Conference**

— **County Coordinator Updates**

Report from Advisory Board Members

Reminder of Next Meeting

Adjourn



North Sound Behavioral Health Advisory Board

July 7, 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: Brittany Wright, Chris Garden, Candy Trautman**
- **San Juan: Diana Porter**
- **Skagit County: Duncan West, Patti Bannister, Ron Coakley**
- **Snohomish County: Marie Jubie, Fred Plappert, Pat O'Maley-Lanphear, Jennifer Yuen, Jack Eckrem, Joan Bethel**
- **Whatcom County: Arlene Feld, Kara Mitchell, Michael Massanari**

Members Excused:

- **Island County:**
- **San Juan County:**
- **Skagit County: Jere LaFollete**
- **Snohomish County:**
- **Whatcom County:**

Members Absent:

- **Island County:**
- **San Juan County:**
- **Skagit County:**
- **Snohomish County:**
- **Whatcom County: Mark McDonald**

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

Managed Care Organization Representation:

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

Guests: Katelyn Morgan [Ombuds], Kala Buchanan [Ombuds]

APPROVED by Advisory Board

Pre-Meeting Training

Pre-Meeting trainings are on hold until further notification.

Call to order and Introductions

The meeting was called to order by Chair O'Maley-Lanphear at 1:00 p.m.

Revisions to the Agenda

No revisions mentioned

Approval of July Minutes

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

Announcements

— None

Brief Comments from the Public

— None

Executive Directors Report

Joe reported on

- Update on North Sound BH ASO Facility Closure
- Crisis Services
- Projected Behavioral Health Impacts from the COVID Pandemic
- Washington Listens Line: 833-681-0211
- Trueblood Misdemeanor Diversions Funds
- Funding Expansion
- Compass Office Closures
- First Annual Report of Number of Persons Served
- Proposed Update of the North Sound BH-ASO Mission, Vision and Values to Reflect Commitment to Racial Equity.
- COVID Weekly Dashboard

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

APPROVED by Advisory Board

Old Business

No old business

New Business

Visual Art and Poetry Contest Theme

Members discussed the suggested three themes. No theme was determined. It was suggested to have a second Ad Hoc meeting to further discuss how to shape the theme. New themes will be brought back to the August meeting. Maria will set up the meeting with interested members.

2020 Co-Occurring Disorders and Treatment Conference.

Conference will be held on a virtual platform. Conference dates are October 5-6. Maria will register members that are interested. Maria will send out the conference agenda when available. Duncan moved a motion to change the regular scheduled meeting October 6th to October 13 to accommodate the members attending the conference. Ron seconded the motion. All in favor. Motion carried.

County Coordinator Updates

Island, Whatcom and Snohomish county updates were given.

Report from Advisory Board Members

Candy spoke on Island county recruitment to the Advisory Board. An impact on recruitment has been the COVID-19 shift in public interaction.








Reminder of Next Meeting

Tuesday, August 4th, 2020 via GoToMeeting Platform

Adjourn

Chair O'Maley-Lanphear adjourned the meeting at 2:54 p.m.

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

	All Conferences	Board Development	Advisory Board Expenses	Stakeholder Transportation	Legislative Session	Video Contest	Contest Support
Total	Project # 1	Project # 2	Project # 3	Project # 4	Project # 5	Project # 6	Project # 7
Budget Expense	\$ 20,000.00	\$ 4,500.00	\$ 10,200.00		\$ 1,200.00	\$ 3,100.00	\$ 700.00
Under / (Over)	(3,424.78)		(1,935.33)		(1,139.45)	(350.00)	
Budget	\$ 16,575.22	\$ 4,500.00	\$ 8,264.67	\$ -	\$ 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 BH ASO Executive Director's Report

July 7, 2020

1. UPDATE ON NORTH SOUND BH ASO FACILITY CLOSURE:

- 1) The North Sound BH-ASO facility continues to remain closed at least through the end of July except for limited administrative functions.
- 2) We will continue to assess our ability to more fully re-open the facility based on current guidelines from the Governor and local Health Departments.
- 3) We have implemented safety protocols for staff who are now coming into the facility to perform administrative functions and are developing additional safety protocols and facility changes when we do begin to open the facility for more staff usage.

2. CRISIS SERVICES

- 1) Our Crisis Services Agencies continue to maintain full capacity for Crisis Response.
- 2) The Designated Crisis Responder [DCR] teams continue to use of video evaluations for Involuntary Treatment Act [ITA] assessments in the 4 northern counties and face to face evaluations in Snohomish County with the use of Personal Protective Equipment.
- 3) The **Weekly Crisis Capacity Indicator Report**” [attached] summarizes weekly crisis data up to **June 27**. According to the weekly report:

- ✓ Crisis Calls and Crisis Outreach Services [includes both ITA investigations as well as other Crisis Outreach Services] increased during the first several weeks of June, then declined a little – these may be normal week-to-week fluctuations. [Page 2]
- ✓ This trend is in keeping with a normal seasonal trend, but this data, coupled with anecdotal reports from our Crisis Services agencies, indicate that we are definitely seeing the beginning of a COVID impact.
- ✓ There have been both increases and fluctuations in the use of telehealth for ITA investigations consistent with the fluctuations in overall crisis services. [Page 6]

- 4) Our Monthly **“North Sound Early Warning Report”** [attached] summarizes both activity levels and performance for the Crisis Line and Mobile Crisis Outreach Teams up through the month of **May**. Some key metrics are:

- ✓ Calls to the Crisis Line are high but within the average for this time of year [pages 2&5].
- ✓ Average answer time is good [page 2].
- ✓ Referrals for ITA investigations primarily due to substance abuse have increased – this may indicate increased addiction issues due to COVID. [page 2]
- ✓ Crisis Services investigations are within average range, but detentions are high. Dispatch time remains under 2 hours and has actually decreased a little. We believe this may be due in part to the increased use of telehealth for ITA evaluations. [page 2].
- ✓ Abandonment rate is up at the target level of 5% [page 3]

- 5) Key updates from the **June 22nd Crisis Services Leadership** meeting included:

- a. **Compass Health:**

- ✓ Are finalizing Memorandum of Understanding [MOUs] with the Skagit County Sheriff's office to have two Crisis Services outreach staff placed with them;

- ✓ The Crisis Services Outreach Team has partnered with the Whatcom Triage facility to pilot a “no turn away” pilot for referrals from crisis services outreach staff;
- ✓ Are working on filling a daytime crisis services outreach position for San Juan county;
- ✓ Crisis Services outreach team has implanted a COVID screening protocol and their medical department is trying to roll out a rapid test process.

b. Snohomish County Human Services:

- ✓ Their DCRs remain health but are beginning to get fatigued;
- ✓ 98% of their ITA evaluations are still done face to face;
- ✓ They have increased the number of voluntary crisis outreach services in the community and have used telehealth technology for some of these;
- ✓ Are getting a lot of referrals for ITA evaluations from the jail.

c. Volunteers of America Crisis Line:

- ✓ Have seen an increase in calls during the month of June; with significant surges of calls on some days – and are getting a new group of callers who traditionally did not use the crisis line;
- ✓ Some of the callers are exhibiting higher degrees of anxiety and consequently calls are taking longer
- ✓ Are beginning to see burnout on the part of some of their staff;
- ✓ Are training two new staff, but it takes awhile to get new staff up to speed;
- ✓ They’re working on infrastructure changes that would allow crisis line staff to work remotely – requiring crisis line staff to come into the office physically has been a barrier to recruitment. They have applied for a grant to make these changes and the North Sound ASO has offered to provide some financial assistance pending receipt of the grant money.

3. PROJECTED BEHAVIORAL HEALTH IMPACTS FROM THE COVID PANDEMIC:

1) The Department of Health is now issuing weekly “Behavioral Health Situation Impact Reports”. **A copy of the most recent report is attached.** Key highlights of this report are:

- ✓ Suicide attempts, suicidal ideation, and symptoms of psychological distress declined in mid- June for both men and women and across most age groups.
- ✓ Drug overdose and alcohol-related emergency visits decreased for most age groups. Alcohol-related emergency visits remain elevated among women.
- ✓ Washington Poison Center data suggest that suicide cases among 13–17-year-olds are up 4% from 2019.
- ✓ Federal background checks for handgun sales in Washington are up 56% for the period of March–May 2020 compared to the corresponding period in 2019.

2) North Sound Accountable Community of Health is working with a data analytics firm to develop a COVID-19 Impact Model focusing on local data. The North Sound BH-ASO is participating in the development of this model and providing the data we routinely collect on crisis services.

4. WASHINGTON LISTENS LINE: 833-681-0211

- 1) The New state “Washington Listens” phone line is now operational [see attached]
- 2) It’s a disaster crisis counseling program funded by FEMA and SAMHSA to provide support to persons wishing assistance in coping with the impacts of the COVID pandemic.
- 3) The state has also applied for the 2nd phase of funding that would last 9 months. North Sound has expressed interest in receiving funding for this 2nd phase.

5. TRUEBLOOD MISDEMEANOR DIVERSIONS FUNDS

- 1) As I reported last month, BH-ASOs have been allocated “proviso funds” to provide services to persons who are part of the Trueblood target population, i.e., persons who have had two competency evaluation court orders in the last 2 years. These funds were allocated by the legislature but are separate from the “Trueblood” settlement projects.
- 2) The total amount we received to cover the July 1, 2020 – June, 2021 time period was **\$552,331.**
- 3) In order to quickly launch services using these funds, we solicited proposals from our Counties on programs and services they could implement building on existing jail/law-enforcement/county human service programs. The money would be allocated based on each county’s percentage of the total regional population.
- 4) Since we received more requests than the dollars we received, we are currently working with each county on how to prioritize their funding. Some of the proposal we received included:
 - ✓ Provide housing case-management and short-term housing vouchers;
 - ✓ Fund Licensed Mental Health Clinicians in connection with outreach and/or jail behavioral health programs;
 - ✓ Fund staff and related costs for a “Community Court” or “Behavioral Health Court” program.

6. FUNDING EXPANSIONS

- 1) The North Sound BH-ASO has made adjustments to its program funding allocations for the July – December 2020 time period. This is to take advantage of lower than expected costs in other program areas, such as inpatient psychiatric hospitalization.
- 2) We solicited proposals from all of the agencies contracted with the BH-ASO and based on those proposals. In addition to continued funding of the Crisis Stabilization and Detox facilities, will be providing additional funding for:
 - ✓ PACT slots
 - ✓ Crisis Line staff and support for an upgraded crisis line technology platform
 - ✓ Mobile crisis outreach staff
 - ✓ Opioid outreach and support services.

7. COMPASS OFFICE CLOSURES

- 1) Compass Health has announced the closure of 3 of its smaller satellite offices in Snohomish, Monroe and Marysville due to the impacts of the COVID pandemic on service delivery [see attached].
- 2) At the same time, it’s expanding the use of telehealth to provide outpatient services using the new *Compass Health Bridge mobile telehealth system.*

8. FIRST ANNUAL REPORT OF NUMBER OF PERSONS SERVED

- 3) **Attached** is a report on the unduplicated number of persons served by the North Sound BH-ASO during our first 12 months [July 2019 – June 2020].
- 4) A total of 11,590 persons were served. Most of the services provided were Crisis Services:
 - ✓ 6,634 Crisis Calls
 - ✓ 4,227 Crisis Outreach Services
 - ✓ 2,765 ITA Investigations

9. PROPOSED UPDATE OF THE NORTH SOUND BH-ASO MISSION, VISION AND VALUES TO REFLECT COMMITMENT TO RACIAL EQUITY.

- 1) The North Sound BH-ASOs contract with the Health Care Authority requires us to review all policies and update them as necessary on an annual basis. Most of our policies were adopted just prior to July 2019, so we are now in the process of reviewing and updating most of them.
- 2) Policy #1011.00 established the “North Sound BH-ASO Mission, Vision, and Values”. These were the same Mission, Vision, and Values that had been developed by the BHO.
- 3) Given the awakened awareness of systemic racism and its impact on health, we are proposing to update our Mission, Vision and Values, by making the following changes: **[see attached]**
 - ✓ **Culture:** We endeavor to cultivate cultural humility in attempting to understand the world view of the persons and communities we serve [delete: “be culturally educated and responsive”]
 - ✓ **Social Equity:** We commit to working to reduce institutionalized racism and reduce related disparities in health care
- 4) The new HCA contract requirements for BH-ASOs added new requirements for the BH-ASOs to demonstrate “*cultural humility*” and the development of systems of care that are “culturally appropriate”.
- 5) The HCA contract defines “*cultural humility*” as: “...*the continuous application in professional practice of self-reflection and self-critique, learning from patients, and partnership building, with an awareness of the limited ability to understand the patient’s worldview, culture(s), and communities.*”
- 6) Given the profound impact of systemic racism on health and well-being, the North Sound BH-ASO wanted to add an addition value, “social equity”, that committed us to a more active effort to reduce racism and the related impacts on health care.
- 7) Consequently, staff have voluntarily participated in a “21-day challenges” to educate ourselves on the on the prevalence and impacts of racism. **[see attached]**
- 8) After this month of self-reflection and education, we plan to develop an action plan outlining what steps we can take as an organization.
- 9) The proposed policy revision will be submitted to the Board of Directors for their approval at the August Board meeting.

10. COVID WEEKLY DASHBOARD

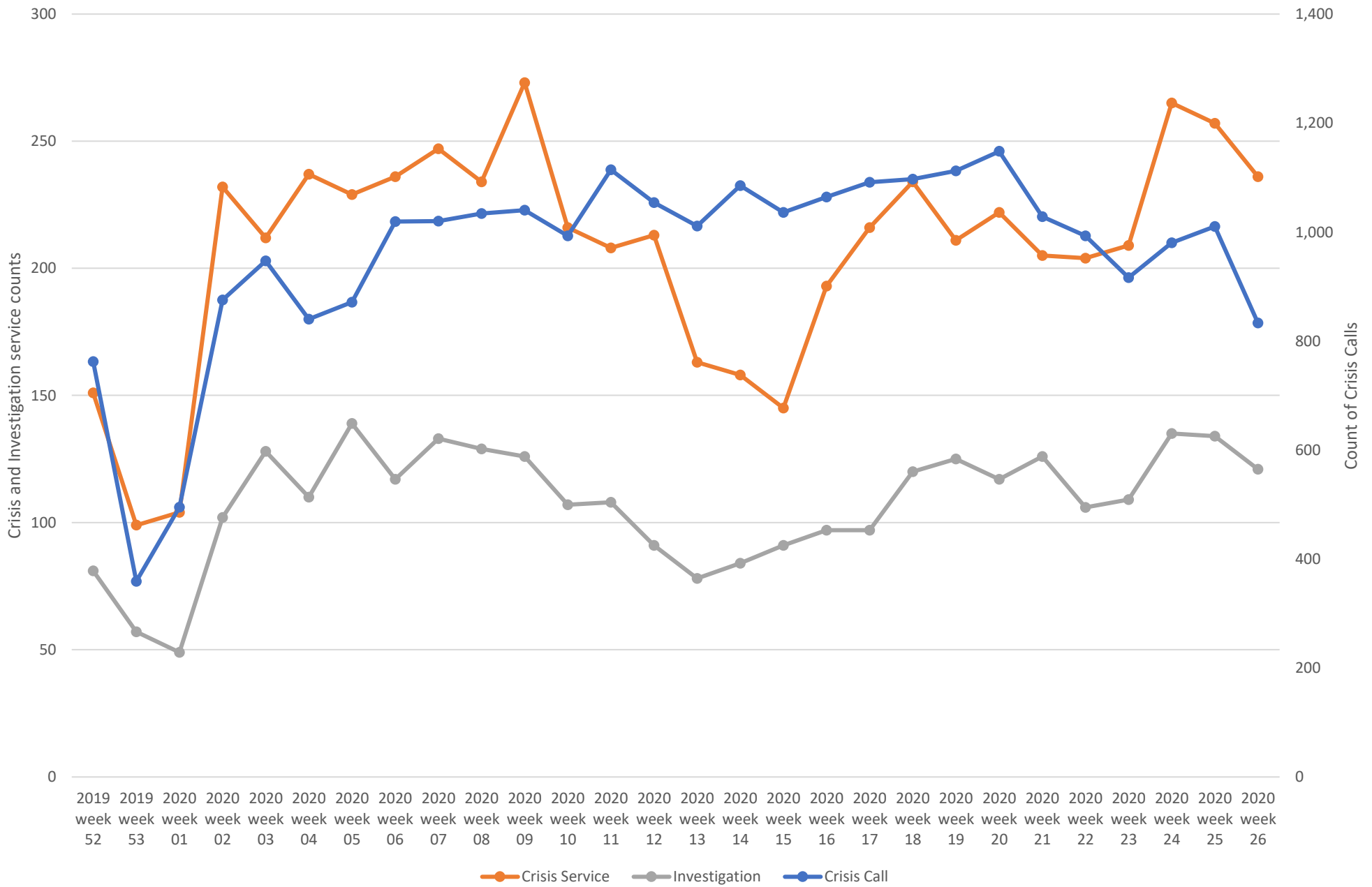
- Dennis Reagan, our Data Analyst, has been preparing and updating daily “COVID-19 Dashboards” that summarizes COVID cases and death information for each of the 5 counties
- These are now posted on our ASO website at: <https://nsbhaso.org/covid>



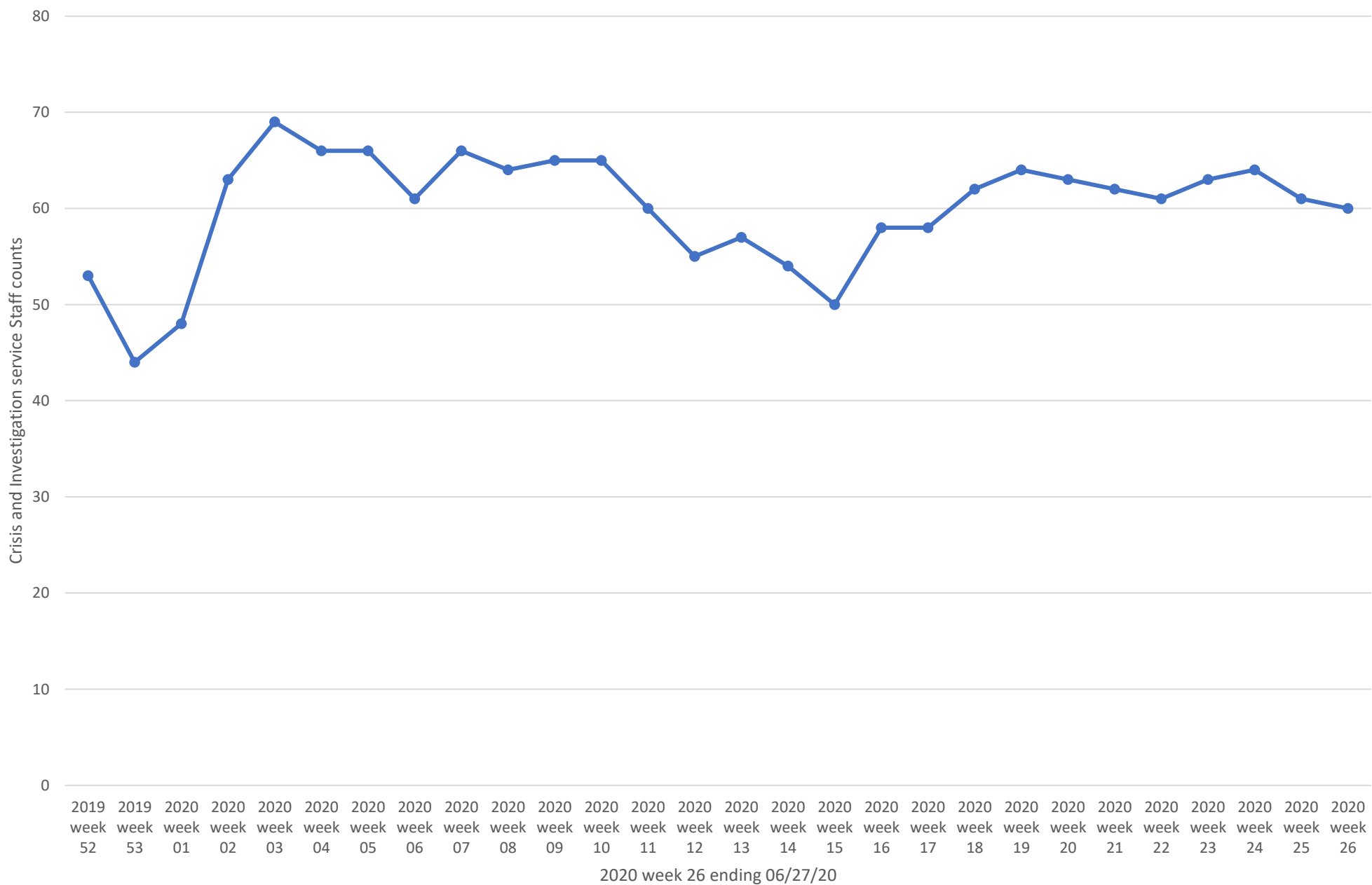
Weekly Crisis Capacity Indicator Snapshot

Page 2	Crisis Data - historical data submitted with ItxBatch date within 7 days or less - dates 12/22/19 to 06/27/20
Page 3	Weekly Staff Count- Only data submitted with ItxBatch date within 7 days or less of service date included. Staff providing Crisis or Investigation services 12/22/19 to 06/27/20
Page 4	Average dispatch time for investigations from 12/22/19 to 06/27/20
Page 5	Involuntary detention locations - No adjustment has been made for timely data - recent weeks likely low
Page 6	Telehealth only, crisis and investigation services from 03/15/20 to 06/27/20
Page 7	Crisis Service Unit Percent - Crisis Service units divided by Crisis units + Investigation units
Page 8	New COVID-19 Cases Reported Weekly per 100,000 population - 03/28/20 to 06/29/20
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

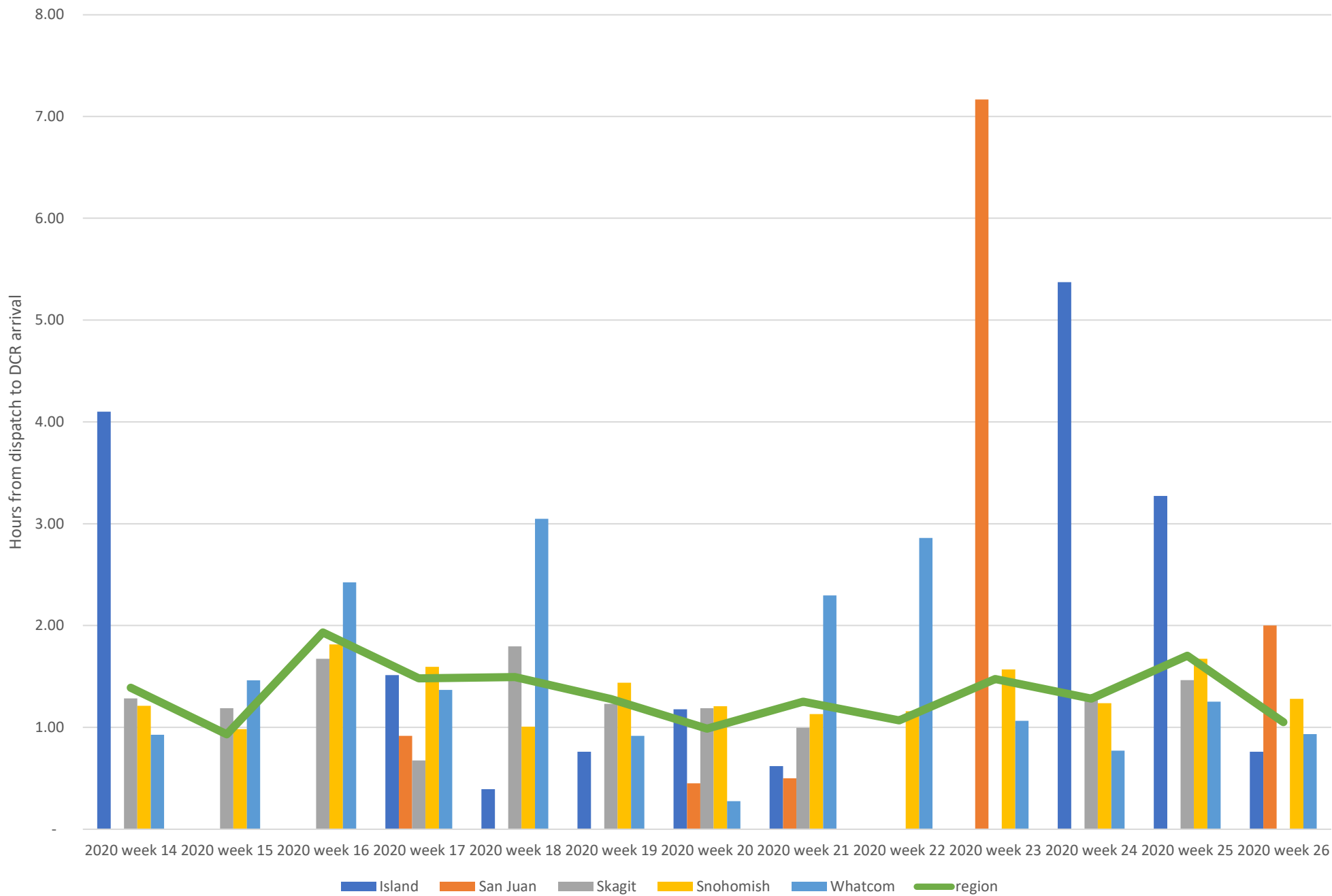
Crisis Data - historical data submitted with ItxBatch date within 7 days or less - dates 12/22/19 to 06/27/20



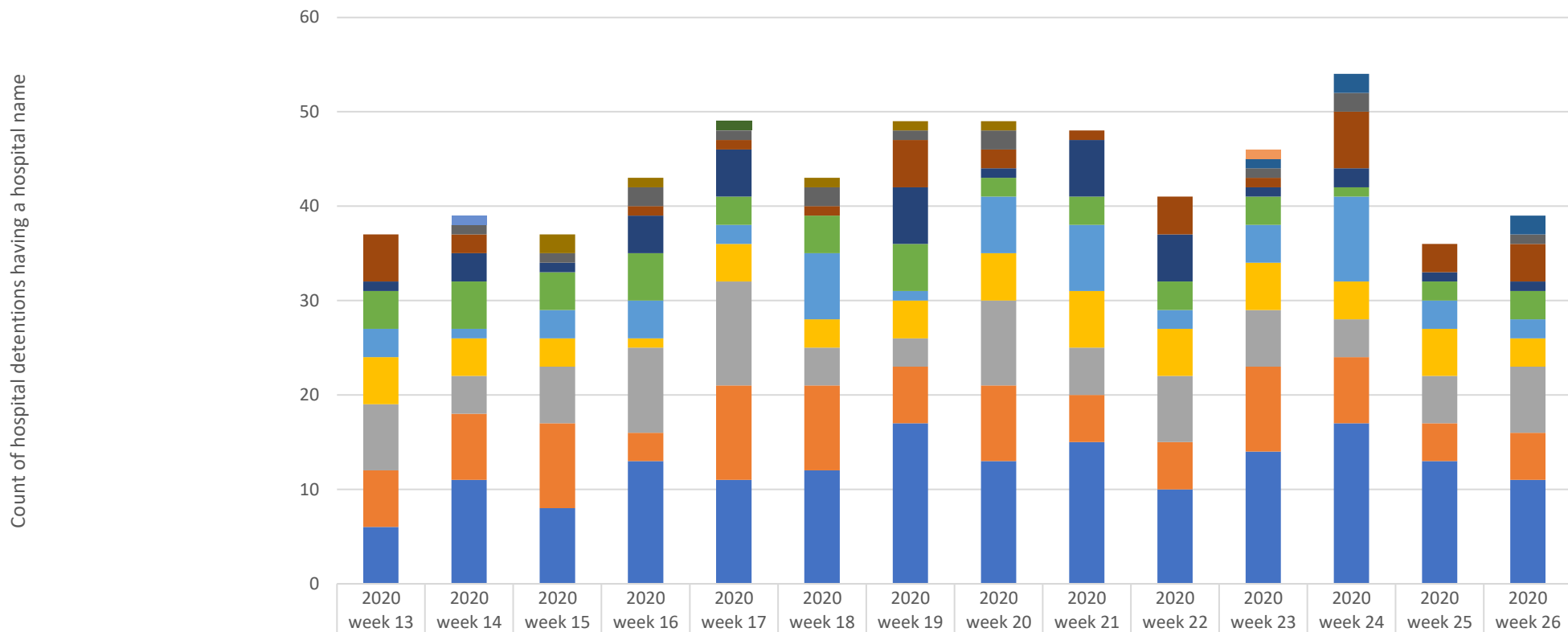
Weekly Staff Count- Only data submitted with ItxBatch date within 7 days or less of service date included.
 Staff providing Crisis or Investigation services 12/22/19 to 06/27/20



Average dispatch time for investigations from 12/22/19 to 06/27/20

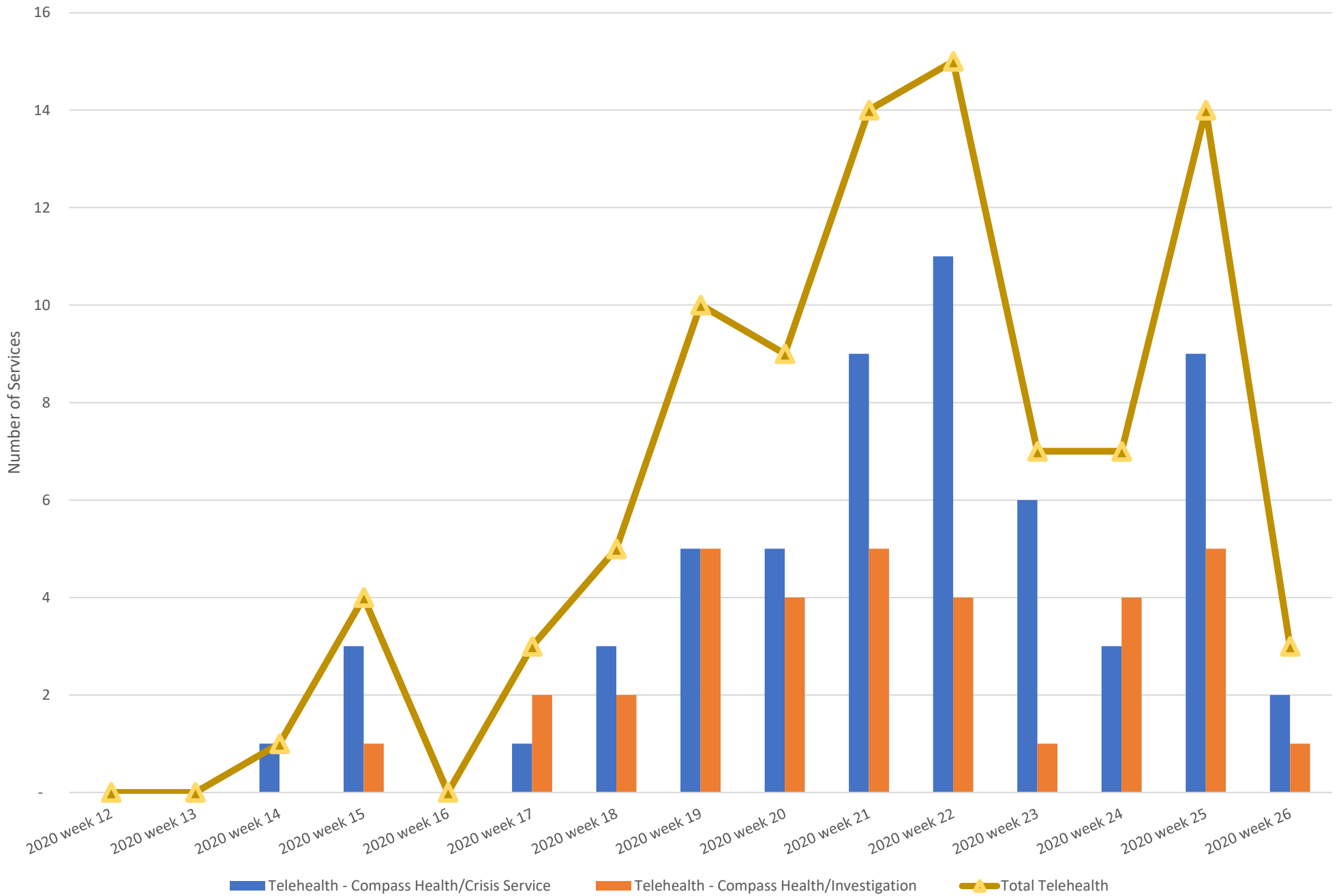


Involuntary detention locations - No adjustment has been made for timely data - recent weeks likely low

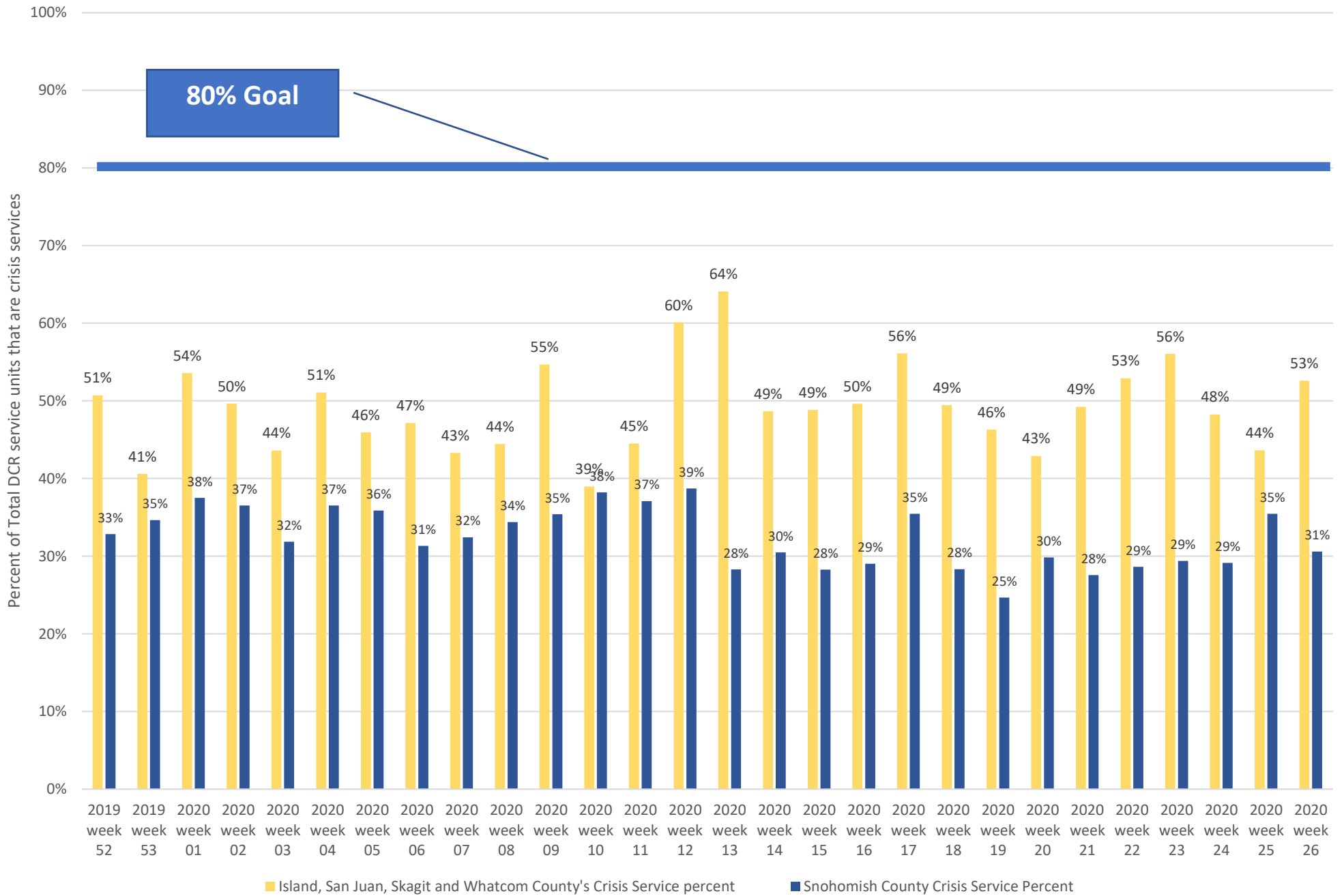


											1			
		1												
					1									
											1	2		2
			2	1		1	1	1						
		1	1	2	1	2	1	2			1	2		1
	5	2		1	1	1	5	2	1	4	1	6	3	4
	1	3	1	4	5		6	1	6	5	1	2	1	1
	4	5	4	5	3	4	5	2	3	3	3	1	2	3
	3	1	3	4	2	7	1	6	7	2	4	9	3	2
	5	4	3	1	4	3	4	5	6	5	5	4	5	3
	7	4	6	9	11	4	3	9	5	7	6	4	5	7
	6	7	9	3	10	9	6	8	5	5	9	7	4	5
	6	11	8	13	11	12	17	13	15	10	14	17	13	11

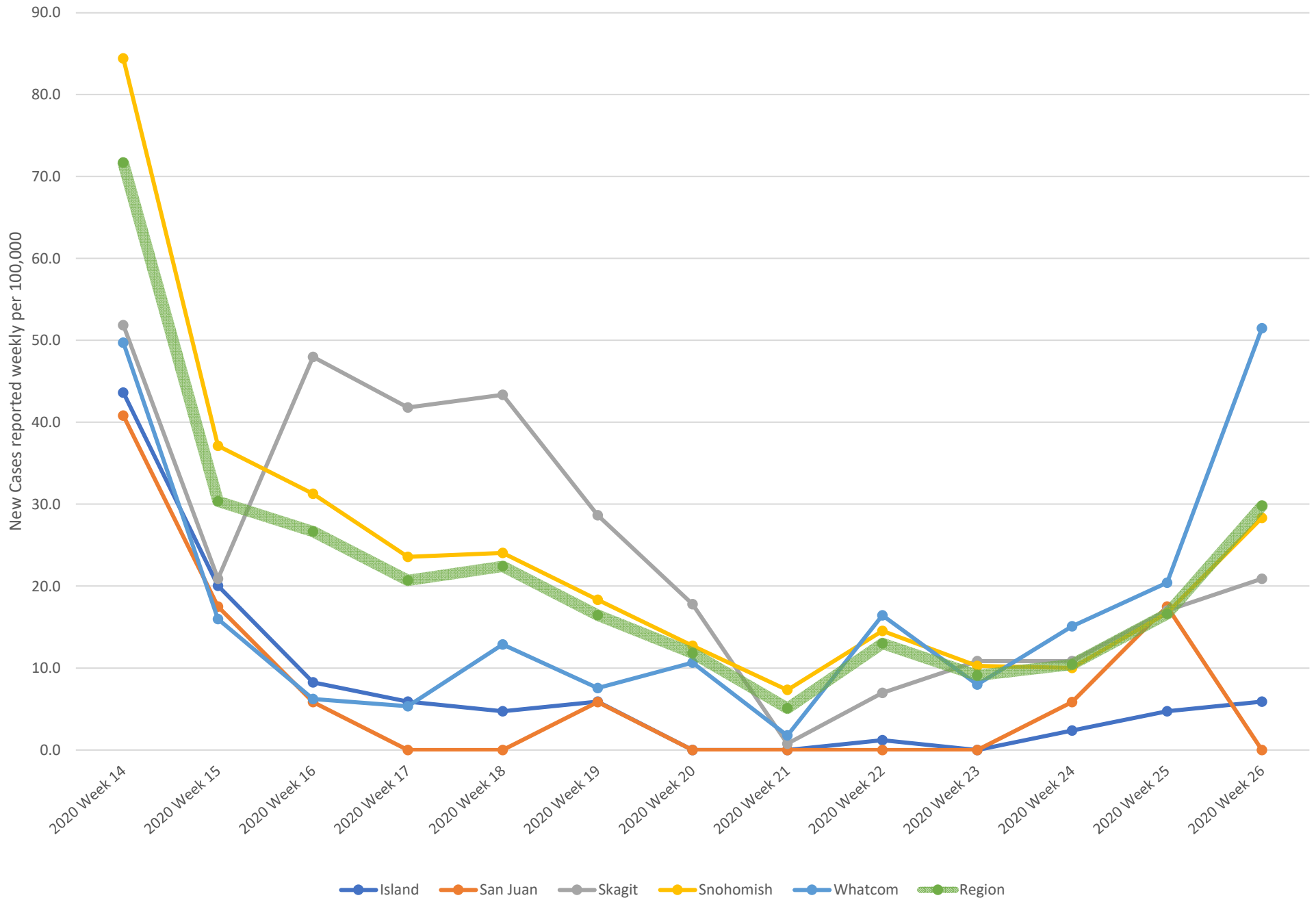
Telehealth only, crisis and investigation services from 03/15/20 to 06/27/20



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



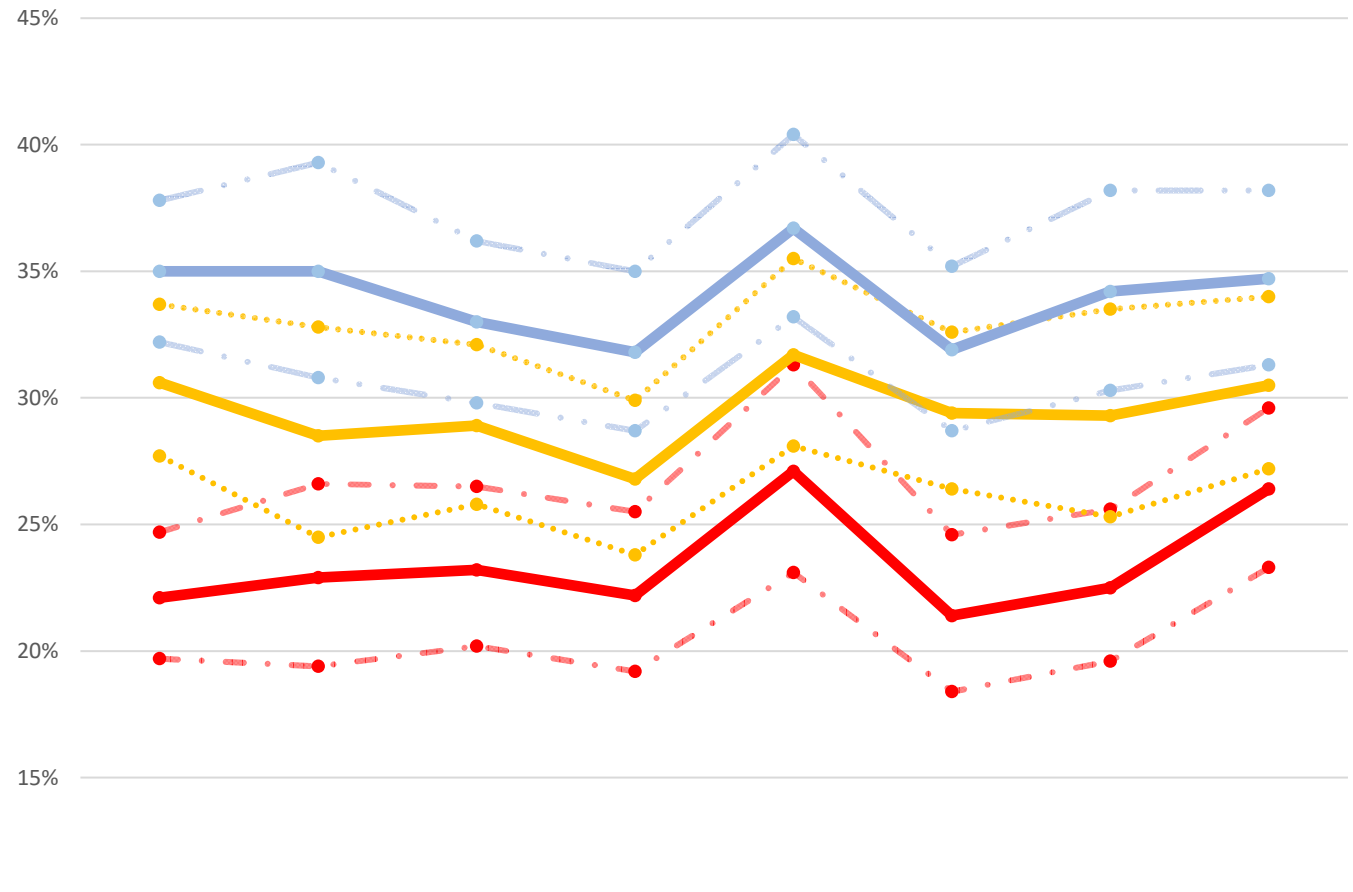
New COVID-19 Cases Reported Weekly per 100,000 population - 03/28/20 to 06/29/20



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

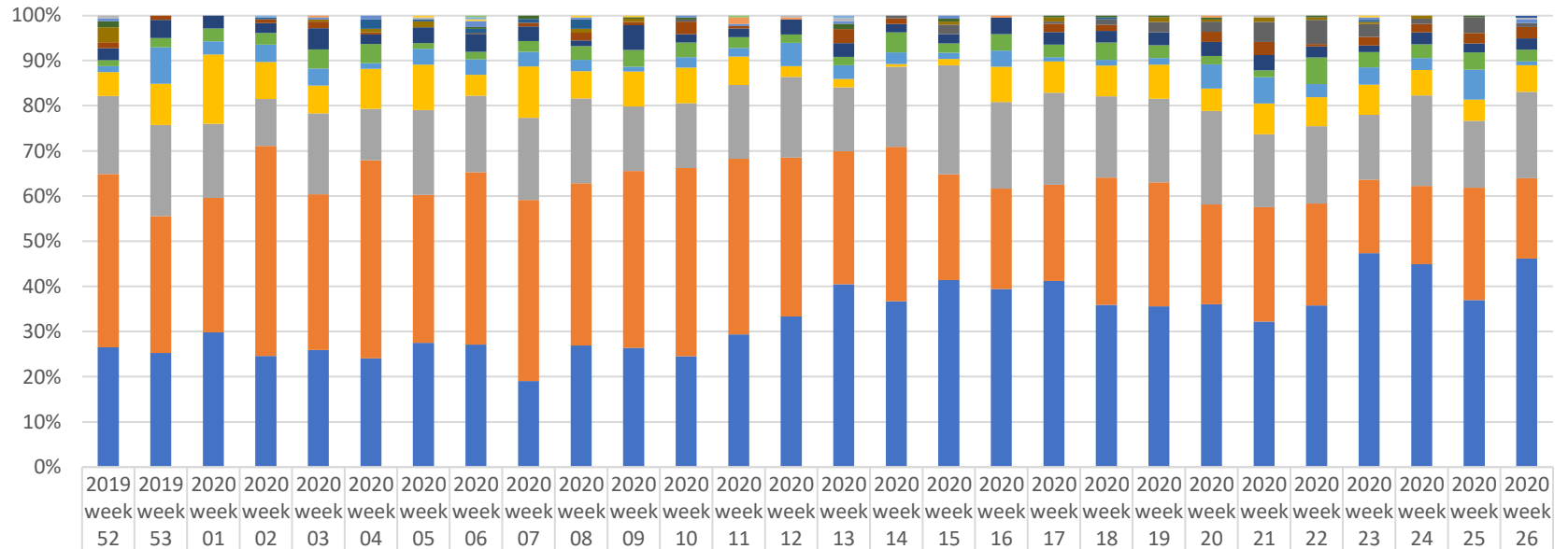
The U.S. Census Bureau, in collaboration with five federal agencies, launched the Household Pulse Survey to produce data on the social and economic impacts of Covid-19 on American households. The Household Pulse Survey was designed to gauge the impact of the pandemic on employment status, consumer spending,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



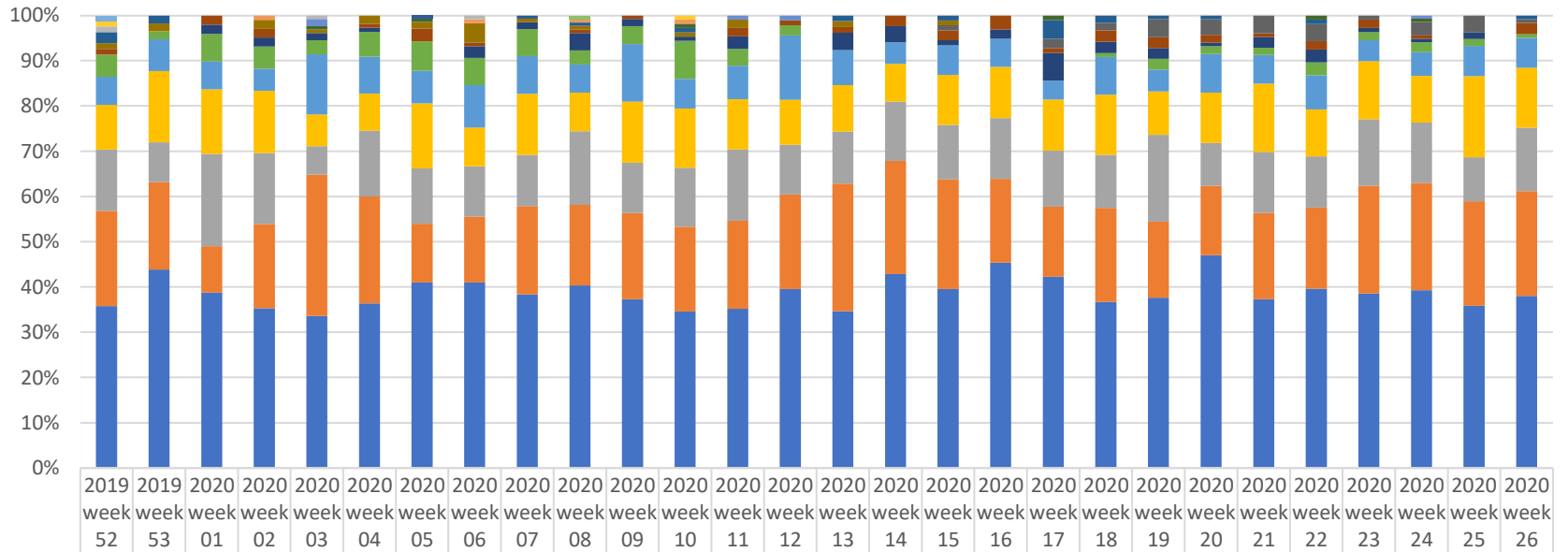
	Apr 23 - May 5	May 7 - May 12	May 14 - May 19	May 21 - May 26	May 28 - June 2	June 4 - June 9	June 11 - June 16	June 18 - June 23
---●● % with Symptoms of Depressive Disorder low conf. level	20%	19%	20%	19%	23%	18%	20%	23%
———— % with Symptoms of Depressive Disorder value	22%	23%	23%	22%	27%	21%	23%	26%
-.-.-●● % with Symptoms of Depressive Disorder high conf. level	25%	27%	27%	26%	31%	25%	26%	30%
.....●● % with Symptoms of Anxiety Disorder low conf. level	28%	25%	26%	24%	28%	26%	25%	27%
———— % with Symptoms of Anxiety Disorder value	31%	29%	29%	27%	32%	29%	29%	31%
.....●● % with Symptoms of Anxiety Disorder high conf. level	34%	33%	32%	30%	36%	33%	34%	34%
---●● % with Symptoms of Anxiety or Depressive Disorder low conf. level	32%	31%	30%	29%	33%	29%	30%	31%
———— % with Symptoms of Anxiety or Depressive Disorder value	35%	35%	33%	32%	37%	32%	34%	35%
---●● % with Symptoms of Anxiety or Depressive Disorder high conf. level	38%	39%	36%	35%	40%	35%	38%	38%

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



	2019 week 52	2019 week 53	2020 week 01	2020 week 02	2020 week 03	2020 week 04	2020 week 05	2020 week 06	2020 week 07	2020 week 08	2020 week 09	2020 week 10	2020 week 11	2020 week 12	2020 week 13	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	
Psych. Fac.-Partial Hosp																												1	
Skilled Nursing Facility								1					1																
Custodial Care Facility				1				1							1														
Nursing Facility							1	1		1	1															1			
On Campus - Outpatient Hospital	1						1								1	1							1						1
Psych. Residential					1									3	1				1				1						
Community Mental Health Center	1				1	2		3		1		1	1		1		1									1			2
Group Home	2							1	2		1	1			2		1		1	1	1	1		1			1		
School				1		5	1	2	2	5										1					1				
Homeless Shelter	5				1	2	3			2	2						1		2		2	1	2	1	1	2			
Telehealth								1					1				1	3		1	3	5	5	9	11	6	3	9	2
Assisted Living Facility	2	1		2	3	1			2	4	2	6	1		5	2			4	3		5	6	1	4	5	6	6	
Prison - Correctional Facility	4	4	3	5	10	5	8	9	8	3	15	4	4	7	5	3	3	7	6	6	6	7	7	5	3	7	5	6	
Inpatient Psychiatric Facility	2	2	3	6	9	10	3	4	6	7	10	7	5	4	3	7	3	7	6	9	6	4	3	12	7	8	10	6	
Inpatient Hospital	2	8	3	9	8	3	8	8	8	6	3	5	4	11	5	4	2	7	2	3	3	12	12	6	8	7	17	2	
Home	8	9	16	19	13	21	23	11	28	14	21	17	13	5	3	1	2	15	15	16	16	11	14	13	14	15	12	14	
Emergency Room – Hospital	26	20	17	24	38	27	43	40	45	44	39	31	34	38	23	28	35	37	44	42	39	46	33	35	30	53	38	45	
Office	58	30	31	108	73	104	75	90	99	84	107	90	81	75	48	54	34	43	46	66	58	49	52	46	34	46	64	42	
Other Place of Service	40	25	31	57	55	57	63	64	47	63	72	53	61	71	66	58	60	76	89	84	75	80	66	73	99	119	95	109	

Place of Service -Investigations, percent of total by week



	2019 week 52	2019 week 53	2020 week 01	2020 week 02	2020 week 03	2020 week 04	2020 week 05	2020 week 06	2020 week 07	2020 week 08	2020 week 09	2020 week 10	2020 week 11	2020 week 12	2020 week 13	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
Skilled Nursing Facility							1																					
Residential SUD										1																		
On Campus - Outpatient Hospital	1																											
Nursing Facility	1										1																	
Custodial Care Facility	1				1			1																				
School				1				1		1		1																
Psych. Residential					2								1	1													1	
Homeless Shelter				1		1						1							1					1		1		
Group Home	2	1							1	1		1			1		1		4	2	1	1		1				1
Community Mental Health Center	1	1		2	1	2	2	5	1	1		1	2		1		1											
Telehealth																	1		2	2	5	4	5	4	1	4	5	1
Office	1		1	2		1	4	1		1	1		2	1	1	2	2	3	1	3	3	2	1	2	2	1		3
Assisted Living Facility			1	2	2	1		3	2	5	2	1	3		3	3	1	2	6	3	3	1	3	3	1	1	2	
Home	4	1	3	5	4	6	9	7	8	4	5	9	4	2						1	3	2	2	3	2	3	2	1
Prison - Correctional Facility	5	4	3	5	17	9	10	11	11	8	16	7	8	13	6	4	6	6	4	10	6	10	8	8	5	7	9	8
Inpatient Hospital	8	9	7	14	9	9	20	10	18	11	17	14	12	9	8	7	10	11	11	16	12	13	19	11	14	14	24	16
Other Place of Service	11	5	10	16	8	16	17	13	15	21	14	14	17	10	9	11	11	13	12	14	24	11	17	12	16	18	13	17
Inpatient Psychiatric Facility	17	11	5	19	40	26	18	17	26	23	24	20	21	19	22	21	22	18	15	25	21	18	24	19	26	32	31	28
Emergency Room – Hospital	29	25	19	36	43	40	57	48	51	52	47	37	38	36	27	36	36	44	41	44	47	55	47	42	42	53	48	46



North Sound Early Warning Report

Crisis Calls and Investigations

Behavioral Health System Indicators generated by North Sound BH ASO

Prepared By Dennis Regan 6/9/2020

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

North Sound Early Warning Report

Crisis Calls and Investigations

Table of Contents

Executive Summary.....	2
Early Warning Metric Dashboards	2
Areas outside limits.....	2
Crisis Calls metrics outside limits	2
Investigation metrics outside limits	2
Detailed Data Discussion.....	3
North Sound Crisis Call Metrics.....	3
Current Crisis Call Data Used	3
North Sound Call Center Metrics over time Graph.....	4
Long term Call Center model	4
North Sound Investigation Metrics	5
Current Investigation Data Used.....	6
North Sound Investigation Metrics over Time graph.....	7
Investigation Reason Percentages Pie Charts	7
Investigation Outcomes over time percent of total chart	8
Investigation Outcome Grouping.....	8
Definitions	10

North Sound Early Warning Report

Crisis Calls and Investigations

Executive Summary

The North Sound Interlocal Leadership Structure developed the Early Warning System Workgroup to bring local and state stakeholders together to develop a system of metrics that will provide early warning about significant changes associated with the Crisis System.

Early Warning Metric Dashboards

North Sound Crisis Calls Period From Oct-19 To May-20

	crisis calls	Calls Answered	Calls LT 30 sec	Average answer	Calls
Average	2,181	2,096	2,019	0:00:13	85
Min	1,880	1,825	1,778	0:00:09	55
Max	2,566	2,461	2,353	0:00:21	105
St dev	224	212	181	0:00:04	20
May-20	2,414	2,296	2,033	0:00:20	118
Current Month					

North Sound Investigations Period From Nov-19 To May-20

	invest.	detentions	MH invest.	SUD invest.	MH and SUD invest.	Referred from Law Enforcement	avg dispatch response time hrs.
Average	346	154	211	15	120	34	1.25
Min	310	132	182	11	99	26	1.07
Max	381	178	231	23	143	41	1.34
Standard dev.	29	17	15	4	17	5	0.08
May-20	372	176	206	23	143	31	1.07
Current Month							

	Detentions and Commitments	Less Restrictive Options MH	No Detention Due to Issues	Voluntary MH Treatment	Other
Average	168	4	4	103	67
Min	142	3	1	80	46
Max	188	8	7	115	87
Standard dev.	17	2	2	11	11
May-20	186	3	7	106	70
Current Month					

- Inside 2 stdev
- at 2 stdev
- outside 2 stdev

Areas outside limits

Crisis Calls metrics outside limits

None

Investigation metrics outside limits

SUD investigations are increased and Average Dispatch Reponse Time is decreased.

Investigations classified as only SUD being increased is a significant change to the mix of cases DCR's are seeing. This data does have MH and SUD combined as an option so a significant only SUD category increase is telling.

Telehealth might be having some positive impact on dispatch time.

North Sound Early Warning Report

Crisis Calls and Investigations

Detailed Data Discussion

North Sound Crisis Call Metrics

North Sound Crisis call data is captured by Volunteers of America (VOA) and submitted to North Sound ASO.

Current Crisis Call Data Used

The current data used for the dashboard is below:

Month	crisis calls	Calls Answered	Calls LT 30 sec	Average answer time (sec)	Calls Abandoned	Abandoned percent
Nov-19	1,880	1,825	1,778	0:00:10	55	2.9%
Dec-19	2,173	2,114	2,060	0:00:16	59	2.7%
Jan-20	1,982	1,883	1,883	0:00:10	99	5.0%
Feb-20	2,159	2,066	1,963	0:00:21	93	4.3%
Mar-20	2,566	2,461	2,353	0:00:09	105	4.1%
Apr-20	2,326	2,226	2,079	0:00:14	100	4.3%
May-20	2,414	2,296	2,033	0:00:20	118	4.9%
average	2,181	2,096	2,019	0:00:13	85	3.9%
min	1,880	1,825	1,778	0:00:09	55	2.7%
max	2,566	2,461	2,353	0:00:21	105	5.0%

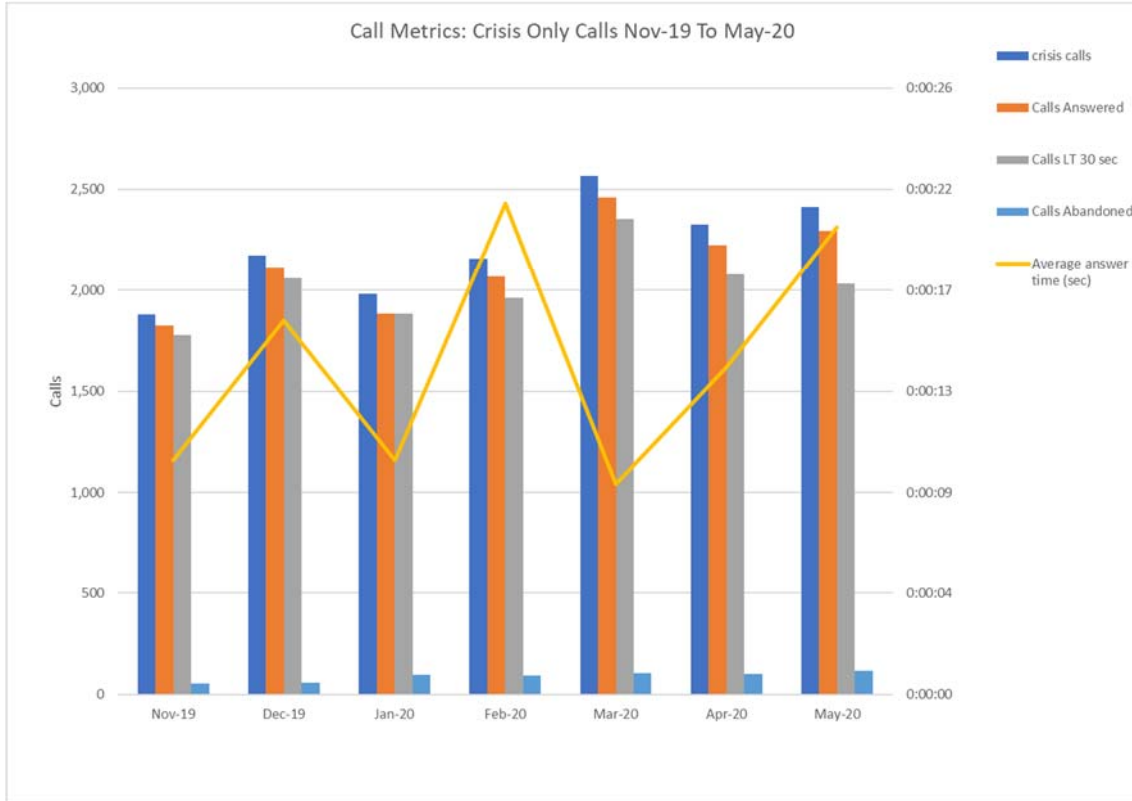
Current monthly data is highlighted for further review if it is outside 2 standard deviations of the 6 month period prior to the month. Currently, all metrics are inside of limits. The abandoned percentage in May of 4.9% is approaching being outside the goal of less than 5.0%

North Sound Early Warning Report

Crisis Calls and Investigations

North Sound Call Center Metrics over time Graph

North Sound Crisis call metrics are presented below with answer time plotted as a line on top



Long term Call Center model

The graph below models the previous 6 months of data with a regression based on the 12 months to model the predicted total of calls. This is presented to allow for controlling some variability in the particular month and is not included in the more basic dashboard values. High and Low values are at the 95-percentile range. The adjust R-squared of the model used was .77 and all monthly variable had a p value far smaller than .05.

North Sound Early Warning Report

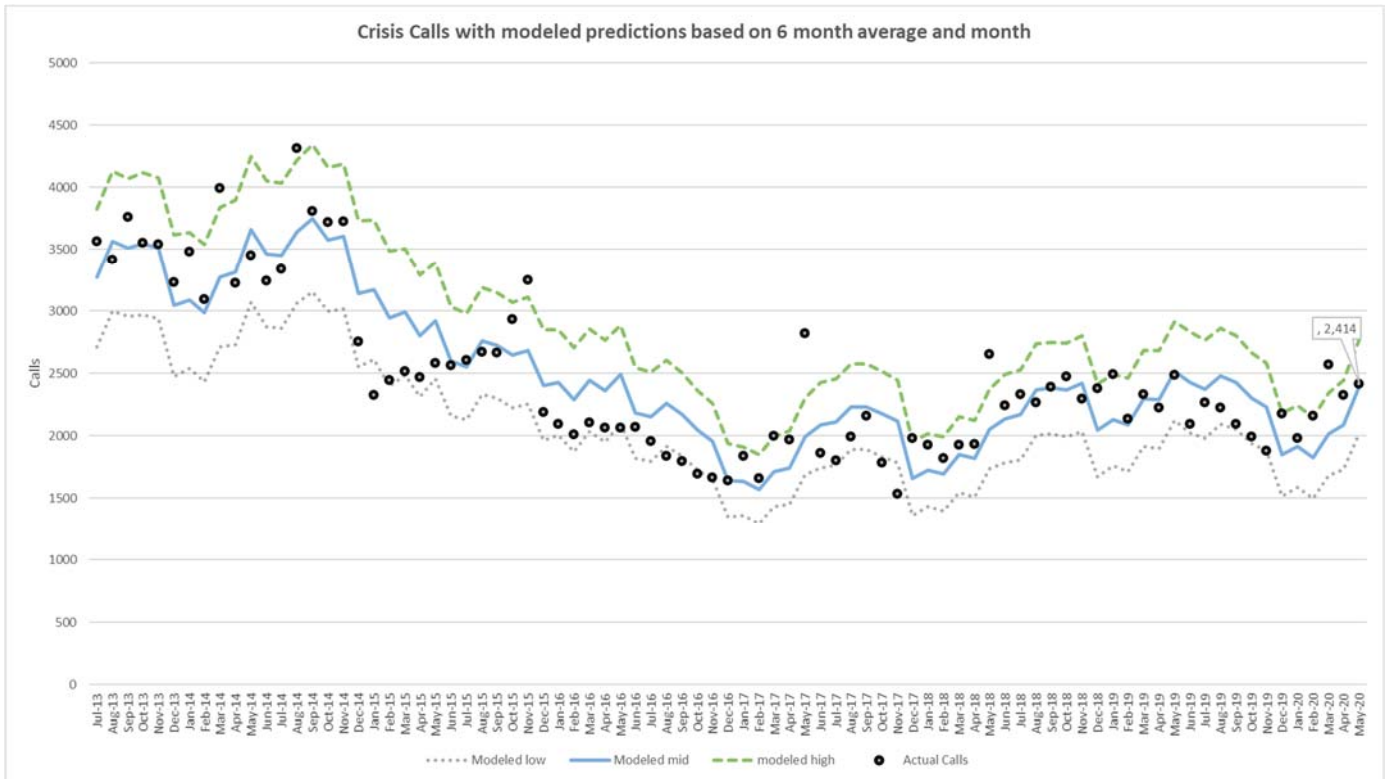
Crisis Calls and Investigations

SUMMARY OUTPUT

Regression Statistics	
Multiple R	0.882476441
R Square	0.778764669
Adjusted R Square	0.735944927
Standard Error	356.9969644
Observations	75

ANOVA					
	df	SS	MS	F	Significance F
Regression	12	27814579	2317882	18.18705	5.54E-16
Residual	62	7901704	127446.8		
Total	74	35716283			

	Coefficients	Standard Error	t Stat	P-value	Lower 95%	Upper 95%
Intercept	162.5109422	175.0512	0.928362	0.35682	-187.411	512.4333
X Variable 1	0.833670174	0.077884	10.70395	1.01E-15	0.677982	0.989359
X Variable 2	0.807583011	0.079085	10.21163	6.6E-15	0.649495	0.965671
X Variable 3	0.904219852	0.081431	11.10409	2.23E-16	0.741441	1.066999
X Variable 4	0.90457982	0.083888	10.78323	7.47E-16	0.736891	1.072269
X Variable 5	1.020314029	0.085977	11.86729	1.33E-17	0.848448	1.19218
X Variable 6	0.967657273	0.08668	11.16353	1.79E-16	0.794386	1.140929
X Variable 7	0.962987621	0.086001	11.19746	1.58E-16	0.791075	1.1349
X Variable 8	1.02618902	0.085152	12.05132	6.79E-18	0.855973	1.196405
X Variable 9	0.99776255	0.082737	12.05939	6.6E-18	0.832373	1.163152
X Variable 10	0.958410516	0.081445	11.76762	1.91E-17	0.795605	1.121216
X Variable 11	0.9436368	0.080305	11.75072	2.03E-17	0.78311	1.104163
X Variable 12	0.806632062	0.080172	10.06127	1.18E-14	0.646371	0.966894



2,414 is inside the high predicted range.

North Sound Investigation 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.

North Sound Early Warning Report

Crisis Calls and Investigations

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	316	134	1.2	38	42%
Dec-19	351	146	1.3	41	42%
Jan-20	376	160	1.3	36	43%
Feb-20	381	150	1.3	38	39%
Mar-20	310	132	1.3	31	43%
Apr-20	319	178	1.3	26	56%
May-20	372	176	1.1	31	47%
average	346	154	1.2	34	45%
min	310	132	1.1	26	39%
max	381	178	1.3	41	56%

Investigation Reasons

month	MH invest.	SUD invest.	MH and SUD invest.	Percent SUD related
Nov-19	202	15	99	36%
Dec-19	226	14	111	36%
Jan-20	220	15	141	41%
Feb-20	231	16	134	39%
Mar-20	182	12	116	41%
Apr-20	209	11	99	34%
May-20	206	23	143	45%
average	211	15	120	39%
min	182	11	99	34%
max	231	23	143	45%

Investigations for purely SUD reasons is increased outside of 2 standard deviations.

Investigation Outcomes

month	Detentions and Commitments	Voluntary MH Treatment	Less Restrictive Options MH	No Detention Due to Issues	Other
Nov-19	148	100	5	2	61
Dec-19	164	110	4	6	67
Jan-20	182	113	3	5	73
Feb-20	165	115	8	6	87
Mar-20	142	96	3	1	68
Apr-20	188	80	3	2	46
May-20	186	106	3	7	70
average	168	103	4	4	67

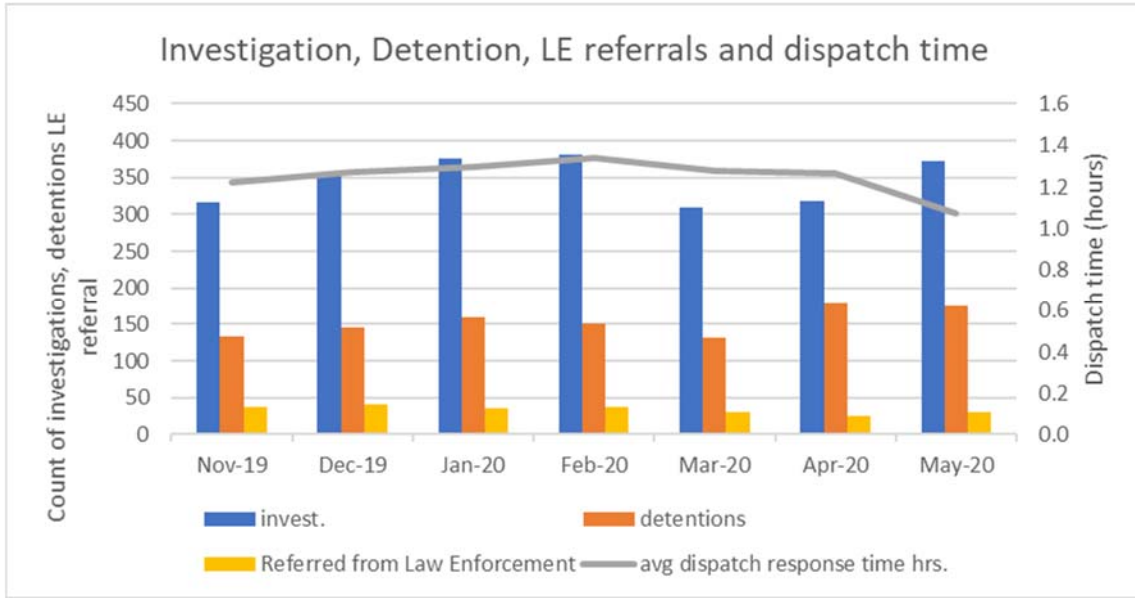
North Sound Early Warning Report

Crisis Calls and Investigations

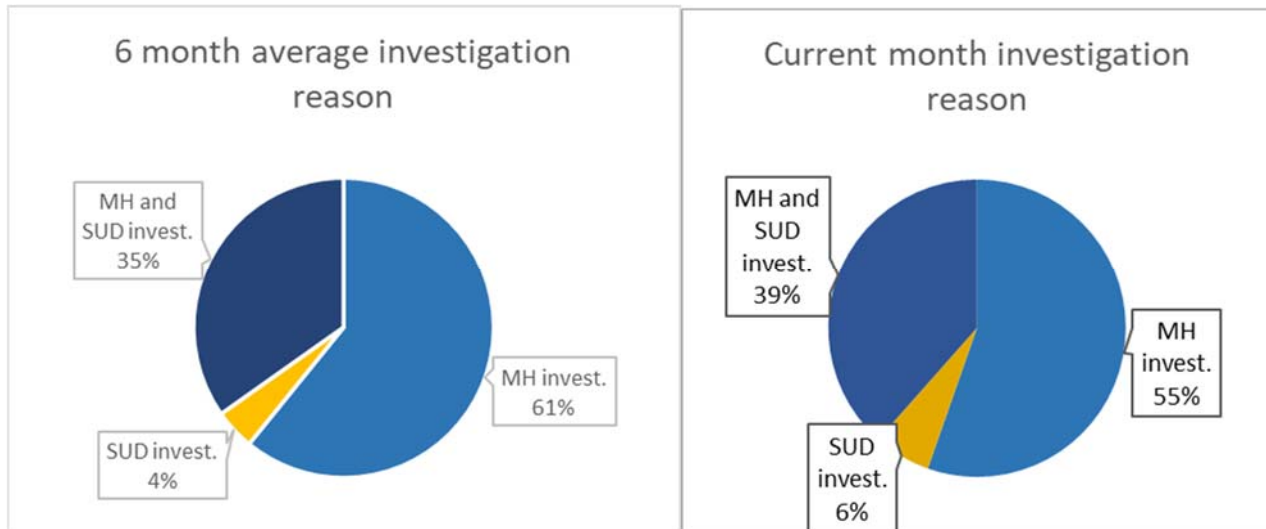
month	Detentions and Commitments	Voluntary MH Treatment	Less Restrictive Options MH	No Detention Due to Issues	Other
min	142	80	3	1	46
max	188	115	8	7	87

Current monthly data would be highlighted for review if it is outside 2 standard deviations of the data in the period 1 year prior, Average Dispatch Time and SUD investigations are outside of limits in May 2020.

North Sound Investigation Metrics over Time graph



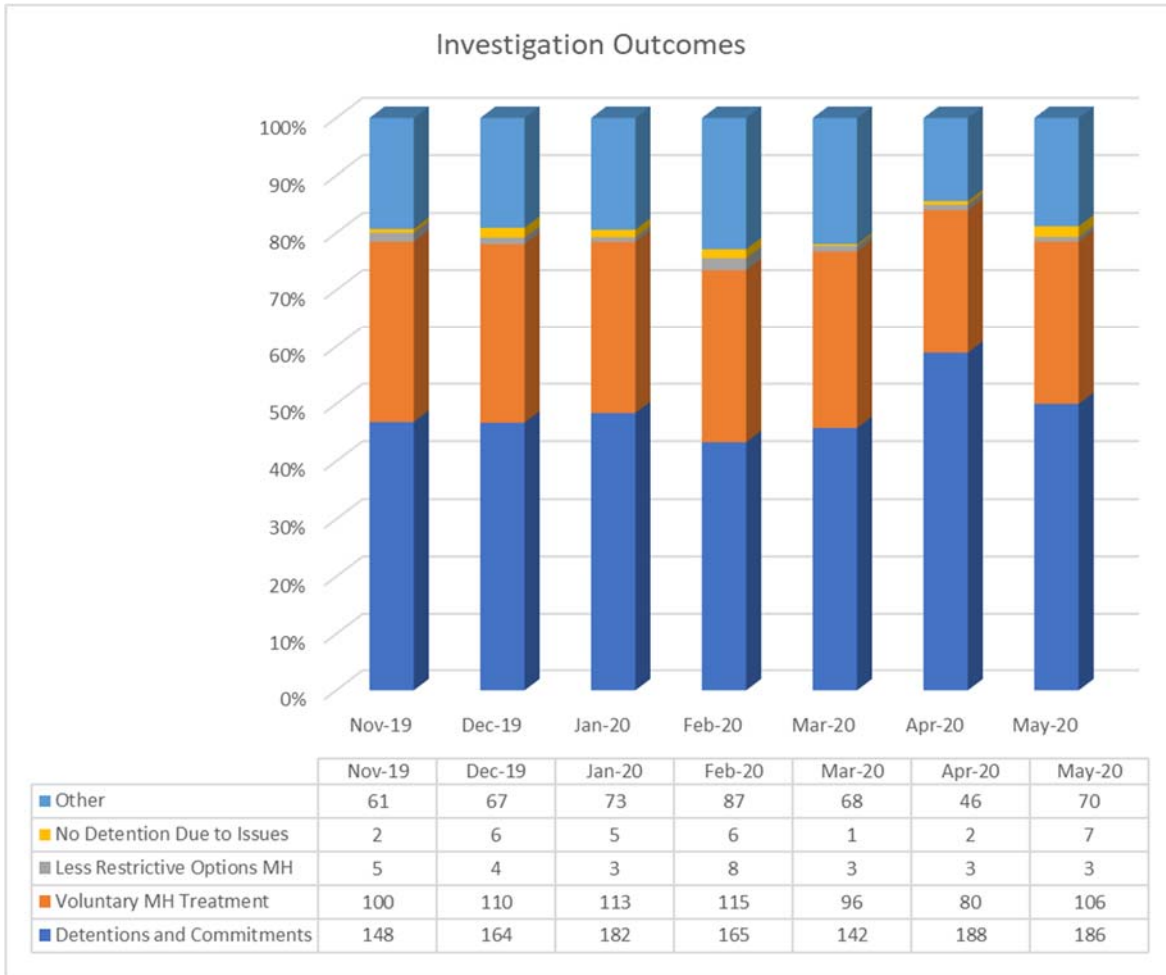
Investigation Reason Percentages Pie Charts



North Sound Early Warning Report

Crisis Calls and Investigations

Investigation Outcomes over time percent of total chart



Investigation Outcome Grouping

Investigation outcomes are grouped to duplicate the investigation outcomes published by the state. The table below includes all dispatches for the period included in the report.

State Group	Investigation Outcome	all invest. in period
Detentions and Commitments	Detention (72 hours as identified under RCW 71.05).	1,054
Detentions and Commitments	Detention to Secure Detox facility (72 hours as identified under 71.05)	19
Detentions and Commitments	Returned to inpatient facility/filed revocation petition.	88
Detentions and Commitments	Non-emergent detention petition filed	14
Less Restrictive Options MH	Filed petition - recommending LRA extension.	29
No Detention Due to Issues	No detention - E&T provisional acceptance did not occur within statutory timeframes	6

North Sound Early Warning Report

Crisis Calls and Investigations

State Group	Investigation Outcome	all invest. in period
No Detention Due to Issues	No detention - Unresolved medical issues	23
Voluntary MH Treatment	Referred to crisis triage	15
Voluntary MH Treatment	Referred to voluntary inpatient mental health services.	94
Voluntary MH Treatment	Referred to voluntary outpatient mental health services.	598
Voluntary MH Treatment	Referred to chemical dependency intensive outpatient program	12
Voluntary MH Treatment	Referred to acute detox	1
Other	Referred to non-mental health community resources.	28
Other	Other	428
Other	Did not require MH or CD services	16
Grand Total	0	2,425

North Sound Early Warning Report

Crisis Calls and Investigations

Definitions

○ crisis calls	Count of crisis calls received by VOA
○ Calls Answered	Count of crisis calls answered by VOA
○ Calls LT 30 sec	Count of crisis calls answered in less than 30 seconds
○ Average answer time (sec)	Sum of time to answer divided by total calls answered
○ Calls Abandoned	Count of calls not answered
○ Abandoned percent	Count of calls abandoned divided by total calls
○ invest.	Count of DCR dispatches where the rights are read
○ detentions	Count of investigations where the outcome is 72 hr detention to inpatient or secure detox
○ avg dispatch response time hrs.	Time of DCR contact minus dispatch time expressed in hours - from the ICRS contact sheet
○ Referred from Law Enforcement	Dispatch referred by Law Enforcement as recorded by VOA
○ detention percent	Count of detentions divided by count of investigations
○ MH invest.	Investigation primarily mental health
○ SUD invest.	Investigation primarily substance use
○ MH and SUD invest.	Investigation having mental health and substance use
○ Percent SUD related	SUD investigation plus
○ Detentions and Commitments	Investigation outcome is detention or LRO revocation
○ Voluntary MH Treatment	Investigation outcome is voluntary outpatient treatment
○ Less Restrictive Options MH	Investigation outcome is LRO extension
○ No Detention Due to Issues	Investigation outcome is not detention due to medical or non-acceptance by inpatient facility
○ Other	Investigation outcome is referred to non-mental health resources or other.

Week of June 22, 2020

Behavioral Health Impact Situation Report

This situation report presents the potential behavioral health impacts of the COVID-19 pandemic for Washington to inform planning efforts. The intended audience for this report is response planners and behavioral health agencies and organizations.

Purpose

This report summarizes data analyses conducted by the COVID-19 Behavioral Health Group's Impact & Capacity Assessment Task Force. These analyses assess the likely current and future impacts of the COVID-19 pandemic on mental health and potential for substance use issues among Washingtonians.

Key Takeaways

- Weekly survey data from the U.S. Census Bureau suggest that roughly 1 in 4 adults in Washington are experiencing symptoms of anxiety at least most days, while 1 in 5 are experiencing symptoms of depression at least most days.
- Suicide attempts, suicidal ideation, and symptoms of psychological distress declined in mid-June for both men and women and across most age groups.
- Drug overdose and alcohol-related emergency visits decreased for most age groups. Alcohol-related emergency visits remain elevated among women.
- Washington Poison Center data suggest that suicide cases among 13–17 year-olds are up 4% from 2019.
- Federal background checks for handgun sales in Washington are up 56% for the period of March–May 2020 compared to the corresponding period in 2019.

Impact Assessment

This section summarizes data analyses that show the likely current and future impacts of the COVID-19 pandemic on mental health and potential for substance use issues among Washingtonians.

Syndromic Surveillance

Syndromic surveillance data are collected in near real-time from hospitals and clinics from across Washington. Key data elements reported include patient demographic information, chief complaint, and coded diagnoses. This system is the only source of emergency department (ED)

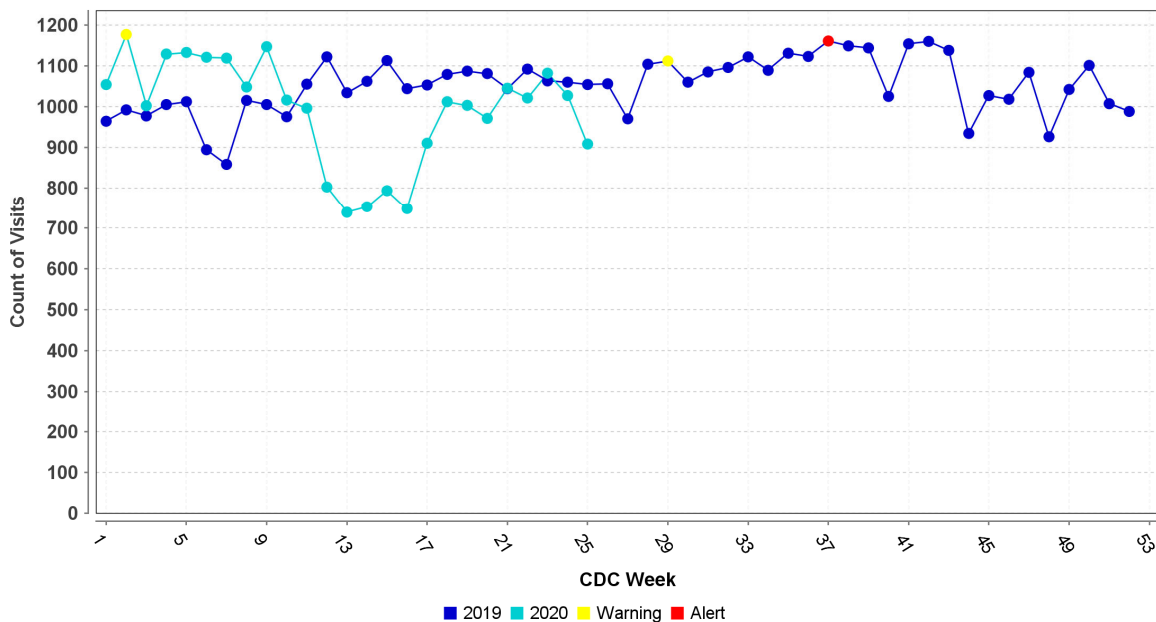
data for the state. Statistical warnings (yellow dots) and alerts (red dots) are displayed on Graphs 1–5 when the Centers for Disease Control and Prevention (CDC) algorithm detects a weekly count at least three standard deviations above a 28-week average count ending three weeks prior to the week with a warning or alert.

Relative to 2019, there was a 40-50% decline in volume of visits across care settings that corresponds to the “Stay Home, Stay Healthy” order implemented on March 23 (CDC Week 13 in graphs below).¹ For this reason, indicators are presented as a total number of ED visits, rather than a percentage of ED visits, for 2019 and 2020.

Psychological Distress

After a period of elevation following the start of Washington’s COVID-19 “Stay Home, Stay Healthy” order, the absolute count of ED visits for **psychological distress**² has been declining in recent weeks. The count of visits from Week 24 to Week 25 (week ending June 13 and June 20, respectively) fell from 1028 to 908. This decline was consistent for both men and women and across all age groups.

Graph 1: Count of emergency department visits for psychological distress² in Washington, by week: 2020 vs. 2019



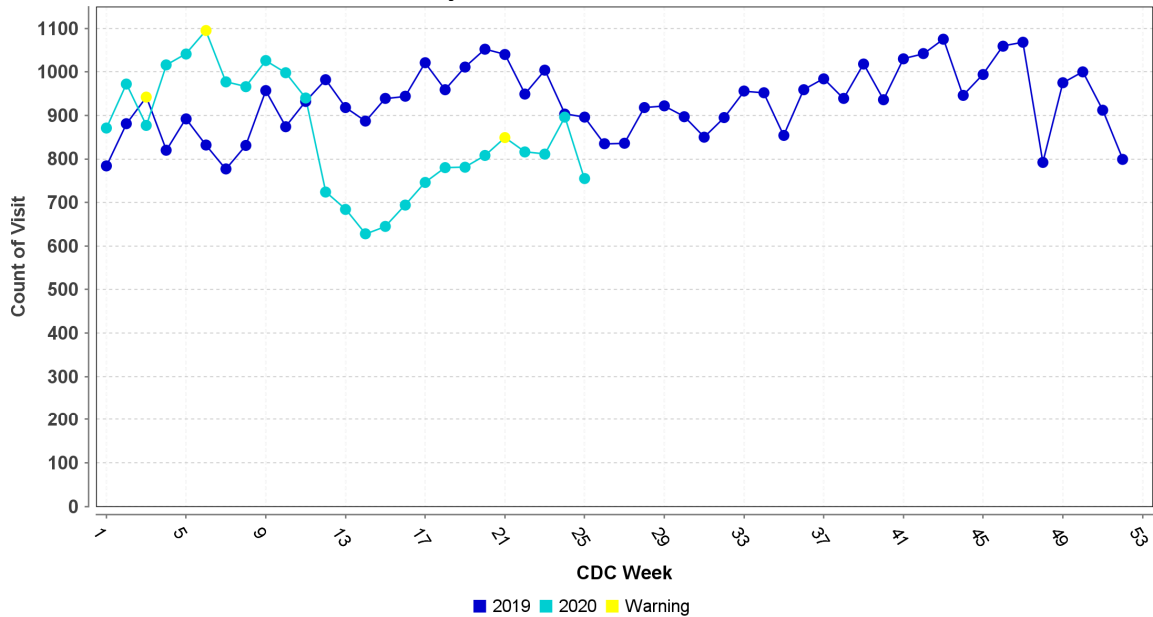
¹ Hartnett K. P., Kite-Powell A., DeVies J., et al. Impact of the COVID-19 Pandemic on Emergency Department Visits — United States, January 1, 2019–May 30, 2020. MMWR Morb Mortal Wkly Rep 2020;69:699–704. DOI: <http://dx.doi.org/10.15585/mmwr.mm6923e1>

² Psychological distress in this context is considered a disaster-related syndrome comprised of panic, stress, and anxiety. It is indexed in the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) platform as Disaster-related Mental Health v1. Full details are available at <https://knowledgerepository.syndromicsurveillance.org/disaster-related-mental-health-v1-syndrome-definition-committee>.

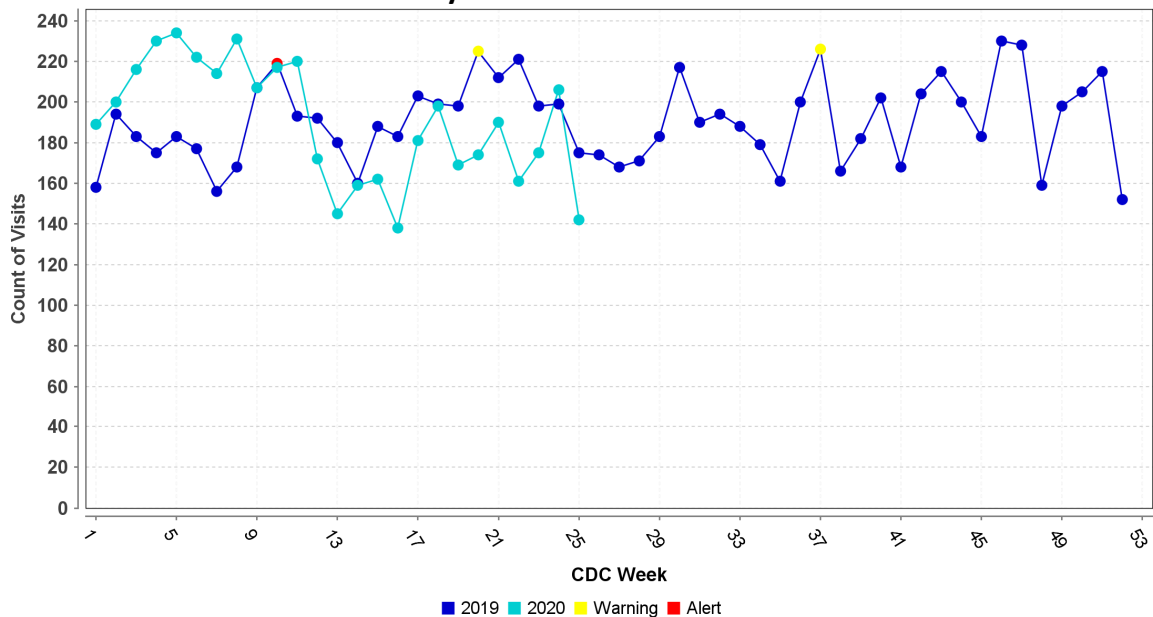
Suicidal Ideation and Suicide Attempts

From Week 24 to Week 25, the absolute count of emergency visits related to **suicidal ideation dropped** from 896 to 755 (Graph 2). This decline was observed for both men and women and across all age groups, except for adults ages 60–69. The counts of visits for this age group rose from 45 to 62 in June, reaching a year-to-date peak in Week 25. From Week 24 to 25, counts of **emergency visits for suicide attempts sharply declined** from 206 to 142 (Graph 3). This decline was observed for both men and women and across all age groups.

Graph 2: Count of emergency department visits for suicidal ideation in Washington, by week: 2020 vs. 2019



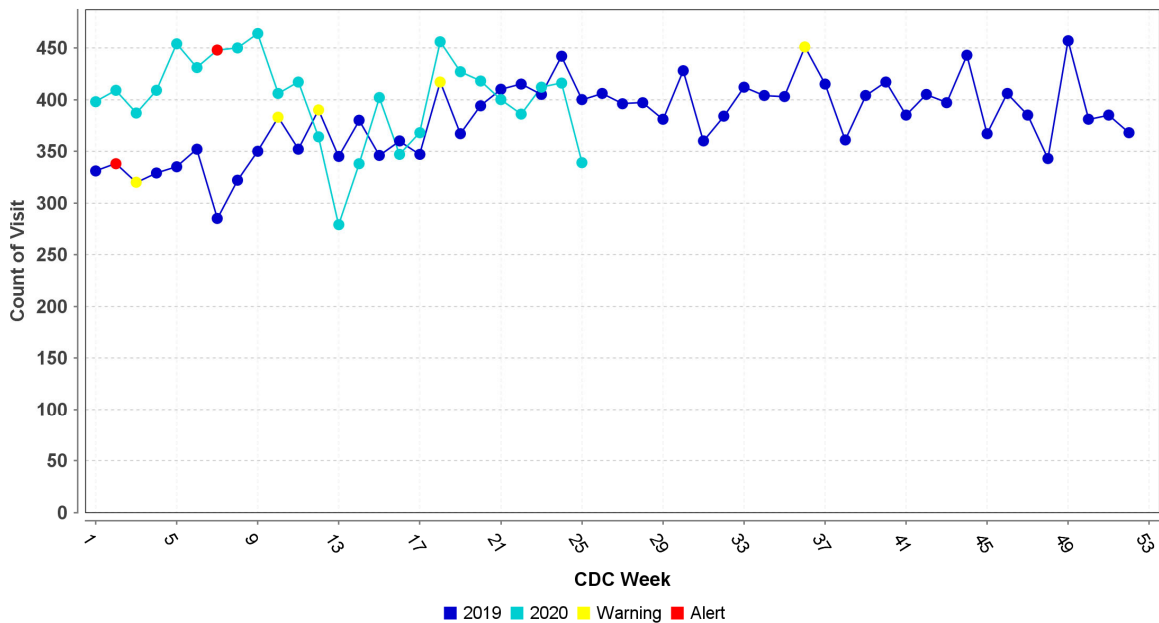
Graph 3: Count of emergency department visits for suicide attempts in Washington, by week: 2020 vs. 2019



Substance Use — Drug Overdose and Alcohol-related Emergency Visits

From Week 24 to Week 25, the absolute count of **emergency visits for overdoses related to any drug³** decreased from 416 to 339 (Graph 4). This decline was observed across sex and age groups.

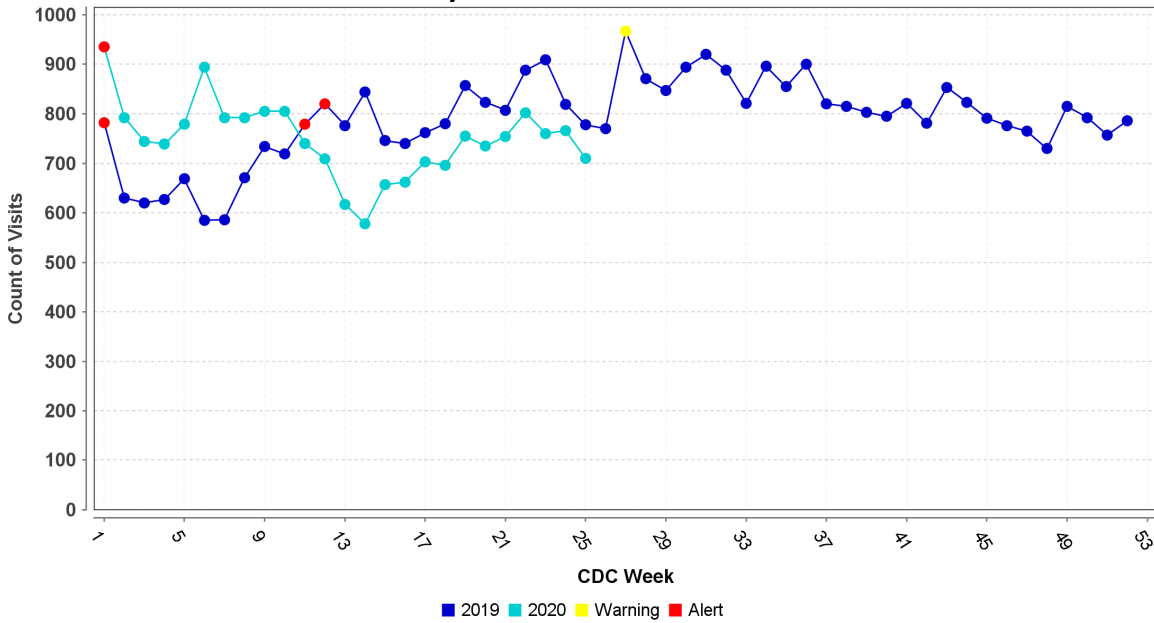
Graph 4: Count of emergency department visits for overdose by any drug³ in Washington, by week: 2020 vs. 2019



In recent weeks, alcohol-related emergency visits have been declining. From Week 24 to Week 25, the count of **alcohol-related emergency visits** decreased from 766 to 710 (Graph 5). While this decrease was shared for most age groups, a slight increase in visits (from 102 to 113) was observed among adults ages 60–69. Following several weeks of statistical elevation in June, the count of alcohol-related emergency visits among women declined slightly from 295 to 271 in Weeks 24–25, yet remain high relative to levels observed during the “Stay Home, Stay Healthy” order.

³ This definition specifies overdoses for any drug, including heroin, opioid, and stimulants. It is indexed in the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) platform as CDC All Drug v1. Full details are available at <https://knowledgerepository.syndromicsurveillance.org/cdc-all-drug-v1>.

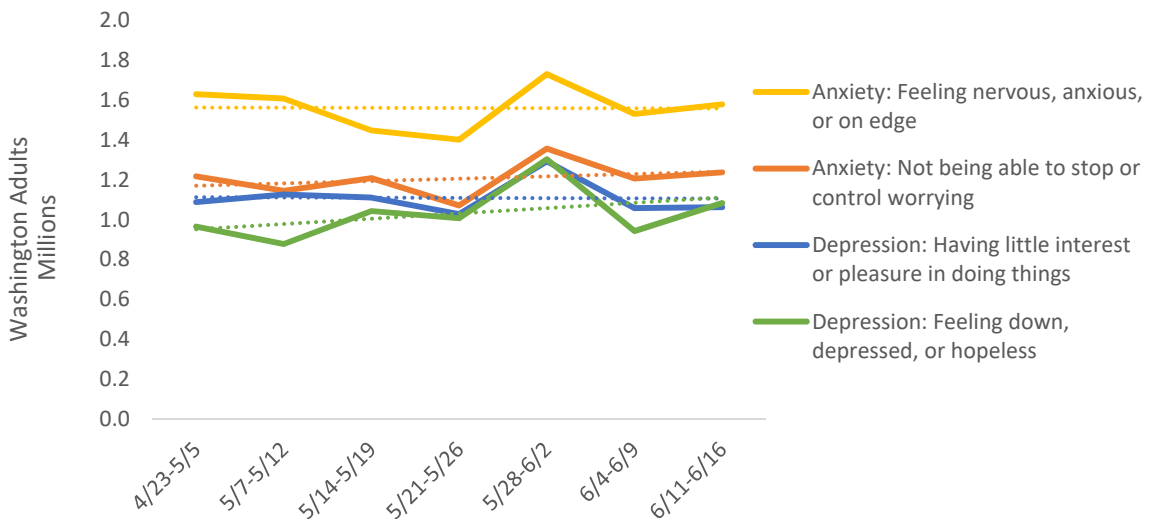
Graph 5: Count of alcohol-related emergency department visits in Washington, by week: 2020 vs. 2019



General Surveillance – Symptoms of Anxiety and Depression

The U.S. Census Bureau has consistently estimated that **1.2–1.6 million (roughly 1 in 4) adults in Washington are experiencing symptoms of anxiety, and 1.0–1.1 million (1 in 5) are experiencing symptoms of depression.** Survey data collection will continue through mid-July.⁴

Graph 6: Estimated adults in Washington reporting symptoms of anxiety and depression, by week: April 23–June 16

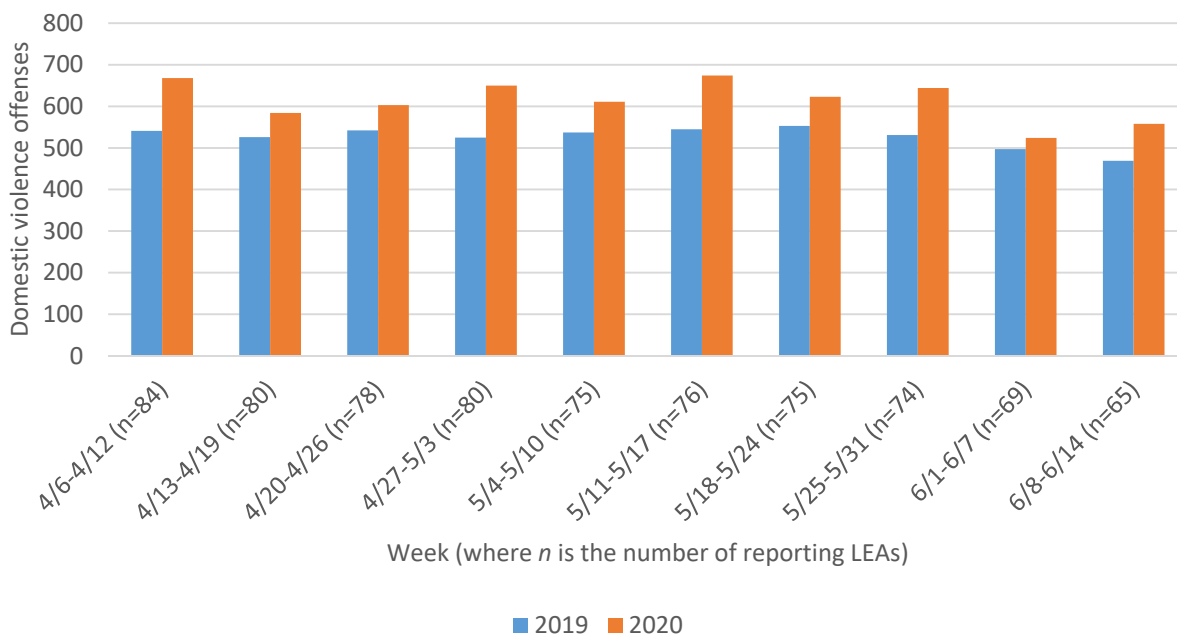


⁴ In May, the U.S. Census Bureau began measuring the social and economic impacts during the COVID-19 pandemic with a weekly Household Pulse survey of adults across the country. Four questions ask survey respondents how often they have experienced specific symptoms associated with anxiety and depression over the past week.

Crime — Domestic Violence

Following the lowest year-over-year increase (5%) in weekly domestic violence offenses since the Washington Association of Sheriffs and Police Chiefs (WASPC) began surveying law enforcement agencies (LEAs) in early April, **domestic violence offenses were up 19% the week of June 8–14**. Not displayed is a 26% year-over-year decrease in other surveyed offenses, including theft, destruction of property, assault, and burglary.

Graph 7: Domestic violence offenses reported to WASPC, by week: 2020 vs. 2019



Telephonic Support Line Activity — Suicidality and Substance Use

According to the Washington Poison Center, **suspected suicide cases among 13–17 year-olds are up 4% from 2019 to 2020** for the period of January 1–June 10, which is greater than the 2% increase across all ages.

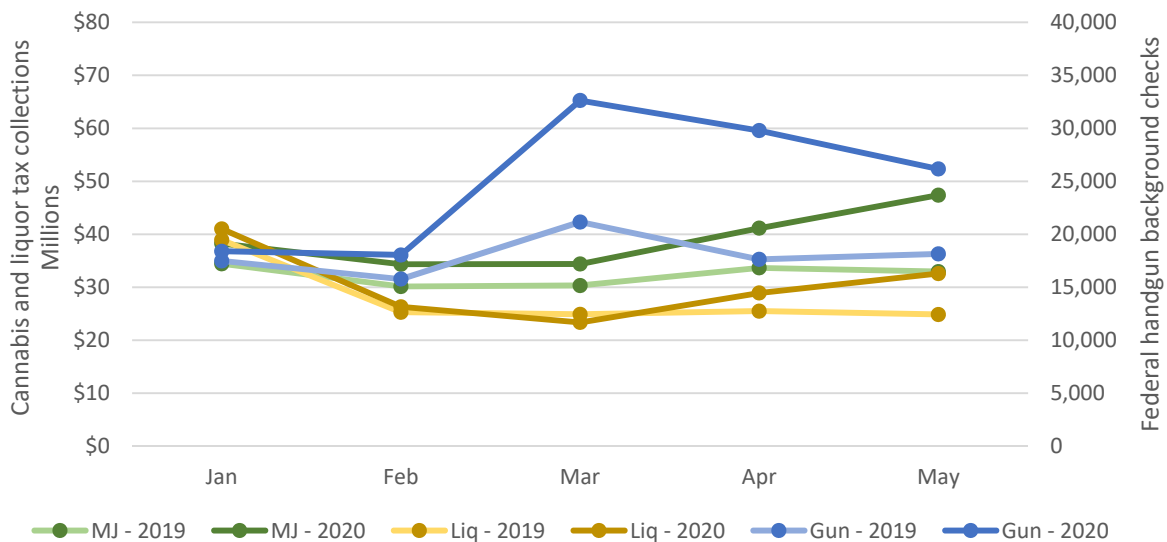
There is no update since the Week of June 8 Situation Report for data related to the Washington State Tobacco Quitline (WAQL), Washington Recovery Help Line (WRHL), and Suicide Prevention Lifeline (SPLL). Calls to WAQL in April and May combined show a 41% decrease year-over-year, suggesting that Washingtonians addicted to nicotine may be coping with stress by postponing quit attempts and continuing to use tobacco. Meanwhile, calls to the WRHL are fairly stable (down 3%, year-over-year) after a 13% increase from April to May. No new WA data are currently available for SPLL, but May 2020 and 2019 comparison data will become available in the coming weeks.

Product Sales — Handgun Background Checks & Cannabis and Liquor Taxes

Federal background checks for handgun sales⁵ in Washington increased by 81% between February and March 2020. This was followed by a **56% increase in background checks for the period of March–May 2020 compared to the corresponding period in 2019**. Although access to firearms is a risk factor for suicide,⁶ the state’s increase is much lower than the overall U.S. increase (+90%).

Additionally, the Washington State Liquor and Cannabis Board (LCB) summarizes monthly cannabis and liquor tax collections, which may be used as a representation for sales of legal recreational substances and, by extension, potential for substance use issues. After three months of elevated tax revenue levels for cannabis and comparable levels for liquor, year-over-year sales of cannabis and liquor were up a combined 38% in May 2020. June product sales data will be available in July.

Graph 8: Year-to-date cannabis and liquor taxes collected and federal handgun background checks in Washington, by month: January–May 2020



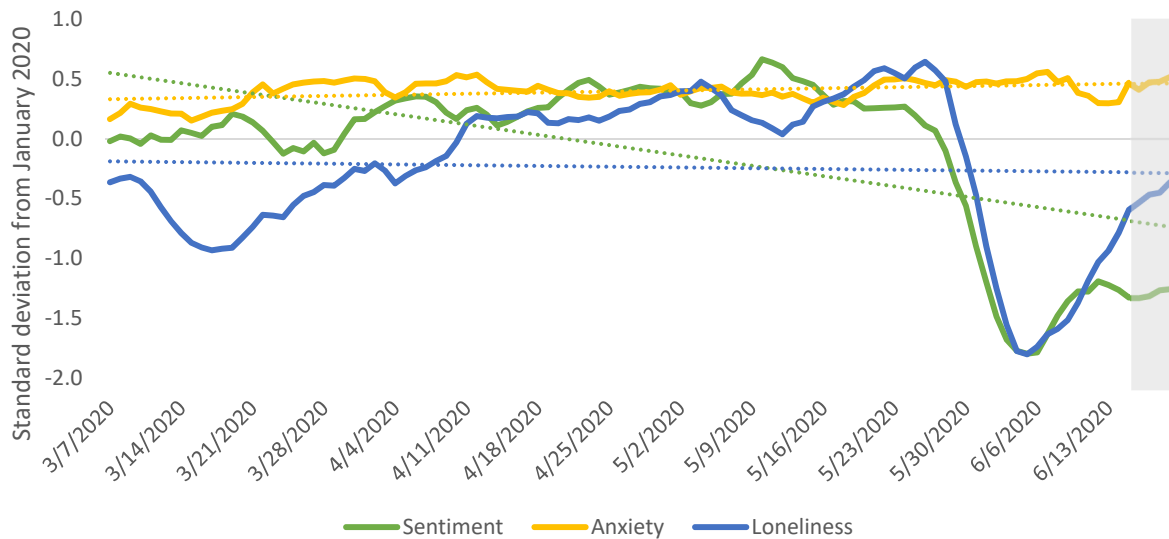
⁵ From the Federal Bureau of Investigation: “It is important to note that the statistics within this chart represent the number of firearm background checks initiated through the NICS [National Instant Criminal Background Check System]. They do not represent the number of firearms sold. Based on varying state laws and purchase scenarios, a one-to-one correlation cannot be made between a firearm background check and a firearm sale.”

⁶ Sacks C. A. & Bartels S. J. Reconsidering Risks of Gun Ownership and Suicide in Unprecedented Times. *N Engl J Med* 2020; 382:2259-2260. DOI: 10.1056/NEJMe2007658

Social Media — Expressions of Positive Sentiment, Loneliness, and Anxiety

Tweets⁷ geo-tagged to Washington suggest that the **lack of positive sentiment is stabilizing at a level more than one standard deviation below pre-pandemic levels**. Meanwhile, anxiety remains approximately half of one standard deviation above pre-pandemic levels, and loneliness continues to increase, but remains slightly below pre-pandemic levels.

Graph 9: 7-day moving averages of deviations in select expression measures⁷ relative to January 2020 baseline, by day: March 1, 2020–June 19, 2020



To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 ([Washington Relay](#)) or email civil.rights@doh.wa.gov.

⁷ Since January 2020, researchers at the Penn Center for Digital Health have been tracking “tweets” about the COVID-19 pandemic, analyzing language used by Twitter users to quantify the extent to which they reflect expressions of positive sentiment, loneliness, and anxiety. Although these measures have been made publicly available, the researchers included a disclaimer, stating that “the data are still being validated and are not ready for public policy decision making.”

Washington Listens

Providing support to the people of Washington during the Covid-19 outbreak and recovery



What is Washington Listens?

- Washington Listens is a crisis counseling program funded through FEMA and SAMHSA
- We built it to be a support program to help anyone in Washington who has been impacted by the outbreak.
- The support is anonymous and is provided by trained support specialists.
- The services are designed to support people and help them build resilience in the face of the Covid-19 disaster.



What services does Washington Listens provide?

- Washington Listens provides
 - Supportive listening and assistance to anyone feeling stressed due to the outbreak.
 - Resource connection
 - Tips to improve self management during the outbreak
 - Community outreach



How do I access Washington Listens?

- Call us at our support line number
 - 833-681-0211
- Or at our website
 - Walistens.org



Implementation of **WA Listens** as of June 1

Immediate Services Program (first phase)

Ends June 21 – may file extension:

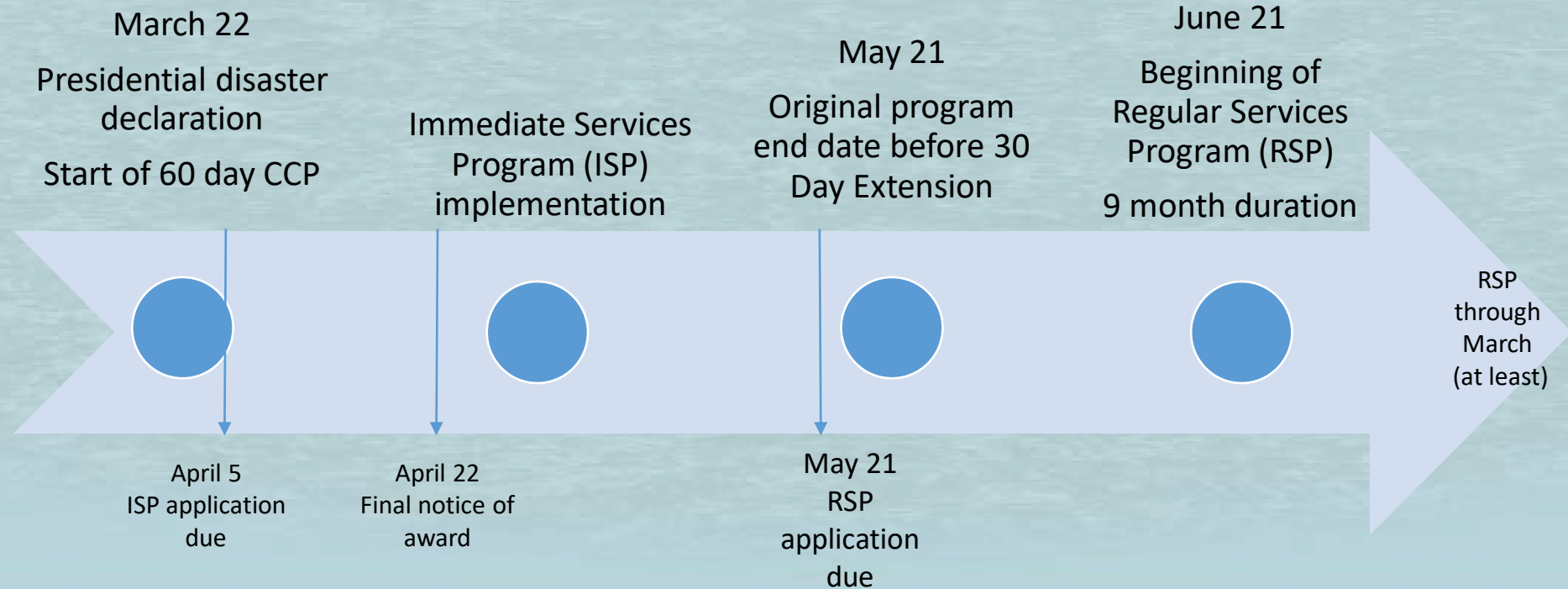
- Anticipate the support line being operational this week!
- Partners promoting WA Listens and doing outreach
 - Beginning to promote WA Listens via announcements and social media
 - Most contracts are finalized
 - Partners receiving technology
- Most staff have participated in training

Regular Services Program (2nd phase):

- Submitted application May 21
- 2nd phase will continue to staff support line and expand to do community based outreach
 - Expanding number of providers to include North Sound, Pierce, Southwest, Greater Columbia, Thurston Mason regions



Crisis Counseling Program Timeline



Immediate Services Program (ISP)

- \$2.1 million from FEMA for ISP
- Stand up statewide support line for Washington residents to provide non-clinical interventions to provide support and referrals to services

Contracted partners

Crisis Connections	
American Indian Community Center	Swinomish Tribe
Okanogan Behavioral HealthCare	Community Integrated Health Services
Colville Tribe	
Frontier Behavioral Health	





compasshealth.org
PO Box 3810
Everett, WA 98213

CHIEF EXECUTIVE TEAM

Tom Sebastian
MS, MPA
President/CEO

Becky Olson-Hernandez
LMHC, CMHS
Chief Quality Officer

Camis Milam
M.D.
Chief Medical Officer

LaJolla Peters
PHR/SHRM-CP
Chief Human Resources Officer

Missy Judd
Chief Executive Assistant

Stacey Alles
LMHC, GMHS
Chief Operating Officer

Tamera Loesch
CPA
Chief Financial Officer

Tom Kozaczynski
MPA
Chief Development &
Communications Officer

As we all have experienced in the past few weeks, no organization or industry is immune to the social and economic impacts of the COVID-19 pandemic. As Compass Health navigates this unprecedented situation, we remain focused on two primary responsibilities: supporting the health and well-being of the clients and communities we currently serve and ensuring the sustainability of our frontline behavioral health services so that we can continue to meet client needs long into the future.

With this mission in mind, I'm writing to let you know that we recently implemented staffing and program changes to respond to the effects of the COVID-19 pandemic on service delivery at three of our smaller locations.

Over the next 30 days, we are closing our outpatient satellite locations in Snohomish, Monroe and Marysville. Clients are invited to continue receiving care remotely via our [Compass Health Bridge mobile telehealth system](#), or in-person at our Everett locations. Notably, since April 1, these sites have already transitioned to delivering nearly 70 percent of their services via telehealth, and we expect any impact on client experience to be minimal. Of course, our teams are collaborating with clients and families to ensure continuity of care.

Importantly, Compass Health maintains a strong presence in east and north Snohomish County communities, including locally based [Wrap Around with Intensive Services](#) (WISe) Teams serving high-need youth and families, and [Program for Assertive Community Treatment](#) (PACT) and [Involuntary Outpatient Services](#) for high-need adults in these communities.

Additionally, we continue to forge ahead with strategic initiatives such as our [Broadway Campus Redevelopment](#), which will integrate a full continuum of behavioral health, primary healthcare and permanent supportive housing services to transform care delivery at the regional level.

All of us at Compass Health understand that any transition is difficult, but as a century-old organization, we also recognize the importance of acting as good stewards of our service network and the community safety net. With a team of more than 700 professionals operating serving nearly 17,000 individuals annually across Snohomish, Skagit, Island, San Juan and Whatcom counties, we plan to be here long into the future to meet the growing need for services, and to address mental illness and substance abuse, homelessness and other challenges as Northwest Washington's behavioral healthcare leader.



If you have any questions about this transition, or would like more information, please feel free to contact me anytime.

Tom Sebastian

A handwritten signature in black ink that reads "Tom Sebastian". The signature is written in a cursive, flowing style.

President/ CEO





North Sound people receiving service

NS BH ASO people served in Island, San Juan, Skagit, Snohomish, and San Juan Counties

Report Dates 7/1/2019 – 6/30/2020

Prepared By North Sound Behavioral Health ASO 7/2/2020

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

North Sound people receiving service

NS BH ASO people served in Island, San Juan, Skagit, Snohomish, and San Juan Counties

Table of Contents

Executive Summary.....	3
People Served in the Crisis System	3
People Served Behavioral Health Services.....	4
People Served in other Programs	4

North Sound people receiving service

NS BH ASO people served in Island, San Juan, Skagit, Snohomish, and San Juan Counties

Executive Summary

For the period, 7/1/2019-6/30/202 North Sound Behavioral Health Administrative Service Organization served 11,590 unduplicated people. The only services included in this report are services submitted in the North Sound Consumer Information System. Grant programs Opioid Outreach and Community Outreach services are some of the programs not included.

People Served in the Crisis System

PEOPLE SERVED IN THE CRISIS SYSTEM



Crisis Calls are provided through Volunteers of America and integrated with the Crisis Service and Investigation services, Designated Crisis Responders (DCR's) in the 5 Counties provide an integrated Crisis Service and Investigation Service System. Agencies contracted for DCR's are Snohomish County ICRS and Compass Health.

North Sound people receiving service

NS BH ASO people served in Island, San Juan, Skagit, Snohomish, and San Juan Counties

People Served Behavioral Health Services

Opioid Substitution Therapy (OST or Medically Assisted Therapy MAT) is primarily provided through Therapeutic Health Services (THS), Residential and Outpatient SUD is provided from a variety of providers, PACT services are provided by Compass Health.

PEOPLE SERVED BEHAVIORAL HEALTH SERVICES



People Served in other Programs

Jail Transition is services targeted to get people signed up with Medicaid and transition into the community. Triage services are provided at the Triage centers and could include Detox services. HARPS service are Housing Assistance vouchers. CJTA services are community jail transition assistance Behavioral Health services provided to people without Medicaid.

PEOPLE SERVED IN OTHER PROGRAMS



Effective Date: 7/11/2019

Review Date: 7/11/2019

Revised Date:

North Sound Behavioral Health Administrative Services Organization, LLC

Section 1000 - Administrative : BH-ASO Mission, Vision, and Values

Authorizing Source: North Sound BH-ASO Board of Directors

Approved by: Executive Director Date: 7/11/19 Signature:

POLICY #1011.00

SUBJECT: NORTH SOUND BH ASO MISSION VISION AND VALUES

PURPOSE

To establish the Mission, Vision and Values for the North Sound Behavioral Health Administrative Services Organization (North Sound BH-ASO) as its guiding principles.

MISSION:

The Mission of the North Sound BH-ASO is “Empowering Individuals and Families to Improve their Health and Well-Being”.

VISION:

A system of care that is shaped by the voices of our communities, and people using behavioral health services. The people who work in this system are competent, compassionate, and empowering and supportive of personal health and wellness.

VALUES:

Integrity: We nurture an environment of transparency, trust and accountability

Collaboration: We believe every voice matters

Respect: We accept and appreciate everyone we encounter

Excellence: We strive to be the best in everything we do

Innovation: We endeavor to try new things, be forward thinking, learn from mistakes and be adaptable

Culture: We endeavor to cultivate cultural humility in attempting to understand the world view of the persons and communities we serve ~~be culturally educated and responsive~~

Social Equity: We commit to working to reduce institutionalized racism and reduce disparities in health care

ATTACHMENTS

None



- Home
- Services
- About Dr. Moore
- Events Calendar
- Books
- 21-Day Plans
- White Privilege Conference
- The Privilege Institute
- Contact

21-Day Racial Equity Habit Building Challenge



“I am and always will be a catalyst for change.”

-Shirley Chisholm

© 2014 All Rights Reserved America & Moore, LLC

Have you ever made a successful change in your life? Perhaps you wanted to exercise more, eat less, or change jobs? Think about the time and attention you dedicated to the process. A lot, right? Change is hard. Creating effective social justice habits, particularly those dealing with

issues of power, privilege, supremacy and leadership is like any lifestyle change. Setting our intentions and adjusting what we spend our time doing is essential. It's all about building new habits. Sometimes the hardest part is just getting started. The good news is, there's an abundance of resources just waiting to empower you to be a more effective player in the quest for equity and justice. Please use this plan just as it is, or adapt it to a sector, an ethnic/racial group, or interest area. *

About the 21-Day Racial Equity Habit Building Challenge

- For 21 days, do one action to further your understanding of power, privilege, supremacy, oppression, and equity
- Plan includes suggestions for readings, podcasts, videos, observations, and ways to form and deepen community connections. Suggestions are in the following categories:
 - Read
 - Listen
 - Watch
 - Notice
 - Connect
 - Engage
 - Act
 - Reflect
 - Stay Inspired

- Use the tracking chart provided below to stay on course. You can drag the image to your desktop and print, or you can access a digital version [here](#) and copy it for editing.
 - We think understanding white privilege and white supremacy is a powerful lens into the complexities of doing social justice work, so we've focused our resources on that specific issue.
 - Adaptable to all forms of social justice
 - Can be done individually, with friends and family, or organization-wide.
 - Like our [Facebook page](#). Use it to get ideas as well as share your 21-Day experience with the 21-Day community.
- * For adaptation ideas and examples of how communities are adapting the challenge to meet their specific social justice focus, click [HERE](#).

Here are just a few ideas to get you started.

[Check out debbyirving.com/recommended-resources/ for more ideas.](http://debbvirving.com/recommended-resources/)



READ

How White People Got Made, by Quinn Norton, exploring where the term “white people” comes from and which ethnic groups have and have not been able to become “white” through US history.

White Privilege: Unpacking the Invisible Knapsack and other essays, Groundbreaking 1989 essay by Peggy McIntosh who lists the ways she’s beginning to recognize the way white privilege operates in her life.

Explaining White Privilege to a Broke White Person, Gina Crosley-Corcoran, raised “the kind of poor that people don’t want to believe still exists in this country,” explores where race and class do and don’t intersect and how she’s come to understand her own white privilege.

The Injustice of This Moment Is not an ‘Aberration,’ Michelle Alexander contextualizes the US’s 2020 state of racism/white supremacy as an inevitable outcome of a collective narrative steeped in denial.

White Fragility, Groundbreaking 2011 article by Robin DiAngelo, which led to a 2018 book of the same title, exploring why it can be so hard for white people to talk about race, and how the resulting silence and defensiveness functions to hold racial dynamics and racial oppression in place.

Understanding the Racial Wealth Gap, 2017 study by Amy Traub, Laura Sullivan, Tatjana Meschede, & Tom Shapiro analyzing the racial wealth gap that exists between white, black, and Latino households.

White mom to racists: ‘Don’t use my child to further your hate-filled ignorance,’ Rev. Edith Love models allyship in an article written in

response to online racial abuse arising from her white teen son's recent attack by a group of young teens who are black.

White Fragility in Students, A call to action by Teaching While White founders Jenna Chandler-Ward and Elizabeth Denevi who share their experience in school after school where white students and adults lack the knowledge or skill to navigate racism and conversations about it and how that white deficit impacts students of color.

21 Racial Microaggressions You Hear on a Daily Basis, Using a series of photographs by photographer Kiyum Kim, Heben Nigatu, elaborates on the term "microaggression." Note that Ibram X. Kendi, in his recent book *How To Be An Anti Racist*, calls us to consider using the term "racist abuse" as a more descriptive alternative.

Guide to Allyship, Created by Amélie Lamont this site strives to be an ever-evolving and growing open source guide meant to provide you with the resources for becoming a more effective ally.

From Alt-Right to Groyper, White Nationalists Rebrand For 2020 And Beyond, Report authored by the Institute For Research And Education On Human Rights (IREHR) on white nationalist marketing strategy known as "groyper."

People of colour have to 'code-switch' to fit in with white norms, from a longer series taking an in-depth look at racism in the UK in 2020 this article focuses on the double bind of code-switching. What is it? What toll does it take? What is the cost of not code-switching?





LISTEN

Teaching While White, hosted by longtime educators Jenna Chandler-Ward and Elizabeth Denevi, TWW's podcast focuses on how whiteness shows up in the education sector and what anti-racist educators are doing to challenge that. Episodes feature different nationally renowned anti-racist educator guests. (any episode - times vary)

All My Relations, hosted by Matika Wilbur (Swinomish and Tulalip) and Adrienne Keene (Cherokee Nation) this podcast “explores indigeneity in all its complexity.” Episodes focus on issues such as DNA identity, appropriation, feminism, food sovereignty, gender, sexuality, and more while “keeping it real, playing games, laughing a lot, and even crying sometimes.” (any episode - one-ish hour each)

Code Switch, hosted by journalists Gene Demby and Shereen Marisol Meraji, both people of color, this podcast is curated by a team of NPC journalists of color who navigate the complexities of race, both professionally and personally, daily. Episodes focus on a wide range of issues overlapping race, ethnicity, and culture. (any episode - times vary)

Breakdances with Wolves Podcast, hosted by Gyasi Ross, Wesley ("Snipes Type") Roach, and Minty LongEarth, "a few Natives with opinions and a platform." Episodes report on current events through an indigenous perspective. (any episode - one-ish hour each)

Black Like Me, host Dr. Alex Gee "invites you to experience the world through the perspective of one Black man, one conversation, one story, or even one rant at a time." (any episode - times vary)

Scene on Radio - Seeing White Series, host John Biewen and collaborator Chenjerai Kumanyika explore Whiteness over the course of 14 episodes. Where does it come from? What does it mean? Why does it exist? (Episode *S2 E1: Turning the Lens* - 16 minutes)

On Point Radio - Oklahoma To Incorporate 1921 Tulsa Race Massacre Into Statewide School Curriculum host David Folkenflik interviews Tulsans about the 1921 "Black Wall Street" race massacre and recent efforts to integrate it into the Oklahoma education system. (46 minutes)

TED Radio Hour - Mary Bassett: How Does Racism Affect Your Health? host Guy Raz speaks with Dr. Mary T. Bassett, Director of the FXB Center for Health and Human Rights at Harvard University about how and why race affects the medical attention you receive, your baby's chances of living, and even life expectancy. (12 minutes)

Here & Now - Without Slavery, Would The U.S. Be The Leading Economic Power? host Jeremy Hobson explores with Edward Baptist, author of *The Half Has Never Been Told: Slavery and the Making of American Capitalism*, how slavery established the United States as a world economic power. (15 minutes)

NPR Morning Edition - You Cannot Divorce Race From Immigration

journalist Rachel Martin talks to Pulitzer Prize-winning journalist Jose Antonio Vargas for a response to a story in *The Atlantic*, written by David Frum, proposing the U.S. cut legal immigration by half. (6 minutes)

BBC Radio 5 live - The Sista Collective - Created and hosted by BBC

producer Jessie Aru-Phillips, each season showcases the depth of Black British talent. (any episode – one-ish hour each)

You could also choose a song from the **Soundtrack4Justice** playlist below.



WATCH

Short, Coffee Break Length

This is Us, Dr. Eddie Glaude explains why blaming current racial tensions on Donald Trump misses the point. (3 minutes)

The Iroquois Influence on the Constitution, Host and producer of First Voices Indigenous Radio Tiokasin Ghosthorse explains the sequestering of two Iroquois chiefs to advise in the writing of the U.S. Constitution. (4 minutes)

Racism is Real, A split-screen video depicting the differential in the white and black lived experience. (3 minutes)

Confronting ‘intergroup anxiety’: Can you try too hard to be fair? Explores why we may get tongue tied and blunder when we encounter people from groups unfamiliar to us. (5 minutes)

I Didn't Tell You, Ever wonder what a day in the life of a person of color is like? Listen to this poem, written and spoken by Norma Johnson. (7 minutes)

CBS News Analysis: 50 states, 50 different ways of teaching America's past, Ibram X. Kendi reviews current history curriculum production and use across the U.S. (5 minutes)

The Disturbing History of the Suburbs, An Adam Ruins Everything episode that quickly and humorously educates how redlining came to be. (6 minutes)

New York Times Op-Docs on Race, Multiple videos with a range of racial and ethnic perspectives on the lived experience of racism in the US. (each video about 6 minutes)

Why “I’m not racist” is only half the story, Robin DiAngelo explains the function of white fragility in maintaining racial hierarchy. (7 minutes)

White Bred, Excellent quick intro to how white supremacy shapes white lives and perception. (5 minutes)

What Kind of Asian Are You? Humorous two minute youtube video that illustrates the utter silliness of the way many white Americans interact with Asian Americans. (2 minutes)

What Would You Do: Bicycle Thief Episode? ABC's popular show explores the impact of racial and gender bias and prejudice at a family friendly park. Before this video, would you have anticipated this differential treatment? <https://youtu.be/ge7i60GuNRg>

Medium, Lunch Break Length

How I Learned to Stop Worrying and Love Discussing Race, TEDx talk by Jay Smooth that suggests a new way to think about receiving feedback on our racial blindspots. (12 minutes)

What Being Hispanic and Latinx Means in the United States, Fernanda Ponce shares what she's learning about the misunderstanding and related mistreatment of the incredibly diverse ethnic category people in U.S. call Hispanic. (12 minutes)

Indigenous People React to Indigenous Representation in Film And TV, Conversation with a diverse range of Indigenous people by FBE about media depictions of Indigenous people, Columbus day, and Indigenous identity. (15 minutes)

How to deconstruct racism, one headline at a time, TED Talk by Baratunde Thurston that explores patterns revealing our racist framing, language, and behaviors. (10 minutes)

The urgency of intersectionality, TED Talk by Kimberlé Crenshaw that asks us to see the ways Black women have been invisibilized in the law and in media. (19 minutes)

The danger of a single story, TED Talk by Chimamanda Adiche, offers insight to the phenomenon of using small bits of information to imagine who a person is. (18 minutes)

How to overcome our biases? Walk boldly toward them, TED Talk by Vernā Myers, encourages work vigorously to counter balance bias by connecting with and learning about and from the groups we fear. (19 minutes)

Hip hop, grit, and academic success, TEDx Talk by Dr. Bettina Love, explains how students steeped in Hip Hop culture, often seen as deficient, actually bring the very characteristics deemed necessary for 21st century success. (15 minutes)

Long, Sit On the Couch Length

When they see us, Four-part Netflix series by Ava DuVernay about the wrongful incarceration and ultimate exoneration of the “Central Park Five.” (four 1+ hour episodes)

13th, Netflix documentary by Ava DuVernay about the connection between US Slavery and the present day mass incarceration system. (1 hour 40 minutes)

Slavery by Another name, 90 minutes PBS documentary challenges the idea that slavery ended with the emancipation proclamation. (90 minutes)

Unnatural Causes, Seven part documentary by California Newsreel that explores the impact of racism on health and US healthcare. (4 hours total, episodes have variable lengths)

Birth of a White Nation, Keynote speech by legal scholar Jacqueline Battalora, offers a blow-by-blow description of the moment the idea of, and word for, "white" people entered U.S. legal code. (36 minutes)

In The White Man's Image, PBS documentary about the Native American boarding school movement designed to “kill the Indian and save the man.” (56 minutes)

Race: The Power of an Illusion, Three-part, three-hour film by California Newsreel exploring the biology of skin color, the concept of assimilation, and the history of institutional racism. (three 1 hour episodes)



NOTICE

Once people start to learn about white privilege and America’s systems of oppression through history, they often ask, “Why didn’t I see this

sooner?” It’s easy to overlook what we’re not looking for. Once you understand the phenomenon of selective noticing, take yourself on a noticing adventure.

1) Start by watching the [Test Your Awareness: Do The Test](#)

2) Then...go out in the world and change up what you notice. Here’s some of what you might look for:

- Who is and is not represented in ads?
- Who are your ten closest friends? What is the racial mix in this group?
- As you move through the day, what’s the racial composition of the people around you? On your commute? At the coffee shop you go to? At the gym? At your workplace? At the show you go on the weekend?
- What percentage of the day are you able to be with people of your own racial identity?
- Notice how much of your day you are speaking about racism. Who are you engaging with on these issues? Who are you not? Why do you think this is?
- What are the last five books you read? What is the racial mix of the authors?
- What is the racial mix of the main characters in your favorite TV shows? Movies?
- What is the racial mix of people pictured in the photos and artwork in your home? In your friend, family, and colleagues’ homes?
- Who is filling what kinds of jobs/social roles in your world? (e.g. Who’s the store manager and who’s stocking the shelves? Who’s

waiting on tables and who's busing the food?) Can you correlate any of this to racial identity?

- Who do you notice on magazine covers? What roles are people of color filling in these images?
- If you're traveling by car, train, or air, do you notice housing patterns? How is housing arranged? Who lives near the downtown commerce area and who does not? Who lives near the waterfront and who does not? Who lives in industrial areas and who does not? What is the density of a given neighborhood? Can you correlate any of this to racial identity?



CONNECT

Follow Racial Justice activists, educators, and organizations on social media. Here are some ideas to get you started. A good way to widen your circle of who you follow is to check out who these organizations follow, quote, repost, and retweet.

Teaching Tolerance

Colours of Us

Anti-Defamation League

Define American

Privilege to Progress Black Minds Matter

Teaching While White

White Nonsense Roundup

Conversations with White People: Talking about race (Facebook Group)

Race Forward Racial Equity Tools

White Awake

So many more you'll discover!

Google who's who in your area by typing in 'Racial Justice" or "Anti-Racist" + name of city/town, organization, or sector. A few website visits, emails, and phone calls later, you'll likely have an idea of how to get on the mailing of one or more organizations in your area who are addressing issues of power and privilege. Once you connect to one, it's easy to connect to many!

Join your [Showing Up For Racial Justice \(SURJ\)](#) organization if there's one in your area.

Research racial justice speakers and see who might be coming to your local university, church, community center, or speaker series.

Take a course or workshop. Community Colleges and Adult Education Centers are a great place to find a course about social justice issues.



ENGAGE

This can be the hardest part for people new to racial justice work. Engaging in racially mixed settings can trigger age-old power and privilege dynamics. The goal is to be a learner more than a knower, exactly the opposite of what dominant U.S. culture teaches us to be.

Here are some Engagement Tips to guide you:

- Enter the process to learn and bridge knowledge gaps.
- Enter the process to practice mindful social habits like the ones below.
- Stay engaged even when your mind and body start sending you signals to shrink or walk away.
- Ask clarifying questions.
- Acknowledge what you don't know.
- Validate others by listening closely and believing the truth and importance of what they are sharing.
- Share airtime so that multiple perspectives are shared.

- Step Up Step Back. If you are generally quiet, step up and practice speaking more. If you are generally a talker, practice stepping back and listening more.
- Notice your biases and judgments as they arise. These are gold for you to excavate your subconscious!
- Notice when you are uncomfortable. Reflect on why you're uncomfortable and think about what you can do to build more emotional stamina in this area.
- Honor confidentiality. Though you can share what you are learning in general terms, do not repeat stories in a way that can be traced back to the person who shared it.
- Find a mentor within your own racial group to support and guide your growth.

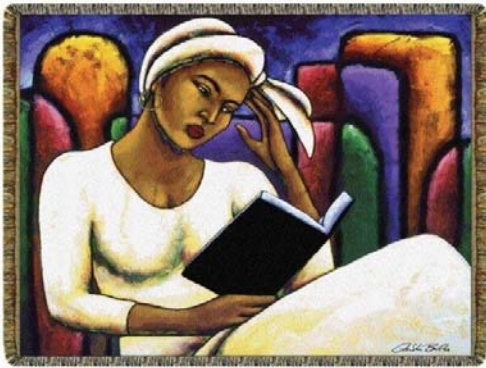


ACT

Though many people want to jump to action sooner instead of later, action without a vigorous self-education and self-reflection practice can unexpectedly reproduce the very power and privilege dynamics we seek to interrupt in this work. Here are a few actions that you might consider:

- Invite friend(s), family, and/or colleagues to do the 21-Day Challenge with you.
- Prepare yourself to interrupt racial jokes. Click [HERE](#) for some advice about how.
- Interrupt the pattern of white silence by speaking openly with family, friends, and colleagues about what you're doing and learning in the 21-Day Challenge.
- Invite friend(s), family, and/or colleagues to join you for one or more of your daily "to-do's" for a low-threshold invitation into the work and introduction to the 21-Day Challenge.
- Find out if your school, workplace, or faith group has an Equity Committee. What can you learn from them? Are they open to new members? Join if you can. Support in other ways if you can't.
- Find organizations such as [The Privilege Institute](#), your local YWCA, and other non-profits doing racial justice work and support them through donating your time, money, and other resources.
- When the status quo is racist, disrupt it. No matter how big or small put yourself out there to create change. No need to wait until you are comfortable disrupting; it may never get comfortable, though you will get better at managing discomfort! Examples from participants include:
 - Requiring administration to change the name of a dodgeball team from "The Cottonpickers"

- Improving the representation of books in the library by raising funds and purchasing hundreds of new books
- Conducting an equity audit within the organization
- Creating learning communities to set goals, objectives, and action plans
- Disrupting inappropriate language by offering alternative language you yourself are learning
- Speaking, emailing, and posting about articles, blogs, movies, and this 21-Day Challenge that you find impactful. Let people know you are not neutral!



REFLECT

Reflecting and Journaling is a crucial piece of the challenge. Plan to take time everyday to reflect on what you choose to do, what you're learning, and how you are feeling. Difficult emotions such as shame and

anger, though uncomfortable to feel, can guide you to deeper self-awareness about how power and privilege impacts you and the people in your life. At the very least, use the “Reflect” space on the below tracking tool.



STAY INSPIRED!

Create a [Soundtrack4Justice](#) playlist that fuels you and/or can serve as a conversation starter with people of all ages.

You can find ours on [Youtube](#), [Apple Music](#), or see individual songs below:

[Ain't Got No, I Got Life / Nina Simone](#)

[Baltimore / Nina Simone](#)

[Be Free / J Cole](#)

[Blended Family / Alicia Keys](#)

[Blue Bucket of Gold/Gallant X Sufjan Stevens](#)

[Born This Way / Lady Gaga](#)

[Brave / Sara Bareilles](#)

Colors in Bloom / Lex Allen ft. Taj Raiden
Fight the Power / Public Enemy
Fight Song / Rachel Platten
Formation / Beyonce
For The Kids / Homeboy Sandman
Four Women / Nina Simone
Give Your Hands to Struggle / Sweet Honey in the Rock
Get Up, Stand Up / Bob Marley
Good As Hell / Lizzo
Hijabi / Mona Haydar
If It's Magic / Stevie Wonder
Keep Ya Head Up / Tupac
Love's In Need of Love Today/Stevie Wonder
Living for the City / Stevie Wonder
Mercedes Benz / Janis Joplin
Ne Me Quitte Pas / Nina Simone
People Get Ready / Curtis Mayfield and The Impressions
Rich Girl / Nina Simone
Roar / Katy Perry
Same As It Ever Was/Michael Franti & Spearhead
Same Love / Macklemore & Ryan Lewis
Save Me / Nina Simone
Stay Human / Michael Franti & Spearhead
Super Rich Kids / Frank Ocean
Strength, Courage & Wisdom / India Arie
The 10 Stop and Frisk Commandments / Jasiri X
The Colour in Anything/James Blake
Try / Colbie Caillat
We The People / Tribe Called Quest
Try Everything / Shakira
Where Is The Love / Black Eyed Peas

- White Privilege / Macklemore
- White Privilege II / Macklemore
- Whitey on the Moon / Gil Scott-Heron
- Stand 4 What / Nick Cannon
- This Is America / Childish Gambino
- To Be Young Gifted and Black, Nina Simone



USE THE PLANNING TOOL BELOW TO STAY ON TRACK

21-Day Racial Equity Habit Building Challenge

Tip: diversify your habits by doing some of each.

Day	Read	Listen	Watch	Notice	Connect	Engage	Act	Reflect
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								

18							
19							
20							
21							

Find a digital version [here](#).

21-Day Racial Equity Habit Building Challenge (sample)

Day	Read	Watch	Connect	Engage	Act	Notes
1	√					Read <i>How White People Got Made</i> . Why didn't I learn this stuff sooner?!
2	√					Read <i>Microaggressions</i> . Finally get what they are. And...have I done that?
3		√				Watched <i>Miseducation</i> -no wonder I don't know anything! #ChangeNeeded
4			√			Found Local Group. On mailing list, liked FB pg. Going to meet on 9/15!
5	√					Read local Group's website. Couldn't stop reading.
6				√		Attended Local Group film + discussion. Awesome people.
7	√	√		√		More I learn more I learn I don't know. Want more, more, more!
8				√		2 nd day in a row I called a new Local Group connection for ideas.
9	√					Reading how to interrupt racist jokes. Do I dare? Feeling scared.
10			√			'Liked' three national racial justice organizations on FB.
11			√		√	Attended lecture by John Powell at Local U. Wow. Where have I been?
12	√	√				New FB likes post amazing stuff. Feeling inspired!
13	√	√	√			Focusing on whiteness in schools. So many orgs/resources. Who knew?
14					√	Called 5 friends for dinner + film. All psyched but John. Pissed me off!
15	√				√	Read up on ways to address people like John. Called. Good-ish talk.
16					√	Signed up to take class at Local Community College.
17				√		Attended Local Group MeetUp. Talking Guidelines super helpful.
18				√		Met MeetUp friends for a beer. Went to part of town I'd never been to.
19	√					MeetUp friend loaned me <i>Birth of a White Nation</i> . Can't put it down.
20			√		√	Hosted dinner + <i>White Man's Image</i> film. Shocking, bonding, motivating.
21					√	Asked boss how to get on diversity committee. Want to join.

Where Did the Images On This Page Come From?

Click on the below find out.

Read

Listen

Watch

Notice

Connect

Engage

Action

Reflect

Musical Note

Pencil



POWERED BY SQUARESPACE