



North Sound Behavioral Health Advisory Board

Agenda

September 7, 2021

1:00 p.m. – 3:00 p.m.

Call to Order and Introductions

Revisions to the Agenda

Approval of August Minutes

Announcements

Brief Comments or Questions from the Public

Executive/Finance Committee Report

- Approval of August Expenditures
- Ad Hoc Committee – Budget Update

North Sound Regional OMBUDS Semi Annual Report

Executive Director's Report

Executive Director's Action Items

- Mental Health Block Grant and Substance Abuse Block Grant Plans

Old Business

- Advisory Board Request for Staff Support

New Business

- 2021 Washington Co-Occurring Disorders Treatment Conference

Report from Advisory Board Members

Reminder of Next Meeting

Adjourn



North Sound Behavioral Health Advisory Board

August 3, 2021

1:00 – 3:00

Meeting Minutes

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

Members Present on Phone Zoom Meeting Platform:

- **Island County: Candy Trautman**
- **San Juan: Diana Porter**
- **Skagit County: Duncan West, Patti Bannister, Jere LaFollete, Ron Coakley**
- **Snohomish County: Marie Jubie, Pat O'Maley-Lanphear, Jennifer Yuen, Fred Plappert, Michelle Meaker**
- **Whatcom County: Arlene Feld, Kara Mitchell, Alan Friedlob, Mark McDonald**

Members Excused:

- **Island County: Chris Garden**
- **San Juan County:**
- **Skagit County:**
- **Snohomish County: Joan Bethel, Jack Eckrem**
- **Whatcom County:**

Members Absent:

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

North Sound BH-ASO Staff: Joe Valentine, Margaret Rojas, James Dixon, Maria Arreola (Recording).

Managed Care Organization Representation:

- **United Healthcare: Stacey Lopez**
- **Coordinated Care:**
- **Molina Healthcare: Kelly Anderson**
- **Community Health Plan of Washington [CHPW]: Marci Bloomquist**

Guests:

Pre-Meeting Training

- James Dixon, Regional Recovery Navigator spoke on the Substance Use Disorder Regional Recovery Navigator Program. Established from the Blake Legislation. Program is a diversion to assist law enforcement on making an arrest. This is a harm reduction program There will be a case manager who will coordinate a service plan for individuals based on needs. A Recovery Navigator will be in the community making referrals. There is no timeframe to participate in the program. The plan is to have the program up and running by 2022. James will provide updates as the program progresses.

Call to order and Introductions

The meeting was called to order by Chair West at 1:03 p.m.

Revisions to the Agenda

No revisions mentioned.

Approval of June Minutes

Motion made for the approval of June meeting minutes as written with the correction of Michael's resignation. Motion seconded; Motion carried.

Announcements

Bea Dixon has retired as of July 2, 2021. Bea has left a message of "I am grateful for the opportunity I had to meet the members. My best wishes to them for their continued success". Stacey Lopez will be stepping in the role of United Health Care Behavioral Health Director and will join the Advisory Board meetings moving forward.

Brief Comments from the Public

None

Executive Directors Report

Joe reported on

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

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.

Margaret and Joe reviewed the Mental Health Block Grant and Substance Abuse Block Grant survey results with members. It was determined to create an Ad Hoc Committee to meet with Joe and

Approved by Advisory Board

Margaret. The purpose will be to review the drafted plans and provide feedback. Members that are interested are to notify Maria. Maria will coordinate the meeting invitations.

Executive/Finance Committee Report

The July Expenditures were reviewed and discussed. Motion to move the Expenditures to the Board of Directors for approval. Motion seconded. 1 abstained. Motion Carried.

Old Business

2021 Washington Behavioral Healthcare Conference – Member Report

Pat, Fred, Alan, Candy, Arlene and Kara spoke of the meaningfulness of the conference. Members reported attending the virtual conference was put together very well by the state.

Snohomish County Membership Vote – Michele Meaker

Michele has attended a prior Advisory Board meeting to see if the Board would be a good fit. Michele requested to move forward with her official vote on the Board. Motion was made to approve Michele's membership for Snohomish County seat on the North Sound Behavioral Health Advisory Board, Motion seconded, Motion carried.

Maria will set up a new member orientation with Michele.

New Business

Advisory Board Requests for Staff Support

Members reviewed a red line version of policy 4501.00. Policy changes highlights the process to request assistance from North Sound BH-ASO staff. Document will be brought back to the Board during the September meeting.

Update on Advisory Board In Person Meetings

In person meetings will continue to not take place, due to the rise in COVID cases. Members will be further updated as the COVID cases continued to be monitored.

Impact on Law Enforcement Assistance to Designated Crisis Responders Intervention

Board has concerns regarding the huge impact the legislation has had on the community, crisis services and law enforcement in the North Sound region. It is a focus to work in partnership to maintain relationships with DCRs and Law Enforcement. Community Policing presence is no longer a view in the eyes of the community. Many observations in the community that made it more difficult for law enforcement to engage with individuals in the community. Board would like to keep monitoring this piece of the crisis system.

Report from Advisory Board Members

Candy spoke of attending the 2021 American Association of Suicidology conference. This was held virtually. Candy has attended this conference for five years. Through the years Candy has brought meaningful insight into the US rising rate of suicides.

Reminder of Next Meeting

Tuesday, September 7th, 2021

Adjourn

Chair West adjourned the meeting at 2:58 p.m.

**North Sound Behavioral Health Administrative Services Organization
Advisory Board Budget
August 2021**

	Total	All Conferences	Board Development	Advisory Board Expenses	Stakeholder Transportation	Legislative Session
		Project # 1	Project # 2	Project # 3	Project # 4	Project # 5
Budget	\$ 20,000.00	\$ 9,900.00	\$ 1,000.00	\$ 9,000.00		\$ 100.00
Expense	0.00					
Under / (Over) Budget	\$ 20,000.00	\$ 9,900.00	\$ 1,000.00	\$ 9,000.00	\$ -	\$ 100.00



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
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1. **COVID BLOCK GRANT PLAN**

- A draft COVID Block Grant Plan has been drafted based on the priorities identified in the stakeholder survey and Advisory Board. An ad-hoc committee of the Advisory Board has reviewed and provided additional input into the draft plan.
- The Plan will be submitted to the Advisory Board at their meeting on September 7 and also reviewed by the Board of Directors on September 9.

2. **WORKFORCE SHORTAGES UPDATE**

- Health Care Authority [HCA] staff provided an update to the bi-weekly statewide Managed Care Organization [MCO]/Administrative Services Organization [ASO] Clinical Coordination group on their workplan to implement some of the recommendations in the state Behavioral Health Workforce Report. [the link below is to the full state report] <https://www.wtb.wa.gov/planning-programs/health-workforce-council/behavioral-health-group/>
- The purpose of their presentation was to discuss with the MCOs and ASOs how we can assist with implementing some of these recommendations with both funding and coordination.
- Some of the key themes that emerged from the presentation and discussion were:
 - Focusing on retention of existing behavioral health staff
 - Conducting focus groups with line staff to get their input on what would support retention
 - Encouraging providers to use a full continuum of skill levels, e.g., Bachelor level and Certified Peers, so that masters level clinicians can be used more for persons with higher acuity
 - Providing assistance to providers in making changes to their business model to take advantage of “team-based care” approaches
 - Helping providers improve their electronic billing systems since many are still losing revenue.
 - And continuing to streamline the billing and data reporting requirements that providers must deal with.
- The MCO/ASO Clinical Coordination Group is forming an ad-hoc workgroup to identify the specific areas where we can assist. I have volunteered to facilitate this ad-hoc group.

3. **CRISIS SERVICES**

- a. **Weekly Crisis Capacity Indicator Report** – through August 28 [attachment #1]
- The trend line for the number of calls to the Crisis Line continues to gradually increase.
 - The number of dispatches of mobile crisis outreach teams remains at the historically high level.
 - Utilization of crisis services by youth have jumped again in the last 2 weeks.

- There appears to be a temporary decrease in Designated Crisis Responder [DCR] staffing capacity and in the last two weeks, the average time for crisis team dispatch has exceeded the 2-hour target.

b. **North Sound Crisis System Metrics Report– through July 2021** [attachment #2-summary page only]

- The North Sound Crisis Metrics report shows that all key metrics have been met through July.
- Calls to the Crisis Line in July were higher than the average for the previous 12 months.
- The number of ITA investigations and detentions were consistent with the average for the previous 12 months. Average dispatch time had increased but will still below the 2-hour target

c. **North Sound Crisis System Dashboard-through July 21, 2021** [attachment #3]

- The North Sound Crisis System Dashboard displays an unduplicated number of persons receiving crisis services by county.
- It also shows that up through July 21, crisis services had been increasing gradually every month.

4. CONTINUING IMPACT OF HB 1310 ON LAW ENFORCEMENT RESPONSE

- New legislation passed this session has caused law enforcement agencies to review their policies regarding dispatch to behavioral health crisis episodes in the community. HB 1310 restricts the use of physical force by law enforcement when there is no crime being committed or no “imminent” threat of physical injury.
- This has led to reports from Designated Crisis Responders, hospitals, and some behavioral health treatment facilities of local law enforcement deciding not to dispatch either by themselves or in conjunction with a DCR.
- It has also led to some law enforcement agencies declining to transport persons in a behavioral health crisis to hospital emergency rooms or crisis stabilization facilities.
- HCA has engaged both the Attorney General [AG’s] office and Governor’s office in discussions on the need to respond to this situation. Along with other ASOs we are collecting documentation from our DCR teams on specific incidents in which law enforcement is declining to respond or declining to engage with a person in crisis and/or transport them to the hospital.

a. **RECOVERY NAVIGATOR PROGRAM** [attachment #4]

- HCA has issued the program guidelines for the Recovery Navigator Program as well as the regional allocations.
- The allocation for the North Sound region is **\$2,619,377**. This allocation is intended to cover the cost of 2 outreach recovery navigators per county, project managers, supervisors, and some support costs such as transportation.

- James Dixon, the North Sound Regional Recovery Program Coordinator is developing the proposed “Regional Recovery Navigator Program Plan” based on the guidelines issued by HCA and input from a wide variety of regional stakeholders.
- The plan is due to HCA by October 1. Once HCA approves the plan, they will release the program funds.

5. SUBSTANCE USE RECOVERY SERVICES ADVISORY COMMITTEE

- ESSB 5476 with created the Regional Recovery Services Navigator Program also called for the establishment of a “Substance Use Recovery Services Advisory Committee”.
- This committee is to *develop measures to help individuals with substance use disorder access outreach, treatment, and recovery support services.*
- The committee is to include persons with lived experience and an application to be considered is posted on the HCA website at:
- [State v. Blake: ESB 5476 and behavioral health expansion | Washington State Health Care Authority](#)
- Applications are due to HCA by **September 10.**

6. COMMUNITY BEHAVIORAL RESIDENTIAL ASSISTANCE PROGRAM [CBRA]

- We have issued a Request for Letters of Interest for housing services providers who would like to be considered for a contract to manage the new CBRA funds.
- This request for letters of interest as well as the Department of Commerce [DOC] guidelines are also posted on our website at: <https://nsbhaso.org/formsreports>
- The Department of Commerce [DOC] has allocated \$**1,308,750** to the North Sound region for long term housing assistance. Attached is how this allocation might be distributed to the counties based on percentage of Medicaid population. [attachment # 5]
- We are also having individual conversations with interested organizations about the program requirements.

7. FY 2021-2022 GF-S/PROVISO SPENDING PLAN

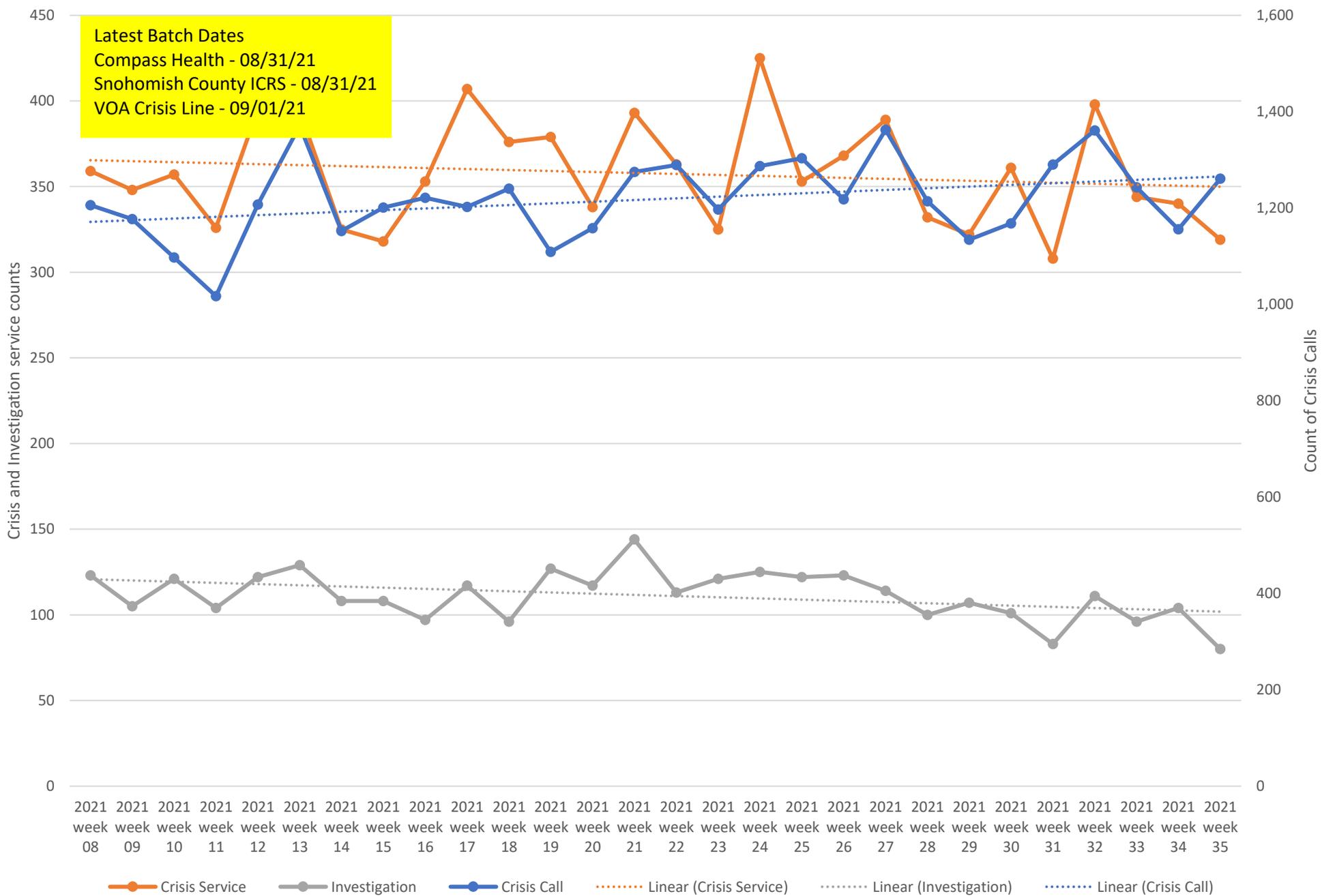
- We have submitted our proposed spending plan to HCA to cover the July-December 2021 time period. The plan proposes how we intend to “spend down” the remaining General Fund balances from the 2020-2021 Fiscal Year.
- The challenge to fully leverage all state allocated funds continues to be in certain categories of “proviso funds”, such as “Assisted Outpatient Treatment”, Trueblood misdemeanor funds, and Dedicated Marijuana Account dollars.
- The internal BH-ASO Fiscal Workgroup is developing strategies to better leverage proviso dollars.



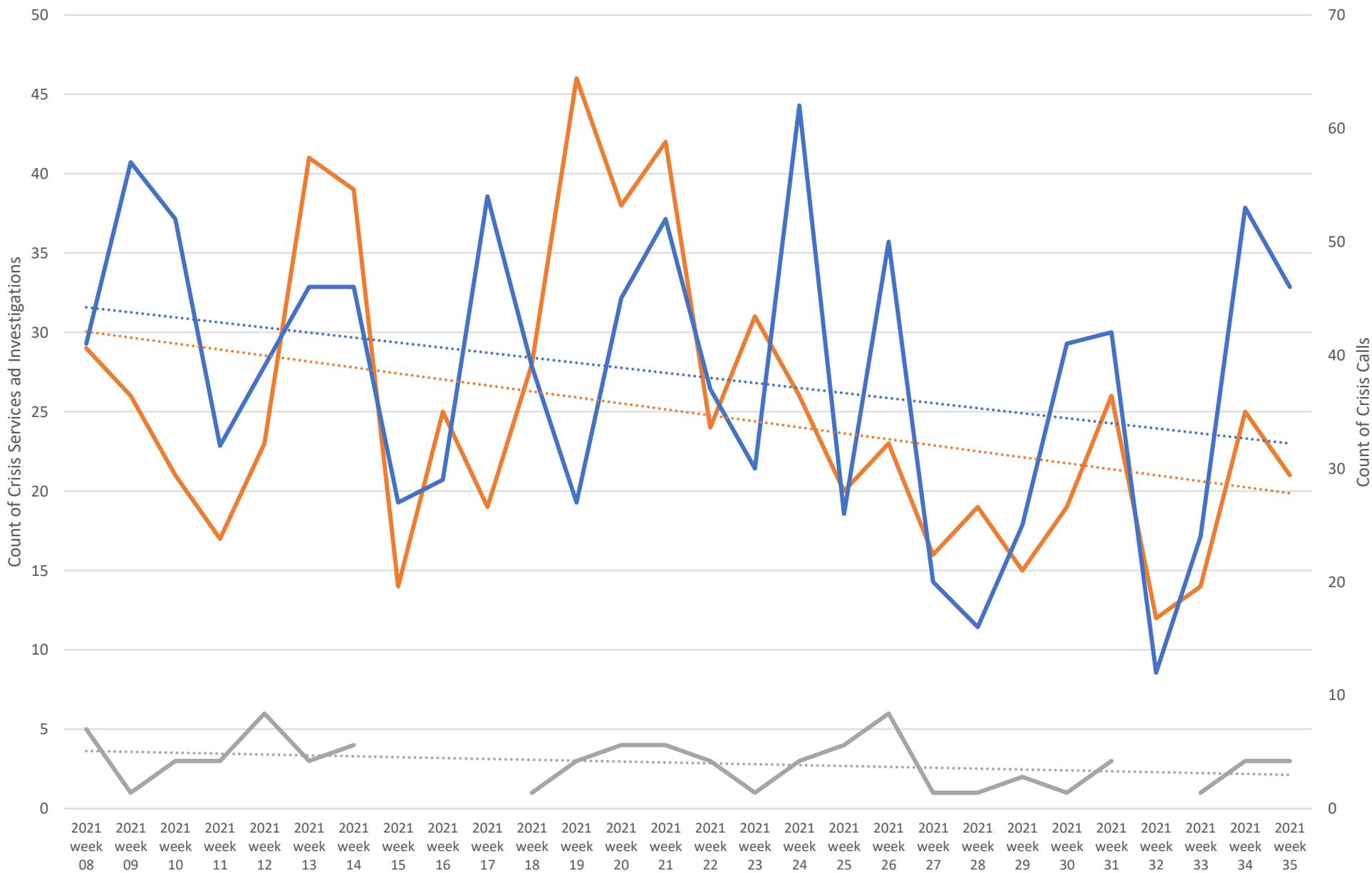
Weekly Crisis Capacity Indicator Snapshot

Page 2	Crisis Data - dates 02/14/21 to 08/28/21
Page 3	Crisis Data: Ages 0-17 - dates 02/14/21 to 08/28/21
Page 4	All DCR Dispatches - dates 02/14/21 to 08/28/21
Page 5	Weekly Staff Count - Staff providing Crisis or Investigation services 02/14/21 to 08/28/21
Page 6	Average dispatch time for Emergent investigations from 02/14/21 to 08/28/21
Page 7	Hospital placement locations (Invol and Vol) - No adjustment has been made for timely data - recent weeks likely low
Page 8	Telehealth only, crisis and investigation services from 02/14/21 to 08/28/21
Page 9	Crisis Service Unit Percent - Crisis Service units divided by Crisis units + Investigation units
Page 10	Washington State Indicators of Anxiety or Depression Based on Reported Frequency of Symptoms During Last 7 Days
Page 11	Place of Service -Crisis Services, percent of total by week
Page 12	Place of Service -Investigations, percent of total by week
Page 13	New COVID-19 Cases Reported Weekly per 100,000 population - 11/17/20 to 09/01/21
Page 14	Total Hospitalized Adults - COVID-19 (confirmed or suspected) 7 day average

Crisis Data - dates 02/14/21 to 08/28/21

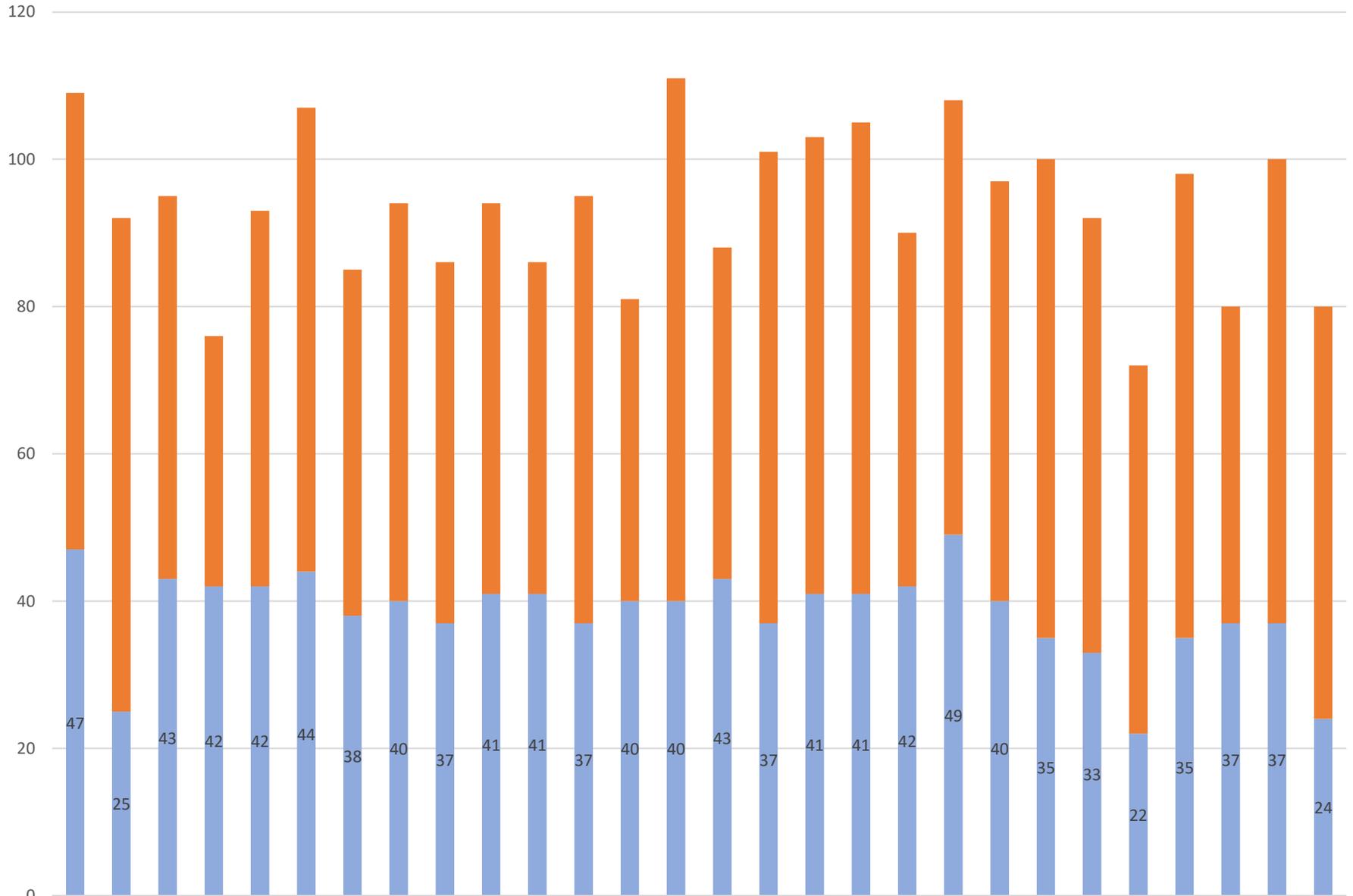


Crisis Data: Ages 0-17 - dates 02/14/21 to 08/28/21



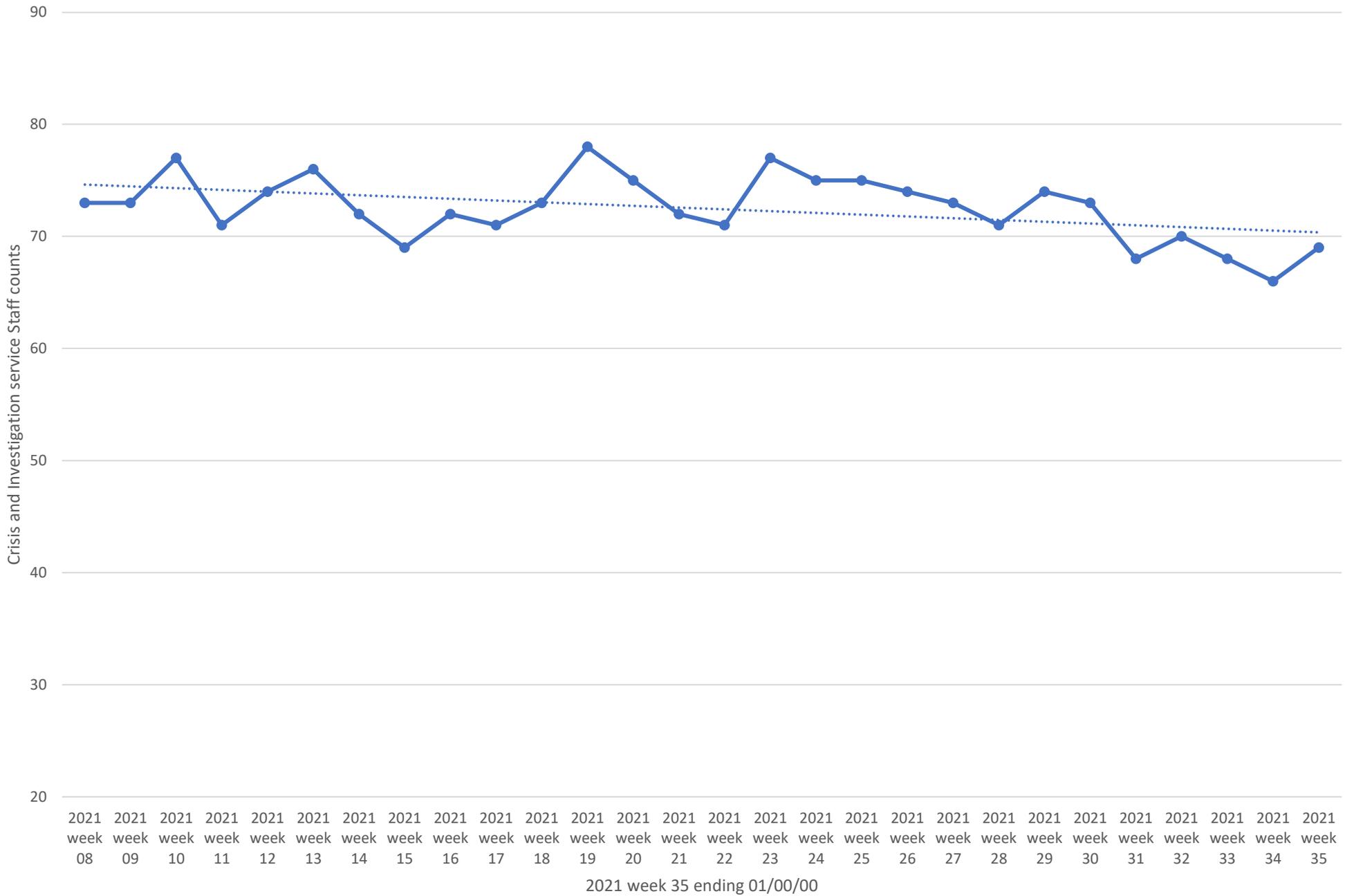
— Crisis Service
 — Investigation
 — Crisis Call
 ⋯ Linear (Crisis Service)
 ⋯ Linear (Investigation)
 ⋯ Linear (Crisis Call)

All DCR Dispatches - dates 02/14/21 to 08/28/21



	2021 week 08	2021 week 09	2021 week 10	2021 week 11	2021 week 12	2021 week 13	2021 week 14	2021 week 15	2021 week 16	2021 week 17	2021 week 18	2021 week 19	2021 week 20	2021 week 21	2021 week 22	2021 week 23	2021 week 24	2021 week 25	2021 week 26	2021 week 27	2021 week 28	2021 week 29	2021 week 30	2021 week 31	2021 week 32	2021 week 33	2021 week 34	2021 week 35
dispatch resulting in other outcome	62	67	52	34	51	63	47	54	49	53	45	58	41	71	45	64	62	64	48	59	57	65	59	50	63	43	63	56
dispatch resulting in detention	47	25	43	42	42	44	38	40	37	41	41	37	40	40	43	37	41	41	42	49	40	35	33	22	35	37	37	24

Weekly Staff Count - Staff providing Crisis or Investigation services 02/14/21 to 08/28/21



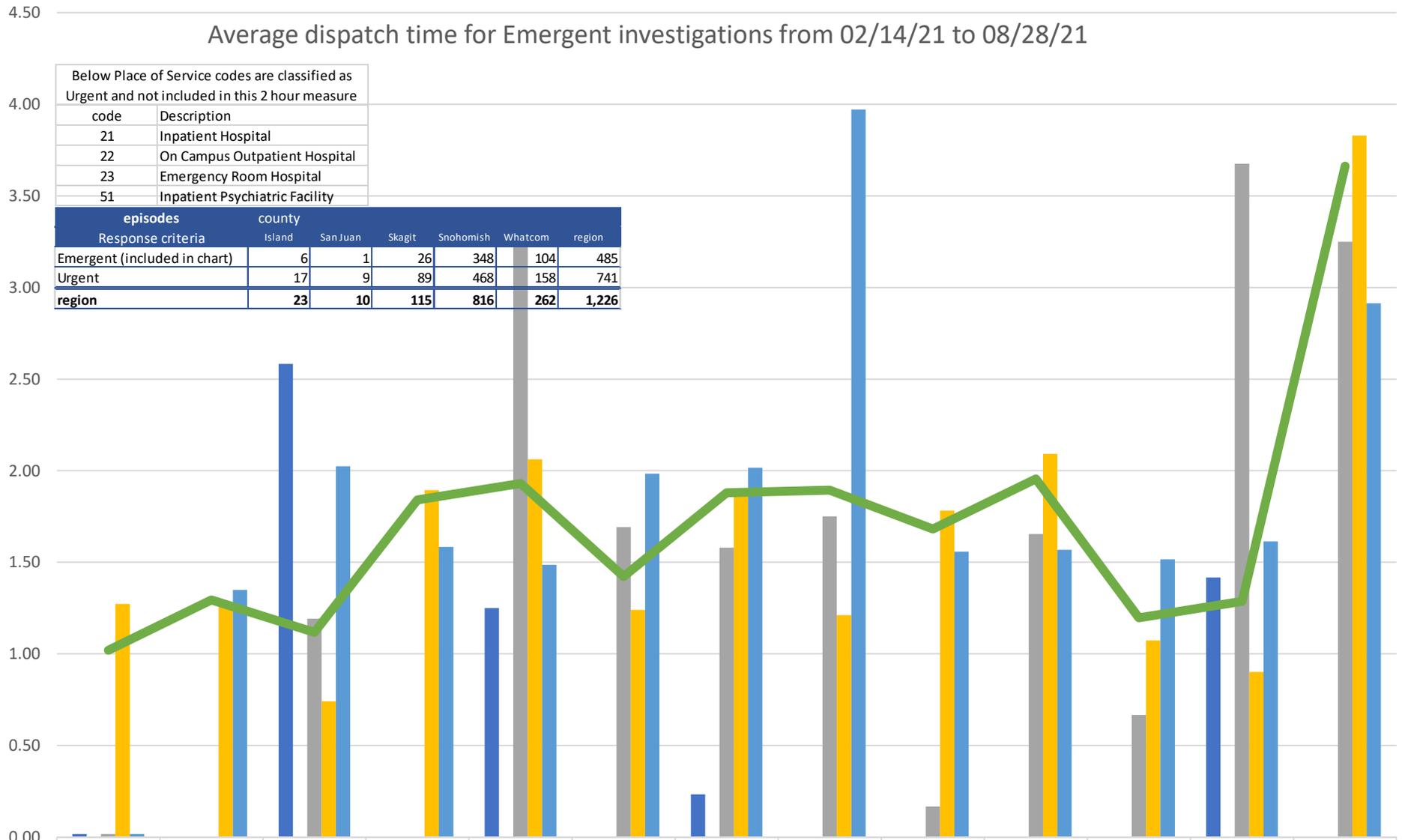
Average dispatch time for Emergent investigations from 02/14/21 to 08/28/21

Below Place of Service codes are classified as Urgent and not included in this 2 hour measure

code	Description
21	Inpatient Hospital
22	On Campus Outpatient Hospital
23	Emergency Room Hospital
51	Inpatient Psychiatric Facility

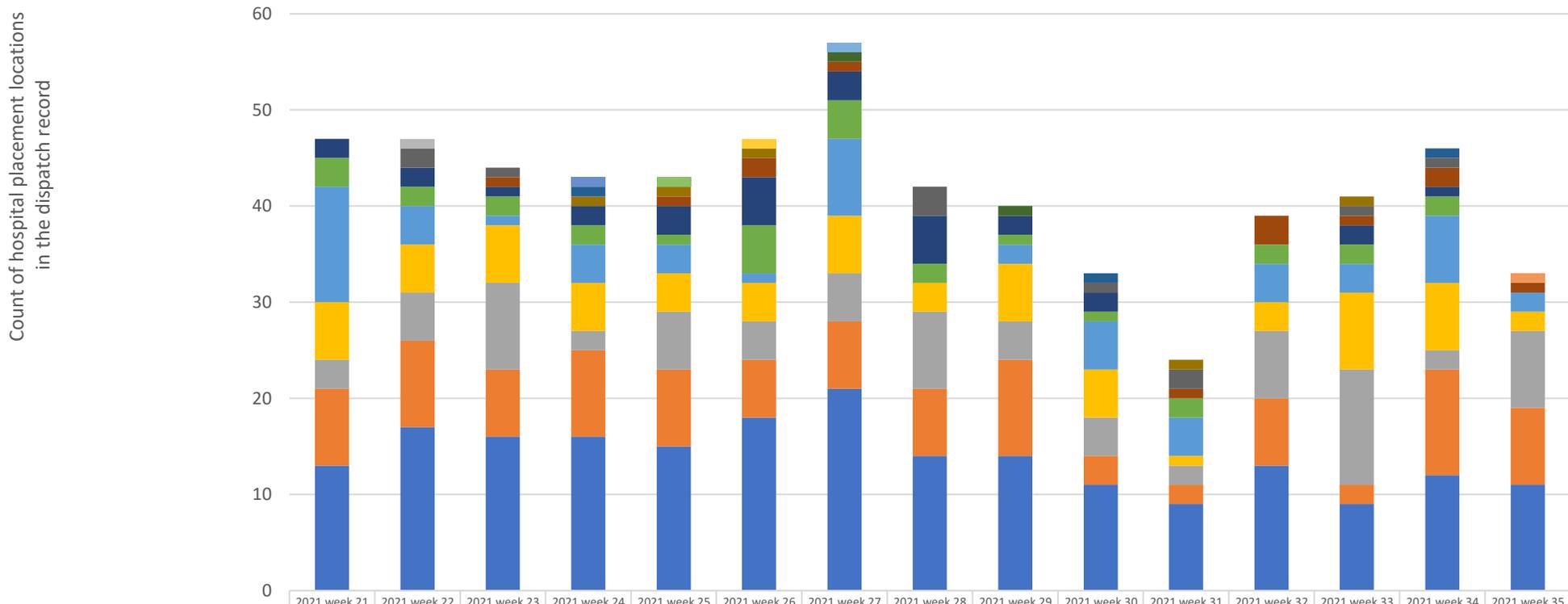
episodes	county					region
	Island	San Juan	Skagit	Snohomish	Whatcom	
Response criteria						
Emergent (included in chart)	6	1	26	348	104	485
Urgent	17	9	89	468	158	741
region	23	10	115	816	262	1,226

Hours from dispatch to DCR arrival



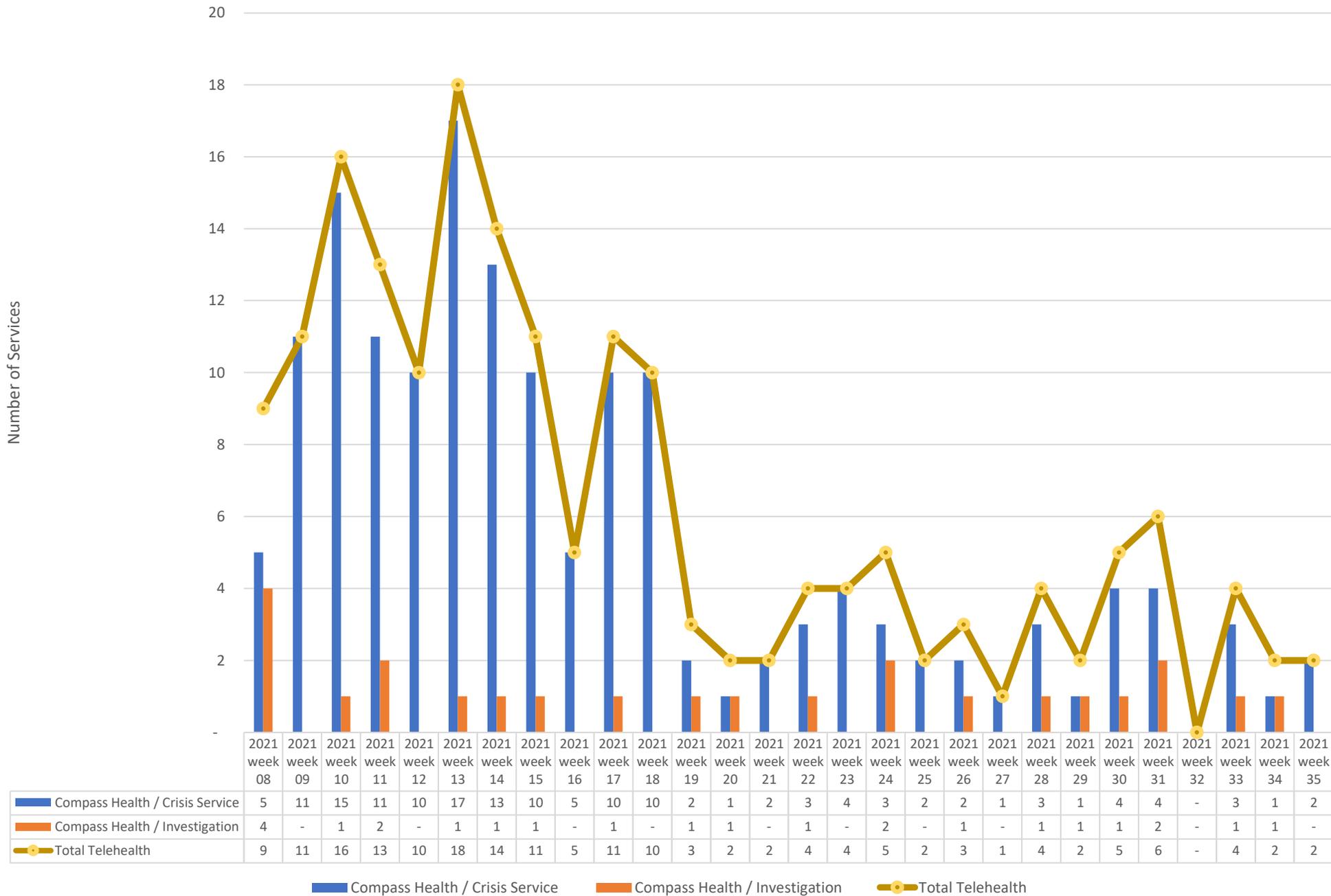
	2021 week 23	2021 week 24	2021 week 25	2021 week 26	2021 week 27	2021 week 28	2021 week 29	2021 week 30	2021 week 31	2021 week 32	2021 week 33	2021 week 34	2021 week 35
Island	0.02	0.00	2.58	0.00	1.25	0.00	0.23	0.00	0.00	0.00	0.00	1.42	0.00
San Juan	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Skagit	0.02	0.00	1.19	0.00	3.33	1.69	1.58	1.75	0.17	1.65	0.67	3.67	3.25
Snohomish	1.27	1.27	0.74	1.89	2.06	1.24	1.90	1.21	1.78	2.09	1.07	0.90	3.83
Whatcom	0.02	1.35	2.02	1.58	1.49	1.98	2.02	3.97	1.56	1.57	1.52	1.61	2.91
region	1.02	1.29	1.12	1.84	1.93	1.42	1.88	1.89	1.68	1.95	1.20	1.29	3.66

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

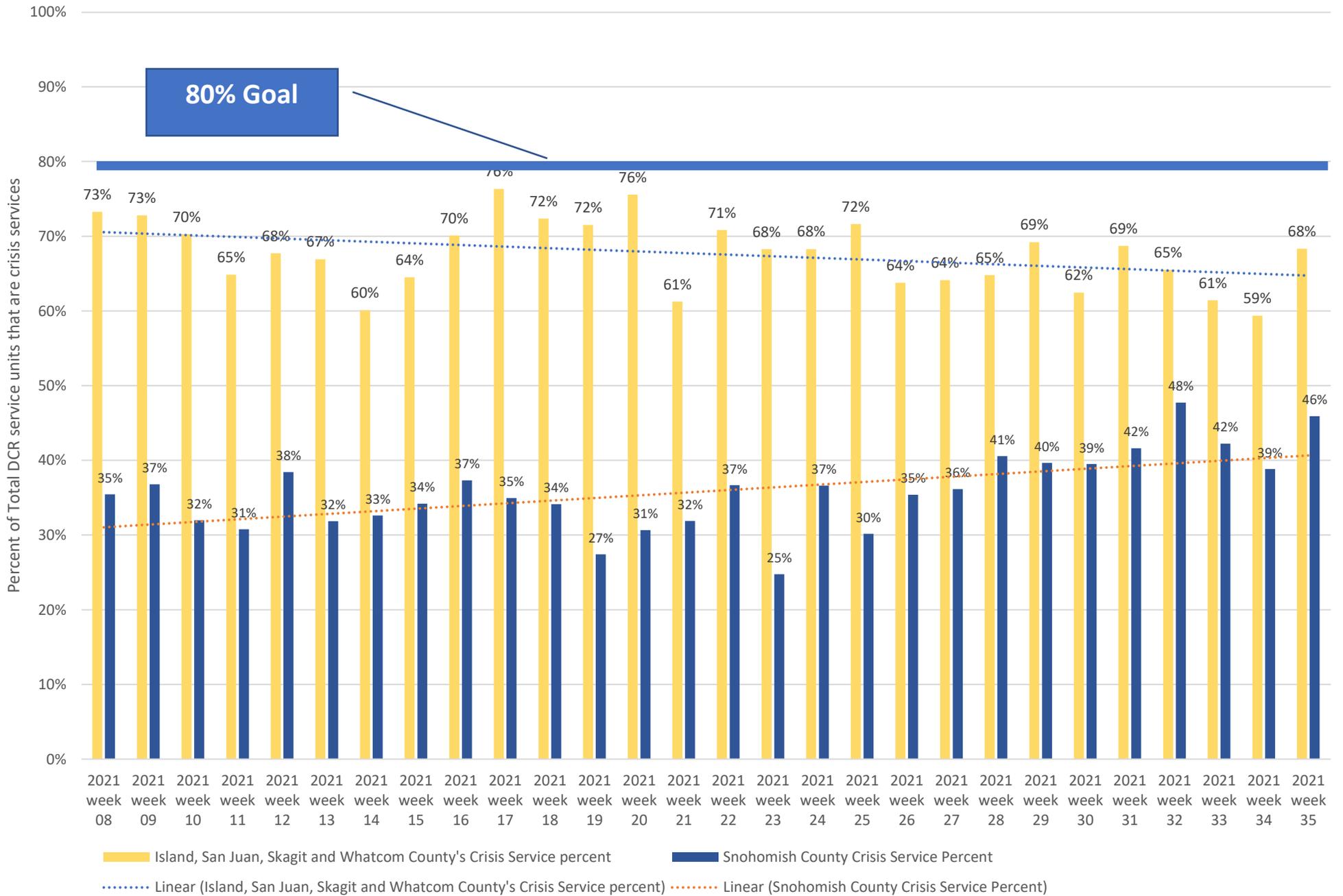


	2021 week 21	2021 week 22	2021 week 23	2021 week 24	2021 week 25	2021 week 26	2021 week 27	2021 week 28	2021 week 29	2021 week 30	2021 week 31	2021 week 32	2021 week 33	2021 week 34	2021 week 35
Cascade E&T Center					1										
OVERLAKE HOSPITAL MEDICAL CENTER							1								
SACRED HEART MEDICAL CENTER						1									
American Behavioral Health Systems SSI		1													
Cascade Behavioral Hospital LLC															1
Telecare Mental Health Serv Of WA				1											
Swedish Mill Creek							1		1						
Pierce EandT TELECARE				1						1				1	
Valley Cities Counseling And Consultation				1	1	1					1		1		
Mukilteo		2	1					3		1	2		1	1	
ABHS Chehalis			1		1	2	1				1	3	1	2	1
Telecare North Sound Evaluation and Treatment	2	2	1	2	3	5	3	5	2	2			2	1	
BHC Fairfax Hospital INC	3	2	2	2	1	5	4	2	1	1	2	2	2	2	
SMOKEY POINT BEHAVIORAL HOSPITAL	12	4	1	4	3	1	8		2	5	4	4	3	7	2
Skagit Valley Hospital	6	5	6	5	4	4	6	3	6	5	1	3	8	7	2
Peacehealth Bellingham	3	5	9	2	6	4	5	8	4	4	2	7	12	2	8
SWEDISH EDMONDS	8	9	7	9	8	6	7	7	10	3	2	7	2	11	8
Providence Everett	13	17	16	16	15	18	21	14	14	11	9	13	9	12	11

Telehealth only, crisis and investigation services from 02/14/21 to 08/28/21



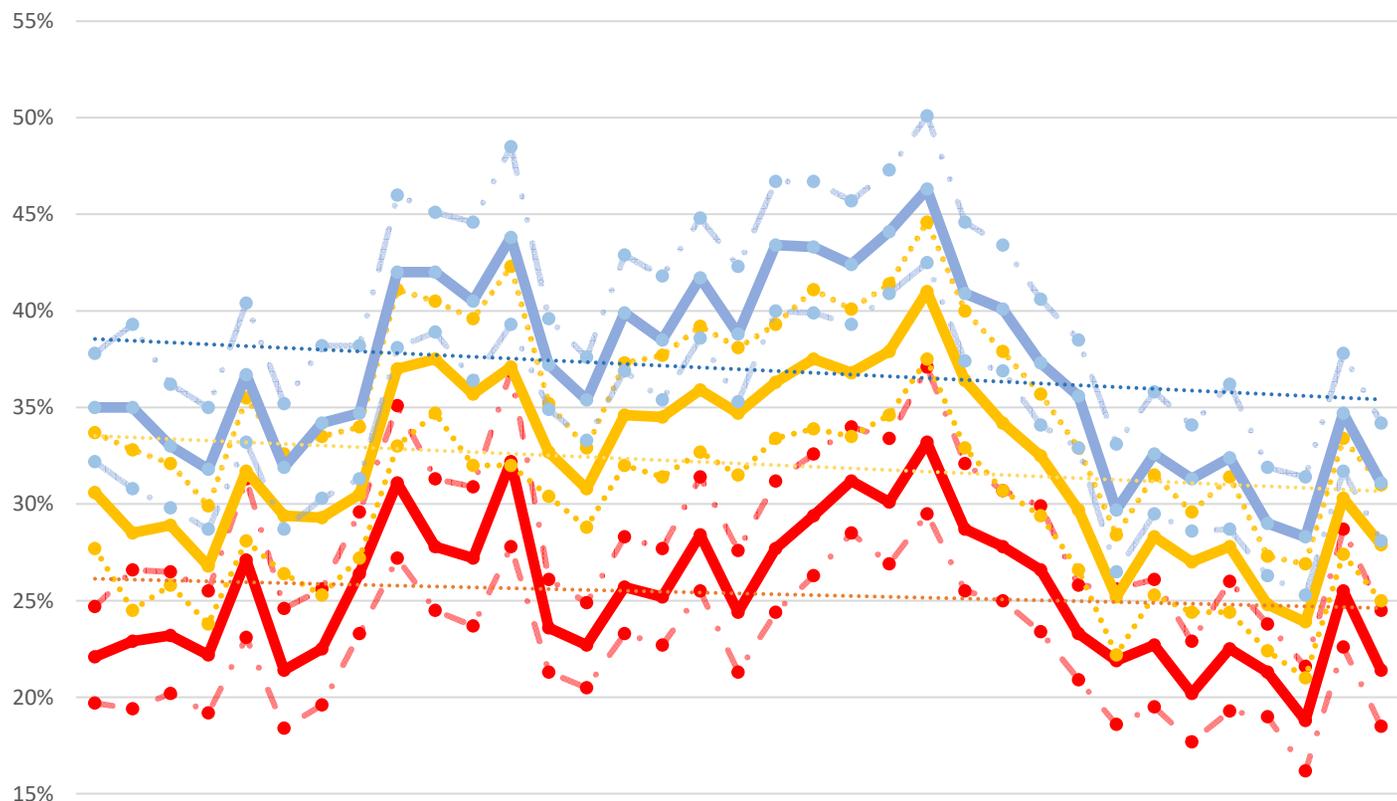
Crisis Service Unit Percent - Crisis Service units divided by Crisis units + Investigation units



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

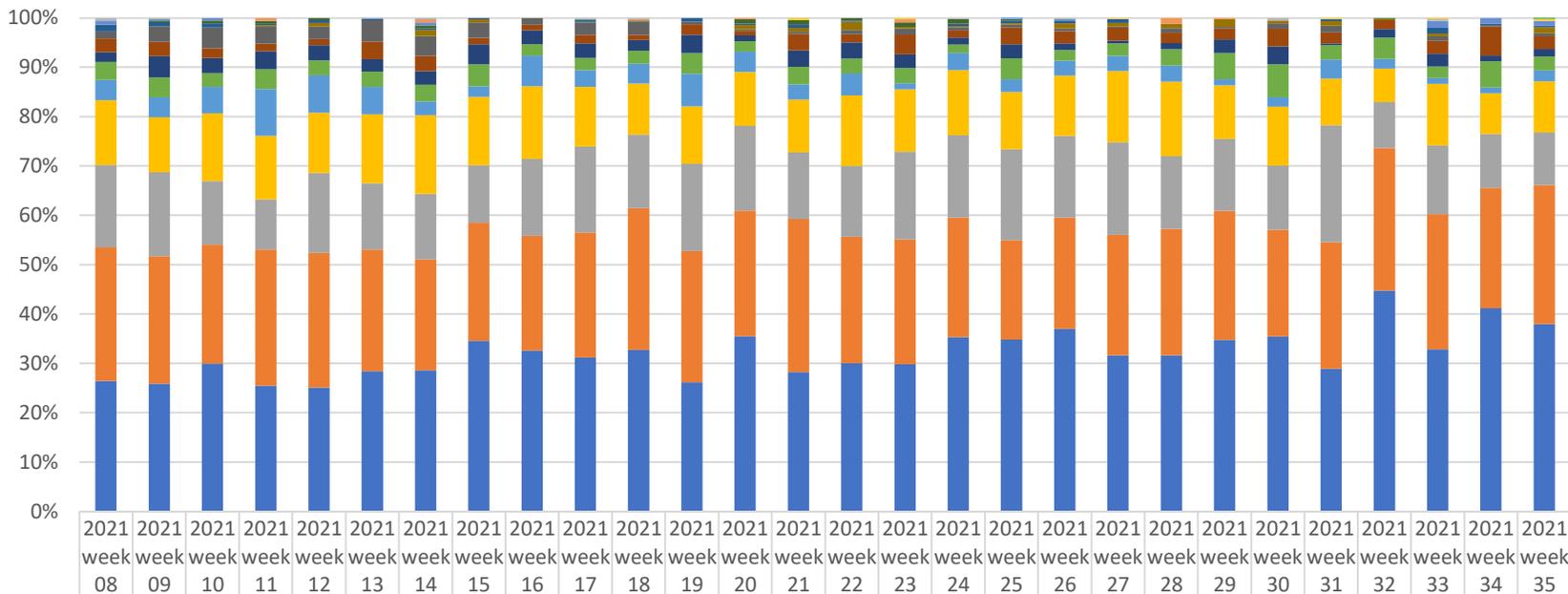
Wkh#K IV1#Fhqv#v#Exundx/#q#
 frøderudwlrq#z lk#ilyh#hghud#
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 Sxøh#xuyh|#r#surgxfh#gdw#rcq#kxh#
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<https://data.cdc.gov/NCHS/Indicators-of-Anxiety-or-Depression-Based-on-Reported-Frequency-of-Symptoms-During-Last-7-Days>



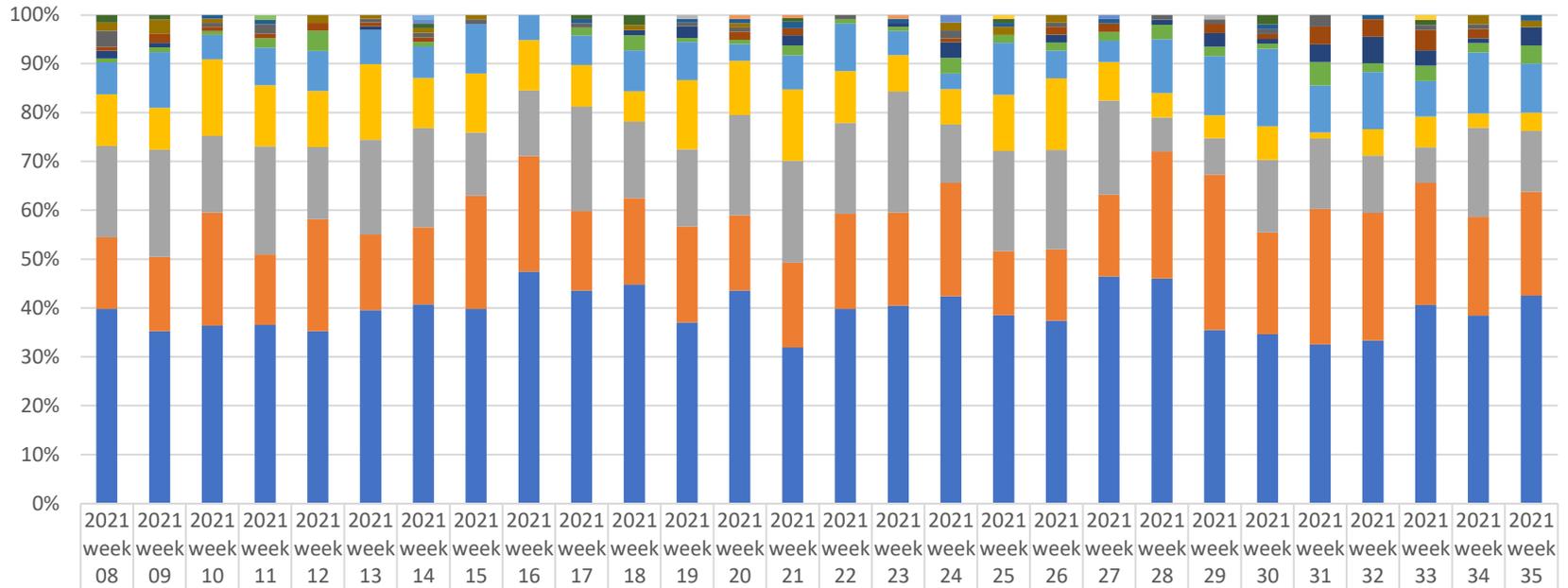
	23 Apr-05	07 May-12	14 May-19	21 May-26	28 May-02	04 Jun-09	11 Jun-16	18 Jun-23	25 Jun-30	02 Jul-07	09 Jul-14	16 Jul-21	19 Aug-31	02 Sep-14	16 Sep-28	30 Sep-12	14 Oct-26	28 Oct-09	11 Nov-23	25 Nov-07	09 Dec-21	14 Dec-18	20 Jan-01	23 Jan-15	26 Feb-01	03 Mar-15	06 Mar-29	12 Apr-26	17 Apr-10	24 May-24	26 May-07	09 Jun-21	16 Jun-05	21 Jul-02	23 Aug-16
••• % with Symptoms of Depressive Disorder low conf. level	20%	19%	20%	19%	23%	18%	20%	23%	27%	25%	24%	28%	21%	21%	23%	23%	26%	21%	24%	26%	29%	27%	30%	26%	25%	23%	21%	19%	20%	18%	19%	19%	16%	23%	19%
— % with Symptoms of Depressive Disorder value	22%	23%	23%	22%	27%	21%	23%	26%	31%	28%	27%	32%	24%	23%	26%	25%	28%	24%	28%	29%	31%	30%	33%	29%	28%	27%	23%	22%	23%	20%	23%	21%	19%	26%	21%
••• % with Symptoms of Depressive Disorder high conf. level	25%	27%	27%	26%	31%	25%	26%	30%	35%	31%	31%	37%	26%	25%	28%	28%	31%	28%	31%	33%	34%	33%	37%	32%	31%	30%	26%	26%	26%	23%	26%	24%	22%	29%	25%
••• % with Symptoms of Anxiety Disorder low conf. level	28%	25%	26%	24%	28%	26%	25%	27%	33%	35%	32%	32%	30%	29%	32%	31%	33%	32%	33%	34%	34%	35%	38%	33%	31%	29%	27%	22%	25%	24%	24%	22%	21%	27%	25%
— % with Symptoms of Anxiety Disorder value	31%	29%	29%	27%	32%	29%	29%	31%	37%	38%	36%	37%	33%	31%	35%	35%	36%	35%	36%	38%	37%	38%	41%	36%	34%	33%	30%	25%	28%	27%	28%	25%	24%	30%	28%
••• % with Symptoms of Anxiety Disorder high conf. level	34%	33%	32%	30%	36%	33%	34%	34%	41%	41%	40%	42%	35%	33%	37%	38%	39%	38%	39%	41%	40%	41%	45%	40%	38%	36%	33%	28%	32%	30%	31%	27%	27%	33%	31%
••• % with Symptoms of Anxiety or Depressive Disorder low conf. level	32%	31%	30%	29%	33%	29%	30%	31%	38%	39%	36%	39%	35%	33%	37%	35%	39%	35%	40%	40%	39%	41%	43%	37%	37%	34%	33%	27%	30%	29%	29%	26%	25%	32%	28%
— % with Symptoms of Anxiety or Depressive Disorder value	35%	35%	33%	32%	37%	32%	34%	35%	42%	42%	41%	44%	37%	35%	40%	39%	42%	39%	43%	43%	42%	44%	46%	41%	40%	37%	36%	30%	33%	31%	32%	29%	28%	35%	31%
••• % with Symptoms of Anxiety or Depressive Disorder high conf. level	38%	39%	36%	35%	40%	35%	38%	38%	46%	45%	45%	49%	40%	38%	43%	42%	45%	42%	47%	47%	46%	47%	50%	45%	43%	41%	39%	33%	36%	34%	36%	32%	31%	38%	34%

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



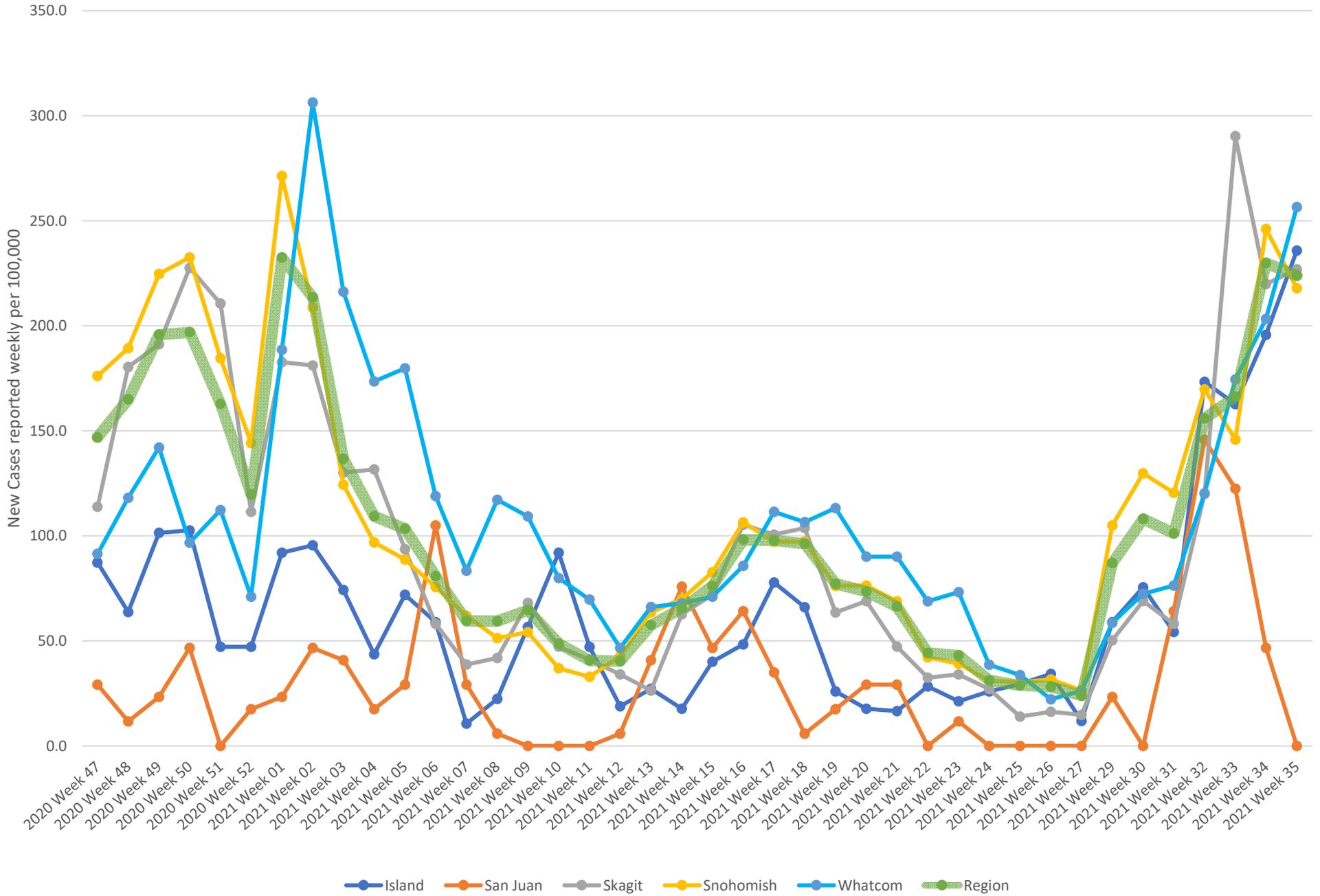
	2021 week 08	2021 week 09	2021 week 10	2021 week 11	2021 week 12	2021 week 13	2021 week 14	2021 week 15	2021 week 16	2021 week 17	2021 week 18	2021 week 19	2021 week 20	2021 week 21	2021 week 22	2021 week 23	2021 week 24	2021 week 25	2021 week 26	2021 week 27	2021 week 28	2021 week 29	2021 week 30	2021 week 31	2021 week 32	2021 week 33	2021 week 34	2021 week 35	
Skilled Nursing Facility																													1
Custodial Care Facility																		1											
Community Mental Health Center														2		1				1				1		1		1	
Psych. Residential	2	1					1			1	1					1		1					2			1			
Nursing Facility				2			2				1		1			2						4	1						
On Campus Outpatient Hospital	3	1	2			1	2			1									1							5	4	3	
School		1	2	2	2		2			1	1		3	3	2	3	4	1								1			
Group Home	5	3	3	1	2	1	1	1		1		3	1	3	1		2	2	2	3				1		4	1	1	
Homeless Shelter				1	3		4	2					3	3	6	1	1	1	4	3	3	5	2	3	1	2		4	
Telehealth	5	11	15	11	10	17	13	10	5	10	10	2	1	2	3	4	3	2	2	1	3	1	4	4		3	1	2	
Inpatient Psychiatric Facility	10	10	7	5	5	14	10	4	4	7	4	8	3	13	6	13	6	12	9	10	7	7	13	7	7	9	20	8	
Inpatient Hospital	7	15	11	12	12	10	9	13	10	12	8	14	4	13	12	9	6	10	5	2	4	9	13	1	7	9	4	5	
Prison Correctional Facility	13	14	10	13	12	12	11	14	8	10	10	16	7	14	11	10	7	15	8	10	11	17	24	9	17	8	18	9	
Assisted Living Facility	15	14	19	31	30	22	9	7	22	14	15	25	14	12	16	4	15	9	11	12	11	4	7	12	8	4	4	7	
Emergency Room Hospital	47	39	49	42	48	55	52	44	52	49	39	44	37	42	52	41	56	41	45	56	50	35	43	29	27	43	28	33	
Home	60	59	46	33	64	53	43	37	55	71	56	67	58	53	52	58	71	65	61	73	49	47	47	73	37	48	37	34	
Other Place of Service	97	90	86	90	108	97	73	76	82	103	108	101	86	122	93	82	103	71	83	95	85	84	78	79	115	94	83	90	
Office	95	90	107	83	99	112	93	110	115	127	123	99	120	111	109	97	150	123	136	123	105	112	128	89	178	113	140	121	

Place of Service -Investigations, percent of total by week

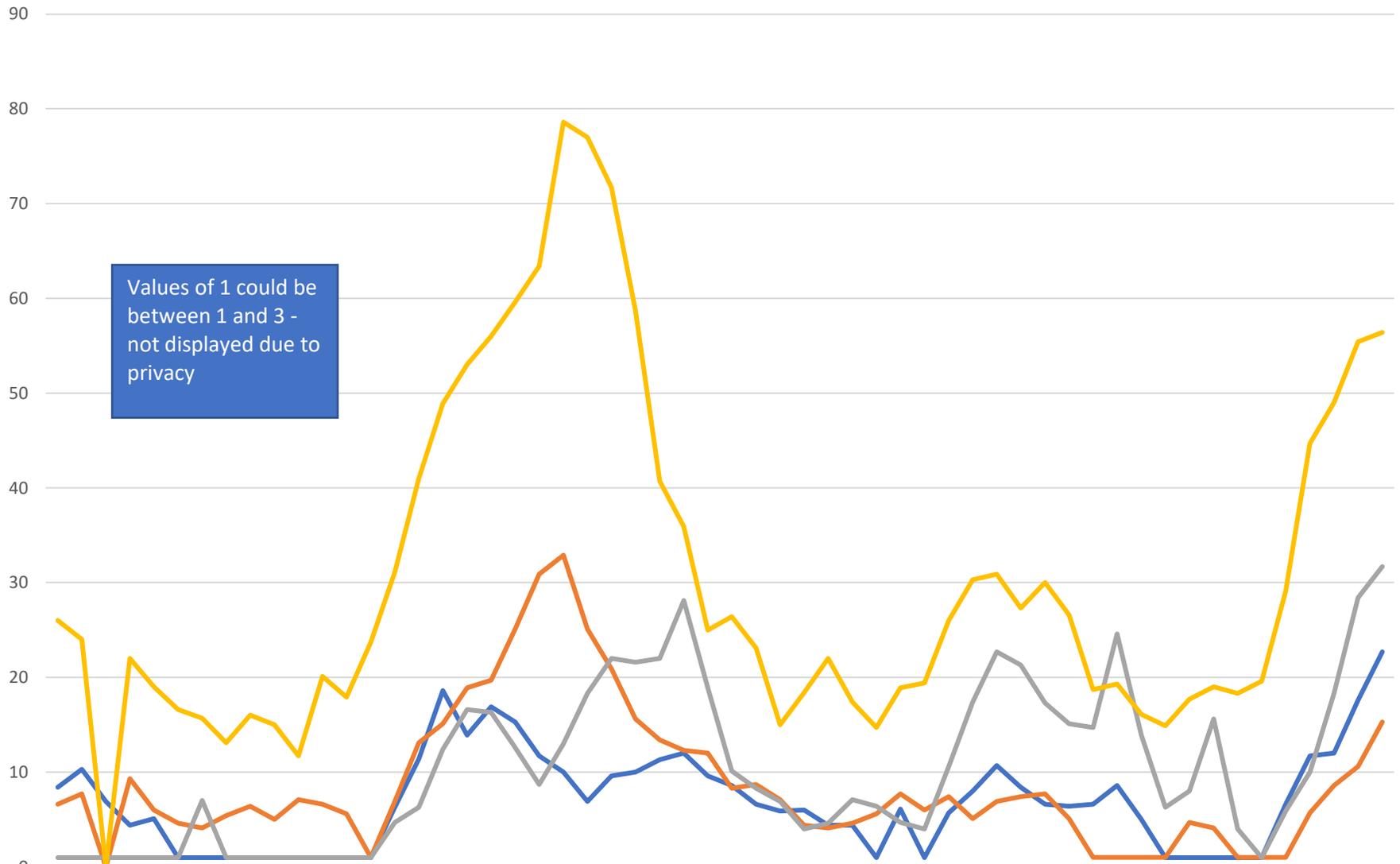


	2021 week 08	2021 week 09	2021 week 10	2021 week 11	2021 week 12	2021 week 13	2021 week 14	2021 week 15	2021 week 16	2021 week 17	2021 week 18	2021 week 19	2021 week 20	2021 week 21	2021 week 22	2021 week 23	2021 week 24	2021 week 25	2021 week 26	2021 week 27	2021 week 28	2021 week 29	2021 week 30	2021 week 31	2021 week 32	2021 week 33	2021 week 34	2021 week 35	
On Campus Outpatient Hospital				1																									
School							1																						
Custodial Care Facility																		1								1			
Skilled Nursing Facility												1										1							
Nursing Facility													1	1		1													
Homeless Shelter							1										2				1								
Psych. Residential	2	1					1			1	2			1				1					2			1			
Community Mental Health Center			1	1						1		1	1	2		1		1		1			1		1			1	
Group Home	2	3	1		2	1	1	1			1		1				2	2	2								2	1	
Telehealth	4		1	2		1	1	1		1		1	1		1		2		1		1	1	1	1	2		1	1	
Assisted Living Facility	1	2	1	1	2	1	1						2	2			1		2	2		2	1	3	4	4	4	2	
Office	2	1				1					1	3		3		1	4		2		1	3	1	3	6	3	1	3	
Home	1	1	1	2	5		1			2	3	1	1	3	1	1	4	2	2	2	3	2	1	4	2	3	2	3	
Prison Correctional Facility	8	12	6	8	10	9	7	11	5	7	8	10	4	10	11	6	4	13	7	5	11	13	16	8	13	7	13	8	
Inpatient Hospital	13	9	19	13	14	20	11	13	10	10	6	18	13	21	12	9	9	14	18	9	5	5	7	1	6	6	3	3	
Inpatient Psychiatric Facility	23	23	19	23	18	25	22	14	13	25	15	20	24	30	21	30	15	25	25	22	7	8	15	12	13	7	19	10	
Other Place of Service	18	16	28	15	28	20	17	25	23	19	17	25	18	25	22	23	29	16	18	19	26	34	21	23	29	24	21	17	
Emergency Room Hospital	49	37	44	38	43	51	44	43	46	51	43	47	51	46	45	49	53	47	46	53	46	38	35	27	37	39	40	34	

New COVID-19 Cases Reported Weekly per 100,000 population - 11/17/20 to 09/01/21



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



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

	7/3 1/2/20	8/7 4/20	8/1 4/20	8/2 8/20	8/2 8/20	9/4 1/20	9/1 8/20	9/1 9/20	9/2 5/20	10/2 2/20	10/2 9/20	10/16/20 2/20	10/23/20 3/20	10/30/20 10/20	11/6/20 6/20	11/13/20 13/20	11/20/20 10/20	11/27/20 11/20	12/4/20 4/20	12/11/20 11/20	12/18/20 18/20	12/25/20 12/20	1/1/21 1/20	1/8/21 8/20	1/15/21 15/20	1/22/21 22/20	1/29/21 29/20	2/5/21 5/20	2/12/21 12/20	2/19/21 19/20	2/26/21 26/20	3/5/21 5/20	3/12/21 12/20	3/19/21 19/20	3/26/21 26/20	4/2/21 2/20	4/9/21 9/20	4/16/21 16/20	4/23/21 23/20	4/30/21 30/20	5/7/21 7/20	5/14/21 14/20	5/21/21 21/20	5/28/21 28/20	6/4/21 4/20	6/11/21 11/20	6/18/21 18/20	6/25/21 25/20	7/2/21 2/20	7/9/21 9/20	7/16/21 16/20	7/23/21 23/20	7/30/21 30/20	8/6/21 6/20	8/13/21 13/20	8/20/21 20/20				
SVH	8.4	10	6.9	4.4	5.1	1	1	1	1	1	1	1	1	1	6.3	11	19	14	17	15	12	10	6.9	9.6	10	11	12	12	9.6	8.6	6.6	5.9	6	4.4	4.4	1	6.1	1	5.7	8	11	8.4	6.6	6.4	6.6	8.6	5	1	1	1	1	1	1	1	1	6.6	12	12	18	23
Swedish Edmonds	6.6	7.7	0	9.3	6	4.6	4.1	5.4	6.4	5	7.1	6.6	5.6	1	6.9	13	15	19	20	25	31	33	25	21	16	13	12	12	8.3	8.7	7.1	4.4	4.1	4.6	5.6	7.7	6	7.4	5.1	6.9	7.4	7.7	5.1	1	1	1	1	1	4.7	4.1	1	1	1	1	5.7	8.6	11	15		
ST Joe	1	1	1	1	1	1	7	1	1	1	1	1	1	1	4.7	6.3	12	17	16	13	8.7	13	18	22	22	22	28	19	10	8.3	6.9	4	4.6	7.1	6.4	4.7	4	11	17	23	21	17	15	15	25	14	6.3	8	16	4	1	5.9	10	18	28	32				
Prov. Everett	26	24	0	22	19	17	16	13	16	15	12	20	18	24	31	41	49	53	56	60	63	79	77	72	59	41	36	25	26	23	15	18	22	17	15	19	19	26	30	31	27	30	27	19	19	16	15	18	19	18	20	29	45	49	55	56				

North Sound Crisis Metric and Reporting

Call Center, DCR dispatch and Crisis Services

Executive Summary

Crisis System Metric Dashboards

North Sound Crisis Calls Period From Aug-20 To Jul-21

	crisis calls	Calls	Calls LT 30	Average	Calls
Prior 12 mo. Avg	3,687	3,516	3,246	0:00:26	171
Min	2,676	2,446	2,066	0:00:17	76
Max	4,582	4,312	3,913	0:00:38	322
St dev	495	491	499	0:00:06	78
Jul-21	3,978	3,894	3,592	0:00:28	84
Current Month					

North Sound Investigations Period From Aug-20 To Jul-21

	invest.	detentions	MH invest.	SUD invest.	MH and SUD	Referred from	avg dispatch
Prior 12 mo. Avg.	420	184	246	24	148	37	1.19
Min	342	150	198	14	128	24	0.83
Max	509	249	297	38	173	55	1.76
Standard dev.	43	24	27	6	14	8	0.23
Jul-21	409	150	248	21	134	43	1.41
Current Month							

	Detentions and Commitments	Less Restrictive Options MH	Voluntary MH Treatment	Other	No Detention Due to Issues
Prior 12 mo. Avg.	198	2	127	85	7
Min	161	0	91	63	2
Max	263	6	165	125	13
Standard dev.	24	2	22	16	3
Jul-21	161	5	116	125	2
Current Month					

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

Areas outside limits

Crisis Calls metrics outside limits

No measures changed beyond the 2 standard deviation limit.

Investigation metrics outside limits

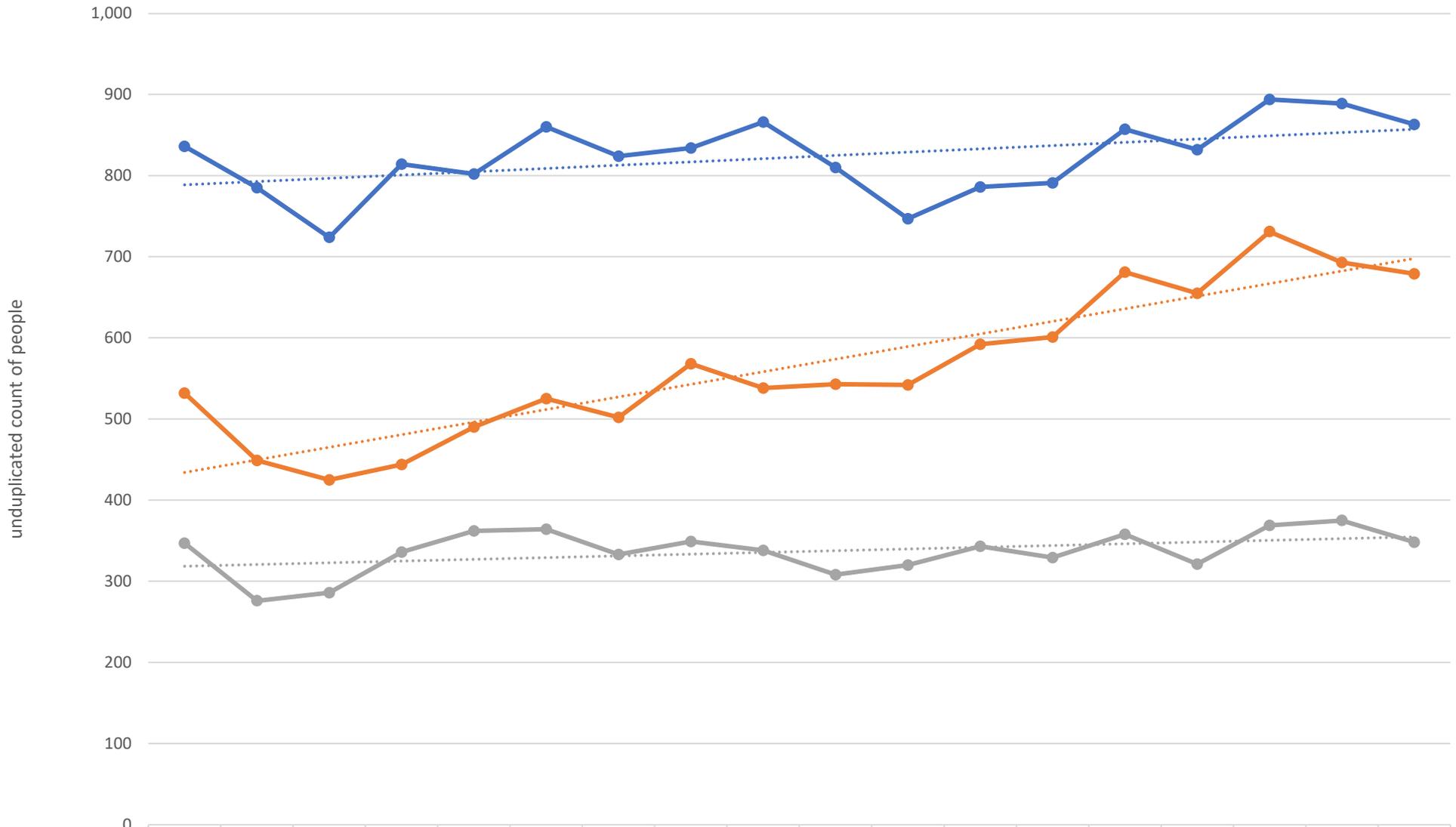
Investigations with the Outcome of 'Other' increased beyond the 2 standard deviation limit. Interventions to reduce this category have been discussed, perhaps advertising its availability with the unintended consequence of increasing its use as an outcome.



North Sound Crisis System Dashboard

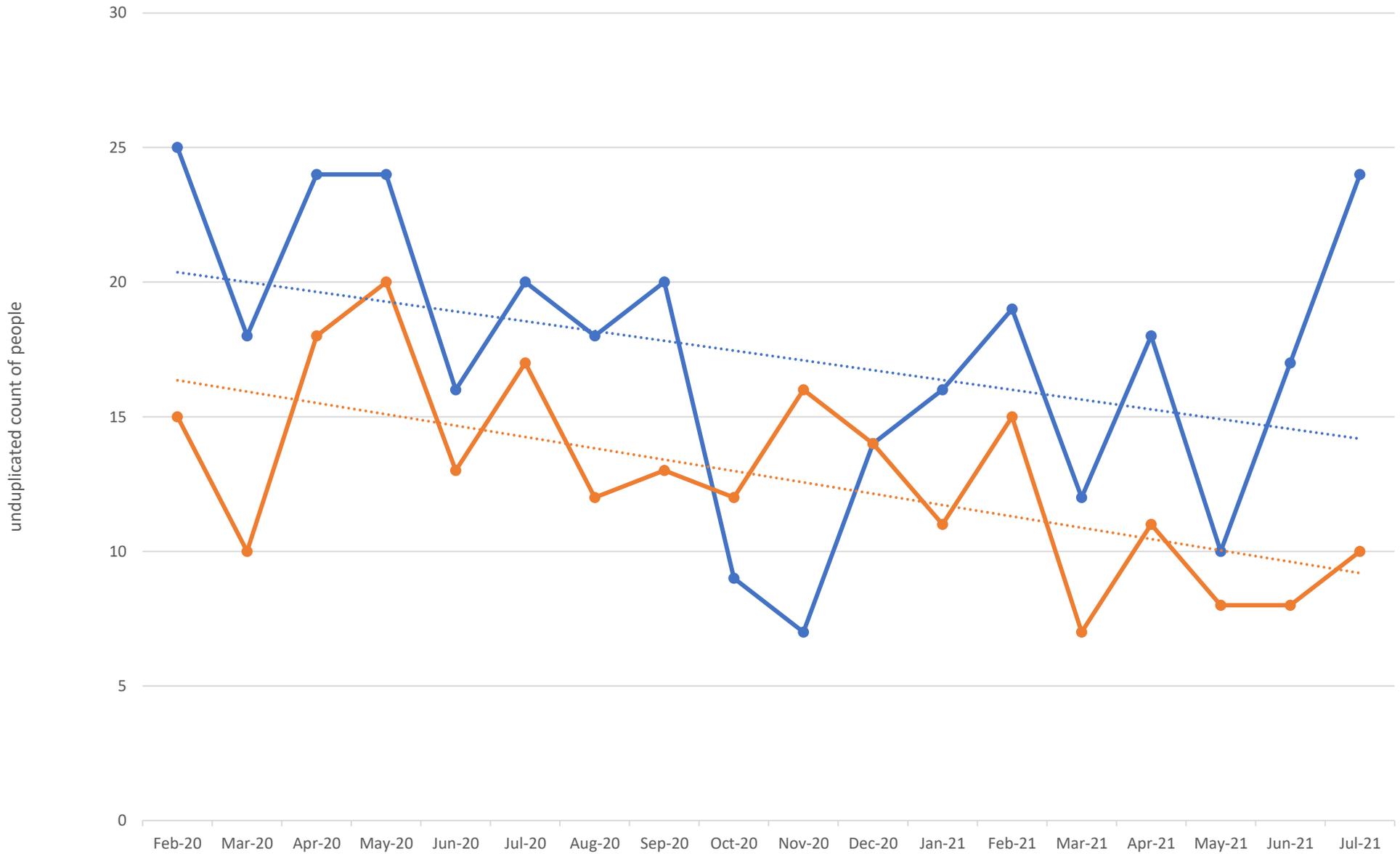
Page 2	Unduplicated People receiving a crisis system service
Page 3	Island - Unduplicated People receiving a crisis system service
Page 4	San Juan - Unduplicated People receiving a crisis system service
Page 5	Skagit - Unduplicated People receiving a crisis system service
Page 6	Snohomish - Unduplicated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

Unduplicated People receiving a crisis system service



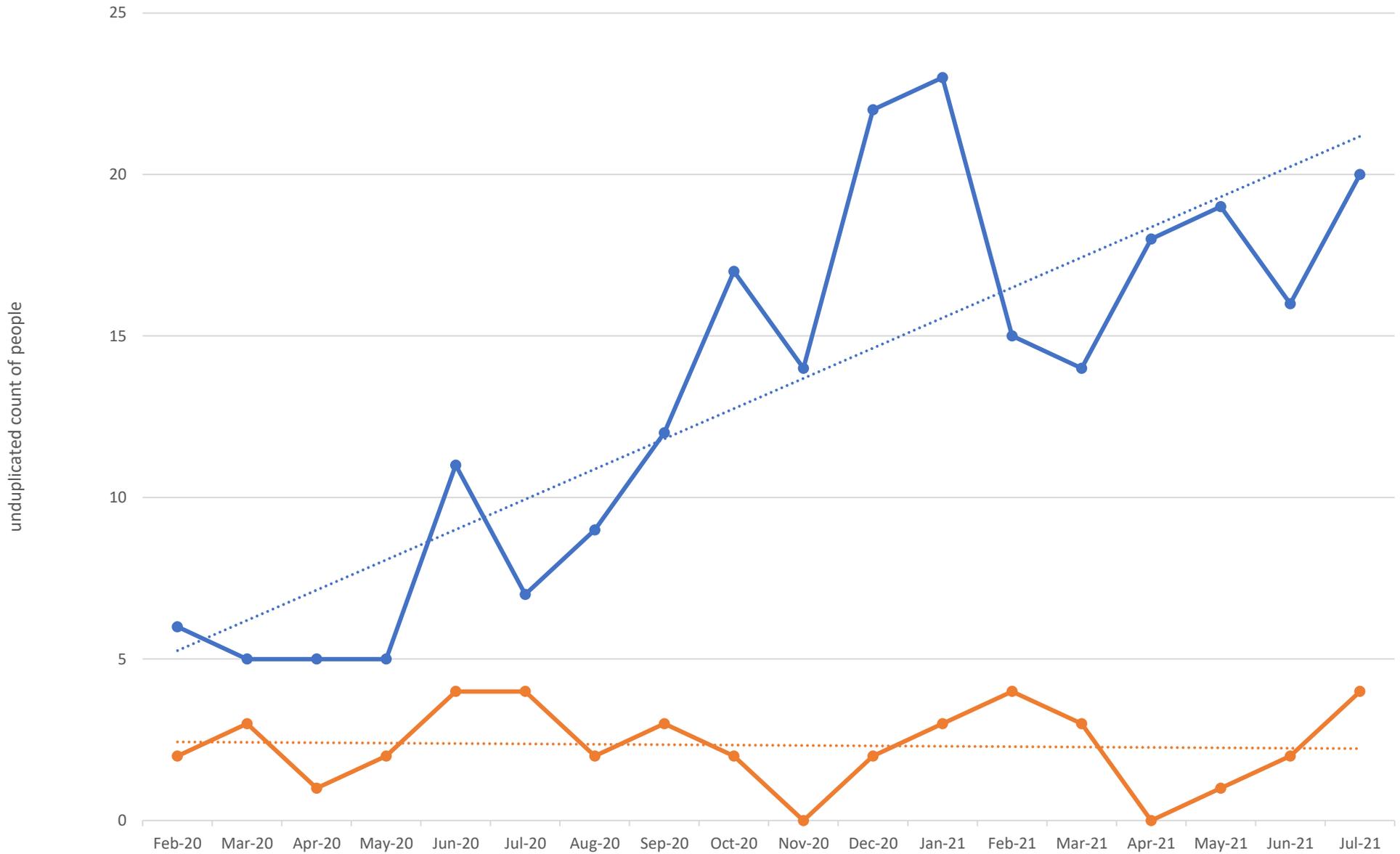
	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
● Crisis Call	836	785	724	814	802	860	824	834	866	810	747	786	791	857	832	894	889	863
● Crisis Service	532	449	425	444	490	525	502	568	538	543	542	592	601	681	655	731	693	679
● Investigation	347	276	286	336	362	364	333	349	338	308	320	343	329	358	321	369	375	348

Island - Unduplicated People receiving a crisis system service



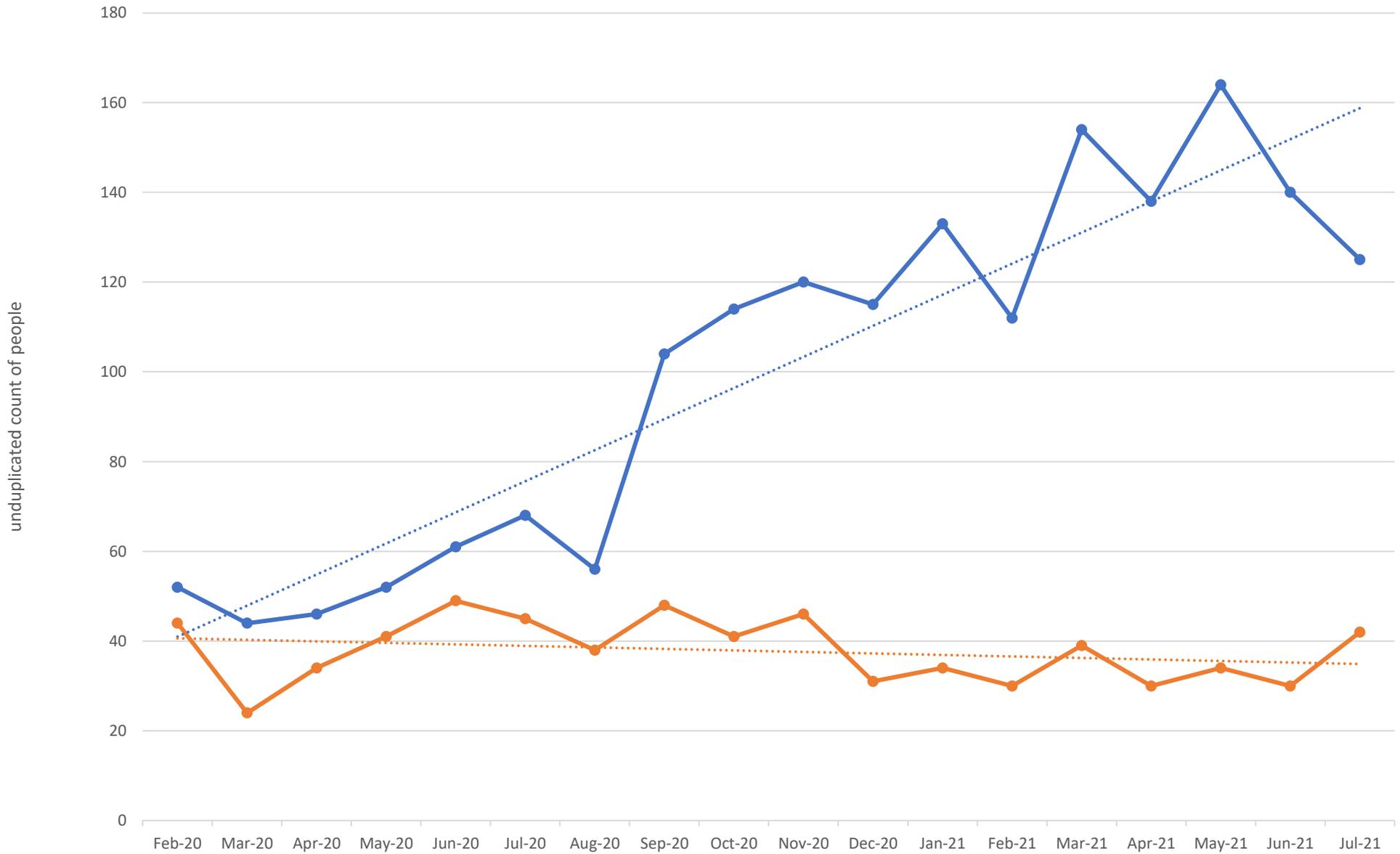
	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
● Crisis Service	25	18	24	24	16	20	18	20	9	7	14	16	19	12	18	10	17	24
● Investigation	15	10	18	20	13	17	12	13	12	16	14	11	15	7	11	8	8	10

San Juan - Unduplicated People receiving a crisis system service



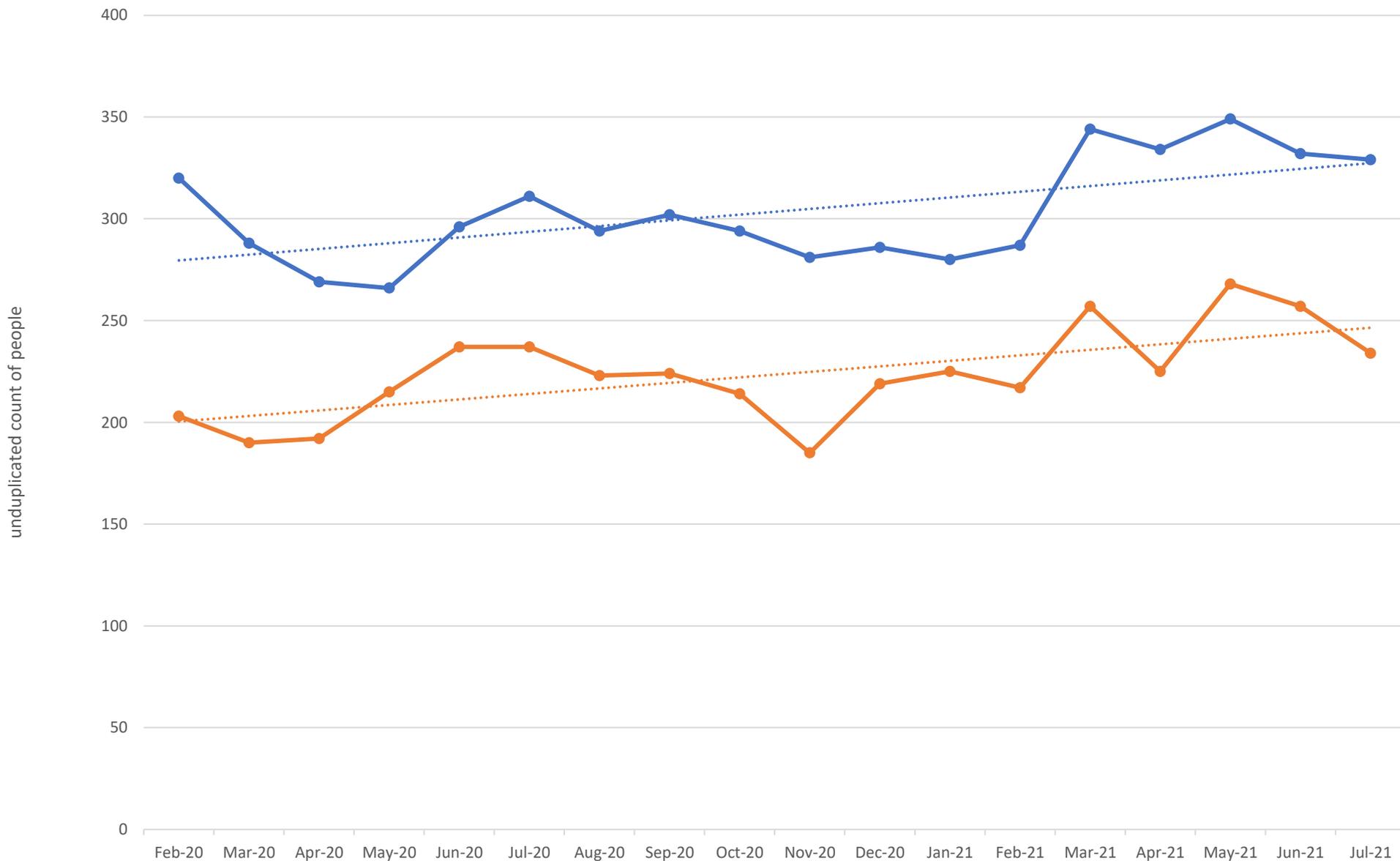
	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
● Crisis Service	6	5	5	5	11	7	9	12	17	14	22	23	15	14	18	19	16	20
● Investigation	2	3	1	2	4	4	2	3	2	0	2	3	4	3	0	1	2	4

Skagit - Unduplicated People receiving a crisis system service



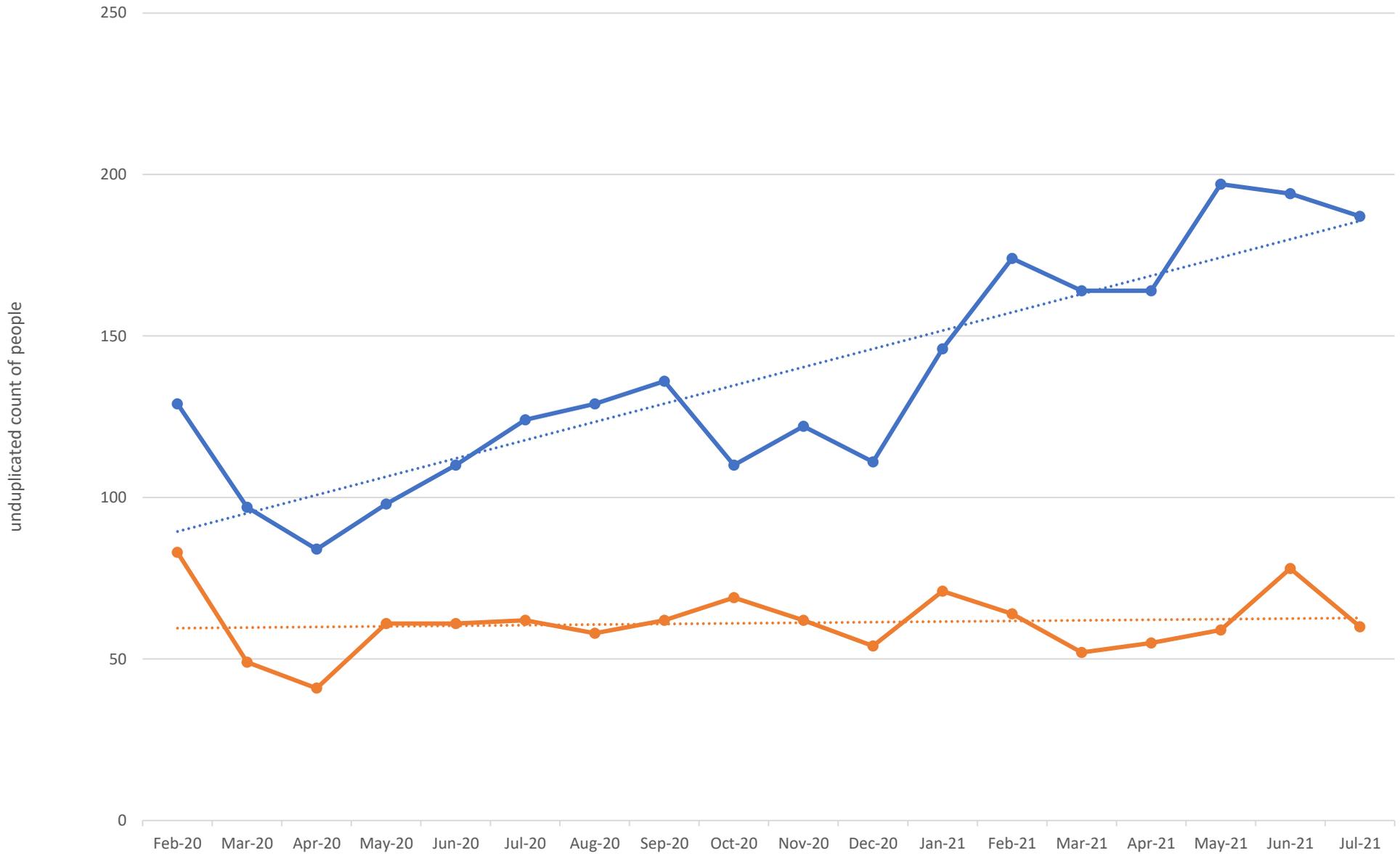
	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
● Crisis Service	52	44	46	52	61	68	56	104	114	120	115	133	112	154	138	164	140	125
● Investigation	44	24	34	41	49	45	38	48	41	46	31	34	30	39	30	34	30	42

Snohomish - Unduplicated People receiving a crisis system service



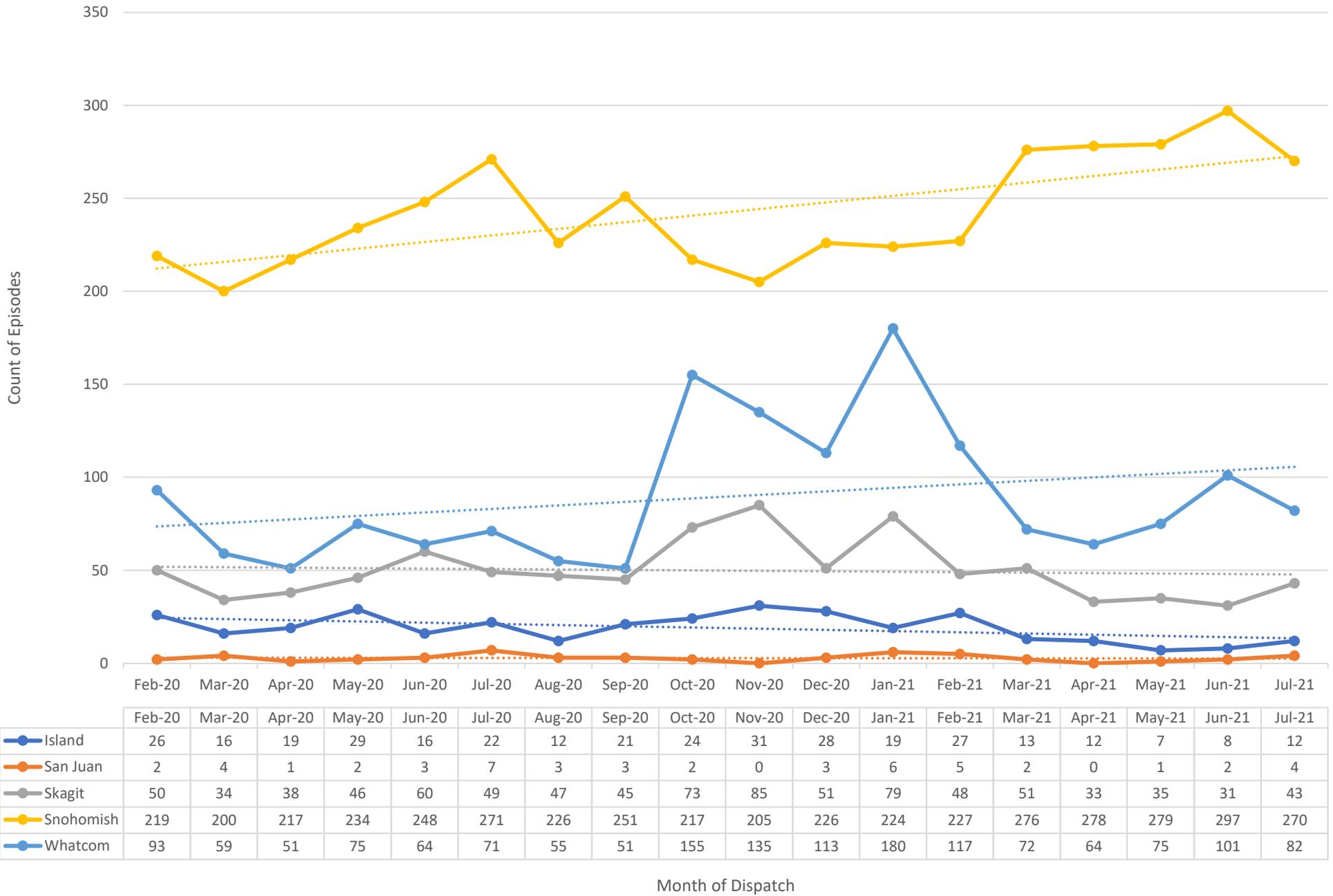
	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
Crisis Service	320	288	269	266	296	311	294	302	294	281	286	280	287	344	334	349	332	329
Investigation	203	190	192	215	237	237	223	224	214	185	219	225	217	257	225	268	257	234

Whatcom - Unduplicated People receiving a crisis system service

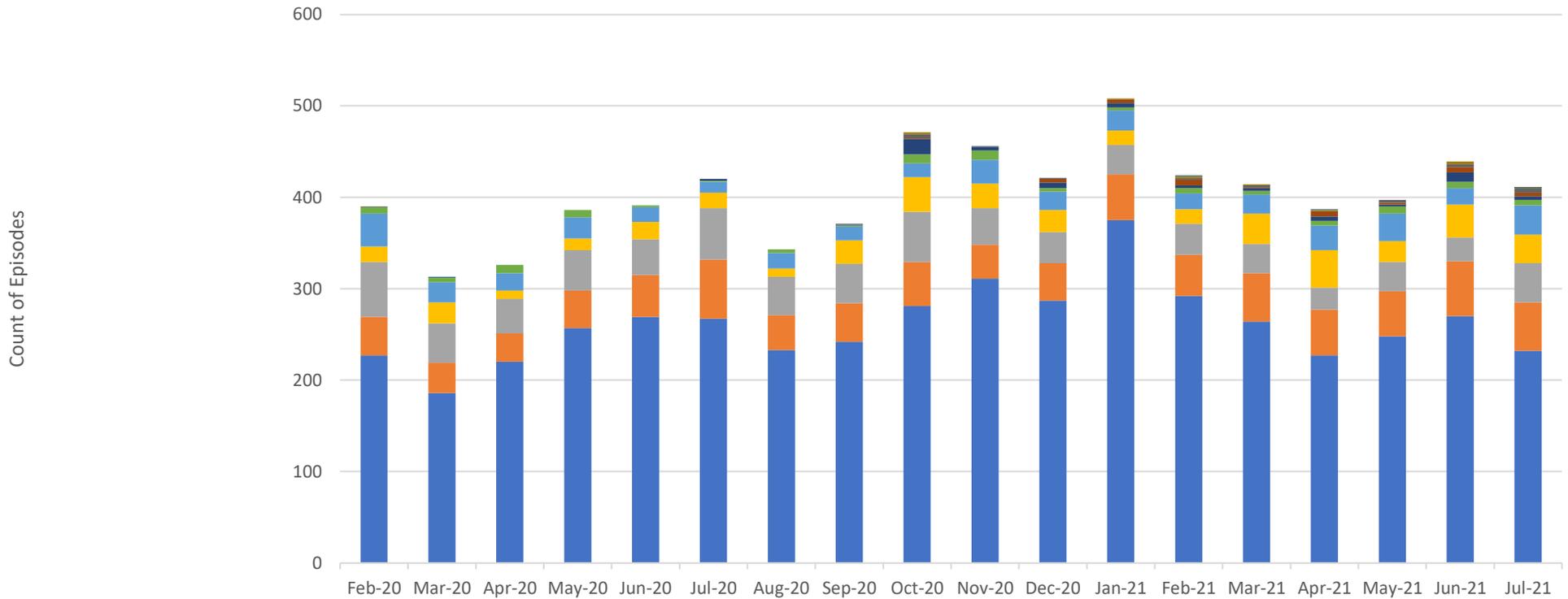


	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
● Crisis Service	129	97	84	98	110	124	129	136	110	122	111	146	174	164	164	197	194	187
● Investigation	83	49	41	61	61	62	58	62	69	62	54	71	64	52	55	59	78	60

Region Designated Crisis Responder (DCR) Investigations



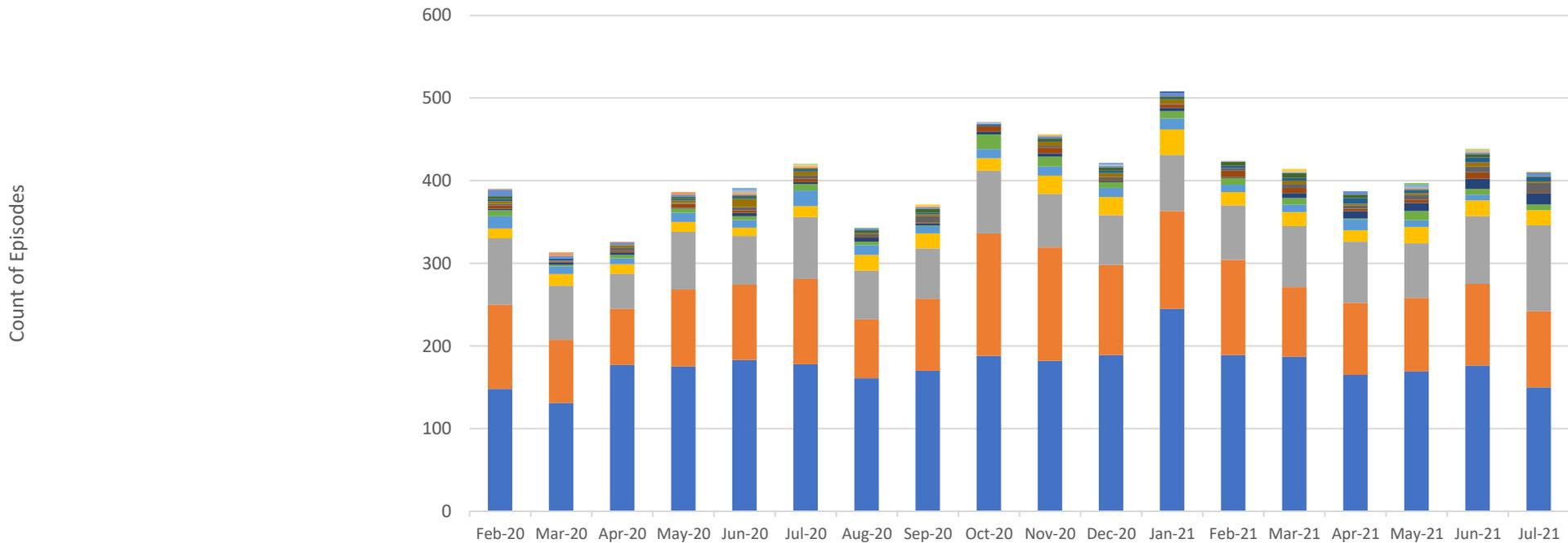
Region DCR Investigation Referral Sources



	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	
Impact Team Law Enforcement Referral	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
School	0	1	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0
Referral from MCR to DCR	0	0	0	0	0	0	0	0	2	0	0	1	2	1	1	0	3	0	
Community	1	0	0	0	0	0	0	1	4	1	1	0	2	2	0	3	3	5	
Legal Representative	0	0	0	0	0	0	0	0	1	0	4	4	6	1	6	2	6	4	
Social Service Provider	0	0	0	0	0	2	0	1	17	4	6	5	3	3	5	2	10	4	
Care Facility	7	5	9	8	2	1	4	1	10	10	4	3	6	4	5	8	7	6	
Professional	36	22	19	23	16	12	17	15	15	26	20	22	17	21	27	30	18	32	
Other	17	23	9	13	19	17	9	26	38	27	24	16	16	33	41	23	36	31	
Law Enforcement	60	43	38	44	39	56	42	43	55	40	34	32	34	32	24	32	26	43	
Family	42	33	31	41	46	65	38	42	48	37	41	50	45	53	50	49	60	53	
Hospital	227	186	220	257	269	267	233	242	281	311	287	375	292	264	227	248	270	232	

Month of Dispatch

Region DCR Investigation Outcomes



	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
Petition filed for outpatient evaluation	0	0	0	0	0	0	0	0	0	0	1	2	0	0	0	0	0	0
Referred to chemical dependency inpatient program	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	2	1	0
Referred to chemical dependency residential program	0	0	0	0	3	0	0	0	0	0	1	0	0	0	0	3	0	0
Referred to sub acute detox	0	0	0	0	0	1	0	2	0	1	0	0	0	3	0	0	1	1
Referred to acute detox	0	0	0	0	3	1	0	0	2	1	1	0	1	1	0	1	1	0
Referred to chemical dependency intensive outpatient program	1	4	1	3	2	2	0	1	0	1	0	0	0	0	0	1	1	0
Filed petition - recommending LRA extension.	8	3	3	3	1	0	2	2	1	2	2	4	0	1	4	1	2	5
No detention - E&T provisional acceptance did not occur within statutory timeframes	3	0	0	2	2	2	2	5	0	3	4	3	5	6	4	1	4	1
Referred to crisis triage	3	3	0	2	2	2	1	2	2	1	3	1	3	3	7	3	6	5
Detention to Secure Detox facility (72 hours as identified under 71.05)	3	0	3	3	10	5	2	2	0	5	5	5	0	4	2	2	5	2
Non-emergent detention petition filed	2	1	4	1	4	4	3	8	0	2	4	1	3	5	4	6	7	11
No detention - Unresolved medical issues	4	1	2	5	3	4	1	1	7	7	1	4	8	6	3	4	8	1
Did not require MH or CD services	2	3	3	1	4	2	5	2	3	4	1	4	1	6	9	10	12	14
Referred to non-mental health community resources.	7	2	4	5	5	8	4	1	18	12	7	9	8	8	1	11	7	7
Returned to inpatient facility/filed revocation petition.	15	9	7	11	9	19	12	9	11	11	11	13	9	9	13	8	7	0
Referred to voluntary inpatient mental health services.	12	14	12	12	10	13	19	18	15	22	22	31	16	17	14	20	19	18
Other	80	66	42	70	59	75	59	61	76	65	60	68	66	74	74	66	82	104
Referred to voluntary outpatient mental health services.	102	76	68	93	91	103	71	87	148	137	109	118	115	84	87	89	99	92
Detention (72 hours as identified under the Involuntary Treatment Act, RCW 71.05).	148	131	177	175	183	178	161	170	188	182	189	245	189	187	165	169	176	150

Month of Dispatch

ESTIMATED ALLOCATION OF COMMUNITY BEHAVIORAL HEALTH RENTAL ASSISTANCE FUNDS [CBRA] BASE ON COUNTY PERCENTAGE OF MEDICAID POPULATION

TOTAL POPULATION

County	Pop. 4/1/21	Percentage	7/1/21 - 6/30/22	Half year amount			
Island	86,350	6.60%	90,182	45,091	Admin	205,025	15%
San Juan	17,500	1.34%	18,277	9,138	Operations	273,366	20%
Skagit	131,800	10.07%	137,649	68,825	Rent Assistance	888,439	65%
Snohomish Provider	844,400	64.52%	881,873	440,936	Total	1,366,830	
Whatcom	228,700	17.47%	238,849	119,425			
	1,308,750		1,366,830	683,415			
			Skagit & Whatcom	188,249			

MEDICAID POPULATION

Medicaid	as of 7/1/21	Percentage	7/1/21 - 6/30/22	Half year amount
Island	16,749	4.91%	\$67,158	\$33,579
San Juan	4,338	1.27%	\$17,394	\$8,697
Skagit	40,209	11.80%	\$161,224	\$80,612
Snohomish Provider	211,818	62.14%	\$849,316	\$424,658
Whatcom	67,771	19.88%	\$271,738	\$135,869
	340,885		\$1,366,830	\$683,415

**MHBG COVID Supplemental Funding (expended by March 31, 2023)
Proposed Project Summaries and Expenditures**

BH-ASO: \$1,037,744.00

Category	Subcategory	Proposed Total Expenditure Amount	SurveyMonkey Results	Advisory Board Poll		Criteria**
Category: Acute Intensive Services – Acute intensive services requiring immediate intervention for persons diagnosed with SMI or SED.		\$0.00	SurveyMonkey Results	Advisory Board Poll	\$400,000	
	Mobile Crisis	Budget allocation	4.63	62%	\$400,000	1,3,6
Category: Prevention & Wellness – Activities that enhance the ability of persons diagnosed with SMI or SED, including their families, to effectively decrease their need for intensive mental health services:		\$0.00	SurveyMonkey Results	Advisory Board Poll	\$150,000	
	Relapse Prevention/ Wellness Recovery Support	Budget allocation	4.13	69%	\$150,000	1,2
Category: Outpatient Services – Outpatient therapy services for persons diagnosed with SMI or SED, including services to help their families to appropriately support them.		\$0.00	SurveyMonkey Results	Advisory Board Poll	\$100,000	
	Individual Evidenced-Based Therapies	Budget allocation	4.24	54%	\$100,000	1,2
Category: Community Support (Rehabilitative) – Community-based programs that enhance independent functioning for persons diagnosed with SMI or SED, including services to assist their families to care for them.		\$0.00	SurveyMonkey Results	Advisory Board Poll	\$100,000	
	Case Management	Budget allocation	4.61	23%	\$100,000	1,4,6
Category: Intensive Support Services – Intensive therapeutic coordinated and structured support services to help stabilize and support persons diagnosed with SMI or SED.		\$0.00	SurveyMonkey Results	Advisory Board Poll	\$100,000	
	Intensive Case Management	Budget allocation	4.43	38%	\$100,000	1,2
Out of Home Residential Services – Out of home stabilization and/or residential services in a safe and stable environment for persons diagnosed with SMI or SED.		\$0.00	SurveyMonkey Results	Advisory Board Poll	\$100,000	
	Crisis Residential/Stabilization	Budget allocation	4.54	38%	\$100,000	1,3
Category: Engagement Services – Activities associated with providing evaluations, assessments, and outreach to assist persons diagnosed with SMI or SED, including their families, to engage in mental health services:		\$0.00	SurveyMonkey Results	Advisory Board Poll	\$50,000	
	Additional Allowable Service: Check-ins for individuals with SMI/SED by an outreach/peer support worker	Budget allocation	3.74	46%	\$50,000	
Category: Recovery Support Services – Support services that focus on improving the ability of persons diagnosed with SMI or SED to live a self-directed life, and strive to reach their full potential.		\$0.00	SurveyMonkey Results	Advisory Board Poll	\$25,000	
	Peer Support	Budget allocation	3.92	46%	\$25,000	1,6
Category: Medication Services – Necessary healthcare medications, and related laboratory services, not covered by insurance or Medicaid for persons diagnosed with SMI or SED to increase their ability to remain stable in the community.		\$0.00	SurveyMonkey Results	Advisory Board Poll	\$10,000	
	Medication Management	Budget allocation	4.58	92%	\$10,000	1,4
Category: Other Supports (Habilitative) – Unique direct services for persons diagnosed with SMI or SED, including services to assist their families to continue caring for them.		\$0.00	SurveyMonkey Results	Advisory Board Poll	\$0	
Category: Non-Direct Activities – any activity necessary to plan, carry out, and evaluate this MHBG plan, including Staff/provider training, travel and per diem for peer reviewers, logistics cost for conferences regarding MHBG services and requirements, and conducting needs assessments.		\$0.00	SurveyMonkey Results	Advisory Board Poll	\$0	
Category: COVID-19 Related Expenses for SMI/SED. COVID-19 related expenses for those with SMI/SED, including testing and administering COVID vaccines, COVID awareness education, and purchase of Personal Protective Equipment (PPE)		\$0.00	SurveyMonkey Results	Advisory Board Poll	\$0	
			5 (high): 6	5 (high): 33%		
Grand Total		\$0.00	available	\$1,037,744	\$1,035,000	

**** ALLOCATION CRITERIA**

1. Was prioritized high by either stakeholders, the Advisory Board or both
2. There was an existing program and/or proposal that could ensure the funding could be quickly implemented
3. Is an existing high priority for the BH-ASO, e.g., expansion of mobile crisis outreach, providing on-going support of crisis stabilization facilities, workforce development
4. Could supplement the funding for other programs, e.g. long-term rental assistance
5. Is not currently funded by Medicaid, or does not already have adequate funding from another fund source
6. Can be bundled with funding in other categories

Balance: -\$2,744

**SABG COVID Supplemental Funding (expended by March 31, 2023)
Proposed Project Summaries and Expenditures**

BH-ASO:

\$2,186,014.00

Category	Subcategory	Proposed Total Expenditure Amount	SurveyMonkey Results	Advisory Board Poll		
Category: Out of Home Residential Services-24 hour a day, live-in setting that is either housed in or affiliated with a permanent facility. A defining characteristic is that they serve individuals who need safe and stable living environments in order to develop their recovery skills. Treatment services must meet the criteria as set forth in Chapter 246-341 WAC.		\$0.00	SurveyMonkey Results	Advisory Board Poll	\$650,000	Criteria**
	Crisis Services Residential/Stabilization	Budget allocation	4.27	33%	\$350,000	1,2,3
	Intensive Inpatient Residential Treatment	Budget allocation	4.08	17%	\$300,000	1,2
Category: Community Support (Rehabilitative) – Consist of support and treatment services focused on enhancing independent functioning.		\$0.00	SurveyMonkey Results	Advisory Board Poll	\$350,000	
	Case Management	Budget allocation	4.31	25%	\$50,000	1,6
	Recovery Housing	Budget allocation	4.75	50%	\$300,000	1,2
Category: Other SABG activities (required) - any activity necessary to plan, carry out, and evaluate this SABG plan, including Continued Education/training, logistics cost for conferences regarding SABG services and requirements, capacity management infrastructure, and conducting needs assessments.		\$0.00	SurveyMonkey Results	Advisory Board Poll	\$350,000	
	Additional Allowable Services: Technology/Equipment to Improve Service Delivery	Budget allocation	4.09	42%	\$50,000	1,3
	Additional Allowable Services: Provision of Workforce Support	Budget allocation	4.31	33%	\$300,000	1,3
Category: Recovery Supports-A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Recovery emphasizes the value of health, home, purpose, and community to support recovery.		\$0.00	SurveyMonkey Results	Advisory Board Poll	\$300,000	
	Additional Allowable Services: Recovery/Peer Organizations to Expand Support Networks/Recovery Support Specialists (RSS)	Budget allocation	3.92	42%	\$300,000	1,6
Category: Engagement Services Assessment/admission screening related to SUD to determine appropriateness of admission and levels of care. Education Services may include information and referral services regarding available resources, information and training concerning availability of services and other supports. Educational programs can include parent training, impact of alcohol and drug problems, anxiety symptoms and management, and stress management and reduction. Education Services may be made available to individuals, groups, organizations, and the community in general. This is different than staff training. Treatment services must meet the criteria as set forth in Chapter 246-341 WAC.		\$0.00	SurveyMonkey Results	Advisory Board Poll	\$225,000	
	Engagement and Referral (required)	Budget allocation	3.93	33%	\$125,000	1,2
	Additional Allowable Services: Outreach Workers for Check-ins for People with SUD	Budget allocation	3.93	67%	\$100,000	1,3
Category: Prevention & Wellness – Preventive services, such as drug use prevention and early intervention, are critical components of wellness:		\$0.00	SurveyMonkey Results	Advisory Board Poll	\$110,000	
	Outreach to Individuals Using Intravenous Drugs (IUID)	Budget allocation	3.73	33%	\$100,000	1,3
	Additional Allowable Service: Purchase and Dissemination of Naloxone/Overdose Kits	Budget allocation	4	8%	\$10,000	1,6
Category: Acute Intensive Services-24-hour emergency services that provide access to a clinician. The range of emergency services available may include but are not limited to direct contact with clinician, medication evaluation, and hospitalization. Services must meet the criteria as set forth in Chapter 246-341 WAC.		\$0.00	SurveyMonkey Results	Advisory Board Poll	\$50,000	
	Additional Allowable Services: SUD Crisis Services	Budget allocation	4.36	75%	\$50,000	1,3,6
Category: Outpatient Services – Services provided in a non-residential SUD treatment facility. Outpatient treatment services must meet the criteria as set forth in Chapter 246-341 WAC.		\$0.00	SurveyMonkey Results	Advisory Board Poll	\$0	
Category: Other Support (Habilitative)-Structured services provided in segments of less than 24 hours using a multi-disciplinary team approach to develop treatment plans that vary in intensity of services and the frequency and duration of services based on the needs of the client.		\$0.00	SurveyMonkey Results	Advisory Board Poll	\$0	

Category: Intensive Support Services-Services that are theapeutically intensive, coordinated and structured group-oriented. Services stabilize acute crisis and clinical conditions, utilizing recovery priciples to help return individuals to less intensive outpatient, case management, and/or other recovery based services.		\$0.00	SurveyMonkey Results	Advisory Board Poll	\$0
Grand Total		\$0.00	available	\$2,186,014	\$1,835,000

****ALLOCATION CRITERIA**

1. Was prioritized high by either stakeholders, the Advisory Board or both
2. There was an existing program and/or proposal that could ensure the funding could be quickly implemented
3. Is an existing high priority for the BH-ASO, e.g., expansion of mobile crisis outreach, providing on-going support of crisis stabilization facilities, workforce development
4. Could supplement the funding for other programs, e.g. long-term rental assistance
5. Is not currently funded by Medicaid, or does not already have adequate funding from another fund source
6. Can be bundled with funding in other categories

Balance: \$351,014

Current Funding Levels

MHBG

Everett Triage				
Whatcom Triage				
Peer Support Services				monthly annual
Medication Management support for LRA services	\$150 per person per month		about 100 non medicaid persons a month	15,000 180,000
Mobile Crisis Outreach Services				

SABG

- Opioid Outreach Teams
- Lynwood WM
- Skagit WM
- Island County Crisis Stabilization
- Whatcom WM

Mental Health Triage facilities:

		Snohomish	Whatcom		
Compass	Jan - June	348,000.00	268,750.00		
	July - Dec	348,000.00	268,750.00		
	Total	696,000.00	537,500.00		
Add 60%: 60%		417,600.00	322,500.00	740,100.00	
subtract whatcom provisor money- 125 k for whatcom			197,500.00		
total for mh triage				615,100.00	600,000

WM/Crisis Stabilization:

		Whatcom	Skagit	Island	Denny Facility	
Pioneer	Jan- June	125,000.00	100,000.00	82,500.00	143,790.32	
	July - Dec	125,000.00	100,000.00	82,500.00	202,594.00	
	Total	250,000.00	200,000.00	165,000.00	346,384.32	
total crisis/WM				615,000.00		
for block grant-replace end of proviso		100,000.00	100,000.00	165,000.00	365,000.00	350,000.00

Whatcom Proviso money was split between Compass and Pioneer. It has been reduced and is not in State budget yet.

Opioid Outreach Teams:

		Community Action	Island	Snohomish	Whatcom	total
	Jan - June	87,055.50	141,239.00	77,500.00	203,114.00	
	July - Dec	87,088.50	141,239.00	77,500.00	203,114.00	
	Total	174,144.00	282,478.00	155,000.00	406,228.00	1,017,850.00

Island and Whatcom both got additional funds. I'm not sure they are utilizing them.

Recovery houses	regular SABG	needed	COVID
Whatcom	229000	216000	
skagit	0	201000	201000

Provider	Funding Request	Service	FBG Category	Survey Priority
Skagit Regional Health	\$1,002,228	Start Up Costs-staffing for BH clinic and provide clinical experience sites for ambulatory, acute and emergent BH care for trainees and provide a enhanced BH clinic for the community.	MHBG-Engagement Services (education programs,Assessment) ; Specialized Evaluations (psychological & neurological);); Medication Services (Medication Management); Outpatient Services (individual evidence based therapies);	Y-MHBG OP Individual evidence based therapy
		Childrens MH Specialist-PPW program, add an additional FTE due to demand and will serve 50 more children with a focus on childhood trauma	MHBG Engagement (Educational programs) OP Services (Individual Evidence based therapy, group therapy, family therapy); Community Support (parent/caregiver support, skill building)	Y MHBG OP Individual evidence based therapy
Evergreen Recovery Centers	\$100,000	additional funds for transportation, short term housing support	SABG Recovery Supports (transportation); Other support(housing assistance); Prevention & Wellness (brief intervention);	Priority Pop
Community Action of Skagit County	unknown	staff 1.0 FTE embedded MH/SUD; 1.0 FTE BH Intensive Case Manager; .5FTE JTS Coordinator	MHBG/SABG Prevention & wellness (outreach to IUID, Brief Intervention) Education Services (engagement & referral); Community Support (case management); Intensive Support Services (Intensive Case Management);	Y MHBG Intensive case management
Island County	\$227,374			

		1.0 FTE-Functional family therapy costs (training, materials) UAs, incentives, software, etc.	SABG Outpatient (Multifamily therapy); MHBG Engagement services (educational programs) Prevention & Wellness (relapse prevention, parent training);	Y MHBG Relapse prevention
SnoCo Juvenile Treatment	\$146,850	expansion of programs and add opportunities for youth-serve additional 14 in FFT to ARY-BECCA families; EBP intervention MST to ARY-BECCA families; training for DBT;	SABG Outpatient (Multifamily therapy); MHBG Engagement services (educational programs) Prevention & Wellness (relapse prevention, parent training);	Y MHBG Relapse prevention
SnoCo Juvenile Treatment	\$94,500	suicide prevention and f/u -continue the grant services	MHBG Community Support (continued care); Prevention & wellness (facilitated referrals)	N
VOA	\$266,000	add 1.0 FTE for crisis worker for swing shift	MHBG-Acute Intensive Services (Mobile Crisis)	Y Mobile Crisis
Compass SJ County	\$117,500	add 2 FTE crisis workers to serve East Skagit County	MHBG-Acute Intensive Services (Mobile Crisis)	Y Mobile Crisis
Compass Skagit County	\$197,925	1.0 FTE crisis worker to provide f/u and back up for complex cases	MHBG-Acute Intensive Services (Mobile Crisis)	Y Mobile Crisis
Compass Island County	\$117,500	2 FTE crisis workers for new Impact team to partner with Sheriff	MHBG-Acute Intensive Services (Mobile Crisis)	Y Mobile Crisis
Compass Health Whatcom County	\$219,955	17 crisis workers to outlying areas of SnoCo-phased in approach	MHBG-Acute Intensive Services (Mobile Crisis)	Y Mobile Crisis
SnoCo Human Services	\$4.36M	Recovery House-Whatcom	SABG (Recovery Housing)	Y Recovery house
Lifeline Connections	\$216,000	Recovery Supportive Housing- Mt Vernon	SABG community support (recovery housing); Other support (housing assistance);	Y recovery house, housing assistance
Lifeline Connections	\$102,000			

SABG Category	SABG Service	MHBG Category	MHBG Services
Prevention & Wellness	Continue support of current opioid outreach teams and seek proposals from current providers to expand personnel/services. Offer funding to regional BHAs to see if they are interested in developing additional regional outreach teams. Although the State provides Naloxone kits, provide additional kits as needed (in case supplies are limited). Naloxone. Let's stop deaths wherever we can. On-site childcare for outpatient treatment	Prevention & Wellness	prioritized; Brief therapy or group therapy while on waiting lists for outpatient would definitely help. Expand peer services so that people can develop WRAPs and attend peer support groups
Engagement Services	With lengthy waits for outpatient services, provide funding for interim/early engagement (requires staffing) or fund outside current network including within private practice networks. Engagement & Referrals is currently what opioid outreach teams do-keep funding them! Promote onsite childcare and parenting classes in SUD Outpatient/Residential (requires staffing, possibly space expansion) I know we can't do this, but safe use sites. Allowing people to use drugs in an environment where someone is there to revive them if they overdose, their children are safe, and they won't be in harm's way is ideal for those who are in the precontemplative and contemplative stages of recovery.	Engagement Services	Outreach activities need to include trust-building components, such as reaching out to underserved communities and people who are generally reluctant to seek treatment (homeless, undocumented, African and Asian American communities) – this cannot be done through service provision alone, but through partnerships with community leaders and allied systems Expand peer workforce, particularly peer-run organizations, in adding activities like in-home check-ins and activities to enhance wellness such as bus training, accompanying people to medical appointments, etc
OP Services	Continue to fund MAT PDOA grant services (via Lifeline Connections) in Concrete and Oak Harbor if current funding is not renewed. This is outside the box, but: Explore how to support and/or partner with MAPS https://maps.org/ to change current treatment paradigm to include psychedelic interventions for complex trauma (common root of SUD). “...MAPS has laid the groundwork for research showing psychedelics may have great promise in helping people deal with complex trauma, depression, anxiety, and addiction...developed a science- and health-based approach that both reflects the transformational potential of psychedelics and begins to repair the harms of the War on Drugs.” Expand contracts (and funding amounts) to include private provider network-that is where the current outpatient BHA providers are heading. Mobile MAT services	OP Services	A project that allows licensed staff who do not carry caseloads to provide services in a very limited capacity. This idea is not about significantly reducing the workload, but showing solidarity with the workforce and those seeking services. Perhaps employers with licensed clinicians in administrative roles could offer staff volunteer hours (always a nice benefit!) for this. Perhaps half a day per week for clinical staff volunteering in this program.
Community Support	Provide support to Recovery Housing development/expansion. Encourage and partner with BHAs to purchase housing and convert into Recovery Houses (short term stabilization/transition housing, PPW and long term). Housing. Not clean and sober (which are often neither), but Housing First options in every community.	Community Support	Expand the peer workforce! In fact, expand it beyond behavioral health. I've never seen growth in quite the same way as when I witnessed a blind peer help a person with agoraphobia learn how to use the bus. Connect with cross-disability peer service providers, such as ILCs, to promote independent living skills. Housing, housing, housing. And more housing. You cannot recover when you have zero peace or stability in your life
Other support	Continue current support for PPW housing programs. Provide short term housing/ motel vouchers (often best distributed through outpatient or outreach teams) Promote use of ACES screening as early as possible (partner with MCOs) Promote use of SBIRT across all primary care providers (partner with MCOs) Housing, housing, housing	Other support	prioritized; Brief therapy or group therapy while on waiting lists for outpatient would definitely help. Expand peer services so that people can develop WRAPs and attend peer support groups; This wasn't listed, but I think we should promote assistive technology. There is a lot out there to help people stay on track with appointments, medication reminders, self-care routines... There's high and low tech solutions for lots of the problems people might face, including devices to help folks with extrapyramidal symptoms fasten buttons, put on shoes, and manage kitchen tasks independently. oSupport groups and educational services for family caregivers. There are lots of programs out there to tap into, such as Strengthening Families
Intensive support services	Promote use of SBIRT across all primary care providers (partner with MCOs)	Intensive support services	prioritized; Brief therapy or group therapy while on waiting lists for outpatient would definitely help. Expand peer services so that people can develop WRAPs and attend peer support groups
Out of home residential services	Sub-Acute WM (3.2 LOC) have been challenged in providing both SUD and MH certified staff. Purchase bed(s) to support. Explore "Recovery Campus" concept with mix of long term SUD residential, outpatient/recovery housing, job/skill training (maybe attached to short term stabilization/sobering center).	Out of home residential services	Definitely more residential options for adults, particularly young adults experiencing first episodes of psychosis, mania, or other states that require some psycho-ed to manage – residential is a great place to teach those illness management skills. Not residential, but respite for youth so that, when needed, caregivers can have a break to prevent further destabilization or take care of errands. Perhaps up to 3 days of care?
Acute Intensive Services	Purchase bed(s) to support acute WM (3.7 LOC) Provide SUD training to crisis line staff (if needed). They may tend to be more MH focused.	Acute Intensive Services	Voluntary inpatient hospitalization – that has to be an option. In fact, people should be able to "go voluntary" while on an ITA hold in order to better promote recovery principles and show support for an individual's ability to self-direct their care. Peer respite centers to serve people who are housed and just need someone to be with them for a few days (or to be away from the usual people). This group might feel less comfortable in triage and do not actually require inpatient hospitalization, thereby improving flow-through for this population. Walk-in crisis centers... heck, why don't we work on getting a CCBHC – with same day access – up and running in our region? Law enforcement response alternatives, such as the CAHOOTS model, wherein funding is stabilized through pooling resources using law enforcement dollars. This should greatly improve the long term sustainability of these programs
Recovery Supports	Partner with Methadone programs to expand mobile Methadone and MAT (with recent relaxation by DEA of such services) Fund purchase of staff vehicles for outreach teams Peer/Recovery Specialist Expansion-Fund experienced supervisors for intensive oversight of new peers. Childcare Mobile services wherever possible	Recovery Supports	Peer support, more reliance on COPES and other inroads to self-directed care.
Other	Provide regional trainings (TA) in critical areas: Ethics, Suicide, Trauma Informed Care, OUD/MAT, ASAM, EBTS. Provide tablets as needed for Telehealth/Outreach Assist BHAs with funding for Prescribers (MAT); possibly contract with National prescriber network to increase availability. Fully fund cohort of SUDPs beginning with Community College through Licensure. Fund tuition, provide significant support to BHA for wage until certification/supervision hours met. Contract would require regional service for X years. Provide BHAs with funding to support supervisors at higher wage, provide extensive supervisor training/mentoring	Other	

Medication Services pharmacogenetic testing for the most complex – not sure this is really viable but seems like it might be helpful. Dr. Lippman would know more

Workforce Fund workforce supports such as childcare.

Development Encourage providers to adopt flexible work schedules and allow for hybrid work arrangements.
Increase reimbursement rates so that agencies may increase salaries.
Partner with a university to study workforce development strategies that looks at issues in our region and advises employers on issues related to recruitment and retention.
Fund licensure supervision programs wherein agency staff may acquire supervision hours that they do not need to pay for out of pocket if their agency does not provide a suitable supervisor.
Don't focus so much on tuition reimbursement or forgiveness. There are lots of programs already out there. The issue is that people can't afford to work their way up to the forgiveness, and leave as soon as they have attained it whenever they can.

MHBG Survey Results Snapshot, By Group, Combined with Advisory Board Secondary Poll

1. Respondent identification for first survey.	
North Sound BH-ASO Advisory Board	7
North Sound BH-ASO Board of Directors	2
County Coordinators	6
Behavioral Health Agency	9
ASO contracted Block Grant Provider	2
Tribal Authority	4
Other (Homeless Street Outreach, Private Therapist)	2
Total	27

2. Prevention and Wellness Activities that enhance the ability of persons diagnosed with..... to effectively decrease their need for intensive mental health services.	Combined Weighted Average	Advisory Board Score	Board of Directors Score	County Coordinator s Score	Behavioral Health Agency Score	ASO BG Provider Score	Tribal Authority Score	Other Score	Advisory Board Second Poll
Relapse Prevention/Wellness Recovery Support	4.13	35	8	22	27	9	15	9	69%
Screening, Brief Intervention, and Referral to Treatment	3.81	25	5	17	27	5	10	10	15%
Facilitated Referrals	3.64	31	9	15	28	10	8	7	8%
Brief Motivational Interviews	3.53	23	4	17	20	3	16	3	0%
Parent Training	3.52	28	7	18	19	2	11	5	8%
Warm Line (a peer support help line)	2.79	27	4	11	24	10	8	6	0%

Additional Comments:

Need treatment capacity- workforce lacking

There also needs to be funding for where these people can go for consistent care

3. Engagement Services Activities associated with providing evaluations, assessments..... to engage in mental health services. *Currently funded	Combined Weighted Average	Advisory Board Score	Board of Directors Score	County Coordinator s Score	Behavioral Health Agency Score	ASO BG Provider Score	Tribal Authority Score	Other Score	Advisory Board Second Poll
Outreach*	4.55	33	9	22	29	10	17	10	15%
Assessment	4.28	27	5	25	21	8	9	4	8%
Specialized Evaluations (Psychological and Neurological)									8%
Additional Allowable Service: Check-ins for individuals with SMI/SED by an outreach/peer support worker	3.91	22	7	24	28	9	11	4	46%
Additional Allowable Service: Prison/Jail Re-entry & Enhanced Discharge - Reduce COVID-19 Risks	3.74	32	7	21	26	9	13	7	8%
Service Planning (not crisis)	3.7	32	8	24	19	10	16	2	0%
Educational Programs	3.45	27	7	21	20	3	13	7	15%

Additional Comments:

Crisis response priority 5

Early assessment and evaluation can prevent mishaps.

There also need to be good options for where they can engage in consistent care

4. Outpatient Services Outpatient therapy services for persons diagnosed with SMI or SED, including services to help their families to appropriately support them.	Combined Weighted Average	Advisory Board Score	Board of Directors Score	County Coordinator s Score	Behavioral Health Agency Score	ASO BG Provider Score	Tribal Authority Score	Other Score	Advisory Board Second Poll
Individual Evidenced-Based Therapies	4.24	27	10	28	37	7	13	7	54%
Consultation to Caregivers	3.77	24	7	18	30	9	11	10	8%
Family Therapy	3.6	17	8	13	28	7	15	5	15%
Group Therapy	3.57	16	8	12	34	8	13	7	0%
Multi-Family Counseling Therapy	3	15	6	9	23	7	14	5	23%

Additional Comments:

Caregiver support help in stabilizing and keeping community and clients safe

Any kind of treatment capacity, including psych assessments/med monitoring

I would like to see you reduce the waiting lists more than choosing a modality.

5. Medication Services Necessary healthcare medications..... for persons diagnosed with SMI or SED to increase their ability to remain stable in the community.	Combined Weighted Average	Advisory Board Score	Board of Directors Score	County Coordinator s Score	Behavioral Health Agency Score	ASO BG Provider Score	Tribal Authority Score	Other Score	Advisory Board Second Poll
Medication Management	4.58	28	10	30	36	9	16	8	92%
Pharmacotherapy	4.17	20	9	29	30	5	12	5	8%
Laboratory Services	3.7	25	8	22	28	9	9	7	0%

Additional Comments:

6. Community Support (Rehabilitative) Community-based programs that enhance independent functioning..... to assist their families to care for them. *Currently Funded	Combined Weighted Average	Advisory Board Score	Board of Directors Score	County Coordinator s Score	Behavioral Health Agency Score	ASO BG Provider Score	Tribal Authority Score	Other Score	Advisory Board Second Poll
Case Management	4.61	29	10	28	34	9	18	7	23%
Continuing Care	4.59	24	9	27	33	9	17	9	8%
Permanent Supported Housing	4.5	37	8	24	32	9	16	8	38%
Behavior Management	4.45	27	9	26	33	10	17	5	0%
Recovery Housing	4.44	37	8	30	31	10	16	7	15%
Skill Building (social, daily living, cognitive)	4	30	10	23	33	9	17	5	8%

Parent/Caregiver Support	3.73	29	8	13	25	7	15	6	0%
*Traditional Healing Services	3.71	21	6	13	30	7	18	5	0%
Supported Employment	3.65	29	8	16	34	9	12	4	8%
Therapeutic Mentoring	3.5	21	7	17	24	9	11	6	0%

Additional Comments:

We do not have a case manager and if we did funding would be high for this. Funding to accrue one would be great. Same for housing.

7. Recovery Support Services Support services that focus on improving the ability of persons diagnosed with SMI or SED to live a self-directed life, and strive to reach their full potential.	Combined Weighted Average	Advisory Board Score	Board of Directors Score	County Coordinator's Score	Behavioral Health Agency Score	ASO BG Provider Score	Tribal Authority Score	Other Score	Advisory Board Second Poll
Peer Support	3.92	35	7	14	35	10	16	8	46%
Supports for Self-Directed Care	3.88	32	6	15	33	8	15	7	21%
Recovery Support Coaching	3.83	33	8	15	32	9	14	4	8%
Recovery Support Center Services	3.68	30	7	15	32	8	13	8	15%

Additional Comments:

8. Other Supports Unique direct services for persons diagnosed with SMI or SED, including services to assist their families to continue caring for them.	Combined Weighted Average	Advisory Board Score	Board of Directors Score	County Coordinator's Score	Behavioral Health Agency Score	ASO BG Provider Score	Tribal Authority Score	Other Score	Advisory Board Second Poll
Personal Care	4.1	29	10	15	26	9	11	10	15%
Respite	4	31	9	21	23	9	12	5	23%
Transportation	3.91	26	9	20	27	10	16	6	23%
Assisted Living Services	3.9	25	7	16	20	10	14	9	15%
Trained Behavioral Health Interpreters	3.45	21	8	17	18	8	10	6	15%
Interactive Communication Technology Devices	3.37	21	6	10	21	8	11	5	0%
Support Education	3.19	24	6	9	24	7	13	4	8%

Additional Comments:

Flex funds are useful therapeutic tools when available.

9. Intensive Support Services Intensive therapeutic coordinated and structured support services to help stabilize and support persons diagnosed with SMI or SED.	Combined Weighted Average	Advisory Board Score	Board of Directors Score	County Coordinator's Score	Behavioral Health Agency Score	ASO BG Provider Score	Tribal Authority Score	Other Score	Advisory Board Second Poll
Intensive Case Management	4.43	25	9	28	33	9	17	5	38%
Assertive Community Treatment	4	29	8	26	30	10	13	9	23%
Intensive Home-based services	4	21	10	22	35	8	15	6	15%
Multi-Systemic Therapy	3.73	20	10	18	27	7	15	8	23%

Additional Comments:

10. Out of Home Residential Services Out of home stabilization and/or residential services in a safe and stable environment for persons diagnosed with SMI or SED. *Currently Funded.	Combined Weighted Average	Advisory Board Score	Board of Directors Score	County Coordinator's Score	Behavioral Health Agency Score	ASO BG Provider Score	Tribal Authority Score	Other Score	Advisory Board Second Poll
*Crisis Residential/Stabilization	4.54	27	8	30	34	10	13	10	38%
Children's Residential Mental Health Services	4.5	26	9	27	29	9	14	8	31%
Adult Mental Health Residential	4.3	26	10	25	28	10	14	10	23%
Therapeutic Foster Care	3.95	21	9	18	29	7	8	6	8%

Additional Comments:

Supplemental funding needed for Crisis Triage

11. Acute Intensive Services Acute intensive services requiring immediate intervention for persons diagnosed with SMI or SED. *Currently Funded.	Combined Weighted Average	Advisory Board Score	Board of Directors Score	County Coordinator's Score	Behavioral Health Agency Score	ASO BG Provider Score	Tribal Authority Score	Other Score	Advisory Board Second Poll
*Mobile Crisis	4.63	29	10	30	33	9	17	5	62%
24/7 Crisis Hotline Services	4.23	26	10	25	27	10	14	5	8%
Urgent Care	4.16	29	8	17	21	9	18		0%
Additional Allowable Service: Training/Equipment MH Crisis Response Services	3.9	27	10	17	21	9	16	4	0%
23 Hour Observation Bed	3.75	21	9	19	25	10	11	2	0%
Additional Allowable Service: Check-ins for individuals with SMI/SED by an outreach/peer support worker	3.65	29	8	20	23	10	13	3	15%
Additional Allowable Service: MH Awareness, First Responder Training	3.64	28	10	18	21	9	13	4	0%
Peer-Based Crisis Services	3.29	19	6	17	27	5	6		15%

Additional Comments:

Could expand scope of crisis services to include first responder partnerships such as IMPACT or other similar programs.

12. Workforce Development/Conferences	Combined Weighted Average	Advisory Board Score	Board of Directors Score	County Coordinator's Score	Behavioral Health Agency Score	ASO BG Provider Score	Tribal Authority Score	Other Score	Advisory Board Second Poll
1 (low)	2				2				8%
2	3	2	1				1		8%
3	7	3			3		2		0%

4	3		1	2				1	8%
5 (high)	8	1		3	3	1	1		75%

Additional Comments:

Prioritizing EBPs; no- or low-cost training required for licensure; management/leadership training.
 I'm not sure how useful a conference would be...we do need action to mitigate the workforce issue.
 tuition funding would be more directly beneficial

13. COVID-19 Related Expenses for SMI/SED. COVID-19 related expenses for those with SMI/SED..... and purchase of Personal Protective Equipment (PPE).	Combined Weighted Average	Advisory Board Score	Board of Directors Score	County Coordinator's Score	Behavioral Health Agency Score	ASO BG Provider Score	Tribal Authority Score	Other Score	Advisory Board Second Poll
1 (low)	1				1				8%
2	2		1	1					33%
3	7	2	1	3	1			1	25%
4	3	1			1	1	2	1	8%
5 (high)	6	3			3	1	2		

Additional Comments:

SABG Survey Results Snapshot, By Group, Combined with Advisory Board Secondary Poll

Respondent Identification for First Survey	Count
North Sound BH-ASO Advisory Board	0
North Sound BH-ASO Board of Directors	2
County Coordinators	6
Behavioral Health Agency	6
ASO contracted Back Grant Provider	2
Tribal Authority	2
Other (Homeless Street Outreach, Private Therapist)	1
Total	16

2. Prevention and Wellness Preventive services, such as drug use prevention and early intervention, are critical components of wellness. *Currently Funded	Combined Weighted Average	Advisory Board Score	Board of Directors Score	County Coordinator's Score	Behavioral Health Agency Score	ASO BG Provider Score	Tribal Authority Score	Other Score	Advisory Board Second Poll
Additional Allowable Service: Purchase and Dissemination of Naloxone/Overdose Kits	4		10	21	22	9	8	5	8%
Drug Screening	3.89		9	9	14	10	6	5	8%
Brief Intervention	3.82		8	21	11	5	7	4	8%
Outreach to Individuals Using Intravenous Drugs (IUID)*	3.73		8	24	16	7	9	5	33%
Additional Allowable Service: Integrated Substance Use Disorder (SUD) Treatment - Focus on PPW	3.31		10	12	20	10	7	3	25%
Pregnant and Parenting Women (PPW) Outreach	3.29		9	13	20	7	8	1	17%
Tuberculosis Screening	2.57		5	6	5		8	2	0%

Additional Comments:
Funding for agencies to provide educational programs that are not Medicaid billable services but still needed.
I would add prevention through Early Childhood ACEs services and onsite child care for outpatient programs. PPW Outreach is provided through PCAP (directly funded by HCA) to Snohomish, Skagit and Whatcom counties, so that is why I did not rate it. I am sure on a small scale the Islands may have a much higher need.

3. Engagement Services Assessment/admission screening related to SUD, Treatment services must meet the criteria as set forth in Chapter 246-341 WAC. *Currently Funded	Combined Weighted Average	Advisory Board Score	Board of Directors Score	County Coordinator's Score	Behavioral Health Agency Score	ASO BG Provider Score	Tribal Authority Score	Other Score	Advisory Board Second Poll
Engagement and Referral	3.93		9	22	22	10	7	4	33%
Additional Allowable Services: Outreach Workers for Check-ins for People with SUD	3.93		10	24	18	8	7	5	67%
Assessment	3.92		9	21	14	7	8	4	0%
Intern Services	3.54		8	17	18	9	7	4	0%
Educational Programs	3.4		7	14	14	7	6	5	0%

Additional Comments:
Funding for agencies to offer outreach services for pre engagement and build relationships before people are ready so they know where to go when they are workforce issues.
Assessments are covered. Engagement/retention should continue to be funded.
I would add Parenting programs onsite in SUD facilities. Assessments are funded I thought so I would focus on targeting bringing services to the clients in remote areas with telehealth assessment.

4. Outpatient Services provided in a non-residential SUD treatment facility. Outpatient treatment services must meet the criteria as set forth in Chapter 246-341 WAC. *Currently Funded	Combined Weighted Average	Advisory Board Score	Board of Directors Score	County Coordinator's Score	Behavioral Health Agency Score	ASO BG Provider Score	Tribal Authority Score	Other Score	Advisory Board Second Poll
Individual Therapy	4.08		10	30	16	9	8	4	42%
Medication Assisted Therapy (MAT) - Opioid Substitution Treatment	4.08		10	24	18	9	8	3	33%
Additional Allowable Services: Medication Assisted Treatment for Alcohol Use Disorder	3.93		8	18	23	10	8	3	0%
Group Therapy	3.92		9	21	17	8	9	5	17%
Family Therapy	3.54		10	17	13	8	6	3	8%
Multi-Family Counseling Therapy	2.92		7	15	14	8	6	3	0%

Additional Comments:
Need more treatment capacity
individual, group therapy is covered by Medicaid/insurance.

5. Community Support (Rehabilitative) Consist of support and treatment services focused on enhancing independent functioning. *Currently Funded	Combined Weighted Average	Advisory Board Score	Board of Directors Score	County Coordinator's Score	Behavioral Health Agency Score	ASO BG Provider Score	Tribal Authority Score	Other Score	Advisory Board Second Poll
Recovery Housing	4.75		9	30	29	10	10	5	50%
Case Management	4.31		10	27	16	4	9	4	25%
Supported Employment	3.47		8	21	18	8	5	3	25%

Additional Comments:
Technical assistance for housing programs
Case management is too limited in SUD—expand its availability and it mitigates some of the workforce shortage.

6. Other Support (Habilitative) Structured services provided in segments of less than 24 hours frequency and duration of services based on the needs of the client. *Currently Funded	Combined Weighted Average	Advisory Board Score	Board of Directors Score	County Coordinator's Score	Behavioral Health Agency Score	ASO BG Provider Score	Tribal Authority Score	Other Score	Advisory Board Second Poll
Housing Assistance	4.89		10	23	23	10	10	5	42%
PPW Housing Support Services	3.92		10	20	21	8	7	3	25%
Supported Education	3.33		7	17	13	8	4	4	17%
Spiritual/Faith-Based Support	3		8	11	9	5	4	2	17%

Additional Comments:
Create an ADATSA 2 housing model!!! Desperately need to tie treatment progress to housing, esp. after losing court leverage under Blake!

7. Intensive Support Services that are therapeutically intensive..... utilizing recovery principles to help return individuals to less intensive outpatient, case management, and/or other recovery based services.	Combined Weighted Average	Advisory Board Score	Board of Directors Score	County Coordinator's Score	Behavioral Health Agency Score	ASO BG Provider Score	Tribal Authority Score	Other Score	Advisory Board Second Poll
Therapeutic Intervention Services for Children	4.29		10	26	21	8	9	4	57%
Sobering Services	4		9	23	17	5	8	5	33%

Additional Comments:

8. Out of Home Residential Services 24 hour a day..... Treatment services must meet the criteria as set forth in Chapter 246-341 WAC. *Currently Funded	Combined Weighted Average	Advisory Board Score	Board of Directors Score	County Coordinator's Score	Behavioral Health Agency Score	ASO BG Provider Score	Tribal Authority Score	Other Score	Advisory Board Second Poll
Long Term Residential Treatment	4.39		10	20	23	10	8	4	25%
Crisis Services Residential/Stabilization	4.27		10	27	18	7	10	5	33%
Recovery House Residential Treatment	4.4		8	28	21	9	10	5	25%
Involuntary Commitment	4.25		10	20	19	5	10	2	0%
Intensive Inpatient Residential Treatment*	4.08		10	20	15	7	8	4	17%
Additional Allowable Services: Treatment Services (including MAT) in Penal or Correctional Institution	4		9	20	10	5	8	4	0%
Sub-acute Withdrawal Management	3.75		8	24	10	6	9	3	0%

Additional Comments:
Intensive residential services that accept methadone

9. Acute Intensive Services 24-hour emergency services that provide access to a clinician..... Services must meet the criteria as set forth in Chapter 246-341 WAC. *Currently Funded	Combined Weighted Average	Advisory Board Score	Board of Directors Score	County Coordinator's Score	Behavioral Health Agency Score	ASO BG Provider Score	Tribal Authority Score	Other Score	Advisory Board Second Poll
Additional Allowable Services: SUD Crisis Services	4.36		10	23	19	10	9	5	25%
Acute Withdrawal Management	4.31		9	25	18	10	10	4	8%
Additional Allowable Services: Crisis Lines or warm line operated by Treatment Providers	3.33		10	15	11	3	6	3	17%

Additional Comments:
Warm line operated by Peers

10. Recovery Supports A process of change through..... home, purpose, and community to support recovery. *Currently Funded.	Combined Weighted Average	Advisory Board Score	Board of Directors Score	County Coordinator's Score	Behavioral Health Agency Score	ASO BG Provider Score	Tribal Authority Score	Other Score	Advisory Board Second Poll
Additional Allowable Services: Recovery/Peer Organizations to Expand Support Networks/Recovery Support Specialists (RSS)	3.92		8	20	13	8	9	4	42%
Transportation*	3.79		9	21	22	8	6	5	25%
Chitlape Services	3.75		10	16	19	10	8	2	8%
Transportation for PPW	3.73		9	13	14	9	6	4	0%
Intern Services	3.18		8	16	12	7	9	3	0%
Additional Allowable Service: Crisis Lines by RSS Providers	3.1		9	10	12	5	6	4	
Additional Allowable Services: Peer Recovery Specialist Training, Funding, Eval & Certification	3.08		8	19	14	7	6	4	

Additional Comments:
childcare needs to be onsite at outpatient facility

11. Other SABG Activities Any activity necessary to plan..... capacity management infrastructure, and conducting needs assessments.	Combined Weighted Average	Advisory Board Score	Board of Directors Score	County Coordinator's Score	Behavioral Health Agency Score	ASO BG Provider Score	Tribal Authority Score	Other Score	Advisory Board Second Poll
Additional Allowable Services: Provision of Workforce Support	4.31		10	25	17	7	4	5	33%
Additional Allowable Services: Technology/Equipment to Improve Service Delivery	4.09		8	13	18	8	10	5	42%
Additional Allowable Services: Purchase of Technical Assistance	4		10	14	11	8	8	5	8%

Additional Allowable Services: COVID-19 Related Expenses for those with SUD	3		5	9	3		8	2	8%
Additional Allowable Services: PPE for Staff and Persons Receiving SUD Services	2.79		5	8	5	2	8	2	8%

Additional Comments:

Funds to pay programs to provide internships for SUDPT and License Associates including Peers
 Workforce support ideally would be paying tuition for completing coursework for SUDP certification, as you did during BHO times.

For Ratification

- Health Care Authority (HCA) is amending the Peer Pathfinder Contract with the ASO to include funding of \$12,727 for a new deliverable in the payment and performance chart, the deliverable is due on August 1, 2022. The amendment extends the contract for a new end date of August 1, 2022.

Motion #XX-XX

HCA-NS BH-ASO-K4864-Amendment 1 for the provision of funding for a new deliverable and extending the end date from September 30, 2021, to August 1, 2022.

For Approval

- Lifeline Connection is the provider for Peer Pathfinder services in Skagit and Whatcom counties. This amendment is passing through the funding of \$12,727 and requirement for a new deliverable due August 1, 2022. This contract includes the HARPS program as a companion to the Peer Pathfinder program.

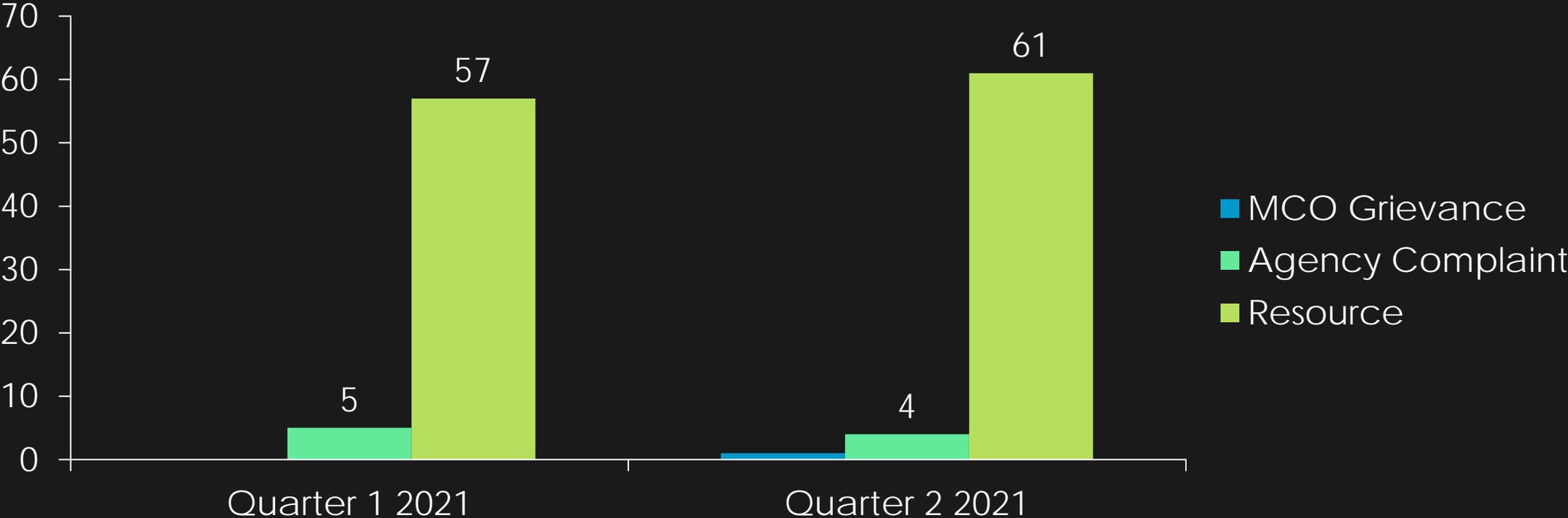
Motion #XX-XX

NS BH-ASO-Lifeline Connections-MHBG-20 Amendment 2 for the provision of additional funding and the requirement of a new deliverable due August 1, 2022. The contract term is November 1, 2020, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.

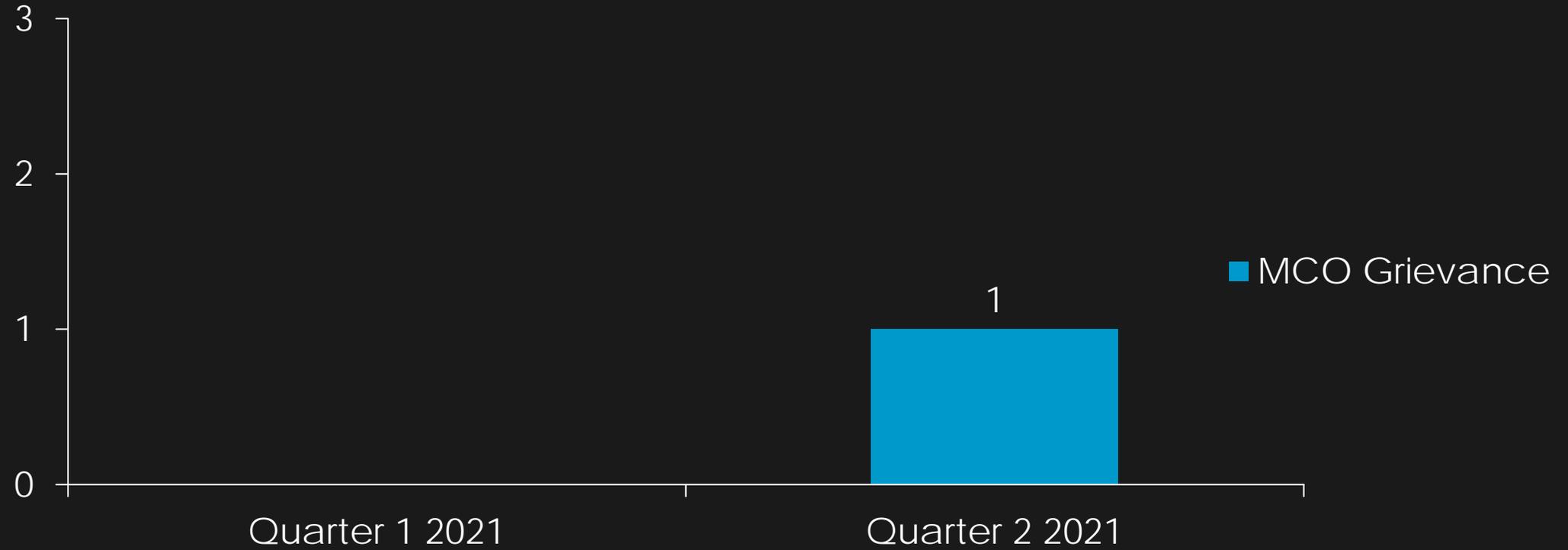
North Sound Behavioral Health Ombuds

2021 Semi-Annual Report

Ombuds Services Overview



MCO Level Grievance

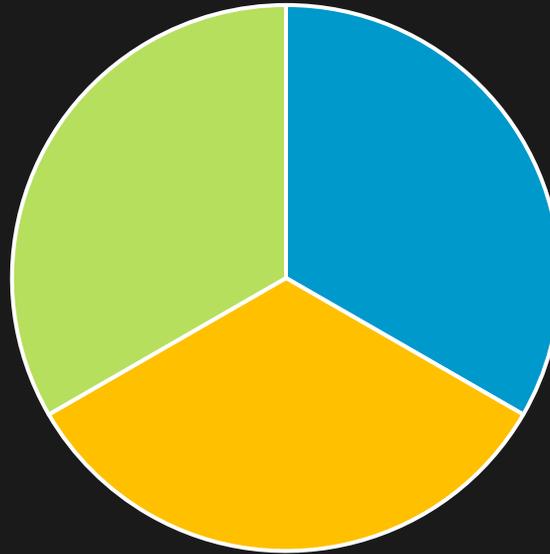


Single Grievance Overview

- Female
- 50-70 years old
- Mental Health Service type
- MCO: Community Health Plan of WA

Grievance Categories

Category Breakdown



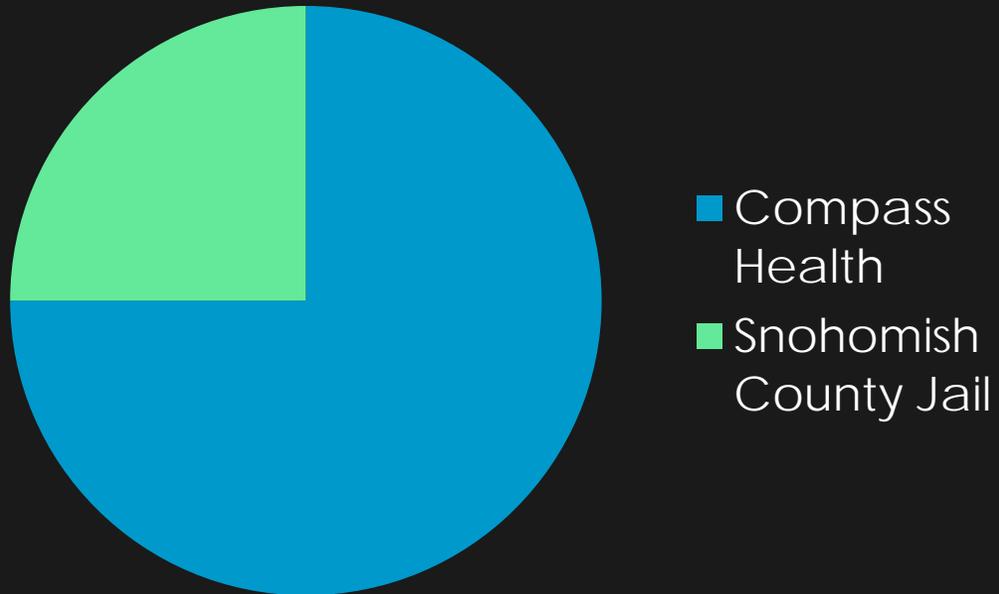
■ Access ■ Dignity and Respect ■ Coordination of Services

Complaint Breakdown

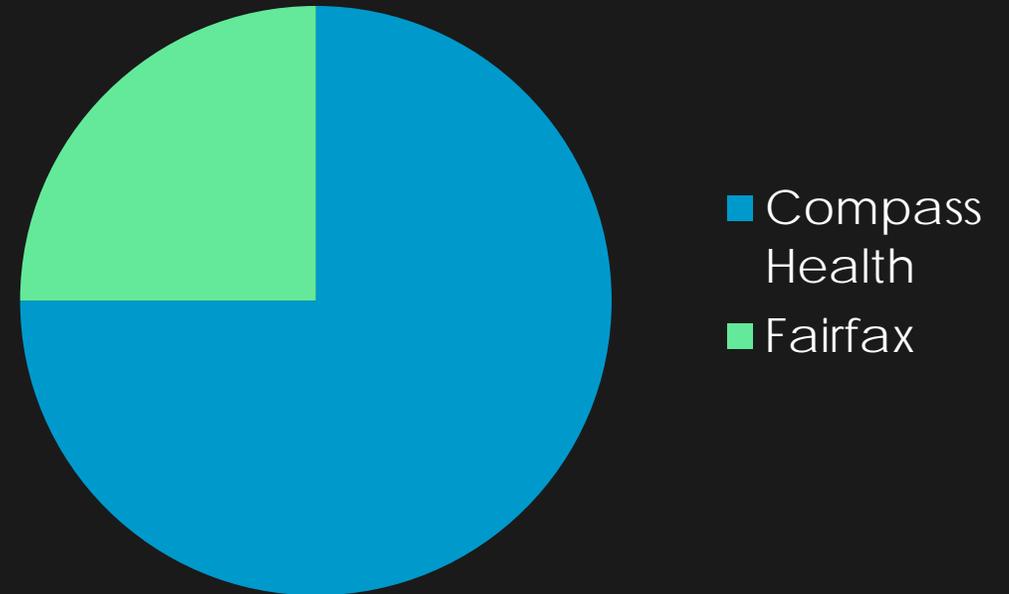
- Agency
- Complaint Categories
- Service Type
- Insurance Type
- Payer for Service

Agency Complaints

Quarter 1 2021

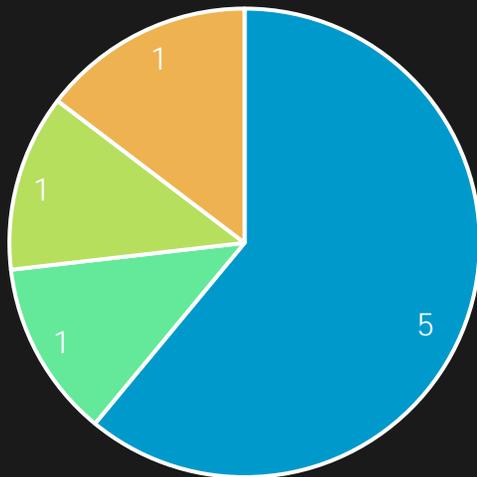


Quarter 2 2021



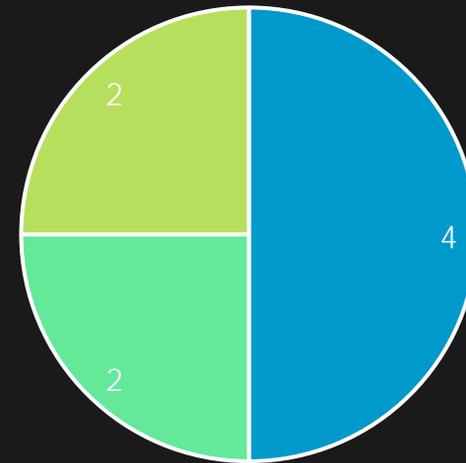
Complaint Categories

Quarter 1, 2021



Case 1: Access, dignity & respect
Case 2: Access
Case 3: Access
Case 4: Access, Other
Case 5: Access, service intensity

Quarter 2, 2021



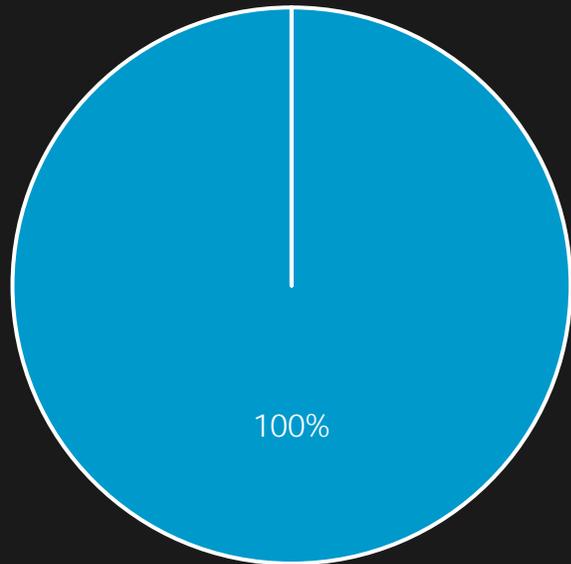
Case 1: Access
Case 2: Access, dignity & respect, coordination of care
Case 3: Access
Case 4: Access, dignity & respect, coordination of care

■ Access ■ Dignity & Respect ■ Service Intensity ■ Other

■ Access ■ Dignity & Respect ■ Coordination of Services

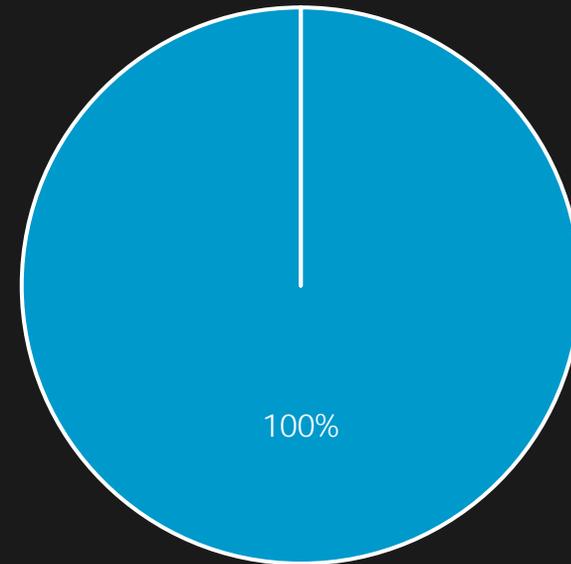
Service Type

Quarter 1 2021



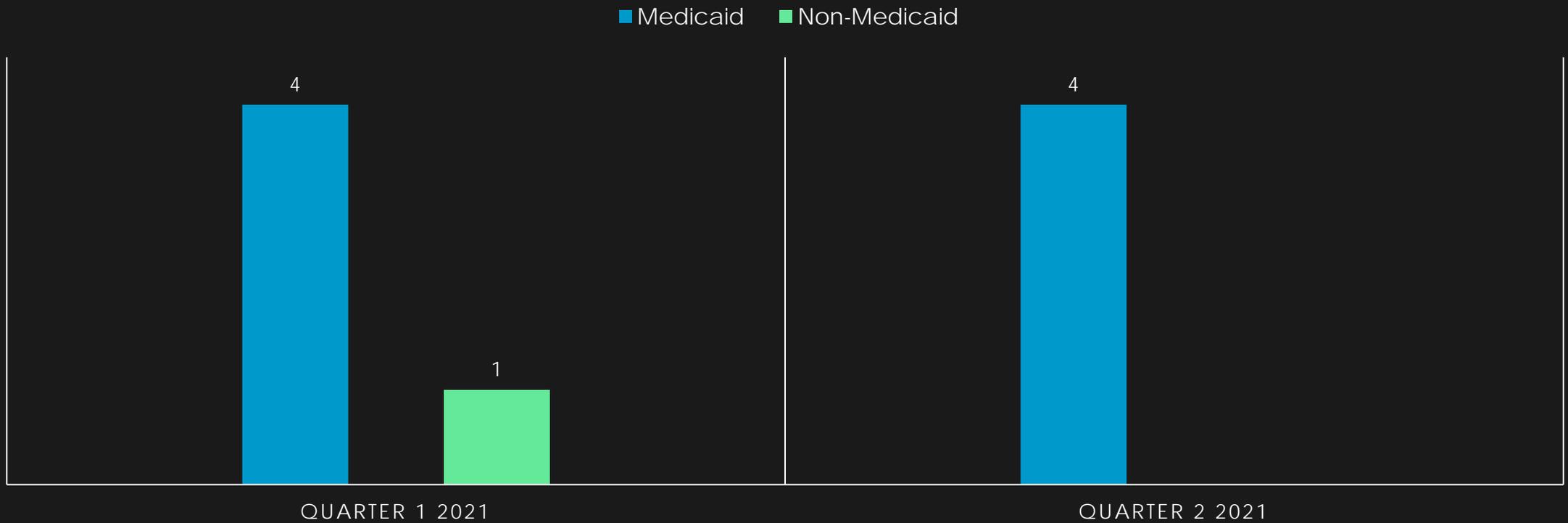
■ Mental Health ■ SUD ■ WISe ■ Co-occurring

Quarter 2 2021



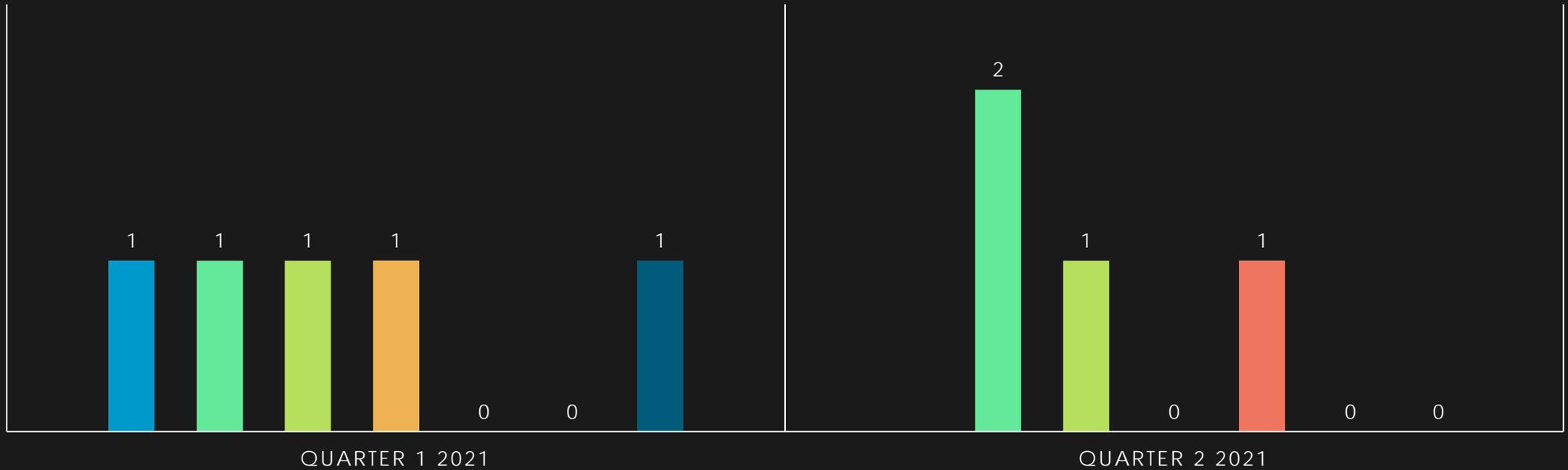
■ Mental Health ■ SUD ■ WISe ■ Co-occurring

Insurance Type



Payer for Service

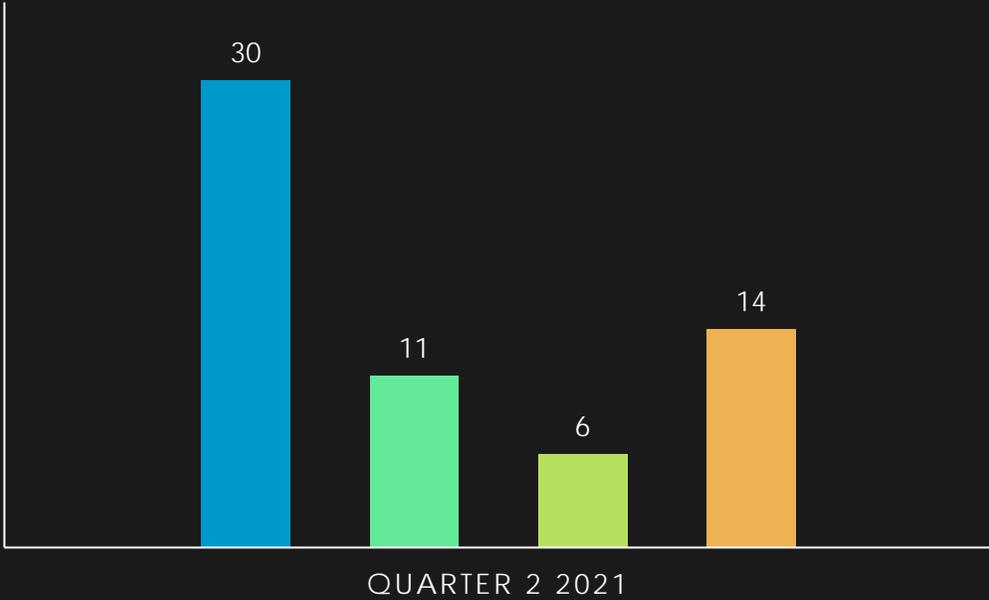
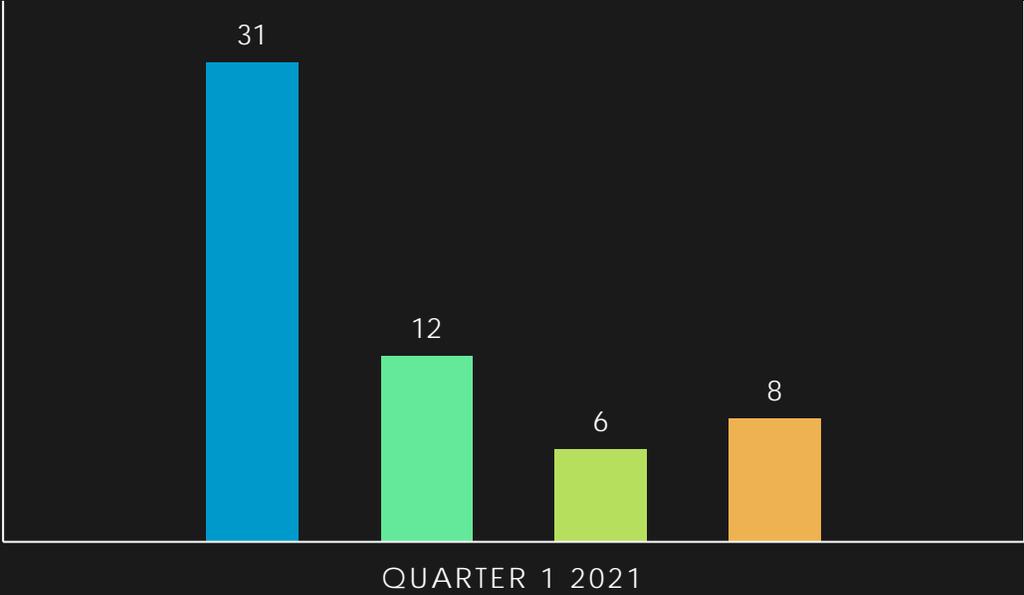
Amerigroup CHPW Coordinated Care Molina United BH-ASO Other (Offender Health Plan)



Resource Definitions

- ❑ **Consumer:** an individual who is currently receiving services
- ❑ **Advocate:** a family member, friend, or authorized representative of an individual
- ❑ **Provider:** an agency or professional providing direct service to an individual
- ❑ **Information & Referral:** a non-behavioral health related concern

Resource Breakdown



■ Consumer Education ■ Advocate Education
■ Provider Consultation ■ Information & Referral

Trends

Quarter 1, 2021

- Agencies throughout the region continue to close down services
- Increase in high wait times for outpatient SUD services
- Increase in high wait times for outpatient mental health services

Quarter 2, 2021

- Increase in high wait times for outpatient SUD services
- Increase in high wait times for outpatient mental health services
- Increase in contacts from providers/employees who are expressing complaints about the facilities they are employed with or coordination of services with other providers
- Problems accessing individuals staying ITA at a hospital setting and staff refusing to connect Ombuds to patient even though Ombuds provided the name and access code
- Increase of complaints involving Access to behavioral health services due to high wait times or unavailability at our local providers

Ombuds Trainings

Quarter 1, 2021

- Webinar for DBHR call for Behavioral Health Service Providers
- Webinar for Authorized Generic Drugs & Their Role in Mental Health Treatment
- WA State Behavioral Health Ombuds Quarterly Training
- One-day Summit: recovery Housing in Washington
- Neighborhood relations and Neighbor resistance to recovery webinar

Quarter 2, 2021

- Training in DBT Skills through Holding the Hope
- Training in combining Motivational Interviewing and CBT Skills
- Behavioral Health Ombuds State Training
- Older Adult Mental Health Day Webinar
- The Golden Thread of Documentation (6 week training)
- 2 Week Certified Peer Counseling Training for Ombuds Specialist
- Meth and Opioid Use Disorder Webinar

Questions

North Sound Behavioral Health Ombuds

Presented By: Katelyn Morgan, Samantha Moore, and Lizeth Vizcaino-Sandoval

330 Pacific Place Mount Vernon, WA 98273

(Phone) 360-416-7004 (Toll Free) 1-888-336-6164 (Fax) 360-416-7550



Effective Date: 5/5/2020

Review Date: 5/5/2020

Revised Date:

North Sound Behavioral Health Administrative Services Organization, LLC

Section 4500 – Advisory Board: Advisory Board Requests for Support Staff Services

Authorizing Source:

Approved by: Executive Director Date: 05/05/2020 Signature:

POLICY # 4501.00

SUBJECT: ADVISORY BOARD ~~REQEUSTS-REQUESTS~~ FOR ~~SUPPORT~~ STAFF SERVICES

PURPOSE

To facilitate timely response to requests made by Advisory Board members for ~~support~~-staff services.

USE

The use of ~~support~~-staff services by North Sound Behavioral Health Administrative Services Organization (North Sound BH-ASO) Advisory Board members is restricted to North Sound BH-ASO related business only.

RESPONSIBILITY

The Advisory Board Coordinator will receive and review all requests from Advisory Board members. The Advisory Board Coordinator will take into consideration: the nature of the request and degree of difficulty.

PROCESS

The following procedures are to be followed for each request for ~~support~~-staff services:

1. A minimum of 1-2 weeks' notice is required for requests for service. The actual length for completion will depend on the complexity of the project and the current workload.
2. In the event of an unexpected emergency, the 1-2-week timeframe for completion **may** be waived. If this should occur, the Advisory Board Coordinator will consult with the Executive Director and/or the Administrative Manager before taking on the project.
3. The person requesting services will complete a detailed description of the request of the support staff services work.
4. Advisory Board members may request services via e-mail, fax, voice mail, written notes, or any other methodology of choice.
5. The form will be given to the Administrative Supervisor who will review the request and distribute to the ~~Support Staff Coordinator~~appropriate staff. In the absence of the Administrative Manager, the ~~Support Staff Coordinator~~Executive Director shall be authorized to review requests.
6. The Advisory Board Coordinator will return the completed project to the Advisory Board Chair, who will then forward it to the applicable member.
7. Feedback from Advisory Board members regarding timeliness and/or quality of work can be directed to the Administrative Manager.

ATTACHMENTS

~~None~~4501.01



Identification of Staff

As identified in Policy 4501.00 *Advisory Board Requests for Staff Services*, the following individuals are the identified staff referred to in the policy:

- Administrative Manager – Joanie Williams
- Advisory Board Coordinator – Maria Arreola



Conference Schedule

Conference Schedule – Subject to Change

Attendees can earn additional continuing education hours with On Demand viewing.

MONDAY, OCTOBER 4, 2021 (General Conference)

8:00 am – 8:30 am	Welcome & Announcements: <i>Donnie Goodman, MC</i>
8:30 am – 9:30 am	Plenary Session 1 <i>Tiffany Jenkins</i>
9:30 am – 10:00 am	<i>Break and Exhibit Viewing</i>
10:00 am – 11:15 am	Workshop Session I 1A: Competency Restoration Process and Inpatient Restoration vs. Outpatient Restoration <i>Tom Kinlen, Dr. Means, Monica Reeves</i> 1B: GOSH program for people discharging from all inpatient settings <i>Whitney Howard</i> 1C: 988 Law 1D: PG & Tobacco <i>Tana Russell</i> 1E: SPARK Program <i>Carolyn Cox</i> 1F: TBA <i>Dr. Donna Beegle</i> 1G: Contingency Management for Methamphetamine Use Disorders in Primary Care Patients Receiving MOUD <i>Amy Burns, Michael McDonell</i> 1H: TBA <i>Tiffany Jenkins</i>
11:15 am – 11:30 am	<i>Break and Exhibit Viewing</i>
11:30 am – 12:30 pm	Plenary Session 2 <i>Jack Turban</i>
12:30 pm – 1:30 pm	Lunch
1:30 pm – 2:45 pm	Workshop Session II

	<p>2A: Team-based approaches to co-occurring</p> <p>2B: Lived Voices Panel – Improving communication with persons in relapse <i>Ely Hernandez</i></p> <p>2C: TBA <i>Dr. Donna Beegle</i></p> <p>2D: Embracing MI to improve TIA communication <i>Casey Jackson</i></p> <p>2E: Trueblood Funded Crisis Diversion Enhancements <i>Keith Lewis</i></p> <p>2F: Problem Gambling <i>Tana Russell</i></p> <p>2G: Water into Sand: Strategies for Creating a Sustainable Return on Investment for your Evidence-Based Practice Implementation <i>Matthew Roosa, Denna Vandersloot</i></p> <p>2H: Applied Behavioral Analysis <i>Jeff Green</i></p>
2:45 pm – 3:15 pm	<i>Break and Exhibit Viewing</i>
3:15 pm – 4:15 pm	<p>Plenary Session 3: COVID-19 pandemic stress and reintegration <i>Kira Mauseth</i></p>

TUESDAY, OCTOBER 5, 2021 (General Conference)

8:00 am – 8:15 am	Welcome & Announcements: <i>Donnie Goodman, MC</i>
8:15 am – 9:15 am	<p>Plenary Session 4: Psychedelic as Treatment <i>Matthew Johnson</i></p>
9:15 am – 9:45 am	<i>Break and Exhibit Viewing</i>
9:45 am – 11:00 am	<p>Workshop Session III</p> <p>3A: FOCUS on Implementation: Lessons learned from ongoing facilitation of mHealth in community mental health <i>Justin Tauscher, Ben Buck</i></p> <p>3B: PPW <i>Nadejda Bepalova</i></p> <p>3C: Harm Reduction <i>Ariana Saunders</i></p> <p>3D: Trueblood Settlement of Contempt Projects <i>Nicole Mims</i></p> <p>3E: Think that people who are homeless can't work? Surprising reasons why that is not the case <i>Darren Paschke, Dawn Miller</i></p> <p>3F: TBA <i>Dee Bigfoot</i></p> <p>3G: Workforce Development Initiatives <i>Melody McKee, Julia O'Connor</i></p>

	3H: DDA's clinical team – Panel Session <i>Jeff Green</i>
11:00 am – 11:30 am	<i>Break and Exhibit Viewing</i>
11:30 am – 12:30 pm	Plenary Session 5 <i>Dee Bigfoot</i>
12:30 pm – 1:30 pm	Awards Ceremony
1:30 pm – 2:00 pm	<i>Lunch</i>
2:00 pm – 3:15 pm	Workshop Session IV 4A: Effective interventions for Older Adult <i>Lesley E. Steinman</i> 4B: MMIW/MMIP 4C: Peer Certification and Enhancements <i>Kate Ireland</i> 4D: Cultural Humility and SUD <i>Pat Tucker</i> 4E: Wellness and Recovery <i>Laura Ng</i> 4F: Developing a Continuum of Housing Options for the Behavioral Health Population <i>MeLinda Trujillo, Kira Schneider, Melodie Pazolt</i> 4G: Blake Decision and Blake Bill <i>Tony Walton</i> 4H: Individual Placement and Support supported employment in a SUD agency <i>Paul Phares, Mindy Greenwood</i>
3:15 pm – 3:45 pm	<i>Break and Exhibit Viewing</i>
3:45 pm – 5:00 pm	Workshop V 5A: Working with people with co-occurring psychosis and SUD 5B: Governor's plan projects <i>Matthew Johnson</i> 5C: R2R <i>Kris Shera</i> 5D: Provider Intersections and Collaborations <i>Melodie Pazolt, Craig Jacobson, Keith Lewis</i> 5E: Wanted – Clinicians with Super Competencies: Serving individuals with intellectual disabilities with behavioral health challenges <i>Mariah Zeise, Dan Peterson</i> 5F: Indian Behavioral Health Improvement efforts that include development of Tribal DCRs, Tribal Jurisdiction Codes, and the new WA Indian Behavioral Health Hub <i>Vicki Lowe, Heather Erb, Becky George, Mia Klick, Pat Morris, Lucy Mendoza, Lizzie Cayden</i> 5G: Self-Care and reconnecting in the pandemic <i>Kira Mauseth</i> 5H: Oregon's new drug laws demystifying rumor <i>Janie Gullickson</i>

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