



## **SALISH BHO**

### **ADVISORY BOARD MEETING**

**DATE:** Friday, January 5, 2018  
**TIME:** 10:00 AM – 12:00 PM  
**LOCATION:** City of Sequim, Transit Center  
190 W Cedar Street, Sequim WA 98382

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### **A G E N D A**

<http://www.kitsapgov.com/hs/sbho/sbhoboard.htm>

1. Call To Order
2. Announcements/Introductions
3. Opportunity to Address the Board on Agenda Topics (limited to 3 minutes each)
4. Approval of Agenda
5. Approval of November 3, 2017 Minutes (Attachment 5)
6. Action Items
  - a. Election of Officers
  - b. Board Priorities (Attachment 6.b)
    - Suicide Prevention
    - Stigma Reduction
    - How to Increase Consumer Voice
  - c. Meeting Schedule (Attachment 6.c)
7. Informational Items
  - a. Report on Executive Board Action
    - Substance Abuse Block Grant (Attachment 7.a.1)
    - Recommendation to Become Administrative Services Organization (Attachment 7.a.2)
  - b. Pilot Project Proposal (Attachment 7.b)
  - c. State Hospital Update
  - d. Olympic Community of Health
8. Opportunity for Public Comment (limited to 3 minutes each)
9. Board Member Check-in
10. Adjournment

## ACRONYMS

<b>ACH</b>	Accountable Community of Health
<b>ASAM</b>	Criteria used to determine substance use disorder treatment
<b>BHO</b>	Behavioral Health Organization, replaced the Regional Support Network
<b>CAP</b>	Corrective Action Plan
<b>CMHA</b>	Community Mental Health Agency
<b>CMS</b>	Center for Medicaid & Medicare Services (federal)
<b>DBHR</b>	Division of Behavioral Health & Recovery
<b>DCFS</b>	Division of Child & Family Services
<b>DDA</b>	Developmental Disabilities Administration
<b>DMHP</b>	Designated Mental Health Professional
<b>DSHS</b>	Department of Social and Health Services
<b>E&amp;T</b>	Evaluation and Treatment Center (i.e., AUI, YIU)
<b>EBP</b>	Evidence Based Practice
<b>EPSDT</b>	Early and Periodic Screening, Diagnosis and Treatment
<b>EQRO</b>	External Quality Review Organization
<b>FBG</b>	Federal Block Grant (specifically MHBG and SABG)
<b>FIMC</b>	Full Integration of Medicaid Services
<b>FYSPRT</b>	Family, Youth and System Partner Round Table
<b>HARPS</b>	Housing and Recovery through Peer Services
<b>HCA</b>	Health Care Authority
<b>HCS</b>	Home and Community Services
<b>HIPAA</b>	Health Insurance Portability & Accountability Act
<b>HRSA</b>	Health and Rehabilitation Services Administration
<b>IMD</b>	Institutes for the Mentally Diseased
<b>IS</b>	Information Services
<b>ITA</b>	Involuntary Treatment Act
<b>LOC</b>	Level of Care
<b>MAT</b>	Medical Assisted Treatment
<b>LRA</b>	Least Restrictive Alternative
<b>MCO</b>	Managed Care Organization
<b>MOU</b>	Memorandum of Understanding
<b>OCH</b>	Olympic Community of Health
<b>OST</b>	Opiate Substitution Treatment
<b>PACT</b>	Program of Assertive Community Treatment
<b>PATH</b>	Programs to Aid in the Transition from Homelessness
<b>PIHP</b>	Prepaid Inpatient Health Plans
<b>PIP</b>	Performance Improvement Project
<b>P&amp;P</b>	Policies and Procedures
<b>QA, QI</b>	Quality Assurance, Quality Improvement
<b>QUIC</b>	Quality Improvement Committee
<b>QRT</b>	Quality Review Team
<b>RCW</b>	Revised Code Washington
<b>RFP, RFQ</b>	Requests for Proposal, Requests for Qualifications
<b>SAPT</b>	Substance Abuse Prevention Treatment
<b>SBHO</b>	Salish Behavioral Health Organization
<b>SUD</b>	Substance Use Disorder
<b>UM</b>	Utilization Management
<b>WAC</b>	Washington Administrative Code
<b>WM</b>	Withdrawal Management
<b>WSH</b>	Western State Hospital, Tacoma

SBHO Advisory Board  
Agenda Briefings  
January 5, 2018

**Action Items**

a. ELECTION OF OFFICERS

The Nominating Committee will provide the Board with their nominations for Chair and Vice Chair for Calendar year 2018.

b. BOARD PRIORITIES

Last year, the Board went through a prioritization process and selected five areas on which to focus its attention: Primary Care Integration with Behavioral Healthcare; Quality issues, including penetration rates; Substance Use Disorder practices; County use of 1/10<sup>th</sup> sales tax funding; and fiscal issues.

The entire list of topics that were suggested during that process is attached, and the Board is asked if they want to set new priorities, or maintain the ones previously established. It was requested by one Board member that the Board specifically address Suicide Prevention and Stigma Reduction, as well as how to increase Consumer Voice and representation on the Board.

c. MEETING SCHEDULE

Attached is a graphic depicting meeting attendance over the last year. The Board is asked to discuss if an alternative day or time might lead to higher attendance rates. Should we meet less often?

**Informational Items**

a. REPORT ON EXECUTIVE BOARD

- Substance Abuse Block Grant Recommendations

The Request for Proposals (RFP) committee made funding recommendations in early December, and those recommendations were taken to the Executive Board in order to expedite the development of contracts as swiftly as possible. The Executive Board approved the recommendations as submitted. A table outlining the applications received and funds approved is attached for the Board's discussion.

- Recommendation to Become Administrative Services Organization

In October, the Health Care Authority issued a letter outlining the options available to Behavioral Health Organizations (attached), and the Executive Board has agreed to submit letters requesting designation as a Behavioral Health Administrative Services Organization.

b. PILOT PROJECT PROPOSAL

Kitsap Mental Health has collaborated with the Salish BHO to create a proposal for a pilot project here on the peninsula which would maintain separate behavioral health funding while working actively towards clinical integration. The proposal, which is attached, will be discussed.

c. STATE HOSPITAL UPDATE

The state hospital, which received a 40% funding increase last July and is running a deficit, continues to be a significant drain on our system. When individuals are not admitted to Western State, they are placed on a 'waiting list'. Of the last nine individuals placed on the wait list, six were discharged prior to admission, and no one had been admitted to Western since November 7. In the first six months of 2017, individuals on the wait list spent approximately 800 bed days in community beds, making it harder to place acute care cases, and costing the providers in our region approximately \$800,000. Last year the Governor submitted a plan to the Legislature to shrink the number of beds at the state hospitals and develop long term beds in the community, and it might appear that this is being achieved simply by not admitting individuals from the community.

d. OLYMPIC COMMUNITY OF HEALTH

The Olympic Community of Health (OCH), tasked with local implementation of the State's Medicaid 1115 Demonstration Grant, will present an update.

**MINUTES OF THE  
SALISH BEHAVIORAL HEALTH ORGANIZATION  
ADVISORY BOARD**

**10:00 a.m., Friday, November 3, 2017  
City of Sequim, Transit Center  
190 W Cedar Street, Sequim WA 98382**

**CALL TO ORDER** – Russell Hartman, Chair, called the meeting to order at 10:05 a.m.

**INTRODUCTIONS** – Self introductions were conducted around the room.

**OPPORTUNITY FOR PUBLIC TO ADDRESS THE BOARD ON AGENDA TOPICS:**

None

**APPROVAL OF THE AGENDA**

Agenda was approved without motion.

**APPROVAL OF October 6, 2017 MINUTES**

**MOTION: Jolene George moved to approve the minutes of the October 6, 2017 meeting as submitted. Stephen Workman seconded. Motion carried unanimously.**

**INFORMATIONAL ITEMS**

- Healthcare Integration
  - The state continues to encourage counties and Behavioral Health Organizations (BHOs) to become fully integrated in any way they can, having given extensions for decision making beyond the September 15th deadline to three BHOs. In addition to extensions, the Health Care Authority is also beginning to make concessions of various kinds to get counties to agree to fully integrated care.
  - The SBHO, Thurston-Mason BHO, and Great Rivers BHO were the only regions not to submit letters to go mid-adoption. A lot of pressure was placed on the larger counties to go mid-adoption.
  - The Executive Board has tasked SBHO staff to develop a list of concerns and related conditions for our region that will be submitted to the Health Care Authority. SBHO staff asked for the Advisory Boards input on the letter and asked the following questions to be answered: What is important moving forward? What does our region need to preserve post integration? How can we keep our system whole?
  - After a robust discussion, the Advisory Board provided the following input for the SBHO to prioritize.
    - Global health and how it fits together with the groups the SBHO oversees.
    - Full integration and coordination; integrate everything.
    - EMRs – Standardized across the board
    - Local Control
    - Grievance Process
    - Evaluation Process and Quality Improvement

- Evidenced based practice
- Access to services/care for our region
- The discussion on integration was opened to the public to discuss and make comments on.
  - Brent Simcosky, Health Director at Jamestown S’Klallam Tribe – Reminded the board that this is an opportunity to change the system and it is important to maintain control and leverage over the Health Care Authority.
  - Ellen Epstein, Director at RMH –Addressed her concerns with integration at the clinical level as our current model does not fit with what the state is going towards.
  - G’Nell Ashley, Director at Reflections Counseling – Voiced her concerns over the EMR systems and how data will be communicated to state once integration occurs. G’Nell also raised her concerns over the staffing levels and having enough providers to serve our region and voiced her concerns with the SUD provider licensing rate increases for renewals and new inquiries.
  - Joe Roszak, Director at Kitsap Mental Health Services – Brought up his concerns with the fact that we are losing smaller providers throughout our region and how the state seems to be encouraging larger agencies to take over smaller agencies.
- Options for the Future
  - The Health Care Authority released a request on October 10 offering Behavioral Health Organizations the first right of refusal to become Administrative Service Organizations (ASOs) when their region becomes fully integrated. The commitment is not due until January 12, and is rescindable until March of 2019 for those anticipating becoming fully integrated in January of 2020. The Executive Board has made a preliminary decision to submit a letter of intent, but is open to Advisory Board input.
  - The Advisory Board discussed the advantages and disadvantages of becoming an ASO; the biggest concerns are associated with the legal and financial risks. The Advisory Board suggested that the Executive Board submit a letter of intent to become an ASO while continuing to analyze risks and funding for the ASO prior to the cut off for rescinding the intent letter (March 2019).
- Medicaid Transformation Project
  - The Medicaid Transformation Project has hit a significant funding glitch, and the Olympic Community of Health (OCH) has been notified that their revenue will be 27% less than expected during the course of the project. The OCH continues to move forward with all of the projects they initially planned on completing; the Advisory Board reviewed the planned projects.
- Funding Update
  - SBHO staff reviewed and discussed SUD expenditures. We are underspending on the SABG; the SBHO is looking at how to spend it more as these funds will be lost if not spent.

## **OPPORTUNITY FOR PUBLIC COMMENT**

- Nancy Kuhuski and Sarah Friedman – Voiced their support for having a MAT Program in our community and encouraged community training and education to help gain support.

**FOR THE GOOD OF THE ORDER**

- Board Member Check-In:
  - Russ Hartman– At the December meeting we need to select the Chair and Vice Chair for year 2018. Also, the Advisory Board should take a position on the ASO as an Action Item at the December meeting. The OCH and SBHO Advisory Board should collaborate and work together.
  - Freida Fenn - Spoke on a suicide prevention project that is taking place in Jefferson County. A high school student is working on organizing and gaining support to bring the filmmakers of the documentary *S Word* to show the documentary in the schools and at the local theater. Freida is also trying to organize DBH and private practice counselors to be on hand to support viewers of the documentary.
  - Jolene George – Encouraged people to visit the OCH website as it is full of useful and simplified information on the topics that are being discussed right now.
  - Sandy Goodwick– Appreciated Freida’s efforts and support on suicide awareness and prevention; the communities need the support.
  - Lois Hoell– The 1/10<sup>th</sup> groups are working on collaborating; currently the chairs of each committee are meeting to share ideas.

**ADJOURNMENT** - The meeting adjourned at 11:57 a.m.

**ATTENDANCE**

MEMBERS	GUESTS	STAFF
<p><u>Present</u>                      Roberta Charles                      Sandy Goodwick                      Jolene George                      Lois Hoell                      Freida Fenn                      Russell Hartman                      Stephen Workman                      Sally O’Callaghan</p> <p><u>Absent/Excused</u>                      Jennifer Risinger                      Helen Morrison                      Janet Nickolaus                      Charles Pridgen                      Catharine Robinson                      Jon Stroup                      Jennifer Kreidler-Moss                      Anne Dean</p>	<p>Ellen Epstein, RMH Services                      Vivian Morey, Ombuds                      Jessica Campbell, Ombuds QRT                      Kathy Stevens, Peninsula Behavioral Health                      G’Nell Ashley, Reflections Counseling Services Group                      Joe Roszak, KMHS                      Shannon Cantrell, West Sound Treatment Center                      Darcy Allbee, West Sound Treatment Center                      Sarah Friedman, Community Member                      Nancy Khosi, Community Member                      Anna McEnery, Jefferson County                      Brent Simcosky, Jamestown S’Klallam Tribe – Health Director</p>	<p>Doug Washburn                      Anders Edgerton                      Alexandra Hardy</p>

## **Salish BHO Advisory Board Priorities**

### Top Five

1. Primary care Integration with mental health and substance use disorder. (6)
2. Quality matrixes: penetration rates for MH and SUD; recidivism rates. (5)
3. SUD practices; provider views on delivery of care, prevention; possible survey. (3)
4. Each county's use of 1/10<sup>th</sup> of 1% tax money (Hargrove); how are funding awards determined? (3)
5. How does funding flow; charts to show percent of admin overhead by agency. (3)

### Other Suggested Topics for Board Discussion and Education in the Future

1. What are other regions doing to set up their BHOs; how are they dealing with risk issues; long term stabilization plans; and opportunities to reinvent the way SUD services are provided. (3)
2. Evidence Based Practices; Best Practices outside of our region/ outside our state for both mental health and substance use. (2)
3. Marijuana issues. (2)
4. Provider surveys to find out what providers are doing; innovations; future plans. (2)
5. How the cultural of poverty and homelessness impact MH and SUD services and conditions. (2)
6. Prevention of mental illness. (1)
7. Identify state and local public officials that can assist with support to the HBO and agencies. (1)
8. Trauma Informed Care (recognition of trauma in past affects the current issues). (1)
9. Integration efforts with the Dept of Health. (1)
10. Re-educate board on budget, capitol, and risk. (0)
11. Increased funding for agencies. (0)
12. What is the individual cost to mental health agencies for patients that should have been admitted to WSH but incurred community hospital costs instead, compared to community hospital costs for inpatient services for clients that would have had to be served in that setting anyway. (0)
13. EBP for co-occurring disorders. (0)
14. EBP for chemical dependency only. (0)

Note: numbers at end of each item equal member votes received at the April meeting.

Salish BHO Advisory Board Members Meeting Attendance													
Name	27-Jan	No Feb Mtg	10-Mar	7-Apr	5-May	2-Jun	No July Mtg	4-Aug	8-Sep	6-Oct	3-Nov	No Dec Mtg	Absent
<b>Clallam</b>													
Goodwick, Sandy								X	X	X	X		0/4
Nickolaus, Janet	X				X	X		X		X			4/9
Pridgen, Charles	X			X	X			X	X	X			3/9
Risinger, Jennifer													4/4
<b>Jefferson</b>													
Dean, Anne	X			X	X			X		X			4/9
Fenn, Freida			X	X		X		X			X		3/8
Morrison, Helen	X		X	X		X		X	X	X			2/9
Robinson, Catharine				X		X		X		X			5/9
Workman, Stephen										X	X		1/3
<b>Kitsap</b>													
Hartman, Russell	X		X	X	X			X	X		X		2/9
Hoell, Lois	X			X	X	X		X		X	X		2/9
Kreidler-Moss, Jennifer	X		X	X				X		X			4/9
O'Callaghan, Sally											X		0/1
Stroup, Jon	X		X	X		X				X			4/9
<b>Tribal - At Large Members</b>													
Charles, Roberta	X				X			X	X	X	X		3/9
George, Jolene	X				X			X		X	X		4/9

<b>Beacon of Hope - Jefferson</b>	Intensive Case Management	participants - 120; cost per - \$791.66; Case management on "strengths-based case management model; case manager serves 8 new substance abuse treatment participants averaging 15-20 per month.	120; cost per \$791.66	\$95,000.00	Program funded last grant period.	Fully fund as requested	<b>\$95,000</b>
<b>Jefferson Total</b>				\$95,000			<b>\$95,000</b>
<b>Agape Koinonia Inn Case Management</b>	Koinonia Inn Transitional Housing for Pregnant/Parenting Women Program: Case Management	Minimum 5 contacts per adult for goal orientated/ problem solving activities IE monitoring of substance use, substance abuse treatment; parenting needs assessment and skill building; housing searches and application assistance; living skills: problem solving, budgeting, employment readiness, education assistance, and soft skills training.	20 (11 women & 9 children) \$2491.18 per	\$49,824	Program funded last grant period.	Fully fund as requested	<b>\$49,824</b>
<b>Agape Childcare Center</b>	Agape Childcare	Premises Rental, some equipment, snacks/meals staff salaries, staff benefits, insurance/licensing - serving 50	50	\$42,696	Program funded last grant period.	Fully fund as requested	<b>\$42,696</b>
	Koinonia Inn Childcare	Premises Rental, some equipment, snacks/meals staff salaries, staff benefits, insurance/licensing - serving 12	12	\$29,755		Fully fund as requested	<b>\$29,755</b>
<b>West Sound Treatment Center - Kitsap</b>	Case management/Community outreach	Case management and housing services. Pg. 9 also says: hire and train 1 FT case manager, 1 transport manager and maintain SABG Programs Director & housing and other services	600 (50 new clients per month)	\$346,564 (although budget adds up to \$348,564)	Existing program Work with agency to make adjustments to fit budget recommendation	Cut \$82,000 Fund at \$264,564 due to available funds	<b>\$265,000</b>
<b>KMHS - Kitsap</b>	Expanding Substance Use Disorder Services Continuum	Funds three Chemical Dependency Professionals to each fulfill necessary functions furthering cross system collaboration and care coordination across continuum of recovery services. 1) outreach and engagement activities in community reaching 194 persons per yr. 2) FT residential inpatient t/outpatient CPD at Crisis Triage Center (opening April 20118) 3) Residential	1,288 adults with some duplication who are non-Medicaid (194 intravenous drug users)	\$207,902	Removal of Triage CDP due to lack of funding, duplication and expectation of spending as the facility is not currently open.  Concern due to lack of spending of last year's award	Cut \$52,192 Fund at \$155,710	<b>\$155,809</b>

		Inpatient/Outpatient to conduct engagement & referral activities, group & one-on-one education. Most have coexisting disorders, homeless, transient, leaving jail, & repeat abuse behaviors.			Did not separate by program as requested		
<b>West Sound Treatment Center - Kitsap</b>	Vocational Services	Intensive Vocational Assessment and 1:1 counseling identifying strengths, skills and build skills and strategies to become more attractive to potential employers. Also workshops to build skills in networking, career strategies, letter writing interviewing etc. Also clothing and fuel voucher program.	increase from 300-500 to additional 500-600 within year	\$121,946 (although budget adds up to \$121,916)	New for SABG to revive program previously in place and develop computer literacy program. Currently has a Navigator working with drug court.	Fully fund at \$121,916	<b>\$121,916</b>
<b>Kitsap Total</b>				<b>798,658</b>			<b>\$665,000</b>
<b>Lutheran Community Services NW - Clallam</b>	Childcare and Support Services	Provide combination of direct assistance, consultation, coaching and systems navigation and connect with community supports. childcare services	50	\$43,100 (\$20,000 for child provider assistance)	Continued contract from previous period. Meets priority population criteria. Only provider in the area.	Cut \$100 Fund at \$43,000	<b>\$43,000</b>
<b>Reflections Counseling Services Group - Clallam Sequim</b>	Crisis Intervention	Stabilize crisis situations, educate families, engage clients in treatment, provide referrals, remove barriers to services and recovery support	100	\$50,000.00	Discussion of changes to crisis system and role of SUD ITA. Value to the outreach work included in this proposal.	Cut \$16,000. Fund at \$34,000	<b>\$34,000</b>
<b>Reflections Counseling Services Group - Clallam</b>	Treatment to uninsured and underinsured	Group and individual counseling, urinalysis, outreach, transportation and case management services.	7-11	\$45,000.00	Funded in previous period.	Fully fund as requested	<b>\$45,000</b>

<b>Reflections Counseling Services Group - Clallam</b>	Parent Education	Parenting group classes with child development issues with focus on discipline interventions. "Nurturing Program Curriculum for Families in Substance Abuse Treatment" 12-week program by CDP trainee (peer support)	15	\$10,000.00	Do not fund due to cost value ratio and lack of available funds	Do not fund with SABG	
<b>Reflections Counseling Services Group - Clallam</b>	The Write Change for Youth	Create resiliency in youth (12-18 yrs.) educating them about risk factors through interactive reflective journaling, and encouraging positive life style values through healthy and safe activities and community service. Evidence based journaling program. Also, small incentives and activities.	(3) 12-week sessions serving 9 youth each session: 27	\$20,000.00	Consider funding the DMA funds due to youth focus	Do not fund with SABG	
<b>Olympic Personal Growth Center - Clallam</b>	Behavioral Health Clinical Associate Position FT	Job functions: care coordination between residential facilities, physicians, criminal justice system, mental health providers, outpatient treatment agencies, information and referral services, client outreach and data collection	100	\$35,880.00	Lack of available funding Prioritize clinical programs	Do not fund with SABG	
<b>Olympic Personal Growth Center - Clallam</b>	Co-occurring Mindfulness-based Education (COMBE Program)	The COMBE Program: educate clients who suffer from both SUD and MH symptoms and their symptom interactions. Not diagnostic but educational.	60 w/approximately 20 PPW	\$55,000.00	Lack of available funding Concern of lack of mental health oversight. High cost for education program	Do not fund with SABG	
<b>Olympic Personal Growth Center - Clallam</b>	Competency Program	Fund Treatment curriculums and staff training.	150 clients served by "trained" staff	\$15,306	Lack of available funding. Will work on other resources and provide support.	Do not fund with SABG. BHO will work to provide trainings to provider network.	
<b>Olympic Personal Growth Center - Clallam</b>	Community Reinforcement and Family Training (CRAFT)	New Intervention staff training for concerned significant others (CSO's) to engage treatment refusing SU abusers into treatment through treatment planning (safety, positive reinforcements, natural consequences, etc.)	10 clients noted, but \$ pays for staff training. No staff number is noted	\$5,522.48	Lack of available funding	Do not fund with SABG	

<b>Olympic Personal Growth Center - Clallam</b>	Transportation Assistance	Purchase public transit bus passes for individuals w/SUD's, 15 monthly passes every month	30 - including approx. 10 PPW	\$9,720.00	Not clear use or resources. No discussion of accessing other resources prior to use.	Do not fund with SABG	
<b>Olympic Personal Growth Center - Clallam</b>	Wraparound Treatment & Recovery Services	Recovery Coaches to provide when necessary: transportation to local appointments, support meeting, job interviews, to & from residential treatment, purchase items, materials or services that assist client in recovery. Also given opportunity to become Recovery Coaches	50-55	\$68,000.00	Funded in previous grant period.	Fully fund as requested	<b>\$68,000</b>
<b>Specialty Services II, LLC - Clallam - Pt. Angeles</b>	Assessment Program	Funds to continue providing contract clinical services for assessment, authorization, and referral services to clients in sub-acute withdrawal management.	300 including 125 PPW or IUID	\$57,691.00	Unclear information in proposal. Duplication of services. Assessment covered under Medicaid for most individuals.	Do not fund with SABG	
<b>Specialty Services II, LLC - Clallam - Pt. Angeles</b>	Recovery Coaching Program	Funds requested to enhance the services currently provided to support and encourage clients to access community services to support their continued abstinence. Also requesting funds for a recovery coaching program to develop a comprehensive case management System.	300 including 125 PPW or IUID	46,970	Possible duplication of services, funding through another agency. Concern about role of outpatient versus residential.	Do not fund with SABG	
<b>Specialty Services II, LLC - Clallam - Pt. Angeles</b>	Transportation Program	Enhance transportation services to support continued abstinence	300 including 125 PPW or IUID	\$13,800.00	Vague information on use of funds. Unclear how numbers were determined.	Do not fund with SABG	
<b>Clallam Totals</b>				<b>\$475,990</b>			<b>\$190,000</b>
<b>Grand Total</b>				<b>\$1,369,648</b>			<b>\$950,000</b>



**STATE OF WASHINGTON  
HEALTH CARE AUTHORITY**

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

October 6, 2017

Dear BHO Administrators:

**SUBJECT: BEHAVIORAL HEALTH – ADMINISTRATIVE SERVICES  
ORGANIZATION DECISION**

Per Senate Bill 6312, which passed in 2014, the Health Care Authority (HCA) is implementing integrated managed care in Washington State by January 1, 2020. Integrated managed care will provide a holistic benefit package of medical, mental health, and substance abuse treatment services to Medicaid beneficiaries through their Apple Health managed care plan. As part of this model, HCA will contract with a Behavioral Health Administrative Service Organization (BH-ASO) in each Regional Service Area beginning January 1, 2020.

Counties have the first right of refusal to operate a BH-ASO in their region. In a multi-county region, all counties must agree to the operation of a county-based BH-ASO. If a region does not want to operate a BH-ASO, HCA will procure a contracted organization to serve this role.

HCA requests that all counties notify us by **Friday, January 12, 2017** if they would like to operate a county-based BH-ASO, or if they would like HCA to procure a BH-ASO. To notify HCA of your region's decision, please send a letter to MaryAnne Lindeblad via email at [MaryAnne.Lindeblad@hca.wa.gov](mailto:MaryAnne.Lindeblad@hca.wa.gov).

If you have decided to operate a county-based BH-ASO, but subsequently decide to reverse that decision and would like a procured BH-ASO, HCA requires nine months' notice. For 2019 implementation, the deadline to reverse the decision to operate a county-based BH-ASO is March 1, 2018. For 2020 implementation, the deadline is March 1, 2019.<sup>1</sup>

If a region decides to procure a BH-ASO, HCA will not be able to allow a change in decision after we have released our procurement (March, 2018).

For information on the scope of the BH-ASO role, please review the HCA's recent [BH-ASO procurement](#), as well as a [sample contract](#).

The services and functions described in RFP #2253 and the sample contract represent the minimum role for this organization. The BH-ASO may also negotiate to manage or provide additional services the region, as a subcontractor of the integrated managed care plans. Examples

<sup>1</sup> This also does not apply for transitional counties: Okanogan and Klickitat.

of additional services could include: management of a Wraparound with Intensive Services (WISe) program, management of a Program for Assertive Community Treatment (PACT) program, specialized care management, allied system coordination, coordination of workforce development, training or capacity building activities, etc.

For more information, HCA has posted recent questions & answers on our Website, as well as fact sheets about reserves and other waiver funding available to support integration activities. If you have additional questions, please contact Isabel Jones, Integration Policy Manager by telephone at 360-725-0862 or via email at [Isabel.Jones@hca.wa.gov](mailto:Isabel.Jones@hca.wa.gov) and Alice Lind, Manager of Grants and Program Development by phone at 360-725-2053 or via email at [Alice.Lind@hca.wa.gov](mailto:Alice.Lind@hca.wa.gov). HCA staff are available to meet in your region to further discuss the BH-ASO decision and answer questions.

Thank you again for your continued partnership as we work to improve services for those we serve.

Sincerely,



MaryAnne Lindeblad, BSN, MPH  
Medicaid Director

By email

cc: Jason McGill, Health Policy Advisor, Office of the Governor  
Rick Weaver, Senior Policy Advisor, BHI, GOV  
Alice Lind, Grants and Program Development Manager, MPOI, HCA  
Isabel Jones, Integration Policy manager, PPP, HCA  
Chris Imhoff, Director, DBHR, BHA, DSHS

## Proposal for Salish BHO Integrated Care Proviso

**Purpose:** To create a legislatively approved Pilot Project in a geographically isolated area that provides for the clinical integration of Medicaid behavioral and physical health care services without full financial integration.

**Background:** The Washington Health Care Authority and Governor's Office have interpreted SSB 6312, passed in 2014, as requiring full financial integration of health care within Managed Care Organization contracts by January of 2020. The involvement of local authorities in the planning and management of behavioral health care (Mental health and/or substance use) would cease under this scenario and locally based Behavioral Health Organizations would be eliminated.

It has been a long held value of Kitsap, Jefferson and Clallam Counties that health care should be delivered locally if at all possible and that there are significant benefits to having local oversight of behavioral health care. This region has been a leader in the planning necessary to bring on new innovative programs, including integrated care, to address behavioral health needs, and there are strong affiliations between health and behavioral health providers throughout the Region.

**Request:** *That the Commissioners of Kitsap, Jefferson and Clallam Counties seek legislative authorization for a pilot project to be implemented under the auspices of the Salish Behavioral Health Organization requiring full clinical integration of care for the Medicaid population in our counties while continuing the current funding mechanism. Sample language is attached.*

**Salish BHO Related Strengths:** The Salish BHO brings to bear many existing strengths which position it and the provider community for full integration, such as:

### Administrative Strengths:

- Established Value Based Payment Structures – sub capitated payments for Mental Health Services contractors and case rates for Substance Use Disorder Services contractors.
- Long standing, local collaborative provider networks already include behavioral health providers, hospitals and physical health care clinics. All of these and the SBHO, have demonstrated commitment to the well-being of the individuals we serve.
- In the majority of our region, most physical health care is under the oversight of locally elected Hospital boards, with Kitsap County being the only exception. In Kitsap County the vast majority of Medicaid clients are served by one hospital and one not for profit health center already providing integrated care.
- Distinct geographic areas within the BHO have distinct community based non profit behavioral health providers, hospitals, and health clinics working with the vast majority of the region's Medicaid clients.
- As a geographically isolated region connected by more ferries than roads to the rest of the state, the provider community has long standing linkages and relationships that facilitate strong community collaborations and the coordination of care central to improving consumer focused, whole person care.

Clinical Strengths and Impact:

- Long history of innovations in behavioral health, having established the first independent Evaluation and Treatment facility in the state, as well as the first Adolescent Inpatient facility at a Community Behavioral Health Agency (CBHA).
- Implementation of integration efforts throughout the region for an extended period of time, including:
  - Primary Care Providers on site in largest Community Behavioral Health Agency
  - Behavioral Health clinicians from CBHAs on site in many primary care clinics
  - Dental clinic located at CBHA for children and adults
  - CBHAs share staff with hospitals
  - Screening, Brief Intervention, Referral and Treatment for Substance Use widely applied across primary care, hospital/emergency room settings
  - Collaborative care meetings for targeted clients include behavioral health service providers, physical health providers, hospitals, emergency services and others.
  - Standing protocols for cross agency referrals and health information/data sharing as needed for continuity and coordination of care
  - Cross-training and bi-directional consultations among behavioral and physical health providers becoming normative
  - Collaborations to improve health information exchange, including sharing of information between Primary Care practices, hospitals, CBHAs where feasible, including Emergency Department Information Exchange, Consent2Share, or similar
  - Population based health initiatives under way for Federally Qualified Health Centers and other primary care providers, CBHAs, hospitals; shared new EHR (4/18) for CBHAs supports shift to population based health approach/registries
- Kitsap Mental Health Services (KMHS), our largest contractor, was awarded and successfully implemented a 3 year Centers for Medicare and Medicaid Services Health Care Innovation Award, *Race to Health!* (RTH) RTH demonstrated enhanced care coordination with primary care providers, improved physical health monitoring with shared records, joined evidence based wellness and chronic disease interventions with mental health and substance use disorder treatment services, and provided behavioral health consultation and services to primary care providers. An independent evaluation conducted for CMMS found reduced ED visits, hospitalization rates, and decreased total expenditures for clients with Medicare coverage as a result of these interventions.

**Deliverables:** Integration standards, means of measurement, and outcome standards would be negotiated with the Health Care Authority. There are existing nationally recognized outcome measures related to health care integration which include Emergency Department utilization, hospitalization rates, psychiatric readmission rates, jail admissions for served population, mental health and substance use disorder service penetration rates, physical health and metabolic screenings, and improvements in health status.

## Proposal for Salish BHO Integrated Care Proviso Pilot Project

*This pilot project recognizes the clinical integration of care already established in the Salish BHO region while achieving excellence in local, whole person integrated, coordinated care under the current funding mechanism for Medicaid eligible beneficiaries.*

	<i>Mental Health/Behavioral Health (CBHA)</i>	<i>Substance Use Provider</i>	<i>Primary Care Provider</i>
<i>Target Population</i>	Adults with Serious Mental Illnesses or Children with Serious Emotional Disturbance	Children or adults with substance use disorder requiring outpatient/inpatient care	Patient Centered Medical Home for general child and adult population, behavioral health needs not at level requiring specialty BH care
<i>Financing</i>	Capitation	Case rates	MCO
<i>Risk-holder</i>	Provider at risk	BHO at risk	MCO at risk
<i>Services</i>	Crisis, Inpatient, Outpatient, Residential	Acute, Inpatient, Outpatient, Residential	Acute, Outpatient, BH Specialty referral
<i>Bi-Directional care</i>	Co-located primary care or owned primary care	Care coordination with primary care via SBHO	Co-located behavioral health or owned behavioral health
<i>Multidisciplinary team based care</i>	Yes in some practices		Yes in some practices
<i>Population based health</i>	In process	In process	In process
<i>Care Coordination</i>	MH assigned team member as primary coordinator	SUD assigned team member as primary coordinator	May be MCO coordinator, practice appointed coordinator; or other external coordinator
<i>Wellness &amp; Chronic Disease Self-Management</i>	Specialty programs for illnesses with high incidence among population	Specialty programs for illnesses with high incidence among pop	Patient self-management programs in PCP, hospital, community setting
<i>Electronic Health Record</i>	Valent for all CBHAs	Vary	Athena (FQHCs) EPIC (many) and other
<i>Data sharing</i>	Consent2Share, EDIE/Premanage Other in process	Vary	Vary EDIE/Premanage Other in process
<i>Core measures (meet and report)</i>	Yes	Yes	Yes
<i>Payment Accountability</i>	BHO	BHO	MCO

**Sample Proviso Language:**

The Legislature finds that to further the goals of fully integrated health for individuals with severe and chronic mental illness and/or substance use disorders, a pilot project will be established in one Regional Service Area to measure the effect of maintaining separate funding streams for Behavioral Health Organizations and Managed Care Organizations on the overall clinical integration of care.

- The pilot shall be established in a geographically isolated RSA.
- Current Access to Care (Mental Health) Standards will be eliminated (date); all Mental Health services would be managed by the pilot BHO.
- Agency Affiliated Licensed Therapists will be allowed to practice in primary care settings to provide a mechanism for bi-directional care between mental health and substance use treatment providers and primary care practices.
- Standards for measuring clinical integration shall be negotiated between the HCA, the existing BHO, and partnering MCOs. These measures shall be utilized in the pilot RSA as well as in fully financially integrated RSAs.
  - If measures determine that integration efforts in the pilot RSA are comparatively unsuccessful at the end of 2024, the pilot shall end, and the pilot RSA shall become FIMC.